

Telehealth Psychiatry Consultation

National Survey Report



February 2021



Lived Experience
A U S T R A L I A

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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 800. 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 an overview report providing a national collective voice of consumers' experiences accessing telehealth psychiatry services and the experiences of carers in supporting someone accessing telehealth psychiatry services.

A survey was offered by LEA to consumers, families, and carers across Australia to provide feedback on their experiences of accessing telehealth psychiatry services. The survey was distributed by LEA to our members (1,113 with current email addresses) and through LEA's Facebook and LinkedIn pages (over 900 followers combined). The survey was open for 3 weeks from 19 January – 9th February 2021, with 187 consumers, families and carers who commenced the survey and approximately 87% (n=163) completing all questions.

Key Findings

Telehealth Psychiatrist services have been accessed by consumers in a number of ways including over the phone (with no video) or via video sessions using Facetime, Zoom, Skype or similar technology. Some consumers were offered a range of options to access telehealth psychiatrist services, while others were only given the option of telephone consultations.

Feedback regarding access to and use of telehealth psychiatry services was largely positive. Many identified that without access to this technology during COVID-19, they would have had no other support available. Many 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.

The main challenges for consumers related to issues with the technology itself (i.e. glitches, lack of knowledge/skills to access, data usage or devices being too old or not suitable), the impersonal nature of telehealth versus face to face support making it harder to 'connect' with the psychiatrist, and concerns about the psychiatrist not being able to see body language and visual cues which could inhibit or impact

The survey consisted of 16 questions (see Appendix 1). The survey took 15-20 minutes to complete, dependent on people's willingness to provide further comments across the survey questions.

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.

Respondents were asked if they would be interested in participating in focus groups to discuss the future of telehealth services, with 84 consumers and carers who agreed and provided their contact details. In addition, 78 respondents provided their contact details stating they would be willing to participate in an interview by phone or zoom to discuss the future of telehealth services. This extremely positive response suggests their strong interest in discussing telehealth.

on effectiveness of therapy and assessment. Some identified privacy concerns, not knowing who else in their house may become privy to the consultation, or who might visit the house during the session.

Consumers and carers supporting someone using psychiatry telehealth identified that many psychiatrists were supportive in both providing access to and in using the technology, while others identified the need for psychiatrists to be trained in how to use the technology to help reduce or overcome technical barriers during sessions. Consumers also highlighted that with ongoing use, they are becoming more familiar with and confident in using this technology.

Many respondents advocated for the need to continue telehealth psychiatry services long-term to make it a permanently available option in addition to face to face consultations. Key suggestions to improve these services included provision of training (for both psychiatrists and consumers) on how to use the technology, and/or providing shorter initial sessions that focus on becoming familiar with the technology for those that may require the additional support.

Overview of Respondents

In total, 187 consumers and carers commenced the survey with 163 completing all questions.

There were 122 consumer respondents 34 carers/family member respondents and 31 who identified as being both a consumer and a carer/family member (see Figure 1).

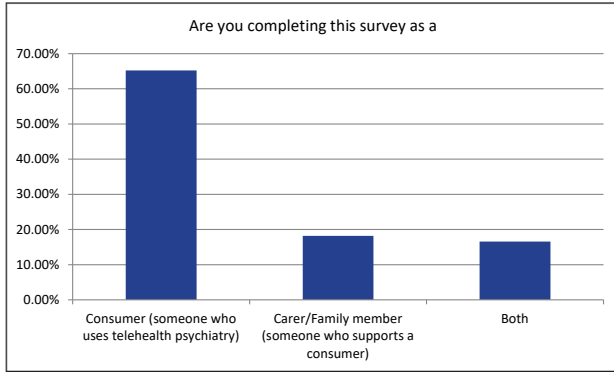


Figure 1: Respondents by type

Demographics: Geographic Location

Respondents were from a range of locations across Australia with a majority from Victoria, New South Wales, and Queensland, as expected given larger populations in these states (see Figure 2 and Table 1).

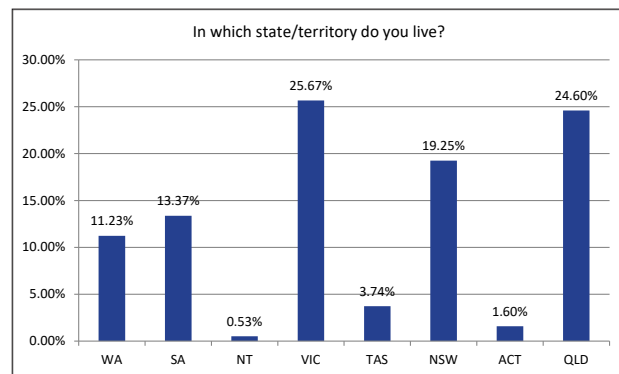


Figure 2: All responses – Demographics: Location by State

Table 1: All responses – Demographics: Location by State

Answer Choices	Responses	
WA	11.23%	21
SA	13.37%	25
NT	0.53%	1
VIC	25.67%	48
TAS	3.74%	7
NSW	19.25%	36
ACT	1.60%	3
QLD	24.60%	46

A majority of respondents were located in a Capital City (57.53%, n=107), with the remainder located in either a Regional Centre (33.87%, n=63) or a Rural/Remote location (8.6%, n=16) (see Figure 3). Of note, regional and rural respondents were disproportionately represented in the sample, which is not surprising given issues of access, travel restrictions, and so forth during the pandemic.

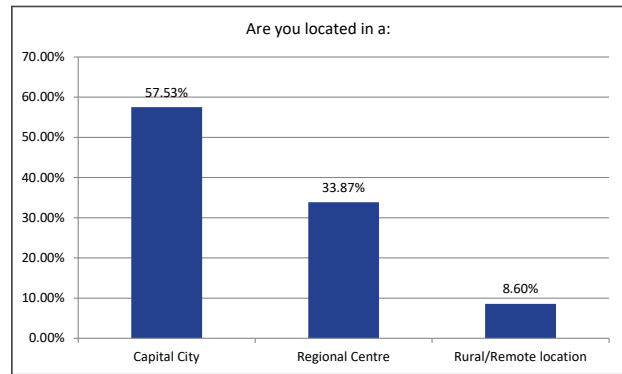


Figure 3: All responses – Demographics: Location

Demographics: Gender

Respondents were predominantly female (83.78%, n=28) with a smaller percentage of male respondents (15.14%, n=28) or those identifying as other (1.08%, n=2).

Demographics: Age Range

Respondents were represented across a broad age range, with most being between 26 – 65 years of age (see Figure 4 and Table 2)

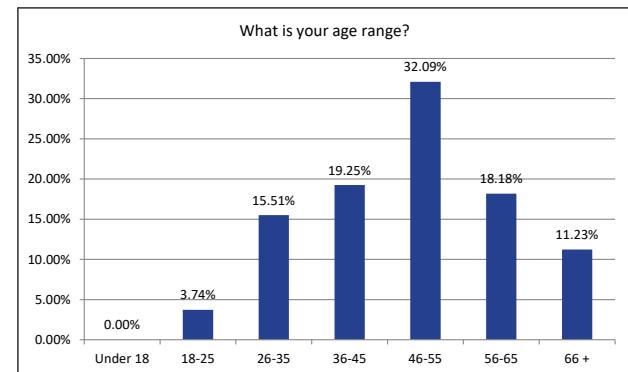


Figure 4: All responses – Demographics: Age

Table 3: All responses – Demographics: Age

Answer Choices	Responses	
Under 18	0.00%	0
18-25	3.74%	7
26-35	15.51%	29
36-45	19.25%	36
46-55	32.09%	60
56-65	18.18%	34
66+	11.23%	21

Demographics: Cultural Background

Most respondents did not identify as being Aboriginal or Torres Strait Islander decent with 93.58% (n=175) stating no, 4.81% (n=9) stating yes and 1.6% (n=3) stating they would prefer not to say. Most respondents speak English mostly at home (97.85%, n=182) with 4 respondents identifying their main language at home was Farsi/Persian, Burmese, Punjabi or Dutch.

Accessing Telehealth Services

Access to telehealth psychiatry:

In total, 88% of respondents (n=165) have used telehealth for psychiatry consultations either for themselves or for the person they support during the pandemic. Of those who do not currently use telehealth for psychiatry consultations, comments included a preference for face-to-face support, the service not being offered by their psychiatrist or they have used telehealth services to access other supports.

Using the technology:

When asked if they or the person they support has enough knowledge to use the technology required for telehealth psychiatry consultations, 85.45% (n=141) said yes. Of the 14.55% (n=24) who said no, further comments highlighted that while using new technology was difficult to start with, most were now knowledgeable enough to use it. Some identified issues with access to the required technology (i.e. old devices, problems with using the camera, not having required technology available, etc).

Other comments included:

- *No clear instructions in the room that informs you what to do. You have to ask the admin staff for help.*
- *Consultation was valuable.*
- *The person I care for and I have both acquired new skills during this time.*
- *I have enough knowledge to use the tele-services but in the case of video link technology my old devices struggled a bit which was not ideal.*
- *Difficult to explain/ navigate the platform, particularly for non-English speakers.*

Some also commented that they provided support to their psychiatrist on how to use the technology.

- *I had to provide technical support to my psychiatrist during an appointment due to their unfamiliarity with technology.*
- *I think that both my psychiatrists and my knowledge of the technology increased over time. However, we all started with extremely limited personal and/or professional experience with the technology. When things went 'wrong' (technologically) in the middle of a session, I did not have the capacity to problem-solve, which was both frustrating and isolating.*

A number of carers commented that the person they support required their assistance to utilise the technology. Comments included:

- *The person I care for could not have sorted the link and process themselves. They were too anxious about the steps and were quickly overwhelmed, even though the process is relatively straightforward for those familiar with Zoom, etc.*

When asked how comfortable you or the person you support feels about using a phone or computer for telehealth psychiatry services, there were mixed responses, however most respondents (76.51%, n=127) felt comfortable to very

comfortable, 13.86% (n=58) felt uncomfortable, and 9.64% (n=16) felt very uncomfortable. 109 respondents provided further comment which included positive aspects of telehealth psychiatry such as convenience (e.g. not having to travel, waiting times, anxiety leaving the house, etc), feeling more comfortable at home, easy to access, and some commented that it was the same for them as being in the psychiatrist's office because of the relationship they have developed over time with their psychiatrist. Others commented on privacy concerns either with the technology itself or finding somewhere they could have the consultation away from others in the house, issues or anxieties about using the technology, not feeling that the psychiatrist could 'read' them as well (i.e. their body language), preferring face-to-face appointments, or feeling that consultations are impersonal. Eight respondents commented that they became more comfortable with the technology the more they used it.

Support from the Psychiatrist in using telehealth services:

When asked how supportive the psychiatrist was in supporting them or the person they support, most respondents (84.66%, n=138) stated the psychiatrist was supportive to very supportive. 15.34% (n=25) stated their psychiatrist was not supportive. 94 respondents provided further comment including comments about the support provided by the psychiatrist to access the technology, some commented on barriers in the psychiatrist's abilities in using the technology, and one commented on the psychiatrist's preference for face-to-face and only using telehealth due to COVID restrictions.

Comments included:

- *I was told the basics about using the platform although it would be helpful if there were some standardized instructions available from the government about how to use each of the most common platforms (Zoom, Skype, Telehealth, etc.) for this purpose. It would be helpful for those instructions to contain information about how to log on and how to fix common problems with the video and the audio etc.*
- *She provided a detailed step by step and we maintain contact through text until the link is active. It's been very easy and beneficial for both of us.*
- *He didn't seem keen on the idea and appeared to be doing it as he had no choice due to Covid. He rushed through the session. The pauses in conversation were particularly distracting.*
- *They gave me options for using the telehealth service (e.g. Skype, FaceTime).*
- *My therapist has acknowledged the technical challenges and we can talk how much I have been missing seeing her in person.*

Benefits and Challenges of Telehealth Psychiatry

Benefits of Telehealth Psychiatry Services

When asked about the main benefits of using telehealth psychiatry service, key responses included convenience (79.63%, n=129), continuity of care (55.56%, n=90), and cost savings (38.27%, n=62). Other benefits rated by less than 30% of respondents included personal safety (27.16%, n=44) and the style of communication (24.69%, n=40) (see Figure 5).

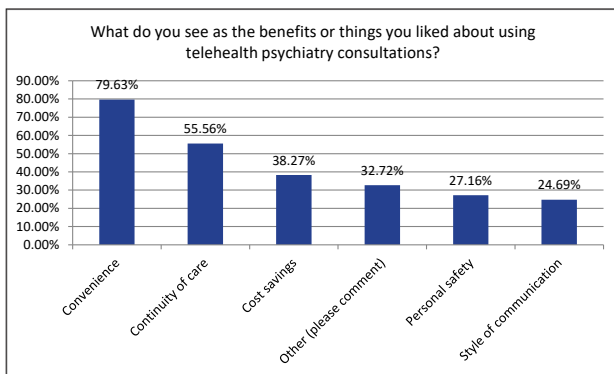


Figure 5: All responses – benefits

Other benefits identified in comments included accessibility (less travel requirements and costs, accessible when in COVID lockdown), feels safer in my own home (social anxiety, stigmatised by others, less exposure to COVID), and it saves significant travel time (travel, waiting rooms).

Challenges of Telehealth Psychiatry Services

When asked about challenges or things they did not like about using telehealth psychiatry services, 40% (n=66) stated they had no issues or challenges, 39.39% (n=65) had technology failures, 17.58% (n=29) had privacy concerns, 9.7% (n=16) identified costs of services and 9.7% (n=16) identified how services were billed (see Figure 5).

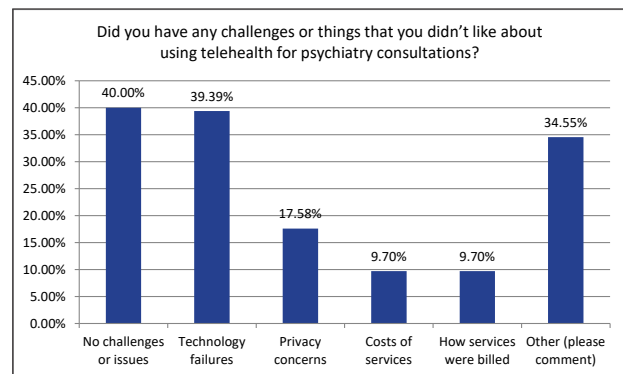


Figure 6: Challenges with Telehealth Psychiatry Consultations

57 respondents provided further comment with the main feedback being a lack of connection/feeling impersonal, privacy concerns regarding someone potentially interrupting/overhearing the appointment, being unable to see body language/cues and some raised concerns with use of data and costs associated with this.

Suggestions for Improvements

91 respondents provided further comments identifying suggestions for improvement to telehealth psychiatry services. The main suggestions included (in order of highest frequency):

- *Make the service available long-term/permanently available.*
- *Provide clarity regarding billing for telehealth psychiatry versus in-person appointments.*
- *Make available via video and not just phone (this related to psychiatrists that did not provide a video option for services)*
- *Provide training options on how to use the technology – specific suggestions included having an initial shorter session to become familiar with the technology at a cheaper rate, offering training workshops, or explaining how to use the technology in the first session)*
- *Advertise the availability of this service more publicly.*
- *Provide a dedicated App that would ensure privacy.*
- *Clarify the process/procedure if the psychiatrist is running late for an appointment.*
- *Have shorter appointments when via telehealth.*
- *Make available on a device that is not your personal mobile phone.*

Overall experience using Telehealth Psychiatry

When asked to rate their overall experience using telehealth psychiatry services, most rated the service as satisfactory to very satisfactory (79.87%, n=131) (see Figure 7).

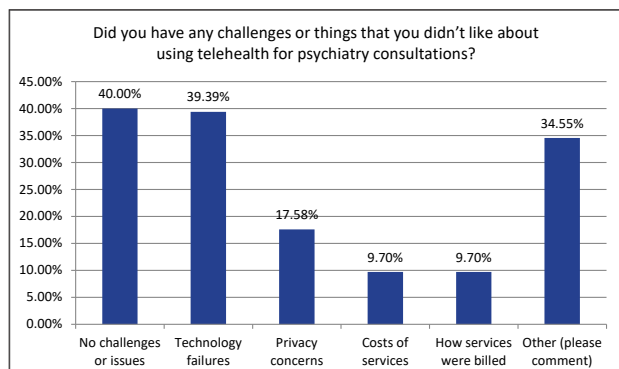


Figure 7: All responses – overall experience

For consumers and those supporting them, who rated unsatisfied or very unsatisfied, the major issues related to technology problems, being impersonal, and privacy concerns (regarding other people overhearing the consultation). Comments included:

- *I find it very confronting to have tele health. Being regional I have had quite a few, I find face to face much more personal and quality of care.*
- *Just not a personal approach to what is a very emotional and personal subject and the person I support finds it very confronting talking to technology instead of a real human and so has declined to continue to be seen which is very sad.*
- *The fear of loss of confidentiality and privacy due to zoom, the uncomfortable nature of phone calls and the impersonal nature of telecommunications makes it unsatisfying.*
- *Unfortunately, the doctor forgot about the appointment and so I was left hanging.*
- *I am partly satisfied because at least I could connect with my treating team over this last year, and I was grateful for their help. But overall communicating this way impeded empathic connection which is so critical for the kind of work I do with my two doctors (support therapy and psycho-therapy). So, while being grateful, I hated it too and I don't want it to become a "normal" thing!*
- *Consumer felt that he couldn't cover main concerns and the Carer never felt a part of the conversation.*
- *Not "very satisfied" because of the disturbance that technical glitches caused on numerous occasions (at least 50% of the time)*

Respondents who rated satisfied or very satisfied commented on the convenience (not having to travel, waiting times, etc.), being able to access support in the comfort of their own home, reduction in anxiety as they didn't need to leave the house, and being appreciative of some support when otherwise there would have been none available. Comments included:

- *I came away with a good understanding of how I can help myself to stay on the path of Whole Person Wellness.*
- *If I had not have had the opportunity to see a psychiatrist via telehealth, I would still be having regular meltdowns. The psychiatrist recommended I be referred to a psychologist that used DBT. Once I started learning new skills and DBT, my trauma responses slowly began to improve. Prior to seeing a psychiatrist via telehealth, I had seen around 8 different psychologists over 14 years with little progress as they were not trauma specialists.*
- *It has made a huge difference to me personally to access my psychiatrist this way. I find it very difficult getting there in person, and actually usually see my psychiatrist *much less* frequently than I would otherwise because of the travel required. I also see that it has made it *possible* for so many of my disabled peers who are housebound to have access to support and treatment from their homes. This is surely a good thing?*
- *Without Telehealth I simply wouldn't be able to see a psychiatrist at all (and that is regardless of COVID19). As someone who lives alone and has been in isolation (because of having high risk factors for complications from COVID19) from March, telehealth appointments have been a lifeline. Most of my services were cut off during lockdown and my mental health was severely affected. Having access through Telehealth was and remains crucial to my mental stability. Telehealth services need to be extended in the area of psychology sessions as well.'*
- *I didn't have to take a whole day of leave from work and my busy job just to get my husband to his appointment. It was so convenient. The psychiatrist clinic is up to an hour's drive away, so 2 hours of travelling saved, especially when the appointments can be quite routine ones. I always go with him as he doesn't drive and needs my instrumental and emotional support and planning to get there.*

One carer commented that for herself, telehealth psychiatry services worked well because she had an existing relationship with her psychiatrist for over 12 months prior to accessing telehealth psychiatry, however the person that she supports did not have that existing relationship which impacted on their satisfaction.

Other general comments received from consumers and carers were that, although some have difficulty with the technology or the mode of service delivery, many highlighted the need for telehealth services to continue long-term as a permanent solution. Further comments received included:

- *It's imperative telehealth remains an option people can opt for, in addition to face-to-face appointments, without out-of-pocket costs if they choose to use it.*
- *I think it's vitally important that telehealth consults continue (not only with psychiatrists but with GPs and allied health professionals where it's practicable), they make access a lot easier; even if we have a single face to face consult a year just to check in a bit more thoroughly (though I think this should be waived where a person is housebound).*

- *It's do-able and great for maintaining therapy when face-to-face consults are prevented, but be under no illusion face-to-face is better and increasing access to such in rural and remote areas remains an issue. TeleServices by no means should replace face-to-face services, especially given I took a little while to adjust even after years of therapy, someone who hasn't built rapport and trust with a provider is likely to struggle terrible. I wonder too if the cost of a TeleService should be less.*
- *Telehealth services are an essential way of accessing treatment even for people that live in metropolitan areas. People with physical and/or mental disabilities or physical illness can find travelling even short distances impossible. I went through a period of life when I couldn't drive for six months because of a complicated fracture in my foot. Even though at that time I lived in Melbourne, I lived alone and*

because there was no Telehealth available, I lost all access to my psychiatrist and psychologist and my mental health plummeted.

- *I would most definitely keep this telehealth facility, in speaking with a great deal of individuals with mental health problems/illnesses they need this as a means to rely on. It's convenient, especially when you are unwell, have no funds or transportation to get to an appt, also once out of the house there are other factors that play into things such as looking at using drugs etc. The list goes on. This is one positive that has come out of COVID, please let us utilize it for our population, thank you.*
- *My psychiatrist is based in Sydney and I am in a regional town where I have yet to find an appropriate psychiatrist. Without telehealth consultations, I wouldn't be able to access psychiatric care.*



Appendix 1: Survey Questions

1. In which state/territory do you live?
2. Are you located in a:
 - Capital City
 - Regional Centre
 - Rural/Remote Location
3. Are you:
 - Male
 - Female
 - Other
4. What is your age range?
 - Under 18
 - 18-25
 - 26-35
 - 36-45
 - 46-55
 - 56-65
 - 66+
5. Do you identify as Aboriginal or Torres Strait Islander descent?
 - Yes
 - No
 - Prefer not to say
6. What language do you mostly speak at home?
 - English
 - Other (please specify)
7. Are you completing this survey as a
 - Consumer (someone who uses telehealth psychiatry)
 - Carer/Family member (someone who supports a consumer)
 - Both
8. Have you used telehealth for psychiatry consultations either for yourself or the person you support?
 - Yes
 - No
 - If no, please comment
9. Do you feel that you or the person you support has enough knowledge to use the technology required for telehealth psychiatry consultations?
 - Yes
 - No (please comment)
10. How comfortable do you, or the person you support feel about using a phone or computer for telehealth consultations with your psychiatrist?
 - Very comfortable
 - Comfortable
 - Uncomfortable
 - Very uncomfortable

Please comment on why you chose the rating above
11. How well do you feel the psychiatrist supported you or the person you support in using telehealth services?
 - Very supportive
 - Supportive
 - Not Supportive

Please comment on why you chose the rating above
12. What do you see as the benefits or things you liked about using telehealth psychiatry consultations?
 - Convenience
 - Continuity of Care
 - Cost Savings
 - Personal Safety
 - Style of Communication
 - Other (please specify)
13. Did you have any challenges or things that you didn't like about using telehealth for psychiatry consultations?
 - No challenges or issues
 - Technology failures
 - Privacy Concerns
 - Costs of services
 - How services were billed
 - Other (please comment)
14. Do you have any suggestions that would improve future telehealth psychiatry consultations?
15. How would you rate your overall experience using telehealth psychiatry consultations?
 - Very Satisfied
 - Satisfied
 - Unsatisfied
 - Very Unsatisfied

Please comment on why you chose the rating above
16. Other comments?



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