Telepsychiatry as a Key Component of School-Mental Health for Youth Classified with Serious Emotional Disturbance

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Telepsychiatry in Schools

- O School-based mental health programs at the University of Maryland are implementing telepsychiatry services
- O BSMHI, PG County, Howard County, School Mental Health Program
- O Connects more students in more areas with psychiatry
- Consultations provided to school clinicians and other school staff

Current Research

- O Limited research around telemental health, but common outcomes around studies conducted
- Benefits: improved access to care, financially effective, prevents ER/pediatric visits
- Barriers: issues with technology, student/parent engagement and availability, may be more difficult to build rapport
- O Outcomes: studies found telemental health treatment comparable to face-to-face treatment

Planning and Implementation

O Forms:

- Request Forms
 - Diagnostic information
 - Outside agency involvement
 - Family dynamics
 - Medical history
 - Questions about the case

Planning and Implementation (cont.)

OForms (continued)

- Consent to release information
 - Is telepsychiatry included in initial consent to treatment forms for your agency?
- Evaluations
- Consult form (to be completed by psychiatrist)

Planning and Implementation (cont.)

O Psychiatrists and Clinicians

- Identify psychiatrists to collaborate with and clinicians who have a need for this service
- O Schedules
 - Flexibility is needed depending on location of clinicians
- O Location/Space
 - Confidential space
- O Software
 - Equipment options can include televisions with cameras, iPads, laptops

Outcomes

• Case examples

- 12 y/o female presenting with paranoia, anxiety, possibly visual hallucinations, physical aggressions, fabricates events
- Recommendations included building rapport with parent, behavioral modification plan, completion of SPENCE and CES-DC, possibly referral for psychiatric care if symptoms persist
- O Lessons Learned

O Evaluations

References

- O Cunningham, D.L., Connors, E.H., Lever, N. & Stephan, S.H.(2013). Providers' Perspectives: Utilizing Telepsychiatry in Schools. *Telemedicine and e-Health, 19*(10), 794-799.
- O Grubaugh, A.L. Cain, G.D, Elhai, J.D., Patrick, S.L. & Frueh, B.C. (2008). Attitudes Toward Medical and Mental Health Care Delivered Via Telehealth Applications Among Rural and Urban Primary Care Patients. *The Journal of Nervous and Mental Disease, 196*(2), 166-170.
- O Myers, C. & Cain, S. (2008). Practice Parameter for Telepsychiatry With Children and Adolescents. *Journal of the American Academy of Child and Adolescent Psychiatry*, 47(12), 1468-1483.
- O Grady B, Myers KM, Nelson EL, Belz N, Bennet L, Carnahan L, et al. (2009). Evidence-Based Practice for Telemental Health. *American Telemedicine Association.*
- O Young, T.L. & Ireson, C. (2003). Effectiveness of School-Based Telehealth Care in Urban and Rural Elementary Schools. *Pediatrics*, 112(5), 1088-1094.

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Questions or Comments?