Technology Assisted Psychiatry: Initial staff survey of attitudes to telepsychiatry

Dr Kezia Lange, Emergency Department Psychiatric Service, Oxford

Background

Telepsychiatry is being used increasingly in Australia, Canada and in the USA. Initially it was used to provide a service to remote communities, but increasingly it is being used locally and frequently because of proven patient satisfaction, and the cost and time savings to both patients and providers. A review in 2007 to develop guidelines for emergency management of psychiatric conditions drew on the experience of three large programmes in the US and Australia involving over 5000 telehealth consultations. There have been at least 10 good quality randomised controlled trials, the most recent in the Canary Islands, showing no difference in patient satisfaction or therapeutic benefit when compared to face-to-face consultation. There have been some small trials in the UK of providing telepsychiatry assessments into prisons, to the Island of Jersey and one in a community based service in South London.

The most widely cited barrier to providing telepsychiatry is the unwillingness of professionals to use it.

The Emergency Department Psychiatric Service of Oxford Health NHS FT has won an Innovating for Improvement grant from the Health Foundation, an independent health care charity, to trial telepsychiatry.

The first stage of the project was to get baseline data from mental health staff on how they felt about using video interviews.

Method

A web-based survey was designed and initially piloted on staff involved in setting up the project. The link was sent to all members of the EPS team, psychiatry junior doctors (specialist registrar, core trainee and foundation year doctors) on the on-call rota in Oxfordshire and to all staff at the three adult community mental health teams in Oxfordshire.

Results n = 74, 23% from EDPS, 47% doctors, 53% other clinical staff

Rank concerns about using video vs. face-to-face interviews

1 = least concerning, 5 = most concerning, average rank reported

Lack of rapport with the patient	3.71
How to manage the situation if a patient become agitated/distressed	3.67
Missing non-verbal cues	3.2
The quality of the image/internet connection	2.98
How I look/come across on the video-link	1.64

Free-text comments re-iterated these concerns, the only new theme emerging was '**MORAL OUTRAGE'. Example:** "I cannot imagine that this will be perceived by individual patients and patient groups as anything but an attempt to cut costs at the expense of therapeutic relationships. Frankly this is a disgraceful proposition."

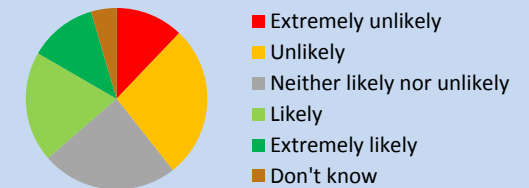### Themes from free-text comments on perceived advantages (n=47)

Efficiency (time/travel/cost)	40
Improve access/patient preference	10
Reduce DNA's, patient convenience	7
Improve record keeping	3
Other	2
No perceived advantages	3

How confident are you that you had gathered the necessary information using video vs. face-to-face assessment?
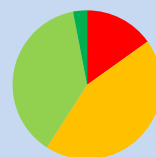
- ■ Not at all confident
- ■ Not very confident
- ■ Quite confident
- ■ Very confident

How likely are you to recommend using this sort of technology to patients?

- ■ Extremely unlikely
- ■ Unlikely
- ■ Neither likely nor unlikely
- ■ Likely
- ■ Extremely likely
- ■ Don't know

Discussion

Overall 59% of respondents were not at all or not very confident that the video assessment would gather the necessary information, and only 32% were likely or extremely likely to recommend the use of telepsychiatry. This study reinforces the earlier research which identifies that staff reluctance is the major barrier to introduction. In the initial phase of the project we aim to introduce a 'familiarisation' programme whereby staff start using video to conduct some handovers, interview patient volunteers and get second-opinons from consultants in the service. Once staff feel more comfortable with the use of this technology between professionals, we will start using it for follow-up with patients who have already been assessed, and finally with new patients for full initial assessments. The project will gather information on acceptability of the method of interview from staff and patients, as well as collecting our usual patient feedback on our service. We hope that if this method proves acceptable to patients and staff, and cost and time savings are realised, that our familiarisation programme can be rolled out across the community teams and telepsychiatry will be used more extensively in the Trust.

Selected References

1. Salmoiraghi A, Hussain S. **A Systematic Review of the Use of Telepsychiatry in Acute Settings.** J Psychiatr Pract (2015) Sep:21(5):389-93
2. Shore JH, Hilty DM, Yellowless PY. **Emergency Management Guidelines for Telepsychiatry**. Gen Hosp Psychiatry (2007) 29(3)199-206