

# Timeline of video consulting within child and adolescent mental health services throughout the COVID-19 pandemic

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TECHNOLOGY ENABLED CARE



## Background & Aim

The COVID-19 pandemic initialised a need for a replacement to face-to-face appointments in healthcare services in the United Kingdom, such as within child and adolescent mental health services (CAMHS). Video consulting (VC) facilitated communication between patient and clinician without the need for face-to-face, providing a useful way to maintain contact between patient and service during the pandemic, where such was not always a possibility. Emerging from the pandemic, VC could be a useful alternative to face-to-face.

The aim of this study was to investigate the use and value of VC within CAMHS throughout the pandemic and provide post-pandemic suggestions.

## Method

Over 45,000 survey responses were recorded across three periods of data collection, with 249 patients and 315 clinicians from CAMHS:

### Phase 1

- March 2020 – August 2020
- Beginning of the pandemic
- 87 patients, 161 clinicians

### Phase 2a

- September 2020 – Feb 2021
- Mid-pandemic
- 58 patients, 130 clinicians

### Phase 2b

- March 2021 - May 2021
- Easing of restrictions
- 104 patients, 24 clinicians

A mixed-methods approach was used to analyse the data.

## Results

- Video quality ratings remained consistent from Phase 1 (86.6% Excellent, Very Good or Good ratings), to Phase 2a (83.4%), to Phase 2b (88.7%).
- Face-to-face prevention decreased from 81.4% in Phase 1 to 60.48% in Phase 2b.
- Benefits of VC that were expressed throughout included convenience, gratitude for the option to use VC, and positive appointment outcomes.
- Technological limitations remained topical, with visual, audio, connection issues highlighted by patients and clinicians.
- The preference for face-to-face was also noted by patients, specifically within the Phase 2a data.



## Quotes

- *It's quicker as there are no travel time or parking issues.* - Phase 1 Patient.
- *Don't like position of webcam on top of desktop pc screen - hard to look at patient on screen and camera at same time.* - Phase 1 Clinician
- *I think a face to face appointment might have picked up on my sons behaviour traits , however the appointment was well run, friendly and covered all areas.* - Phase 2a Patient
- *Very lovely lady, calm and asked the questions in a manner that made [PATIENT NAME] want to answer spontaneously.* - Phase 2b Patient
- *Sound was delayed, I could not add another professional into the meeting* - Phase 2b Clinician

## Conclusions & Future Recommendations

- VC is suggested to be a suitable alternative to face-to-face in situations given that technology is available and the circumstances are suitable.
- VC can be adopted in CAMHS (post-pandemic) to facilitate communication with families and other aspects of the child/young person's life, such as school.
- A patient-centred approach should be used, making the choice to use VC individual to the patient.
- Future research should compare VC with face-to-face, looking at specific conditions/areas where it works, e.g., delivering therapies, as well as how technology can support the overwhelming demand on CAMHS services.