

Tele-Link Mental Health Program

The Hospital for Sick Children
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Literature Review

- In Ontario, the rate of child psychiatrists to children and with mental health needs is approx. 1-6,148.
- Geographical, economic, cultural factors impeded access to specialized children's mental health services.
- Difficult to recruit and retain specialists.
- Costs associated with travel time and time off work pose barriers to accessing care.
- Suggests that videoconferencing positively contributes to client outcomes and improved quality of life.

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- 1997 Sickkids undertook pilot project to support primary care settings through videoconferencing.
- By 2000 the program evolved to become Telelink Mental health Program.
- Program's mission is to enhance knowledge, skill set, & confidence of children's mental health practitioners using videoconference by providing access to specialized services
- Telelink committed to matching community needs with excellence in care.
- Attention is paid to fostering partnership with stakeholders aligned with unique local cultures.

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Our Stakeholders

- There are 1,809,147 people living in Rural Ontario
- In Ontario in 2011 there are 2,209,800 youth between the age of 0 and 15.
- Almost 20% of children under 16 years have, or are at risk of developing a diagnosable mental health disorder
- That amounts to 441,960 children and youth that have or are at risk of developing a mental health disorder in Ontario
- The easiest, most cost effective way to reach them is through technology

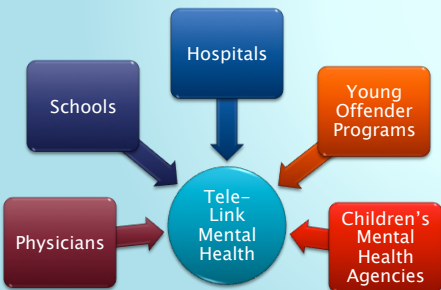
Statistics Canada 2011
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Existing Referral Base to 2008

Referrals originating in the community are funneled to Children's Mental Health agencies
Agencies submit referrals to the Telepsychiatry Hubs
The Hub provides Psychiatric consultation



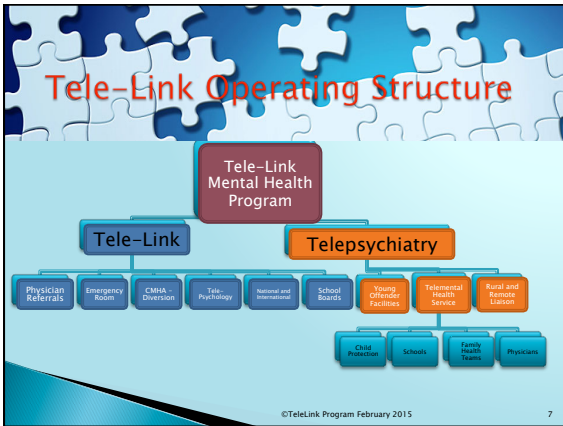
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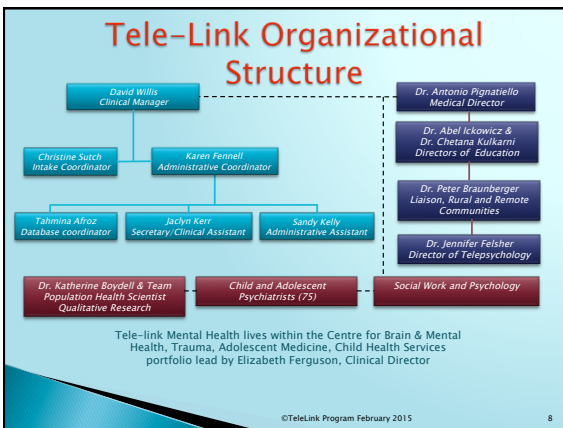


Ontario Child Health Study revealed that only one in six of the 18.1% of the children with a psychiatric disorder were seen by one or both of child welfare or mental health services

©TELEPSYCHIATRY BY CANADA: PHYSICIAN RESOURCES
Zilvia Barakat, Margaret Stevie, Wade Junek, Luc Morin, Simon Davidson, Will Fleisher, Rod Mackeod, Theresa Sande, Hubert White, Tim Young

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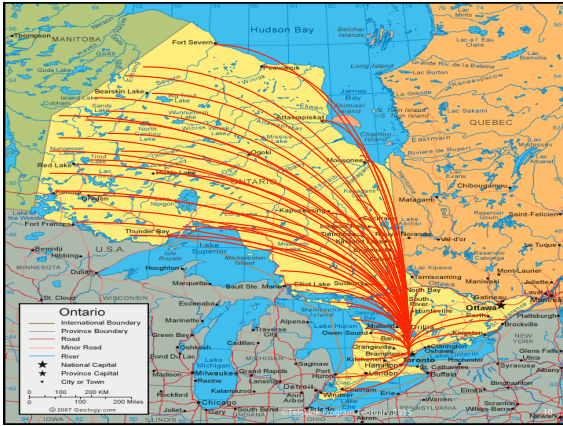


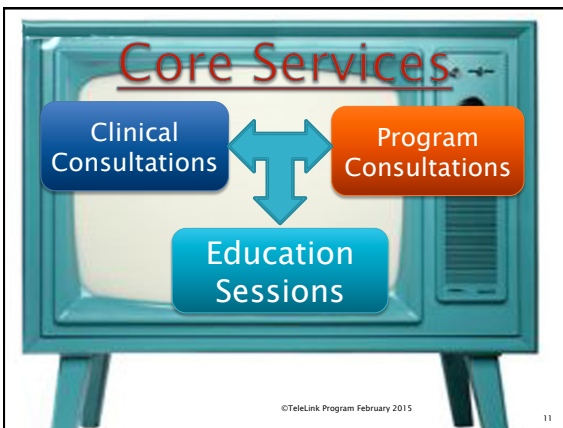


Tele-Mental Health Service

- Hospital for Sick Children now provides centralized intake for all provincial referrals for Telemental Health Services
- Sickkids provides triage and scheduling for the Child and Parent Institute in London Ontario and the Children’s Hospital of Eastern Ontario in Ottawa
- Sickkids intake referral rate is approx. 5000 per year

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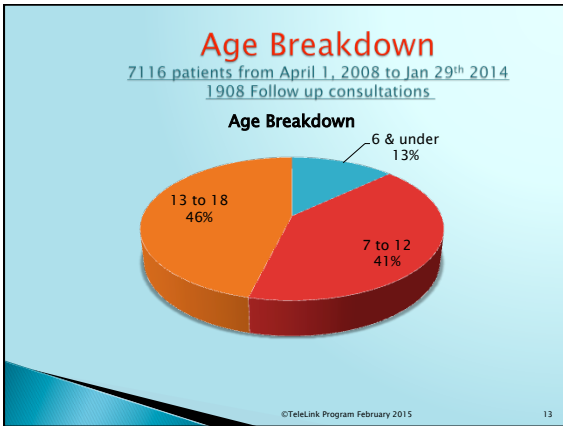
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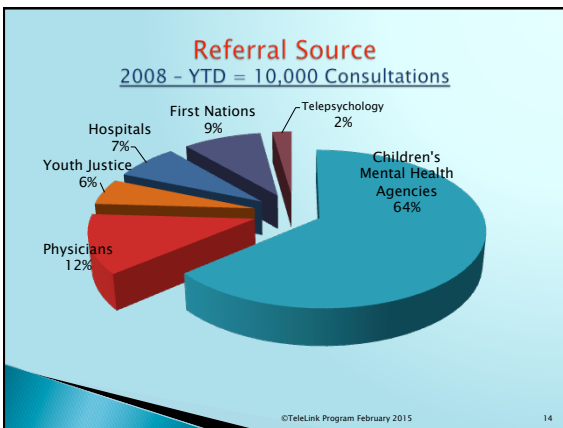
Clinical Care

- Consultative model connecting Psychiatric expertise to case managers and clients/families for clinical assessments, diagnosis, treatment recommendations via live video broadcasting.
- Consultations on youthful fire setters in collaboration with The Arson Prevention Project for Children (TAPP-C)
- Urgent/Emergency consultations (form 1,3)
- Professional to Professional consultations

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Program Consultations

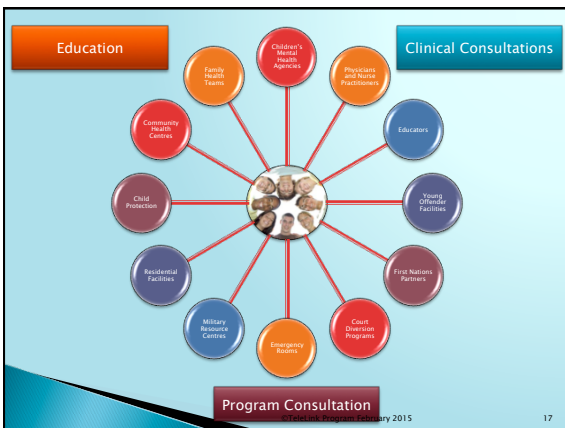
- Ongoing capacity enhancement for teams working in Children's Mental Health
- Case management/presentations/debriefing strategies
- Building clinical expertise within patient communities allowing families to receive expert care close to home
- Short and long term partnerships - minimum commitment of 1 year and no maximum
- Average 26 per month across the province
- Single and Multi Point Connections Completed over 1000 since 1998

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Current Program Consultations

Disruptive Behaviour Disorders	Trauma & PTSD	School Mental Health	Addiction
CBT	Foster Care Treatment Program	Home Based Care	Residential Programs
0 to 6	Wrap Programs	Attachment Disorders Team	Debriefing Strategies
School Based Interventions	Assessment and Management of Suicidality	Intensive Support and Supervision Programs	Sexual Abuse Education

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Education

- New and ongoing series and topics
- Tailored sessions delivered to individual agencies, large groups or entire regions.
- Training for specific treatment or assessment tools & programs
- National and International connections
- Webcast and archived
- Specific professional development for mental health providers
- Linkage with Grand Rounds at Sickkids, 21 Ontario sites, G.O.S.H., BC Children's Hospital, Australia, Brazil etc.
- Participation in public forums

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- longitudinal, multi-part seminar series
- introductory and advanced levels
- interactive teaching methods emphasized
 - case presentations
 - role plays
 - games
 - extensive opportunity for questions

300 seminars

8000 evaluations

Average rating: 5.61 / 7

Current Education Series

Trauma and PTSD	Advanced CBT	Disruptive Behaviour Disorders	Recognizing Symptoms and Treatment of Psychosis
Understanding and Addressing Bullying	Sexual Abuse Education	Managing ADHD	Parent Education on ADHD
Case Formulation	Gender Identity Disorders	Assessment and Management of Suicidality	Selective Mutism
	Voices, Visions & Unusual Thinking	Borderline Personality Disorder	

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Training at the hub....

- Undergraduate (clinical, institute, observers)
- Graduate (Core; Career)
- Electives (clinical, research, teaching, Q.M., administrative involvement)
- Trainees joining distant clinicians on consultations

2002 - 2007:

- 386 medical students
- 322 psychiatry residents (3 X 3 month electives; 2 X 6 month electives and subsequent connection)
- 33 fellows
- 65 other visitors

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Rural and Remote Liaison

- > 64,325 youth in Ontario identify as Aboriginal/First Nations
- > First Nations/Aboriginal communities are expected to grow at an average annual rate of 1.8%, more than twice the rate of 0.7% for the general population.
- > Urban and Northern Centred Expertise
- > Clinical consultations
- > Education
- > Program Consultations
- > Individualized Team Support

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Nunavut

Partnership with the Government of Nunavut, The Royal Bank of Canada, Cisco Systems and Sickkids to provide Clinical Consultations, Program Consultations and Education to the entire territory of Nunavut

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Boards of Education

Currently working with 3 Education boards in Ontario to:

- Increase Professional Capacity
- Professional to Professional Consultations
- Clinical Consultations
- Education

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RESEARCH & EVALUATION

21 Publications (peer reviewed journals, abstracts, book chapter)	75 Presentations	6 News and media coverage/events
16 Committees	4 Awards	1 Video

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Youth Justice

- Partnerships with individual facilities across the province to provide access to Psychiatry Services
- Forensic expertise/assessments
- Education and capacity enhancement

800 client consultations from 2008 to present

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The slide features a background image of a young child's face. The title "Telepsychology" is centered at the top in a red font. Below the title is a horizontal flow diagram with four colored boxes connected by arrows: a red box labeled "Supervised Psychological assessments via technology", an orange box labeled "Clinical Consultations", a blue box labeled "Education", and a purple box labeled "Capacity Building". A red banner at the bottom of the diagram area contains the text "250 Assessments provided to partnering agencies - 2012". The footer includes "©TeleLink Program February 2015" and the number "28".

Definition of Telepsychology

- Telepsychology is provision of psychological services using telecommunication technologies.
 - E.g., telephone, mobile devices, interactive videoconferencing, email, chat, text, and Internet.
- Telepsychology not only enhances a psychologist's ability to provide services to clients, but also expands access to psychological services that, without telecommunication technologies, would not be available.

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Telepsychology

- Technology offers opportunity to increase client access to psychological services.
- Clients limited by geographic location, medical condition, psychiatric diagnosis, financial constraint or other barriers may gain access to high quality psychological services through the use of technology.
- Technology also facilitates delivery of psychological services by new methods (e.g., online psycho-education, therapy delivered over interactive videoconferencing), and augments traditional in-person psychological services.

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Telepsychology Guidelines

- Practice of Telepsychology involves consideration of legal requirements, ethical standards, telecommunication technologies, intra- and interagency policies, and other external constraints.
- Important to be cognizant & compliant with regulations that govern independent practice within clients.

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- Telepsychology Task Force notes that while the profession of psychology does not currently have a mechanism to regulate the delivery of psychological services across jurisdictional and international borders, it is anticipated that the profession will develop a mechanism to allow interjurisdictional practice given the rapidity by which technology is evolving.
- **APA creates a set of guidelines in an attempt to address this burgeoning field.**

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Guideline 1: Competence of psychologist

- Take reasonable steps to ensure competence with both the technologies used and potential impact of the technologies on clients, supervisees or other professionals.
 - Examine available evidence to determine whether specific telecommunication technologies are suitable for a client/patient.
 - Effort to understand the manner in which cultural, linguistic, socioeconomic and other individual characteristics and organizational cultures may impact effective use of telecommunication technologies in service delivery.

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➤ At the onset of the delivery of telepsychology services, psychologists make efforts to identify and learn how to access appropriate emergency resources in the client's/patient's local area, such as emergency response contacts.

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Guideline 2: Standard of care

➤ ***Psychologists make efforts to ensure that ethical and professional standards of care are met at the outset and throughout the duration of the telepsychology services they provide.***

- Psychologists delivering telepsychology services apply the same ethical and professional standards of care and professional practice that are required when providing in-person psychological services.

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Guideline 3: Informed consent

➤ ***Psychologists strive to obtain and document informed consent that specifically addresses the unique concerns related to the telepsychology services they provide. When doing so, psychologists are cognizant of the applicable laws and regulations.***

- Develop & share policies/ procedures that will explain to clients how they will interact with them using the specific telecommunication technologies involved.

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Guideline 4: Confidentiality of data & information

- ***Make effort to protect and maintain the confidentiality of the data / information relating to their clients and inform them of the potentially increased risks to loss of confidentiality inherent in the use of the telecommunication technologies.***

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Guideline 5: Assessment

- ***Psychologists consider unique issues that may arise with assessment approaches designed for in-person implementation.***

- Test instruments have been designed and developed for in-person administration. Psychologists are encouraged to be knowledgeable about account the unique impacts, suitability for diverse populations, and limitations on test administration when they considered for and conducted via telepsychology.
- consider if modifications to testing environment or conditions are necessary to accomplish this preservation.

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Guideline 6: Interjurisdictional Practice

- ***Psychologists are encouraged to be familiar with and comply with all relevant laws and regulations when providing telepsychology services to clients/patients across jurisdictional and international borders.***

- be aware of relevant laws and regulations that specifically address the delivery of professional services by psychologists via telecommunication technologies within and between jurisdictions.

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What do we provide??

- Comprehensive psychological & psychoeducational assessments
- Clinical consultation to case managers
- Clinical consultation on specific cases
- Educational seminars
- Clinical supervision / training on psychology measures

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Demographics

- Telepsychology began in January 2010
- Formalized Telepsychology program since January 2012
- Clients as young as 5 until 18 years of age
- Approximately equal number of male and female
- Several First Nations youth
- Many clients referred involved with protection system & youth justice system
- Psychiatry typically recommend psychology assessment for additional clarification

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Telepsychology Process

- Psychology referral package completed by agency case managers
- Agency has own system for determining which clients on waitlist & triage
- Psychometrist may consult w/ psychologist to determine whether referral is appropriate
- Package reviewed by psychologist with psychometrist to create assessment plan
- Client, family, case manager & psychometrist attend intake clinical interview

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Telepsychology process con't

- Psychometrist conducts standardized assessment under supervision of psychologist
- Psychometrist scores materials & discuss if further assessment is needed
- Psychological report
- Final report sent to case manager & psychometrist
- Meet with client, family, case manager to provide feedback about results of assessment
- Meet with school personnel to share results (if requested)

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Assessments

- Review collateral information
 - Prior OT, speech, psychological, & psychiatric assessments
 - agency's file material (e.g., CAFAS)
 - OSR
- Administration of
 - standardized measures (cognitive, academic, memory, attention, visual motor, processing, language)
 - self-report measures
 - projective and personality measures

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Types of Referral Questions

- Assessment of intellectual & academic functioning to determine dx of learning disability (e.g., dyslexia).
- Concerns about memory
- ADHD
- Developmental delays resulting from a micro deletion affecting ATP10A gene.
- Pervasive Developmental Disorders
- Social issues

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Types of Referral Questions

- Consult for sexual orientation & gender identity
- Suicidal ideation & self harm
- Socio-emotional concerns (e.g., mood, anxiety, anger, aggressive behaviour)
- Possible prenatal exposure to alcohol / FASD
- Attachment and family issues
- Truancy
- TAPP-C

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Client profiles & diagnoses

- Autism Spectrum Disorder
- Speech & language issues
- Low average intellectual functioning
- Mild Mental Retardation (Mild Intellectual Disability – MID)
- High average intelligence
- Written Expression Disorder
- Gender Dysphoria
- Working memory problems / executive functioning weaknesses
- ADHD & ADD
- Nonverbal Learning Disability (NVLD).
- Borderline traits and/or Bipolar Dx.

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Client profiles & diagnoses con` t

- Mixed Receptive-Expressive Language Disorder
- Oppositional Defiant Disorder
- Conduct Disorder
- Mixed Poly Substance Use Disorder
- Symptoms of Generalized Anxiety Disorder (GAD)
- Dysthymia & Major Affective Disorder
- Elevated emotional problems, negative mood, and interpersonal problems
- Low self esteem, frustration tolerance
- Family / attachment problems

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Types of Recommendations

- Identification, academic & learning
- Technology (e.g., computers, programs, apps..)
- Occupational therapy
- Speech and Language
- Psychiatry
- Psychology re-assessment using nonverbal measures
- Follow up with GID clinic
- Trauma assessment and examination of sexualized behaviors
- CBT, counseling, parenting,
- Specialized assessment at Sick kids Metabolic Genetics

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Benefits of Psychology

- Increase capacity of psychometrists and augment clinical expertise with respect to psychology within the agency
- Attempts to assess “whole” child within context of family, school, culture, & community
- Concrete, specific, & pragmatic recommendations
- Support and make recommendations to agency in order to aid case managers with treatment plan
- Flexible to meet the needs of agency

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Future Goals

- Increase psychology capacity in a variety of agencies / regions (which would also mean an increase in the number of psychologists)
- Continue to provide community & culturally sensitive comprehensive assessments to an underserved population

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Future Goals

- Continue to augment clinical capacity
- Create evaluative component to obtain quantitative data about quality of service for agencies (to ensure we are meeting community / agencies needs)
- Help agencies create psychology training program to help with staff shortages

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Benefits/Trends

- Cost of technology going down
- Easier and quicker sharing of information
- Computer based services will become part of psychological practices
- Increased nationalization of licensure and regulation of psychology will be less geographically bound
- Public becoming more technologically sophisticated and knowledgeable about health services

Dr. Kenneth Drude, OPA Technology Committee
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Barriers / Issues

- Technology is changing faster than our knowledge in how to use it
- Need for psychologists to learn new skills to adapt to rapid technological changes
- Security concerns as it is easier to share information, and potentially breach confidentiality
- Difficulty adjusting to different ways of practicing - technophobia

Dr. Kenneth Drude, OPA Technology Committee
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Contact Information

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