

Meaningful Online Psychiatric Care in an era of COVID-19



Conference Questions and Answers – 11 November 2020

The following questions were asked during the Meaningful Online Psychiatric Care in an era of COVID-19 conference held on 11 November 2020. Some of these and many others were answered by the speakers during the conference – please watch the relevant session to see these.

Please note: not all questions that were asked are included below. We hope to add to this document as further answers become available.

Session 1	
Question	Answer(s)
AA license will come to an end on 31st March 2021. Does the college have a preference of future platform?	This question was answered in the conference. Please watch the recorded session to hear more about this.
I am a liaison psychiatrist and interested in virtual reality for simulation training for education and reducing stigma purposes. Can you say more about how we could access this type of technology and/or receive training?	This question was answered in the conference. Please watch the recorded session to hear more about this.
Does the College have any advice on the use of WhatsApp and similar platforms for engaging patients (particularly adolescents) in video consultations?	Please see the college guidance here: https://www.rcpsych.ac.uk/about-us/responding-to-covid-19/responding-to-covid-19-guidance-for-clinicians/digital-covid-19-guidance-for-clinicians

<p>I can understand the College's enthusiasm for digital working but does this mean face to face examinations are not needed. Psychiatric examinations are not needed? I have missed important signs on remote examinations.</p>	<p>Please see the college guidance here: https://www.rcpsych.ac.uk/about-us/responding-to-covid-19/responding-to-covid-19-guidance-for-clinicians/digital-covid-19-guidance-for-clinicians</p>
<p>To date, AA only works with Chrome and Safari browsers. Are there plans to make it operate with other browsers. Many people aren't confident about installing different browsers.</p>	<p>This question was answered in the conference. Please watch the recorded session to hear more about this.</p>
<p>Can you send a link to the patient with Attend Anywhere without them seeing your email address?</p>	<p>This question was answered in the conference. Please watch the recorded session to hear more about this.</p>
<p>I think the digital divide has divided my patients into those who have the capacity and capability to access consultations digitally and those who don't. I have also noticed that positive outcome with medication treatment which was previously achieved within a shorter timeframe has become prolonged because of lack of direct contact with patients.</p>	<p>This question was answered in the conference. Please watch the recorded session to hear more about this.</p>
<p>Was James/ medical students joining consultations on AA from the same computer as the clinician? Ever from different computers or even being at home as the student?</p>	<p>I would join consultations both in the same room as the clinician but also able to access this from home. In this case we are provided the same link as the patient, and become a third person in the call. We had specific guidance on how to make our home "NHS Attend Anywhere appropriate and private!")</p>

Session 2	
Question	Answer(s)
I am ST6 in Forensic psychiatry in Edinburgh. No doubt virtual psychiatry is possible and very much welcomed where I work. The only challenge we have faced has been making it possible in custody assessments and prison clinics , any advice is welcome!	<p>This question was answered in the conference. Please watch the recorded session to hear more about this.</p> <p>I asked a lawyer to help me when a prison said it would take months, they said they told them the same, I think the issue lies with prisons, this responsibility lies with the governors & the MOJ - polite professional lobbying would be my recommendation - perhaps escalate to clinical directors who could also consider seeking faculty support</p>
A colleague is in social services and part of a mental health team -BUT their IT is social services and what the NHS is allowed Social Services aren't (and probably vice versa) - Zoom for example turned out to be really divisive. At what level should standardisation be attempted in the organisation(s)?	This question was answered in the conference. Please watch the recorded session to hear more about this.
It can be unreliable - I had awful interview when I couldn't be seen or see interview panel?	This question was answered in the conference. Please watch the recorded session to hear more about this.
Can you use it for patient consultations and is there a way to send the link without your email being seen by patients?	This question was answered in the conference. Please watch the recorded session to hear more about this.
What about risks of cyber stalking?	This question was answered in the conference. Please watch the recorded session to hear more about this.
Can a video recording of consultation replace record keeping ?	Yes, although in practice the amount that NHS Trusts would have to spend on storage capacity would limit whether they might want to do that for all consultations. It would certainly be interesting to save selected videos for e.g. teaching or medicolegal purposes wouldn't it?
Can this be used outside the NHS?	<p>This question was answered in the conference. Please watch the recorded session to hear more about this.</p> <p>Absolutely, we have a private practice/private hospital version of the app that includes integrated fee payment at the point that patients accept appointments. You can</p>

	download this from the app store or google playstore by searching for Medstars Connect and clicking on the 'Doctor' app rather than the patient one. Keen to hear any feedback!
Looks like a fantastic system. Is it possible to have more than two participants (e.g. doctor, pt, care coordinator)?	This question was answered in the conference. Please watch the recorded session to hear more about this.
Sounds brilliant? How much is the app?	<p>This question was answered in the conference. Please watch the recorded session to hear more about this.</p> <p>The NHS version of the Medstars app is based on a contract with the Trust - all companies have to go through the NHS procurement process. I'm confident that we are very competitive compared with other companies in this space and the price drops the more consultations happen per month. Our private practice app is really straightforward - you buy 'bundles' of consultations depending on your usage and it works out to about £2.50-£3 per appointment. And you get the first 5 free to try it out.</p>
Can more than person join Medstars consultation?	<p>This question was answered in the conference. Please watch the recorded session to hear more about this.</p> <p>Yes, we configure this according to your organisation's requirements so you can have up to 20.</p>
If you have used this in a liaison setting could you comment on your experience with that?	Ironically in liaison psychiatry we continued with full face to face inpatient consultations throughout in my hospital, and our service doesn't offer OPA. I think we just decided it would feel weird to be the only specialty in the general hospital not to do so. We did use the video system our general hospital had signed up to speak to relatives for collateral though - what did you do?
Can this be integrated into outlook?	Yes as an app we can easily set it to send specific information to other apps on the user's phone e.g. appointments to calendar apps like outlook. This is a feature we're looking to bring in in the new year.
What if you see risky behaviour on video e.g. self-harm or violence? Protocols for safeguarding?	This question was answered in the conference. Please watch the recorded session to hear more about this.
What does Accurx offer more than e.g. attend anywhere, teams in a forensic setting?	This question was answered in the conference. Please watch the recorded session to hear more about this.

Session 3	
Question	Answer(s)
Should all patients be offered choice of digital post-COVID? empowerment / choices good thing?	<p>Choice is important for SUs, but it must be a genuine and comparable choice between digital or face to face.</p> <p>Yes, I believe that the mechanism of care delivery should be driven by the wants and needs of the person receiving care. Choice - digital will work with some, but not all. Important that we don't rush towards digitisation whilst leaving a significant cohort of people behind.</p>
Have any of you come across service users who felt that a virtual appointment was worse than face-to-face or even no appointment at all, which led to self-harming or suicidality?	<p>Yes, including people in our community who've lost their lives or loved ones.</p> <p>We have heard this, yes.</p>
Social contacts with other service users / carers and staff can get lost?	Absolutely, especially people who were in group therapy, as well as community peer support they may have been receiving.
I am an old age psychiatrist, predominant case load is dementia and have done more than 500 new patient video consultations lasting at least 90 minutes without a single complaint!	<p>We're pleased that some patients have capacity, however this is not the case for everyone.</p> <p>Please hang around for the debate at the end of the day. I spoke to a professor yesterday. As an old aged psychiatrist, they have had 4 face to face appointments booked next week as these patients do not have access to internet. It will work for some, not all. Let's not leave people, at times really vulnerable, behind.</p>
I would be interested to hear more about overcoming digital poverty in older adults if anyone on the panel can talk about this or signpost?	Please hang around for debate at the end of today. I spoke to a professor yesterday - they asked me to carry the plea that we shouldn't forget older people.
I am concerned about offering service users the option of online sessions (when we are hopefully back to face to face routinely!) will potentially reinforce avoidant and unhelpful behaviours	I think this is a valid issue. Especially for people with agoraphobia or who isolate themselves away from MH services when they get unwell. Masking is easier online.

<p>Any problems with intrusive carers / staff during digital 1:1 appointments? Should everyone sign a code of conduct?</p>	<p>I think that it is fair to say that privacy is an issue that often crops up when we hear about peoples experience of digital care. PS. I would not sign a code of conduct before receiving mental health care? Would you expect a cardiology patient to sign one?</p>
<p>Group therapy on Zoom is possible as I am doing now.</p>	<p>It is possible (though my Trust won't let us use Zoom...) We are saying that it will work for some, but not all. Digital should form part of a suite of options, not be the only option.</p>
<p>Tech kit is 3rd party in therapeutic relationship?</p>	<p>Yes absolutely. I think it's important to acknowledge the very real differences in the therapeutic relationship over digital platforms.</p>
<p>You can see all non-verbal signs through video. I have diagnosed senile squalor with relative showing the home circumstances through her mobile phone.</p>	<p>You cannot see ALL non-verbal signs through video. People can conceal what they don't want you to see.</p>
<p>I would like to ask about experience of seeing staff wearing PPE.</p>	<p>People spoke about this in our symposium which you can watch on YouTube. I spent time in hospital this year and personally I got used to it pretty quickly. I can understand how this might take longer with children.</p>
<p>I work with children in CAMHS and find wearing full PPE like a spaceman can be a bit daunting to a traumatised child...</p>	<p>Absolutely, we've also heard this a lot from people with autism, who rely on facial expressions in their communication.</p>
<p>Brilliant thank you - have been looking up your web pages on my other screen - do you have or know of anything particularly for young people?</p>	<p>This question was answered in the conference. Please watch the recorded session to hear more about this.</p>
<p>What is the avatar tool, could a brief description be provided?</p>	<p>Please watch the recorded session to see the demo of this software - the website has links to more videos and info - https://www.proreal.world/</p>
<p>What is the tool and how is it used?</p>	<p>Please visit the website which has links to more videos and info - https://www.proreal.world/</p>
<p>And deaf people, both children and adults?</p>	<p>This question was answered in the conference. Please watch the recorded session to hear more about this.</p>

	We would love to find ways of working with deaf people and exploring whether this is effective.
Body shape and size could be distracting if have ED issues?	We have been working with NHS Lothian on eating difficulties, and we have not found this issue so far.
Stroop effect of distracting or conflicting colours etc e.g. calm but red shape?	This question was answered in the conference. Please watch the recorded session to hear more about this.
People with LD and ASD really like such less verbal approaches.	Agree - many people find it hard to find words to describe complex thoughts and feelings.
This is a really interesting way of slowing down a conflict and taking some of the energy away from conflict, is there any plan to integrate voice chat into the software or has the feedback been that typing is preferable?	This question was answered in the conference. Please watch the recorded session to hear more about this.
If a component of moral injury is perceived betrayal by seniors, should this inform the make-up of a reflective practice group? (e.g. keeping seniors/juniors apart)?	Actually keeping seniors and juniors together within a safe environment is a great idea. Important that juniors don't see themselves as wrong with the leaders being always right...instead...everyone needs to be in it together with a sense of safety being created so people can speak openly.
COVID 19 moral injury support groups?	Not so much support group as reflective practice group aiming to help people create a meaningful narrative (which I guess is a sort of support).
Can you do Schwartz rounds via on line platform? Is this happening?	This question was answered in the conference. Please watch the recorded session to hear more about this.
It's a really interesting platform, I'd love to stay up to date with it to watch as it advances, what's the best way to keep up to date with everything you're doing?	Sign up to our newsletter via our website https://www.proreal.world/news/
How do you arrange Schwartz training and how do you get 'buy in' at a senior level?	The point of care foundation website has all the information about signing up for training https://www.pointofcarefoundation.org.uk/our-work/schwartz-rounds/training/ In terms of buy-in is to get a slot to present the testimonies and research (we have a template presentation if you want it) to the board.

Session 4	
Question	Answer(s)
Can the apps be used for all age groups if tested on young people?	This question was answered in the conference. Please watch the recorded session to hear more about this.
How much are your apps?	This question was answered in the conference. Please watch the recorded session to hear more about this.
Are NHS library apps free?	This question was answered in the conference. Please watch the recorded session to hear more about this.
Is there a preferred platform for NHS library apps - e.g. web based/Apple/Android?	This question was answered in the conference. Please watch the recorded session to hear more about this.
Are CAMHS related Apps, evidenced based ones free?	This question was answered in the conference. Please watch the recorded session to hear more about this.
Any dyslexia friendly talking apps?	This question was answered in the conference. Please watch the recorded session to hear more about this.
How do I access the NHS library?	https://www.nhs.uk/apps-library/
how do engage with service users and carers/families effectively?	This question was answered in the conference. Please watch the recorded session to hear more about this.
Is there less expressed emotion in Zoom vs face to face meetings ?	This question was answered in the conference. Please watch the recorded session to hear more about this.
Zoom not working moments can cause frustrations?	It has been rare that I have experienced this. I would imagine it would be important to ensure that all the stakeholders involved in the phone call have a robust internet connection. At work, at times, I have had to connect my laptop/pc to a LAN cable (instead of WiFi) to improve the quality of the internet connection.
Zoom pre-admission induction?	I have not done this before but could explored with your healthcare trust. Having an additional meeting like this would be beneficial for service users so that they can get to know the admitting team before transfer.

<p>Spiritual cultural needs can be met on line?</p>	<p>Why not? From time to time I have requested members of the chaplaincy to visit service users (on their request) over video conference link due to COVID-19. However, what I have seen is a preference from them to speak to service users over the phone.</p>
<p>What specific features/benefits does Zoom have that other platforms lack? In other words, does Zoom have any specific advantages over other platforms?</p>	<p>This question was answered in the conference. Please watch the recorded session to hear more about this.</p>
<p>Will change of USA President help us use Zoom?</p>	<p>This question was answered in the conference. Please watch the recorded session to hear more about this.</p>
<p>I'm not clear whether Zoom is GDPR compliant, whether it stores the content of meetings & if so again whether in compliance with GDPR. Secondly to my understanding cloud recordings are subject to CLOUD Act which allows access to US government to information of non-US government,- which by default means is equivalent to storage outside GDPR Regulations. Lastly - the issue of using facial biometrics. Are there any safeguards? I may be wrong but would appreciate some feedback on these concerns.</p>	<p>This question was answered in the conference. Please watch the recorded session to hear more about this.</p>
<p>Strangely we use Zoom for CBD in Consultants RCPsych CPD but not for NHS service meetings.</p>	<p>I have used zoom for CPD meetings with the RCPsych as well as holding CPD meetings with members from different NHS trusts. I have seen fellow colleagues sign into meetings using their smartphones. The ease of use of zoom and cross-compatibility over various platforms such as over apple, android and windows helps to increase professional participation in such platforms.</p>
<p>Commission?</p>	<p>This question was answered in the conference. Please watch the recorded session to hear more about this.</p>