Telepsychiatry: Potential Uses in Emergency Departments

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A Brief History- 1950s- 1990s

1959
- First Telemental Health encounter
- University of Nebraska

1960s/1970
- VA initiates Telemental Health
  - 1968- Nebraska VA, 1970-: Bedford, Massachusetts VA

1970-1990s
- Little development:
  - Prohibitive costs and poor quality of transmission
Telepsychiatry - Uses

- Inpatient psychiatric coverage
- Outpatient psychiatric services
- Psychotherapy
- Psychiatric evaluations in an Emergency setting
Steward Telepsychiatry Program

• St. Elizabeth’s Medical Center - After business hours Telepsychiatry coverage of the off-site Geriatric Psychiatry inpatient unit
• Morton Hospital - Emergency Room coverage using Telepsychiatry
PRACTICE GUIDELINES FOR VIDEO-BASED ONLINE MENTAL HEALTH SERVICES

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Practice Guidelines for Video- Based Online Mental Health Services

Clinical Guidelines:
1. Provider and Patient Identity and Location
2. Patient appropriateness for videoconferencing -based Telemental Health
3. Informed Consent
4. Physical Environment
5. Communication and collaboration with the patient’s treatment team
6. Emergency management
7. Medical issues
Preparation for the interview- Clinical

Inclusion criteria:
• Patients who have capacity to give informed consent
• Patients who agree to informed consent

Exclusion criteria:
• Patients who lack capacity to consent
• Hearing and visually impaired patients
• Patients with specific psychiatric symptoms that can be exacerbated by a telepsychiatric encounter
Preparing for the interview- Environment

- Space- The examination area where the patient is located has a door or a privacy screen
- Optimize distraction and lighting
- Keep video monitor at the patient’s eye level
- External speakers to amplify sound
- An RN or a Physician is present with the patient during the encounter
- Wall color- Medium color (like medium blue or gray)
Regular Lighting

With added lighting
Conducting an interview

• **Verbal communication:**
  - More deliberate flow of conversation
  - Slight delay in transmission time and other technical limitations
  - Speak clearly and slowly in complete thoughts

• **Non verbal communication:**
  - Gestures at customary lap level are out of camera view
  - Maximize the level and appearance of eye contact
  - Look into the camera
  - Avoid distracting behavior such as finger tapping, paper shuffling
Comparison between Telepsychiatry and Face to face evaluation

Table 1: Outcomes of videoconferencing-based interventions: Randomized controlled trials of comparison with face-to-face interventions

<table>
<thead>
<tr>
<th>Study group</th>
<th>Treatment details</th>
<th>Outcome measures</th>
<th>Results</th>
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<td>Day et al.</td>
<td>12-month follow-up</td>
<td>Improvement in HADS depression score</td>
<td>Significant reduction in depression scores</td>
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Chakrabarti S. Usefulness of Telepsychiatry: A critical Evaluation of videoconferencing based approaches
Telepsychiatry- Why is it suited for ED Psychiatric encounters

- Shortage of Psychiatrists leading to delays in psychiatric exams
- Long boarding time for psychiatric patients in the ED
- Psychiatric evaluation does not involve direct patient contact to a significant extent