

Coronavirus
COVID-19



Guidance on Telemental Health for mental health services and practitioners

*Rapid Briefing for the
COVID-19 crisis*

Prepared by the eMEN project team
at Mental Health Reform

First release: **April 14, 2020**





The eMEN (Ireland) Briefings Series

This rapid briefing is part of a series of eMEN project briefings on aspects of the eMental Health ecosystem in Ireland. eMEN is a project part-funded under the Interreg North-West Europe programme, with a focus on supporting development and deployment of user-facing eMental Health to help address challenges confronting mental healthcare systems in Europe. Mental Health Reform is the Irish partner in the project, with HSE providing the co-financing alongside the Interreg part-funding. eMEN also has partners from the Netherlands, Belgium, UK, France, and Germany, with involvement of a mix of mental health service providers, eMental health developers, researchers and other organisations. The Irish eMEN briefings aim to provide useful information and analysis on the opportunities and potential demand for eMental health in different settings. Two briefings are already published:

- eMental Health in Third Level Education settings
- The role of the Third Sector in eMental Health innovation and service provision in Ireland.

Need for a rapid briefing in the context of the COVID-19 crisis

The COVID-19 crisis has direct mental health implications in a number of ways, and also creates some major organisational, operational and logistical challenges for the various players in the Irish ecosystem of providers of mental health services and supports.

COVID19-connected mental health issues include:

- Mental health issues for those affected medically by COVID-19
- Mental health issues arising for people through impacts of COVID-19 on social and economic life
- Emergence of new mental health difficulties or exacerbation of existing ones.

COVID-19 related challenges for mental health service and support systems include:

- Logistical challenges to deliver ongoing services because of social distancing and 'lock-down'
- Rapidly developing appropriate supports for the new COVID-19 connected mental health issues.

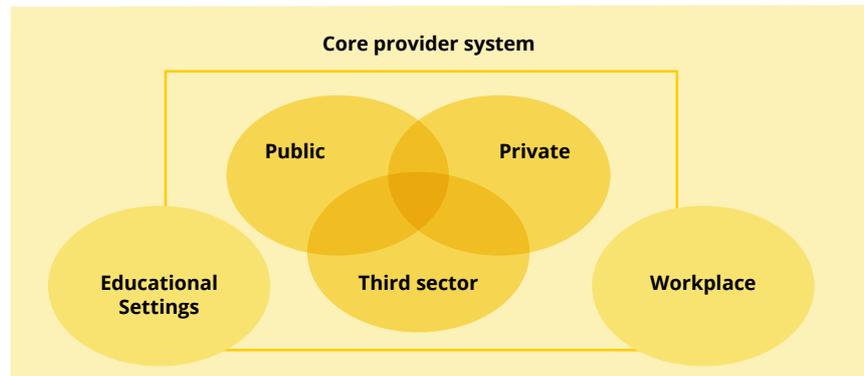


This rapid briefing focuses mainly on this aspect, especially the logistical challenges facing providers of mental health services and supports just now.

Who the rapid briefing may be relevant for

All sectors in the wider mental healthcare ecosystem in Ireland are relevant in the context of the mental health challenges posed by the COVID-19 pandemic.

Exhibit 1. Some key components of the mental healthcare ecosystem



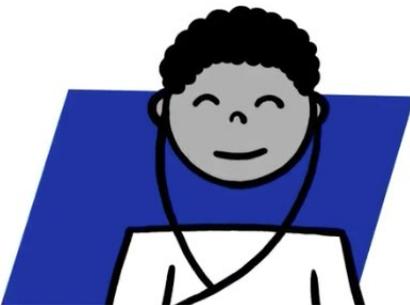
As shown in Exhibit 1, this includes the three components of the core provider system – public, private and third sector – as well as the workplace and educational settings where considerable numbers of people receive mental health services and supports through sectoral support systems. Within all these sectors, the briefing may be relevant both for organisations and for individual practitioners (whether operating individually or part of a wider organisation).

A focus on Telemental Health

The field of eMental health comprises a broad spectrum of technology-supported and online applications and services. The second part of this briefing document provides an overview of the field and some additional background on the eMEN project's work in this area.

This rapid briefing focuses on “telemental health”, which encompasses telepsychology and tele-counselling, telepsychiatry, and structured psychoeducational and other supports provided by trained personnel (which may include volunteers and peer support workers). It includes a variety of forms of structured engagement with clients/service users on an individual or group basis to provide therapy sessions, targeted psychoeducation, and other relevant supports. The term ‘tele’ signifies doing something remotely – in this case using telecommunications (voice, video, text) to enable mental health services and supports traditionally delivered face-to-face to be conducted when the service provider and service user(s) are in physically separated locations.

The logistical challenges of the social distancing and lockdown regimes introduced as part of the public health response to COVID-19 has brought this application field to centre-stage. It can allow continuity of existing services (previously delivered in more traditional face-to-face modes) as well as potentially open ways to reach some of the people with newly arising COVID19-connected mental health issues.





Rapid collation of available guidance materials

The Irish eMEN team have compiled the following rapid collection of available guidance material on telemental health. The focus is especially on material that may be relevant in the immediate context of the COVID-19 period of social distancing and lockdown, where quick decisions and actions may be necessary to begin providing mental health services online whilst maintaining as much quality assurance as possible. The collection includes both guidance specifically prepared in response to the crisis and other available sources of practical guidance that may be especially helpful just now.

It also includes a range of materials that pre-existed the current crisis, as well as material that takes a deeper and more measured view on the pros and cons of telemental health and the specific challenges and issues it raises for mental health practice. This may also be useful for interested organisations and practitioners just now, and will be particularly important in the period after the crisis when the sector re-groups and reflects. At that point, the sector will likely consider how to introduce a more measured perspective on telemental health going forward. For example, it will be important to ensure that the new modes of service provision do not become the new norm or only way of doing things, to the detriment of face-to-face services that should remain a central component of direct client support/engagement wherever desired and/or clinically indicated.

Given the very current need to rapidly sign-post relevant parties to potentially useful guidance, we have collated available resources and have not attempted a synthesis just yet. However, to help the reader, we provide some brief commentary on each guidance source listed. For convenience, the guidance is grouped by country of origin so readers should be aware that quite different levels and types of guidance may appear within the country-by-country presentation.

This first collation of guidance covers material from Ireland, United Kingdom, United States, and a European-level psychologist association, mainly focusing on public mental health system and/or professional/practitioner body sources. We are aware of other potentially relevant material from these countries, as well as from other countries, such as Australia and Canada, as well as in mainland Europe. A process for ongoing updating of the collection of material will be established as soon as possible.

Important

This collation of materials has been rapidly prepared as a first input in the COVID-19 context. By listing a document or source here, the authors are not in any way endorsing or recommending following or adhering to any of these. Readers must exercise their own judgement on which, if any, of the resources may be most relevant for them, and make their own judgements on quality. Factors to bear in mind for this may include the credentials of the originators of any material, as well as the extent to which guidance is evidence-based or otherwise substantiated as reflecting good practice.

List of guidance documents

1	EFPA guidance for psychologists / other mental health professionals in COVID-19 context	European
2	PSI Guidelines on use of Online or Telephone Therapy	Ireland
3	IACP Recommended Approach for Online Counselling and Psychotherapy	Ireland
4	Technology, Mental Health and Suicide Prevention in Ireland: A Good Practice Guide	Ireland
5	Guidance for psychological professionals during the Covid-10 pandemic	UK
6	Working online in the counselling professions (Good Practice in Action Fact Sheet)	UK
7	Ability to provide Telephone and E-counselling (Required competences)	UK
8.1	Near-Me-COVID-19-Telepsychiatry-Guidance-v1	UK
8.2	Near-Me-COVID-19-Telepsychiatry-Emergency-Setting-v1	UK
8.3	Near-Me-COVID-19-Telepsychiatry-Legal-and-Ethical-v1	UK
9.1	Guidelines for the Practice of Telepsychology	USA
9.2	Office and technology checklist for telepsychology services	USA
9.3	Telepsychology Best Practice 101 Series (webinars)	USA
9.4	Informed consent checklist for telepsychological services	USA
9.5	Comparing the latest telehealth solutions	USA
9.6	What the COVID-19 telehealth waiver means for psychology practitioners	USA
10	Clinical Update: Telepsychiatry with Children and Adolescents	USA
11	Best Practices in Videoconferencing-based Telemental Health	USA
12.1	Practice Guidelines for Video-based Online Mental health Services	USA
12.2	Practice Guidelines for Telemental Health with Children and Adolescents	USA
12.3	Evidence-based Practice for Telemental Health	USA
13	Telepsychiatry Toolkit	USA

European

1 **European Federation of Psychological Associations (EFPA)**

Guidance for psychologists / other mental healthcare professionals in COVID-19 context

The EFPA Standing committee on Psychology & Health and the Project Group on eHealth prepared this guidance in response to a survey on the usage of online technology by practitioners in the COVID-19 context.

They highlight some points that they consider important in the immediate COVID-19 context:

- discuss the option with your client (preferably over the phone), explaining the rationale and emphasising the importance of relying on online consultations for now. Ideally, only do this with clients or patients with whom you have already met face-to-face, so you know how to optimally intervene in the real world as well, in case of any emergencies, e.g. risks for self-harm or suicide.
- make sure both you and your client are in a private space and cannot be disturbed.
- assure sufficient time for technical troubleshooting.
- rely on professional videoconferencing tools tailored for teleconsultation. Do not rely on programs like Facebook Messenger, WhatsApp, Skype or Telegram. In case of any doubt, contact your member association or national authority for suitable tools (e.g., Skype for Business is allowed in Norway, Zoom in Sweden), or consult relevant regulations.
- do not make use of a public computer, log off after a session and keep your operating system and/or apps up to date.
- in case you notice a security breach on your computer, inform your patients, inform the police and seek help from an IT security professional.

They also expand on issues and guidance through some FAQ's, addressing:

- are online consultations appropriate and effective for different target groups (e.g. different types of mental illness, different age groups)?
- are online consultations suitable for different elements or specific types of therapy?
- how to get a stable and secure connection for online consultations?
- which software platforms can be appropriate? And which ones are safe and GDPR proof?
- how to manage payments?
- how can we increase acceptance and help our clients with using online consultations?
- can a therapeutic alliance develop online? And how can I promote connectivity and trust?

<http://ehealth.efpa.eu/covid-19/>

Ireland

Source / Guidance	Commentary
<p>2 Psychological Society of Ireland <i>PSI Guidelines on use of Online or Telephone Therapy</i> (16/03/2020)</p>	<p>Prepared specifically in the context of the COVID-19 pandemic, the guidelines note that the Principles of the PSI Code of Ethics should be to the fore irrespective of whether the delivery is online or offline. The guidance for online working is brief and quite high-level, providing useful pointers and tips for psychologists wishing to provide services online, including:</p> <ul style="list-style-type: none"> - If working privately, check indemnity insurance - If not familiar with communicating via online technologies, take time to get familiar with family member or friend before commencing scheduled online sessions <p>https://www.psychologicalsociety.ie/source/PSI%20Guidelines%20on%20use%20of%20Online%20Therapy.pdf</p>
<p>3 Irish Association for Counselling and Psychotherapy <i>IACP Recommended Approach for Online Counselling and Psychotherapy</i> (Last reviewed June 2017)</p>	<p>This guidance pre-existed the COVID-19 crisis. It focuses on online counselling and psychotherapy, and includes both guidance for practitioners and for online supervision. Aspects covered include:</p> <ul style="list-style-type: none"> - practitioner competence and training - contracting and client suitability - other issues specific to working online; interjurisdictional practice; professional codes and laws; confidentiality in relation to data protection and storage. <p>For IACP members there is also an introduction to this type of work on the IACP Online CPD Platform.</p> <p>https://iacp.ie/onlinecounselling</p>
<p>4 ReachOut.com <i>Technology, Mental Health and Suicide Prevention in Ireland: A Good Practice Guide.</i> (2015)</p>	<p>This guidance pre-existed the COVID-19 crisis, and covers various forms of service provision and online activity:</p> <ul style="list-style-type: none"> - mental health information - online support - online therapy - communication through social networks - crisis response and escalation protocols. <p>Useful source of guidance, informed by practical experience with eMental health; includes a 'good practice checklist'.</p> <p>https://www.hse.ie/eng/services/list/4/mental-health-services/connecting-for-life/publications/technology-mental-health-and-suicide-prevention-pdf.pdf</p>

UK

Source / Guidance	Commentary
<p>5 British Psychological Society (BPS), British Association for Counselling and Psychotherapy (BACP), and a number of other umbrella bodies and associations <i>Guidance for psychological professionals during the Covid-19 pandemic.</i> (28/03/2020)</p>	<p>Prepared specifically in the context of the COVID-19 pandemic. Briefly identifies and addresses a number of aspects of the crisis from the perspective of these professional bodies:</p> <ul style="list-style-type: none"> - keeping psychological services and psychological therapies services open through the immediate crisis - maintaining psychological professions training programmes - remote delivery of psychological therapies and interventions - maintaining a psychological approach to prevention, care and treatment - supporting the wellbeing of NHS organisations, teams and staff <p>Useful high-level document addressing a spectrum of important issues for services just now in the context of the pandemic crisis, as well as keeping broader professional and sectoral interests in view at the same time. The section on remote delivery presents some key aspects of the real-time context in the NHS right now, including relaxing of data protection concerns in the interest of continuity of service, where necessary and appropriate.</p>
<p>https://www.bps.org.uk/sites/www.bps.org.uk/files/News/News%20-%20Files/Guidance%20for%20Psychological%20Professionals%20during%20Covid-19.pdf</p>	
<p>6 British Association for Counselling and Psychotherapy (BACP) <i>Working online in the counselling professions (Good Practice in Action 047 Fact Sheet - 2019)</i></p> <p>Also: <i>Guidelines for online counselling and psychotherapy – 3rd edition (2009)</i></p>	<p>This provides quite detailed, practical, good-practice guidance on a range of aspects of working online in the counselling profession. Topics covered include:</p> <ul style="list-style-type: none"> - working online - variations in use of online and digital technology - technological competence - security and confidentiality - responding to any breach of security or privacy - working with vulnerable clients and arrangements for emergencies - legal requirements for working in the UK and Europe - working with clients from other countries - online social forums for clients - online information and interactive tools - insurance - supervision and training - personal use of social media by practitioners - professional vigilance
<p>https://www.bacp.co.uk/media/7897/bacp-working-online-supplementary-guidance-gpia047-mar20.pdf</p>	

Source / Guidance	Commentary
<p>7 British Association for Counselling and Psychotherapy (BACP) <i>Ability to provide Telephone and E-counselling (Required competences)</i></p>	<p>Useful delineation and presentation of practical core competencies required for telephone and online counselling. Covers three blocks: underpinning knowledge; core competences; metacompetences.</p> <p><u>Underpinning knowledge:</u></p> <ul style="list-style-type: none"> - knowledge of psychological processes relevant to offering telephone and e-counselling <p><u>Core competences:</u></p> <ul style="list-style-type: none"> - ability to assess suitability for telephone & e-counselling - ability to identify and manage risk when telephone/e-counselling - ability to communicate with clients when telephone/e-counselling - ability to establish “ground rules” and boundaries when telephone/ e-counselling - ability to direct clients to supplementary online therapeutic resources - ability to conclude the therapeutic relationship - supervision of telephone & e-counselling <p><u>Metacompetences:</u></p> <ul style="list-style-type: none"> - metacompetences for providing telephone & e-counselling <p>https://www.bacp.co.uk/media/2045/bacp-competences-for-telephone-ecounselling.pdf</p>
<p>8 TEC and Digital Health & Care Scotland <i>Telepsychiatry quick reference guides.</i> (Versions 1, March 2020)</p>	<p>Set of three quick reference guides issued as part of a suite of resources prepared within their resource set for ‘Coronavirus Resilience Planning’. Targeted for Scottish NHS Boards to support all services to be able to introduce ‘Near Me’ video consulting. The guides address:</p> <ul style="list-style-type: none"> - Telepsychiatry (in general) - Telepsychiatry – Emergency Settings - Telepsychiatry – Legal and Ethical aspects <p>https://tec.scot/digital-health-and-care-in-scotland/video-enabled-health-and-care/covid-19-implementing-near-me/</p>

- 8.1 TEC and Digital Health & Care Scotland**
Near-Me-COVID-19-Telepsychiatry-Guidance-v1
- Identifies scenarios where video consultation may be beneficial in mental health services, including:
- for patients with confirmed coronavirus or quarantined due to contact with an infected person
 - to continue services while reducing the number of people coming into healthcare premises
 - for patients in mental health with coronavirus, in situations where non hands-on care could be given by video to reduce the number of clinical staff being exposed to infection risk
 - to enable additional health care support to be provided remotely to an area with a significant outbreak of coronavirus (including out of hours, acute and primary care).
- Also notes that, with the current advice to stay home:
- it is envisaged that at home appointments will be the most common clinical scenario
 - this will allow clinicians to work from home as well as patients to be reviewed at their home
- The substantive guidance covers:
- technology requirements (for clinician end and patient end)
 - risk management
 - what to do during the consultation
 - documentation and follow-up.
- <https://tec.scot/wp-content/uploads/2020/04/Near-Me-COVID-19-Telepsychiatry-Guidance-v1.docx>
-
- 8.2 TEC and Digital Health & Care Scotland**
Near-Me-COVID-19-Telepsychiatry-Emergency-Setting-v1
- Provides some additional guidance and pointers for utilisation of telepsychiatry in emergency settings
- <https://tec.scot/wp-content/uploads/2020/04/Near-Me-COVID-19-Telepsychiatry-Emergency-Setting-v1.docx>
-
- 8.3 TEC and Digital Health & Care Scotland**
Near-Me-COVID-19-Telepsychiatry-Legal-and-Ethical-v1
- Addresses a number of aspects:
- licensing and indemnity (organisational and individual)
 - capacity and the Adults with Incapacity (Scotland) Act 2000
 - the Mental Health (Care and Treatment) (Scotland) Act 2003
 - data protection
 - ethical considerations
- Note: regarding Licensing and Indemnity, the document emphasises that it "*...is for guidance only during the COVID-19 crisis while we await legal updates, and is not to be considered as legal advice.*"
- <https://tec.scot/wp-content/uploads/2020/04/Near-Me-COVID-19-Telepsychiatry-Legal-and-Ethical-v1.docx>

United States

Source / Guidance	Commentary
<p>9 American Psychological Association (APA) <i>Telepsychology and telehealth resources</i></p>	<p>This APA landing page provides links to a range of APA guidance and resources, some COVID-19 specific and some pre-existing material. The following are some of the potentially more relevant resources for the Irish context just now:</p> <ul style="list-style-type: none"> - guidelines for the practice of telepsychology - office and technology checklist for telepsychological services - telepsychology best practice series (webinars) - informed consent checklist for telepsychological services - comparisons of latest telehealth solutions - what the COVID-19 telehealth waiver means for psychology practitioners
<p>https://www.apaservices.org/practice/clinic/index?_ga=2.16722550.1500520759.1585989394-1104227696.1585989394</p>	
<p>9.1 American Psychological Association (APA) <i>Guidelines for the Practice of Telepsychology (2013)</i></p>	<p>These guidelines pre-date the COVID-19 crisis, and were approved in 2013. Although quite high-level, they identify and briefly elaborate on some important aspects that require attention in the practice of telepsychology:</p> <ul style="list-style-type: none"> - competence of the psychologist - standards of care in the delivery of telepsychology services - informed consent - confidentiality of data and information - security and transmission of data and information - disposal of data and information and technologies - testing and assessment - interjurisdictional practice
<p>https://www.apa.org/pubs/journals/features/amp-a0035001.pdf</p>	
<p>9.2 American Psychological Association (APA) <i>Office and technology checklist for telepsychology services</i></p>	<p>Useful checklist of things to consider when setting up and operating as a telepsychology practitioner. Organised under a number of headings:</p> <ul style="list-style-type: none"> - screen your patient(s) to determine whether videoconferencing services are appropriate for them - technology - set-up - pre-session - beginning a virtual session
<p>https://www.apa.org/practice/programs/dmhi/research-information/telepsychological-services-checklist</p>	

9.3 American Psychological Association (APA)

Telepsychology Best Practice 101 Series (webinars)

These webinars are currently available free of charge as a response to the COVID-19 crisis. The series has four segments/modules:

- segment 1: clinical evaluation and care: cultural competencies; documentation
- segment 2: about the tech...video, email, text messaging & apps
- segment 3: legal, regulatory & ethical rules of the road
- segment 4: getting paid: reimbursement strategies & marketing your professional services online

<https://apa.content.online/catalog/product.xhtml?eid=15132>

9.4 American Psychological Association (APA)

Informed consent checklist for telepsychological services

Presents a sample form to use for informed consent and related purposes, and lists a range of aspects to address in this context.

<https://www.apa.org/practice/programs/dmhi/research-information/informed-consent-checklist>

9.5 American Psychological Association (APA)

Comparing the latest telehealth solutions

This presents some reviews by psychologists of a number of commonly used technological platforms for delivery of telepsychology in the US (Doxy.me; thera-LINK; and Zoom). Interesting to see the range of factors the reviewers considered, and the quite wide range of assessments provided. The rating framework has 6 components:

- privacy/security
- additional features
- ease of use
- functionality
- customer support
- value for money
- overall rating.

<https://www.apaservices.org/practice/business/technology/tech-column/telehealth-solutions>

- 9.6 American Psychological Association (APA)**
What the COVID-19 telehealth waiver means for psychology practitioners
- Provides an overview of how “emergency legislation and guidelines in the US are temporarily expanding psychologists’ ability to provide telehealth services to Medicare patients so they can receive treatment at home during the public health emergency.” Main points highlighted:
- recipients can now receive care in their homes
 - provider practice locations aren’t restricted, but further clarification is needed
 - practitioners can use smartphones with audio and video capabilities enabled
 - HIPAA rules are temporarily relaxed
 - there is a temporary lift on audits
 - billing remains the same.
- <https://www.apaservices.org/practice/legal/technology/covid-19-telehealth-waiver>
-
- 10 American Academy of Child and Adolescent Psychiatry (AACAP)**
Clinical Update: Telepsychiatry with Children and Adolescents (2017)
- This clinical update is supported by a review of evidence and practice guidelines in relevant fields. The clinical update covers:
- legal, regulatory and ethical issues
 - needs assessment and model of care
 - appropriateness of potential sites and patients
 - sustainability issues
 - creating a therapeutic virtual space
 - telepsychiatry evidence base
 - adaptation to nonclinical settings
 - training in telepsychiatry.
- [https://www.jaacap.org/article/S0890-8567\(17\)30333-7/pdf](https://www.jaacap.org/article/S0890-8567(17)30333-7/pdf)
-
- 11 American Psychological Association (APA) and American Telemedicine Association (ATA)**
Best Practices in Videoconferencing-based Telemental Health (2018)
- This paper brings together and extracts guidance and relevant material from a number of separate APA and ATA documents published over the years. It covers:
- Administrative considerations:
- program development
 - legal and regulatory issues
 - standard operating procedures/protocols
- Technical considerations:
- videoconferencing platform requirements
 - integration of videoconferencing into other technology and systems
 - physical location/room requirements
- Clinical considerations:
- patient and setting selection
 - management of hybrid patient-provider relationships
 - ethical considerations
 - cultural issues
 - specific populations and settings.
- <https://www.ncbi.nlm.nih.gov/pubmed/30358514>

12 American Telemedicine Association (ATA)

Series of guidance documents and resources

The ATA provides a range of guidance and other resources, including guidance for:

- video-based online mental health services
- evidence-based practice for telemental health
- practice guidelines for telemental health with children and adolescents

12.1 ATA

Practice Guidelines for Video-based Online Mental Health Services (2013)

This guidance covers a number of areas:

Clinical Guidelines:

- professional and patient identity and location
- patient appropriateness for videoconferencing-based telemental health
- informed consent
- physical environment
- communication and collaboration with the patient's treatment team
- emergency management
- medical issues
- referral sources
- community and cultural competency

Technical Guidelines:

- videoconferencing applications
- device characteristics
- connectivity
- privacy

Administrative Guidelines:

- qualification and training of professionals
- documentation and record keeping
- payment and billing

https://www.integration.samhsa.gov/operations-administration/practice-guidelines-for-video-based-online-mental-health-services_ATA_5_29_13.pdf

12.2 ATA

*Practice Guidelines for
Telemental Health with
Children and Adolescents
(2017)*

Focuses specifically on guidance for telemental health with children and adolescents. Sections include:

- review of clinical telemental health with youth
- guidelines for the practice of telemental health with youth
- additional telemental health considerations with special considerations for youth

Lists the ten top or most salient issues/themes to address:

- **T**echnology options may vary by site...
- **E**nvironment should facilitate the assessment...
- **L**egal and regulatory guidelines vary across states...
- **E**xtended participation of family members, or other relevant adults, is typical...
- **M**edication interventions, their therapeutic benefits and adverse effects should be monitored and documented...
- **E**xtra-clinic settings are common treatment sites for youth due to their involvements in school-based health clinics, telemental health consultations to a youth's system of care, and to correctional settings...
- **N**eeds assessments may help to determine the site's readiness etc...
- **T**eletherapy should adhere to evidence-based and best practice guidelines developed for in-person treatment, with consideration of modifications needed to reliably implement interventions through videoconferencing...
- **A**ppropriateness for telemental health shall consider safety of the youth, the availability of supportive adults, mental health status of those adults, and ability of the site to respond to any urgent or emergency situations...
- **L**earn and update competences with youth...

<https://www.liebertpub.com/doi/10.1089/tmj.2017.0177>

12.3 ATA

*Evidence-based Practice
for Telemental Health
(2009)*

This document provides a synthesis of the evidence base to support and guide telemental health, organised according to the following structure:

Mental Health Evaluations:

Setting

- outpatient; inpatient; physical surroundings

Diagnostic Interview

- provider-patient relationship
- diagnosis
- disposition
- psychiatry specific
- psychological assessment
- psychiatric nurse practitioner, physician assistant, and psych nursing specific
- social work/counsellor specific

Ongoing Mental Health care:

- psycho-education
- individual psychotherapies
- group psychotherapies
- marital and family psychotherapies

Populations of Special Focus:

- geriatrics; children and adolescent; seclusion and restraint; emergency assessments; involuntary commitments; incarcerated

https://www.unmc.edu/bhecn/_documents/evidence-based-telemental-health-with-cover.pdf

13

American Psychiatric Association (APA)*Telepsychiatry Toolkit*

The website describes this as “an evolving resource for members who want to learn about the various aspects of telepsychiatry, including clinical, training, and policy considerations. As new topics emerge, more resources and information will be added to this toolkit.”

The toolkit covers:

History and Background:

- History of Telepsychiatry
- Advocacy Issues
- Clinical Outcomes
- Evidence Base
- Feasibility and Effectiveness
- Return on Investment

Training:

- Adapting Your Practice; Learning To Do Telemental Health
- Credentialing Process
- Media Communications Skills
- Style Adaptation
- Working with Residents

Legal and Reimbursement Issues:

- Malpractice Issues
- Medicaid Reimbursement
- Private Insurance Reimbursement
- Ryan Haight Act
- State Licensure

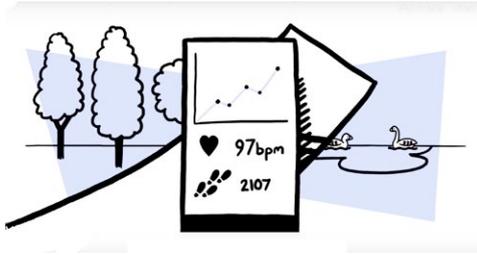
Legal and Reimbursement Issues:

- Platform & Software Requirements
- Security Issues
- Telepsychiatry & Integration with Other Technologies

Practice and Clinical Issues:

- Child and Adolescent Telepsychiatry New Content
- Clinical Documentation
- Clinical and Therapeutic Modalities
- Geriatric Telepsychiatry
- Individual Models of Care
- Inpatient Telepsychiatry
- Patient Safety and Emergency Management
- Rural and Remote Practice Settings
- Standard of Care and State Based Regulations
- Telepsychiatry Practice Guidelines
- Team Based Integrated Care
- Team Based Models of Care
- Use of Telepsychiatry in Cross-Cultural Settings
- Visual and Non-Verbal Considerations

<https://www.psychiatry.org/psychiatrists/practice/telepsychiatry/toolkit>



Some background information about eMental health and the eMEN project

A spectrum of applications

A recent Irish review of the eMental Health field has suggested a broad definition of eMental health - 'technology-supported provision of mental health services and supports'.¹ Relevant technologies include telecommunications (phone, video, online); online and computer-based programmes; mobile apps; virtual reality; gaming; social media; data analytics; and many more. The state-of-the-art report organises and discusses the field around a number of important application domains (Exhibit 2). These have relevance across the different components of the overall mental healthcare and support ecosystem, including formal mental health services, third sector and peer support organisations, and self-help activity by people with mental health issues.

Exhibit 2. eMental Health Application Domains

- Telemental health (enabling consultations at a distance)
- eTherapy (online therapeutic programmes)
- Ongoing support for enduring mental health difficulty (e.g. for medication management)
- Other innovative additions to the treatment toolkit (e.g. virtual reality, serious gaming)
- Crisis support and suicide prevention (e.g. crisis text services)
- Information and psycho-education (online self-help)
- Peer support (online groups and other applications of social media).



'Telemental health' includes telepsychiatry applications to provide improved access to specialists in primary care settings and emergency departments, and telepsychology/counselling arrangements enabling remote client-practitioner therapy sessions. Emerging communication modes, such as instant chat, are increasingly employed to reach and engage with the demographic groups that favour these. 'eTherapy' applications, combining online self-directed usage with varying levels of therapist assistance, are beginning to be available in programmes providing psychological therapies at scale for common conditions such as mild/moderate depression and anxiety.

Mobile applications show promise in supporting ongoing care management and self-management for people with enduring/severe mental health conditions. Gaming applications are used to support treatment provision and engagement for young people, and virtual reality has important application in the treatment of phobias and other conditions. Online platforms are providing organised repositories of mental health information and psycho-education modules, as well as peer support fora and other group-based applications.

¹ Cullen K (2018) eMental Health: State-of-the-Art and Opportunities for Ireland. <https://www.mentalhealthreform.ie/wp-content/uploads/2018/10/eMental-Health-State-of-the-art-Opportunities-for-Ireland-Full-Report.pdf>



The eMEN project focuses especially on eMental Health applications that can provide increased access to supports for the large numbers of people with common mental health conditions, such as anxiety and depression. Of particular interest are supported/blended approaches that combine self-directed usage of online programmes with human support from a therapist or other trained supporter. It is also supporting development and piloting of eMental health tools for post-traumatic stress disorder (PTSD), game-based approaches in child and adolescent psychology, and population-based suicide prevention programmes. This work will continue during and after the COVID-19 crisis, and the project may consider preparing rapid briefings on some of these aspects as the situation evolves.

Rise to the COVID-19 challenges, but keep the bigger picture in sight...

Of necessity, the mental health ecosystem is moving quickly to try to respond as best it can to the new realities presented by the COVID-19 crisis. eMental health developments can offer many benefits, but also pose some new challenges and issues. Exhibit 3 presents an overview of some of the potential benefits of eMental Health.

Exhibit 3. Potential benefits of eMental Health

- Wider reach of mental health services and access to these; including reaching people reluctant to utilise more traditional forms of service
- Cost-efficiencies in delivering high-volume services
- Treatment innovation and enhancement
- More user involvement and empowerment
- Expansion of self-help and access to peer support

Current evidence and practice suggest that eMental Health offers considerable potential, and some fields of application are already quite mature. eMental Health applications can help to empower people with mental health conditions to engage more effectively in their recovery through self-help, access to peer support, and new ways to participate in jointly managing treatment and recovery pathways with clinicians. They can also help mental health services to address the large treatment gaps that prevail for common mental health conditions, as well as the current limitations on effective continuity of care for people with enduring conditions. For some hard-to-reach groups reluctant to utilise traditional mental health services, eMental Health may offer a more acceptable way to access support.



Despite the undoubted opportunities presented by eMental health, it is not a simple 'plug-and-play' game-changer or panacea. Face-to-face therapy and in-person support will continue to remain centrally important. eMental health is not a replacement for these forms of support, but provides opportunities for innovation and service improvement. Ensuring user choice is important - some may prefer to access services in eMental health mode, others will prefer more traditional approaches; and provision of services through eMental health must target it towards those for whom it is clinically appropriate.



Service providers must also remember that many people are not online, do not have a smartphone or computer, and may not have access to broadband or be able to afford the necessary mobile credit to access and use online services. Many people have limited digital skills, and levels of health and mental health literacy vary widely across the population. The emergence of eMental health also presents some new challenges, including data protection and privacy. Quality assurance is essential, especially with the burgeoning array of mental health apps and other eMental health products becoming available daily, many developed for commercial purposes.

