

Supplementary Report: Telehealth Psychiatry Consultation

Focus Groups and Individual Interviews from National Survey



June 2021



Lived Experience
A U S T R A L I A

Acknowledgement

Lived Experience Australia wishes to acknowledge and thank all consumers, families and carers for their input into this crucial area of the use of telehealth for psychological support from psychiatrists.

This is the first data from a lived experience perspective that will be made available in a desire to inform policy and service reform, particularly service design, planning, implementation and evaluation.

Lived Experience Australia wishes to thank Professor Sharon Lawn and Ms Christine Kaine who carefully transferred the data to create this report.

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Executive Summary

Lived Experience Australia Ltd (LEA) is the representative organisation for Australian mental health consumers, families and carers, formed in 2002. LEA is the only consumer and carer advocacy organisation with a focus on services provided within private sector settings as well as having over 2,000 individual consumer and carer members and a social media following of over 1,000. Our core business is to advocate for systemic change, empowerment of consumers and carers in their own care, promoting engagement and inclusion of consumers and carers within system reform processes, design, planning, implementation, and evaluation. Most importantly, our core business is advocating for consumer choice and family and carer inclusion. Our advocacy covers both the public and private mental health sectors.

This is a Supplementary Report on follow-up individual interviews (n= 3) and two focus groups (n= 6) conducted in April 2021 with a small sample of consumers and carers (n=9) who undertook a survey that was offered by LEA to consumers, families, and carers across Australia to provide feedback on their experiences of accessing telehealth psychiatry services. 28 respondents were contacted who had indicated an interest in participating in a focus group or individual interview.

The survey was open from 19 January – 9th February 2021, with 187 consumers, families and carers who commenced the survey and approximately 87% (n=163) completing all questions. The interviews/focus group discussions consisted of 18 questions across 4 domains of interest (Overall experience, Ease of technology use, Quality of consultation, Preferences for future telehealth use) (see Appendix 1).

The survey focused on how consumers and the people that support them felt about using telehealth psychiatry services and how well they felt their psychiatrist supported them or the person they care for in using telehealth options since COVID-19 has been in our community. Building on these insights, the interviews / focus groups explored their use and experience of telehealth technology in more detail in the context of receiving mental health care and support.

Similar to the survey results, interview/focus group participants reported that telehealth psychiatrist services have been accessed in a number of ways. Most participants had not used telehealth prior to COVID-19. Ultimately, having the choice of whether phone or video formats were used was very important to participants.

Key Findings from Interviews and Focus Group (building on survey findings)

Similar to survey findings, many identified that without access to this technology during COVID-19, they would have had no other support available. Most identified the additional benefits of this technology which included convenience, significantly cutting down travel and waiting time and that it is particularly helpful for those who might have difficulties travelling to a psychiatrist's office either due to mobility/transport barriers or anxiety triggers when leaving the house.

Similar challenges with the technology were identified (i.e., glitches, lack of knowledge/skills to access, data usage). Participants highlighted similar challenges with their skills and confidence, and the skills of health professions, when using telehealth technology, which appeared to resolve with more regular use.

Participants provided more specific detail about challenges related to the use of telehealth for mental health assessments (body language and visual cues), especially when the psychiatrist was new to them. For some, the quality of interactions and engagement via telehealth was also a concern and was experienced as disempowering (feeling that they had less ability to put their view to the health professional during the consultation); hampered even further if technological problems were experienced during the contact.

Privacy concerns (not knowing who else in their house may become privy to the consultation) were also a significant challenge, as were new challenges for family and carer involvement, suggesting more sophistication of the telehealth consultation process and the technology is likely needed if telehealth becomes a routine component in the suite of mental health supports in future.

Overview of Participants

Nine mental health consumers and carers participated in interviews and focus groups. Six participants identified as consumers, two as carers, and one as both a consumer and carer. Participants ranged in age from 18-65, with the most common age group being those aged 46-55 years.

Participants were drawn from across 5 Australian states: Victoria (n=3), Queensland (n=2), South Australia (n=2), New South Wales (n=1) and Western Australia (n=1). Four participants lived in capital cities, whilst four lived in regional centres, and one lived in a rural/remote location.

One participant identified as being of Aboriginal and Torres Strait Islander descent and one participant spoke a language other than English at home.

Overall Experience

Only two participants had experience of using telehealth prior to January 2020 when the impact of the COVID pandemic commenced in Australia, and this was due to their rural location and the burden of cost and time taken to travel to the metropolitan city to see a psychiatrist. No participants had used telehealth for health services other than for their mental health.

All participants had used a both telephone and video options as part of their telehealth experiences, with most using Zoom (n=7) or Skype (n=2).

Whilst there was overwhelming support for telehealth to continue, participants emphasized the importance of the decision about whether contact was via telehealth or face-to-face being their choice. Telehealth was highly valued as 'a godsend' because of COVID restrictions and the inconvenience and distress of leaving the house and lengthy travel that was alleviated; however, many participants emphasized that their preference was for face-to-face consultations.

Ease of Technology Use

Telehealth was valued predominantly because of the access it enabled and continuity of care that it facilitated, though participants described a range of challenges. Some of these challenges were also identified in the survey, including technical issues (e.g. fluctuating internet signal) the internet costs they incurred, and their psychiatrists lacking the skills initially to use the technology effectively.

Participants' comments provided further insights into the challenges arising from their mental health care providers using technology to deliver clinical care. One participant's comments suggest that the assessment phase was a particularly sensitive time when face-to-face contact may be preferable, though they also suggested that telehealth afforded the opportunity for the psychiatrist to see the person in their usual home context, which was also valuable for the assessment process:

I had an assessment with my new psychiatrist over telehealth and we both found it harder to do the assessment with someone that I did not know. Maybe assessment needs to be face-to-face. Assessment diagnostic context might have been captured and the impact of dealing with the real

world [having to leave the home to attend an appointment] situations.

Face-to-face consultations were also perceived to be more effective contacts for picking up on the person's body language and therefore their needs. One participant's comments about the use of Zoom as part of an assessment for being on a Community Treatment Order (CTO) suggests the use of telehealth instead of conducting this process face-to-face heightened the person's sense of feeling disempowered (feeling that they has less ability to put their view to the health professional during the consultation) because of the mode of contact and communication delivery, including the potential technology glitches that could then disrupt this important assessment process:

It is really not easy to read body language on Zoom. The depth of connection is not the same. I just don't think that I get the same energetic connection that is not the same. I was on a CTO once, they were doing an assessment on Zoom seeing a psychiatrist for the first time, it was very time limited and stressful, and the glitches were taking time away from my chance to talk. It added to my stress.

Interview/focus group participants' comments provided some more nuanced understanding of these challenges, and how they inter-related. For example, whilst internet cost was identified as a significant challenge, one participant's comments suggest that more consideration of cost structures for telehealth consultations, as a new option in the suite of ongoing service delivery types, is needed:

Reliability of signal, and gap payments. My psychiatrist offers me a concession price, which I am grateful for, but there is still a \$66.65 gap payment for me each time. Yes, I qualify toward the end of the year with the SafetyNet, but my psychiatrist then takes me off concession, and puts the rate to the general patient price, which means I still have a high cost with a gap payment.

Another participant's comments suggest that the benefits of saving time by using telehealth appointments may not always be straightforward. As people adjust to working from home and blending the scheduling of their day, the divisions between work and home commitments are likely to be more blurred and may inadvertently create new challenges:

I work for a living and having to take time off work is very hard, and to be waiting in the [online] waiting room puts a stress on my workplace.

Quality of Consultations

Participants offered a range of insights into the quality of telehealth consultations, compared with face-to-face consultations, based on suitability of location, perceived level of support from the health professional during the consultation, and specific benefits and drawbacks of using technology for this purpose.

The environmental context in which telehealth was delivered was a specific area that appears to need further consideration, especially if telehealth is to become a routine option within the suite of mental health service delivery. This related particularly

to privacy concerns and use of technology as a trigger to mental health symptoms:

I have close neighbours, as I live in a granny flat, and I am concerned about being overheard, so it's not great for privacy. Could telehealth for psychiatrists have a platform that offers greater privacy?

When I'm well there are no concerns. When I am unwell, I get delusional and get scared about being at home, talking on the computer. And I think that clinicians can misinterpret me on Zoom, they just don't get the expressions, and the 'feelings' or my 'vibe', that they get in a face-to-face meeting.

Other consumers felt that environmental context of telehealth helped to improve the quality of consultations because the person felt safer, more empowered, and less stressed in their home environment. Telehealth also had specific benefits when more severe COVID-19 restrictions were in place.

Feeling safer at home. The psychiatrist asks questions about important things in my home in the background, it makes me feel like a person and important in my space with interesting things. An office space has lots of power at play, it's his office and I am a patient. In computer conferencing it's my space and I feel safe.

The clinician seeing me in my house having a 'usual' day was great for both of us. We enjoyed it.

In Melbourne face to face meetings with masks on were a big hurdle, you just can't see a person's facial expressions, Zoom is much better.

A range of practical issues related to cost and continuity of care (access to scripts following consultations) were also identified as challenges regarding telehealth:

I did have to spend much more on my internet plan, \$89 per month. I can just afford this, but many others can't. It's a big problem.

Prescriptions are harder to get via Zoom. In a face-to-face consultation I just go and get my meds right away, on Zoom I then have to get up the motivation to go to the chemist.

Family and carers' experiences were mixed; whilst telehealth was convenient and potentially offered great ability for carer involvement, it also posed new challenges for their involvement and different stressors due to the location and context of telehealth consultations. The examples below suggest further investigation of their experiences and consideration of how best to operationalise family and carer involvement via telehealth is needed.

Very difficult as my partner is a part of the problem. It was hard for me to ask him to give me space to talk, he thought that I was talking about him and I was. The psychiatrist had no understanding of this issue for me.

As a working Carer the inconvenience of attending with my son at face-to-face appointments is huge. Long waiting times are very hard for my son. Usually, he leaves the waiting room and I call him wandering the street to get him to return to the appointment, maybe an hour late because of the person running late. I am much less stressed before a session.

Preferences

Participants stressed the importance of them being the driver of choice about which mode of telehealth was used and whether telehealth or face-to-face consultations were used.

Choice needs to be in my hands. Face to face is preferred, but more important is to see my preferred provider no matter which way.

Suggestions for Improvements

Similar to survey participants, those who participated in the interviews and focus groups emphasized the importance of overcoming issues with cost and reliability of internet connection, regardless of where people live. Their detailed comments, as shown below, suggest a call for further policy review of Australia's telecommunications systems:

I think that it should be via computer conferencing. And the cost must be free as it is an essential service. It's costing less for everyone, and I now believe that, you know, that Maslow's triangle? I consider cheap internet a base need for me.

One participant emphasized that the issue of confidentiality needs specific improvement if telehealth is to continue and become an established option for how mental health care is delivered. Their call for a 'virtual waiting room' suggests that further improvements are needed to ensure more consistent and rigorous approaches to the rollout of telehealth education for clinicians and the type and standard of telehealth service options for organisations and practices.

Confidentiality is a huge issue. On one occasion when I joined a Zoom meeting early, I joined a Zoom room with my psychiatrist in a session with another person on the screen and I could hear what they were saying. I switched off right away. Clinicians need to use a virtual waiting room.

Appendix 1: Interview/Focus Group Questions

1. Overall experience

- a) How long have you been seeking your psychiatrist using telehealth?
- I. Do you use video or telephone or a combination of both?
- II. If you use video, which programs or apps have you used (e.g. Facetime, Skype, Zoom, etc)?
- b) Did you use telehealth with your psychiatrist before COVID-19?

If yes,

- I. Why was telehealth preferred to face-to-face?
- II. Did you use telehealth for any other health services [for e.g. GP, other specialists]? Why?

If no,

- I. Post-COVID, would you like to continue telehealth, or go back to face-to-face for your psychiatry consultations?
- II. Post-COVID, would you like to continue telehealth or go back to face-to-face for other health services [for e.g. GP, other specialists]? Why?
- c) How has telehealth been working for you and your psychiatrist overall?

2. Ease of technology

- a) How do you find telehealth technology works for you and your psychiatrist? [prompt: access to/cost of internet/ phone line; stability/reliability of connection/sound/video]
- b) How could the telehealth technology be improved?
- c) What are the biggest challenges in using telehealth technology with your psychiatrist? [prompt: clear back up plan e.g. phone if video fails]

3. Quality of consultation

- a) How do you find a suitable location to attend your psychiatry telehealth consultations? [prompt: personal safety; privacy; noise, Is this problematic for you?]
- b) How supported do you feel by your psychiatrist using telehealth [compared to face-to-face]? [prompt: quality of therapeutic relationship; communication style; capacity to be vulnerable, ease in obtaining scripts/pathology requests]
- c) Are there personal benefits to your therapy or things you particularly liked about using telehealth with your psychiatrist [instead of face-to-face]? [prompt: billing methods, costs, convenience]
- d) Are there personal drawbacks to your therapy or things you didn't like about using telehealth with your psychiatrist [instead of face-to-face]? [prompt: billing methods, costs, convenience]

4. Preferences

- a) In an ideal world/If you could choose, how would you like your psychiatry consultations to be run [face to face or via telehealth]?
- b) If you were to use psychiatry consultations in the future via telehealth, would you prefer telephone or video calls [and why]?





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