Telepsychiatry and School Mental Health in Maryland
The Future is Now!

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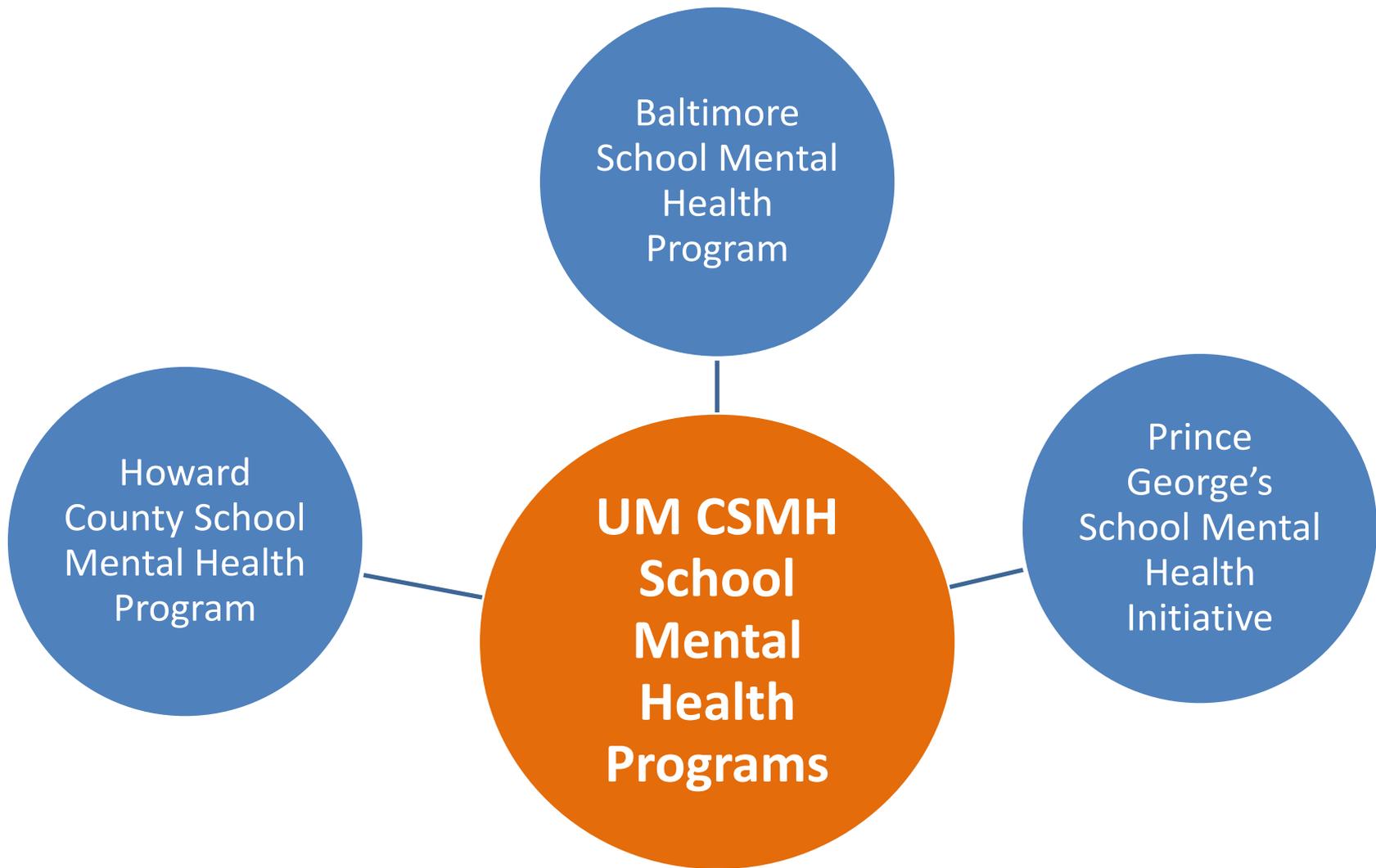University of Maryland School of Medicine

Terms and Definitions

- *Telemedicine*: provision of healthcare at a distance via telecommunication technology (Mackert & Whitten, 2007)

- *Telehealth*: use of telecommunications and information technology to provide access to health assessment, diagnosis, intervention, consultation, supervision, education, and information across distance (Nickelson, 1998)

- *Telepsychiatry*: Use of video teleconferencing to deliver mental health care and/or education/consultation at a distance.

21ST Century Telepsychiatry at the University of Maryland

- A leader in Maryland in advancing the use of telepsychiatry technologies over the past two decades.

- **2000** - Two educational programs successfully piloted to the Eastern Shore.

- **2001** - Collaborated with DHMH and MHA to advance telemental health.

- **2002-2003** - Telehealth project piloted in two Baltimore City Public Schools by Tom Sloane and Nancy Lever.

- **2006** - Mark Weist piloted teleconferencing in two PG schools.

- **2007** - Expanded telepsychiatry in more rural counties in Maryland.

- **2008-2009** - Telepsychiatry expanded to six schools in the Baltimore City Public Schools.

- **2009 to present** - Improved technology has allowed telepsychiatry to be available to clinicians in all of our school mental health programs.

Why Telepsychiatry?

- Improves Access to Care
  - Timely access to locally unavailable services
  - Spared burden/cost of transportation
  - Addresses workforce shortages
- Convenience
- Cost
- Limited time out of school for students
- Clients/families/clinicians like it!
- Multidisciplinary team can come together quickly to collaborate

Prince George's School Mental Health Initiative (PGSMHI)

- Collaboration between MSDE, PGCPS, and CSMH

- Started in 2006 at 2 schools

- Expanded to 4 additional schools in 2008

- Currently based at 8 schools in Transition Programs within SPED

PGSMHI Target Population

- Students in special education who are at risk of entering non-public settings due to an increase in behavioral and/or emotional problems

- Students in non-public settings who are prepared to return to their home school

PGSMHI Goals

- Divert students who are at risk for entering non-public educational settings.

- Complement existing special education programs with a mental health component.

- Improve student functioning

- Improve school climate

- Increase knowledge of community resources

- Provide training and support to school psychologists at alternative schools and ED Programs

PGSMHI Program Model

- Student assent and parent consent

- Intake with clinician and case manager

- Develop plan based on identified needs

- Students typically remain in program for entire school year

- No billing

PGSMHI - Services Provided

- Assessment
- Individual therapy
- Group therapy
- Family therapy
- Classroom prevention
- Small group prevention
- Crisis management
- Case management

- Teacher & staff consultation
- Consultation with other providers
- School-wide mental health promotion
- Family support groups and activities
- Case Management
- Psychiatric consultation

Howard County School Mental Health Program (HCSMHP)

- Partnership involving the Howard County Health Department, Howard County Public Schools, and the University of Maryland SOM (Child and Adolescent Psychiatry).

- Started in December 2013 with one school

- Expanded to two schools in 2016

- Expanded to five schools for 2017-2018 school year

- Provide a full array of evidence-based mental health services to regular education and special needs children and adolescents

HCSMHP Goals

- Support/augment existing mental health services in the schools

- Remove barriers to learning by providing quality evidence-based interventions.

- Provide family support and linkages to resources

- Work to improve school climate and help reduce stigma associated with MH services

HCSMHP Model

- HCSMHP is part of the school's Wellness Center integrating health and mental health services

- Students referred to counselors <u>primarily</u> through the Student Support Team (SST)

- Student consent/parent consent secured before services begin

- Initial intake/clinical evaluation and treatment plan completed for each new referral

- Counselors can bill for mental health services

HCSMHP - Services Provided

- Individual and family therapy

- Clinical case management

- Family support and linkages to resources

- Classroom prevention activities and observation

- Evidence-based groups (trauma-focused CBT, anger management, social skills)

- Crisis Intervention

- Professional development training for teachers/staff on mental health topics

- Universal wellness and mental health awareness/promotion (bullying prevention, suicide prevention)

Psychiatric Consultation

- Provided by child psychiatry fellows in the Department of Psychiatry, School of Medicine, at the University of Maryland, Baltimore (UMB SOM)

- Psychiatrist is based at the UMB SOM campus, approximately one hour away from schools

- Utilize 2-way interactive video conferencing

- Technical assistance provided by Department of Psychiatry and school system

Purpose of Consultations

- Clinical evaluation of students
- Case consultation/treatment planning with psychiatrist
- Diagnostic formulation
- Physical/developmental concerns
- Medication concerns and management
- Discuss concerns about current prescriptions
- Discuss medical concerns
- Assessment and evaluation considerations
- Treatment recommendations

Prescribing Medication

- Fellows don't provide medication in PGSMHI or HCSMHP

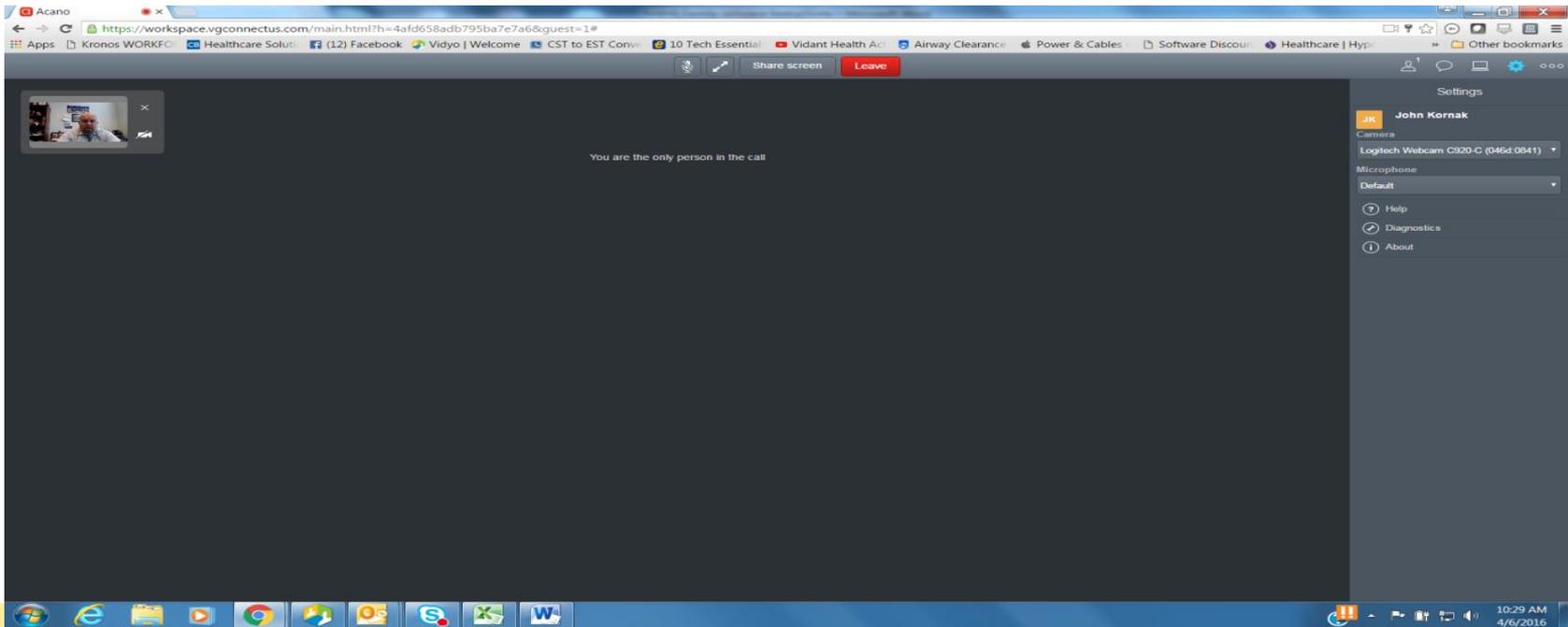- Identify a local psychiatrist or primary care provider
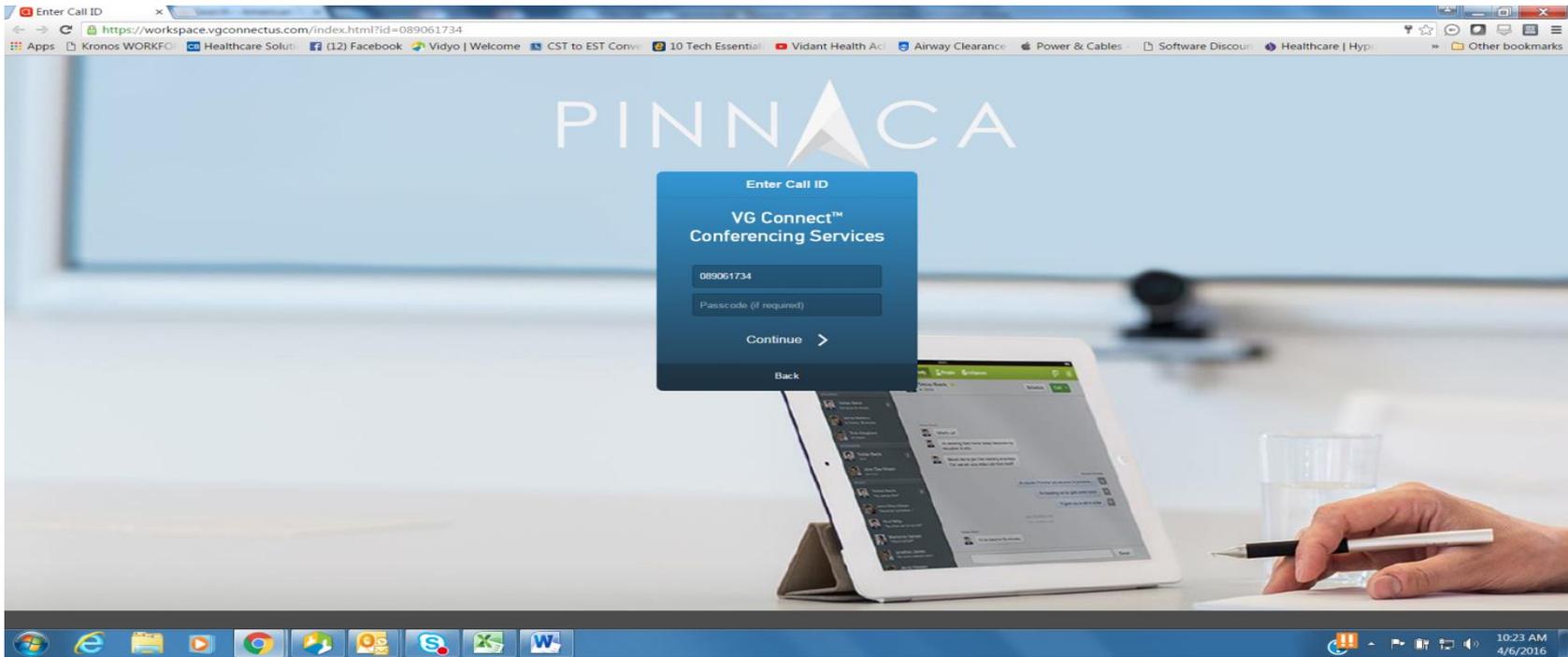
- Consult with local provider

Evolution of Consultation

Evolution of Consultation

Video Logistics

- Parents sign a separate consent for video consultation
- Videos are not recorded
- Consults take place over a secure internet connection
- Calls are encrypted to ensure confidentiality

Process of Video Consultation

- Clinician sends fellow consultation request form
- On day of consult, clinician shares information with the fellow before student is seen
- Student/family is seen by fellow
- Fellow and clinician discuss consultation
- Fellow sends consultation feedback form to clinician
- Complete surveys

Telepsychiatry and School Mental Health (Grady, Lever, Cunningham, Stephan, 2011)

Clinician Perspectives:

- Obtaining another perspective on client's presentation is very helpful

- They often learn new information about their clients during the consults

- Appreciate being able to discuss and problem-solve challenging cases

- Equipment is very easy to use

Telepsychiatry and School Mental Health (Grady, Lever, Cunningham, Stephan, 2011)

Student's Reactions

- Easily engaged

- Like the novelty of the technology

- Easily disclosed

- Look forward to additional meetings
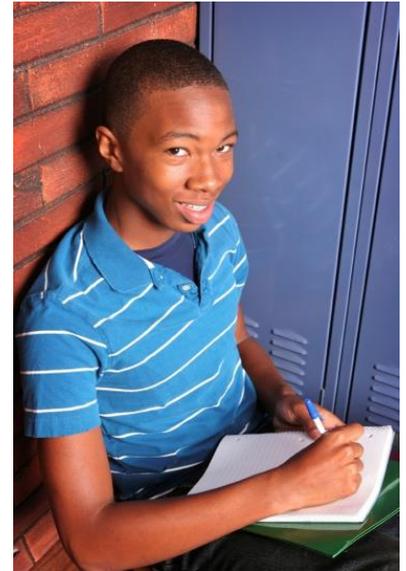
Future Directions (circa 2010)

- Continuous training for psychiatry fellows

- Comprehensive evaluation of services from parent and student perspective

- Invest in additional video-conferencing units
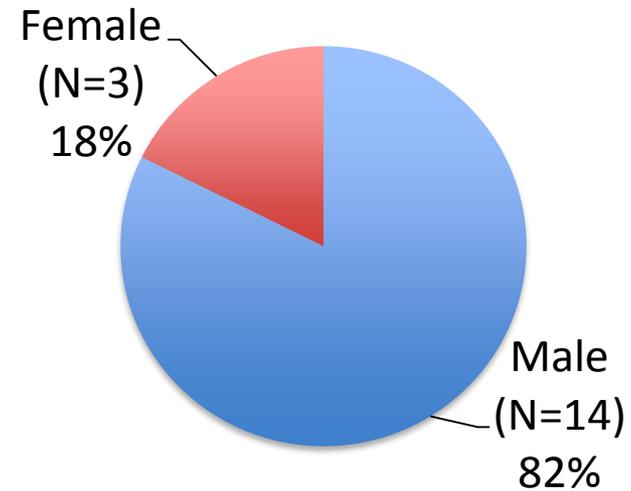
Tele Satisfaction Surveys

- 11-item questionnaire adapted from Baltimore SMHP

- 3 SMH Programs

- 4 Psychiatry Fellows

- 7 Clinicians

- Survey Respondents:
  - Fellows
  - Clinicians
  - Family members
  - Students

Satisfaction Surveys

- Clinicians (N=21)
- Students (N=3)
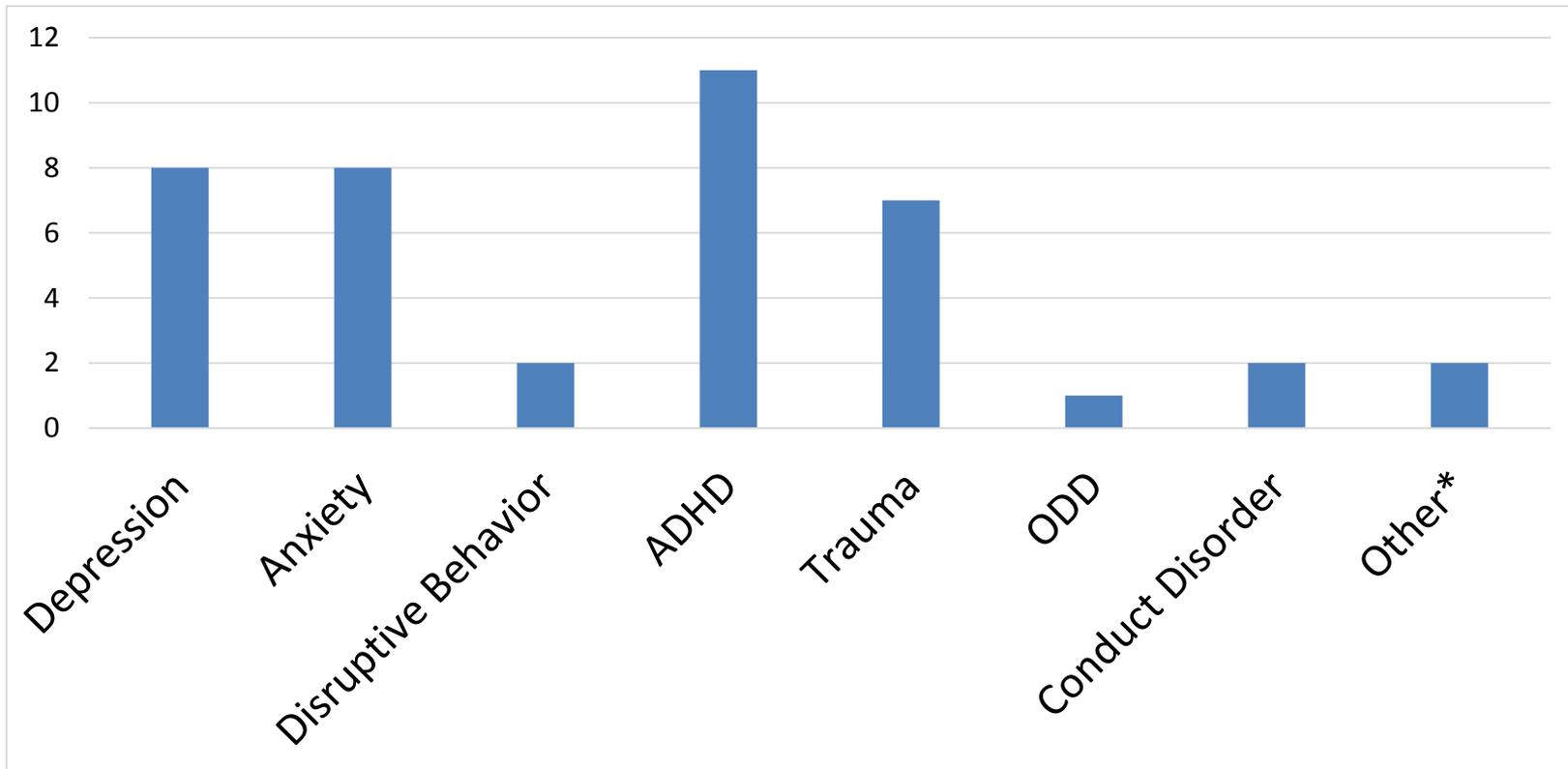- Parent/Caregivers (N=3)
- Fellows (N=23)

Clinician Survey Data

Client demographics

Client Age bar chart:
- Age 5: 1
- Age 9: 1
- Age 10: 2
- Age 11: 2
- Age 12: 3
- Age 13: 2
- Age 14: 1
- Age 16: 1

Pie chart:
- Female (N=3) 18%
- Male (N=14) 82%

Clinician Survey Data

Presenting problems

*ASD, trichotillomania, & general mood

Clinician Survey Data

Session information

Session Type

- Follow-up 12%
- Initial 88%

Frequency of Session Lengths

Reported Session Lengths (Min)
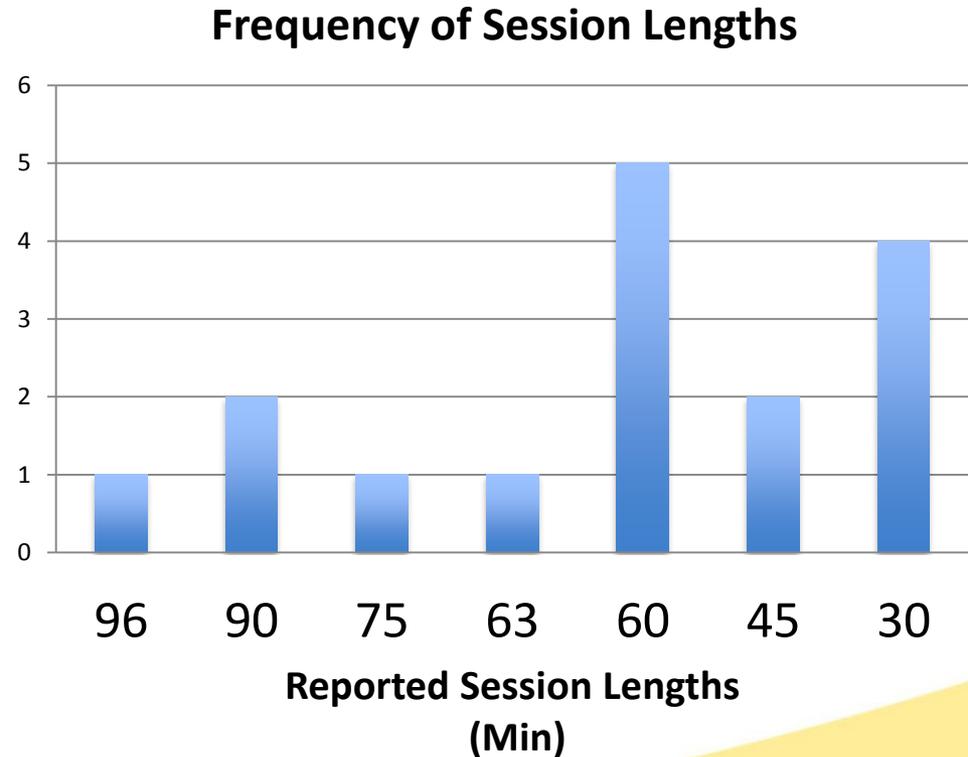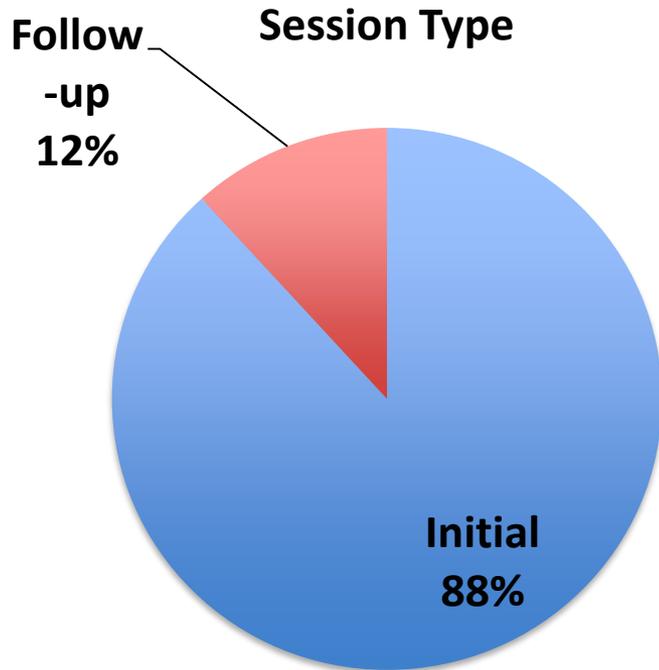
Avg = 57.75 min

Clinician Survey Data

Referral Reason(s)
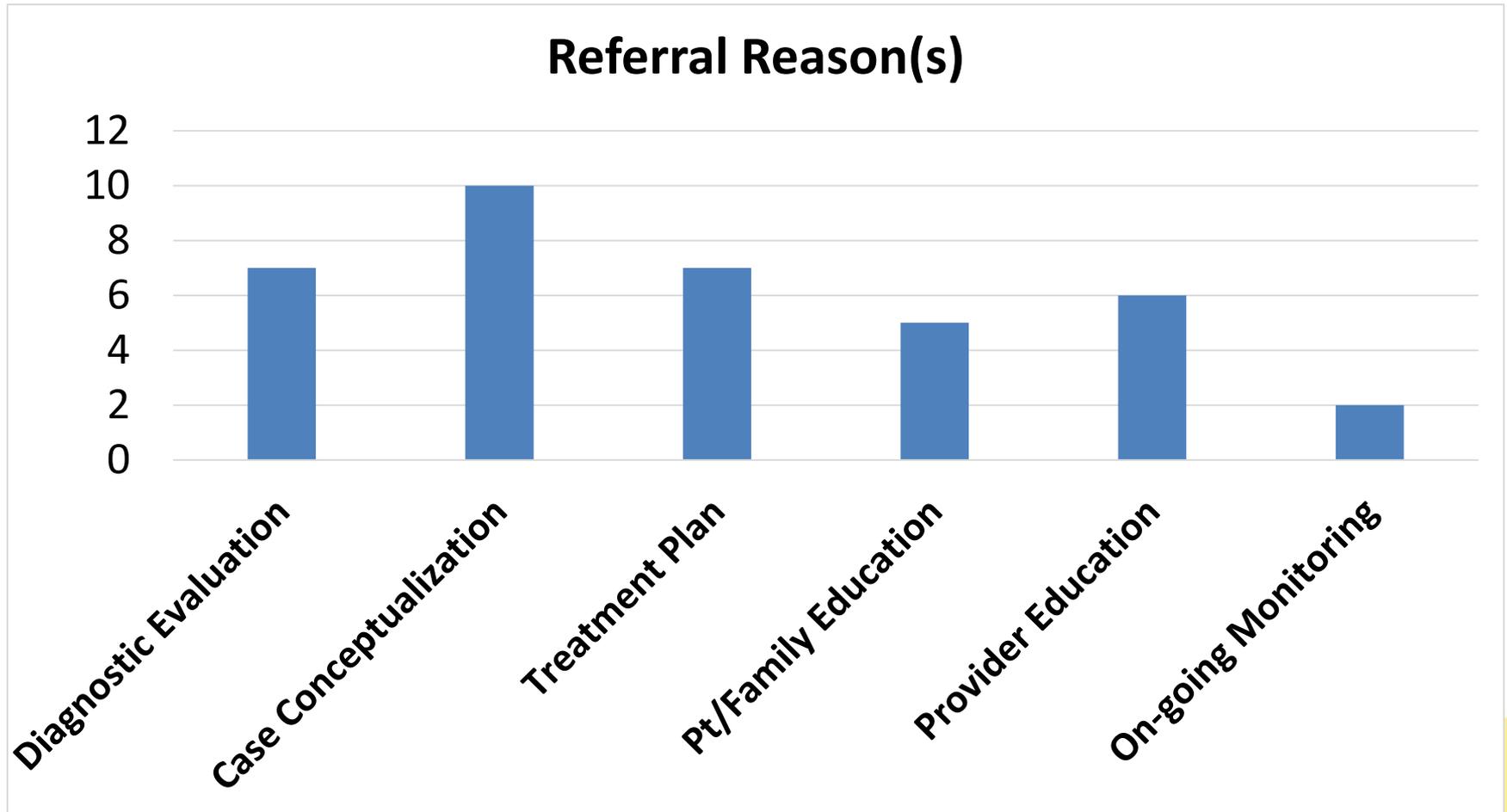
Clinician Satisfaction Results

Scale Item.	% "Satisfied" or "Strongly Satisfied"
Overall clinician satisfaction with the consultation	88.6%
The **guidance/feedback** you received from the telepsychiatry consultations	85.7%
Knowledge of the fellow who provided telepsychiatry consultation	85.7%
Duration of the telepsychiatry consultations	85.7%
Summary from **Consultation Feedback Form**	75.0%
Client satisfaction with consultation	66.7%
Ease of using video teleconferencing equipment	58.3%

Student Satisfaction Results

Scale Item.	Average Response (3-point scale)
I could **see** the doctor on the screen really well.	"A lot" ("3")
I could **hear** the doctor on the screen really well.	"A lot" ("3")
It was **easy to talk** with the doctor over the screen.	"A lot" ("3")
I think that getting help over the screen was **as good as getting help in person.**	"A lot" ("3")
I could **talk about my problems easily**.	"Somewhat" ("2")
I **understood what the doctor wants** me to do.	"Somewhat" ("2")
I feel OK about the doctor's advice.	"Somewhat" ("2")
I was worried about someone else hearing me.	"Not at all" ("0")
The meeting would have been better if the doctor was here in person (present in the room).	"Not at all" ("0")

Parent Satisfaction Results

Scale Item.	% "Agree" or "Strongly Agree"
I could **talk comfortably** with the telepsychiatrist on the screen.	66.7%
I could **hear** the telepsychiatrist well.	66.7%
I could **understand** the telepsychiatrist's recommendations.	66.7%
I felt the telepsychiatrist was **comfortable with seeing my child** over the screen.	66.7%
Telepsychiatry **allowed my child to see a psychiatrist sooner**.	66.7%
My child **would not have received psychiatry services without** telepsychiatry.	66.7%
My child **will receive the help he/she needs** because of our visit with the telepsychiatrist.	66.7%

Parent Satisfaction Results

Scale Item.	% "Agree" or "Strongly Agree"
The telepsychiatrist visit was **as good as a regular in-person visit.**	66.7%
I would be willing to have my child see a telepsychiatrist **again in the future**.	66.7%
Overall I am very satisfied with the quality of services provided with telepsychiatry.	66.7%
My **concerns were addressed** today.	66.7%

Fellow Satisfaction Results

Scale Item.	% "Agree" or "Strongly Agree"
I was able to **identify the presenting concern** of the school mental health clinician today.	84.6%
Overall I was satisfied with today's consultation.	77.0%
I was able to **obtain pertinent mental health information** from the Telepsychiatry Consultation Form.	76.9%
I felt confident in providing consultation for this client's problems using the video teleconferencing equipment.	61.6%
The consultation would have been better if it was in person.	30.8%
Using the video teleconferencing equipment, I was able to elicit a good history of the client's mental health condition.	**46.2%**
The video teleconferencing equipment worked well today (e.g., no technical issues.)	**38.5%**

Summary of Results

Successes

- ✓ Session length
- ✓ Clinician satisfaction
- ✓ Quality guidance
- ✓ Comfort (hearing, talking comfortably)
- ✓ Same quality as in-person
- ✓ Improved accessibility

Areas for Improvement

- Equipment/ Clarity of image

Challenges

- Poor internet connection

- Locating students

- Psychiatry Fellows change rotations mid-year

- Limited availability of Fellows

Optimizing Telemental Health

- Release of information and informed consent
- Provide complete information for referral
- Process to communicate findings after consult
- Ensure privacy and confidentiality
- Transmission of client data
- Evaluate and measure outcomes
- Staff training
- Test, test, test

Adapted from American Telemedicine Association, 2009

Future Directions

- Obtain more youth and parent data

- Discuss survey findings with respondents

- Increased availability of Fellows

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