

Telepsychiatry



When telemedicine is used to provide psychiatric or mental health services , the terms telepsychiatry and Telemental Health(TMh)

Telepsychiatry

- Use of IT and telecommunication to provide access to health assessment, diagnosis, intervention, consultation , supervision
- And information across distance.
- Telemedicine seeks to improve a patients health by permitting two-way real –time interactive communication between the patients and physician.

Development of child & adolescent Telepsychiatry

- Most child & adolescents with psychiatric disorders don't receive treatment (especially living outside of major metropolitan area).
- Communities are increasingly requesting services.
- Early diagnosis of psychopathology of youth is important.
- Telepsychiatry services offered in diverse setting (home, school..).
- Adolescent like to use technology . Tools instead of toys.



Evidence –based supporting Telepsychiatry

- Evaluation through videoconferencing.
- Delivery of pharmacotherapy through telepsychiatry
- Non pharmacological treatment modalities via IT .



Non verbal behavior

- Appearance
- Distance
- Body movement
- Posture, gesture
- Facial expression
- Touching the other person
- Tone ,rate ,volume of speech

Provider`s site

- Posture:
- Erect & open posture.....confident ,non judgemental, trustworthy
- Moving close the camera.....more interest ,more attention
- Away from camera.....patient is defensive, giving the patient more distance
- Voice.....easily heard ,honest, intelligent,
- Continuation of speech.... smile, smile face sticker, nod, thump up
- Not interrupt the patient

Optimizing the telepsychiatry experience

- Room selection : feel comfortable , distractions are minimized, décor minimize camera distortion.
- Everyone is able to see each other, everyone is able to hear each other,
- privacy, room maintains visual & auditory privacy



Technical aspects of telepsychiatry

- Telecommunication refers to technical methods used to establish a
- Synchronous connection.
- Good enough visual and auditory quality of data.
- 1-The selection process ,features &functions needed to deliver
- 2-Consider budget, staff, space, timetable
- 3- Decide if the program needs to connect to videoconference..



Technical aspects of telepsychiatry

- Advances in both hardware & software has enable system to deliver the high quality video & audio signals ,necessary to clinical work.
- Quality of speed of connection can be affected by internet traffic, network failure ,local electrical devices and choosing the best videoconferencing platform.

Technical aspects of telepsychiatry

- Proximity to the wifi router to maintain strong internet connection.
- Camera: accurate observation of participants.
- Providers camera should be directly in front of them at eye level.
- Assessing eye contact is very important.
- Lighting: camera needs more light than human eyes, detecting non verbal communication .Back light should be avoided, covering the reflecting surface.

Privacy

- This is handled at 2 levels:
- At a software level (HIPAA standards)
- Level of participants.
- Restrict access to videoconferencing room
- Individual access may be conducted in bedroom, office, family room
- Audio privacy is important

Ways to improve audio privacy

- Close windows & doors
- Turn off fan, electronics
- Block gaps below doors
- Place a white noise machine
- Put carpet on the floor ,add pillows ,curtains
- Use decoupling sound proofing, construction techniques
- Using a headset microphone.
- Allow quite toys ,foam blocks ,books ,marker,...

Developmental levels

- Psychiatric assessment include:
- Interviewing youth alone (good impulse control,adequate verbal skills, ability to separate)
- Drawing pictures, discussing play scenario with puppet
- Preschoolers should be observed, interview with parents,interaction
- Of them, distinguishing &naming colors,body parts, singing, story telling,.....

Pharmacotherapy via telepsychiatry

- It is important to maintain communication with the PCP about treatment.
- It technically requires that provider conduct at least one face to face evaluation of the patient prior to prescribe via telemedicine.
- Allows substance control through telemedicine
- Vital signs, height, weight , Abnormai Involuntary Movement Scale
- (AIMS) , side effects should be assessed by trained nurse.



Psychotherapy

- Provided to families and youth.
- Attention to cultural context(rural, suburb..)is needed.
- Availability of smart phone present a promising opportunity to reach youth in need of service.
- Telehealth technology affects the provider`s ability, seen the patient ,be seen by the patient ,be heard, make gesture ,eye contact
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Original Article

The efficacy of attendance and semi-attendance group cognitive-behavioral therapy (CBT) on the anxiety disorders of adolescent girls

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Abstract

BACKGROUND: Anxiety disorders are one of the most psychiatric disorders in children and adolescents that can cause long life functional disability. The first line treatment for this disorder is cognitive behavioral therapy that has primary, secondary and tertiary preventive effect, but is expensive and long time. Today there is some effort to find short term, group, semi-attendance and low cost therapies.

METHODS: Subjects were 42 girls (12- 17 y) with at least one anxiety disorder according to DSM-IV-TR with their parents who were divided into two groups randomly: group A which participated in 8 sessions and group B which participated in 4 sessions and the contents of sessions 3, 4, 6, and 7 were recorded on a CD for them. The tests used in this study were: SCARED, CATS, CAIS-C, CAIS-P, conducted before (T0), just after (T1) and three months after the treatment (T2). The collected data were analyzed by multivariate analysis of covariance test using SPSS software package, version 15.0.

RESULTS: There was no significant difference between efficacy of semi-attendance group CBT and attendance group CBT in T0, T1 and T2 according to 4 tests ($p = 0.311$). The difference between the scores of these tests between T0 and T1 and T0 and T2 was significant in both groups ($p < 0.001$) but the difference between T1 and T2 was not significant. ($p = 0.771$).

CONCLUSIONS: The efficacy of semi-attendance group CBT and attendance group CBT is similar and would sustain after 3 months.

KEYWORDS: Anxiety Disorder, Attendance Group CBT, Semiattendance Group CBT.

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Anxiety disorders are among common psychiatric disorders of children and adolescents.¹ Epidemiologic studies have reported the incidence of anxiety disorder to be 5.7-17.7% at this age.²⁻⁴ Childhood anxiety disorders are severely disabling, inducing functional disability at home, school and in relation with peers and reduction of self confidence.³⁻⁵ On the other hand, this disorder can influence the function in adulthood mostly causing depression, drug abuse, suicide, social

ety and externalizing disorders.⁷ Longitudinal studies have shown that childhood anxiety disorders are resistant and chronic.^{6,7} It gets even more prevalent among girls in adulthood,⁸ causing a lot of trouble for health care systems.³ The treatment of these disorders has been effective by Selective Serotonin Reuptake Inhibitors (SSRIs) but with unknown long term side effects among growing children.⁹ Since this medication can result in hyperactivity, GI problem or amotivational syndrome, most of