

Katherine M. Boydell, PhD

Scientist, Population Health Sciences, The Hospital for Sick Children

Associate Professor, Departments of Psychiatry & Public Health Sciences, University of Toronto

Background

- ~ up to 20% of children & youth have a mental disorder
- ~ 10 million Canadians live in rural and remote regions
- ~ children and families in rural areas face obstacles to obtaining pediatric mental health services
- ~ telepsychiatry offers the possibility of extending specialized expertise into areas that have no resident psychiatrists

Phase I: Critical Review of the Literature

- ~ paucity of research in pediatric telepsychiatry
- ~ studies consider issues of user comfort and satisfaction with the technology
- ~ little research on the educative and knowledge transfer potential of telepsychiatry programs
- ~ outcome research of all types is needed in order to understand the impact these programs are having
- ~ qualitative research in telepsychiatry is still in its infancy and has tended to be more descriptive than analytic

Phase II: Designing a Framework for the Evaluation of Pediatric Telepsychiatry – A Participatory Framework

- ~ goal: to develop a framework for the evaluation of pediatric telepsychiatry
- ~ method: videoconference focus groups (N=10) with service providers and community stakeholders in rural sites; interviews with funders, psychiatrists & hub site staff
- ~ results: a template was developed to be used as a framework for the conduct of telepsychiatry research
- ~ attention to the cultural context identified as critical

Phase III: Service Provider and Caregiver Perspectives

- ~ goal: to evaluate the benefits & limitations of pediatric telepsychiatry from the perspective of family members & clinicians using framework developed in Phase I
- ~ method: qualitative interviews with family members (12) & focus groups with rural mental health service providers in 5 sites
- ~ results: pediatric telepsychiatry a much needed & welcomed service, but frustrations with limitations
- ~ enhanced capacity of service providers
- ~ reduced burden on caregivers

Description of the Program

- ~ Division of Child Psychiatry, University of Toronto
- ~ 14 rural & remote sites established to receive psychiatric consultation services
- ~ any children's mental health service provider in the province with access to compatible technology can use the telepsychiatry program
- ~ The Hospital for Sick Children is the hub site & provides overall administration
- ~ the telepsychiatry program provides children's mental health provider agencies in rural communities with education, consultation and support
- ~ more than 70 faculty members of the Division of Child Psychiatry are available via videoconferencing
- ~ an education co-ordinator facilitates the provision of general and targeted educational sessions to the sites



Phase IV: Weighing In – Physician and Consulting Psychiatrist Perspectives

- ~ goal: to identify the barriers and facilitators to use of a telepsychiatry program
- ~ method: qualitative interviews (face-to-face & telephone) with 11 psychiatrists & 11 rural general practitioners or pediatricians
- ~ results: need to improve the health care and social service infrastructure in rural areas in order to secure the resources necessary to support treatment recommendations made by consultants
- ~ value of local GP participation in telepsychiatry to enhance treatment recommendations
- ~ telepsychiatry particularly useful in complex cases

Phase V: Assessing Program Outcomes in Pediatric Telepsychiatry

- ~ goal: to determine the outcome of pediatric telepsychiatry consultations & identify barriers and facilitators to implementation of recommendations
- ~ method: case review of 100 randomly selected cases & in-depth telephone interviews with case managers for each case
- ~ results: extremely complicated, complex cases are being seen by the program
- ~ multiple recommendations are made
- ~ the notion of psychiatrist as 'expert' enhances the chances of implementation
- ~ anti-medication stance of families and young people is a major barrier

I have changed the way I practice, the questions I ask clients. (service provider)

I appreciated the fact that we could do this without travelling or being on a wait list for months. It attended to the problems right away, gives suggestions that we could put in place. (family member)

The cases are complex and illness well established and limited time and scope for dealing with this leads to skimming the surface in consultations. (consulting psychiatrist)

The psychiatrist brings a fresh eye to complex cases and can help us to see new options...improves my confidence in treating children with mental illness. (rural family physician)