Windesheim university OF APPLIED SCIENCES

Videoconferencing in Mental Health Care

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Introduction

- Telecare: opportunity to reduce costs (COM, 2012)
- Adoption of telecare is slower than has been anticipated (Taylor et al 2015)
- Lack of acceptance is key barrier (Brewster et al 2012)
- Mental healthcare organizations embrace videoconferencing (Shore 2013)
- Mental healthcare professionals experience many issues and dilemma's in using videoconferencing (Janssen et al. 2015)
- Mental healthcare professionals are in need for support

Aim and Research Questions

Aim:

To support mental healthcare professionals in using videoconferencing in mental healthcare

RQ

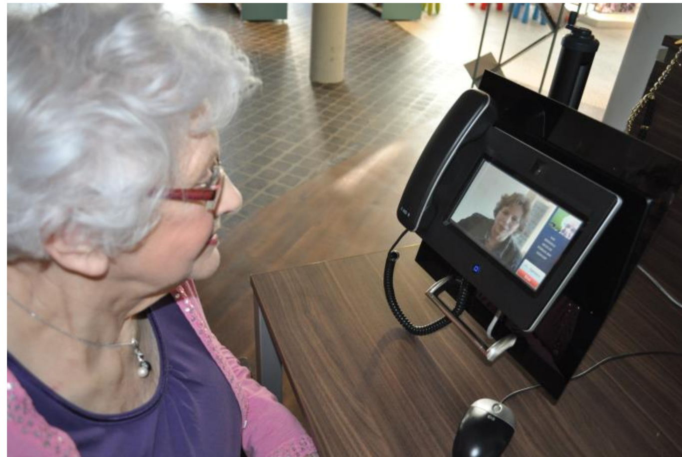
1. What support do mental healthcare professionals need in using videoconferencing?

2. Which tools may be supportive in using videoconferencing?

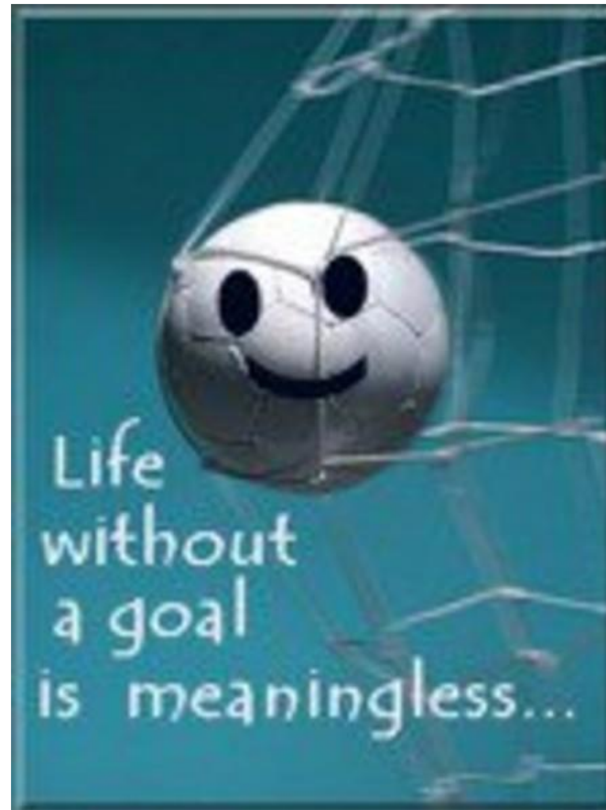
Methods

- 45 observations and interviews (130h) with 30 mental healthcare professionals of FACT (flexible assertive community treatment) teams
- Critical incidents method
- Field notes
- Transcriptions: transcribed verbatim
- Thematic Analysis

Setting



Results RQ1: Need of support



Type of videoconferencer

Embracer

Hands shaker

Greeter

Embracer

Sees only added value for client and professional

Seems aware of benefits

Practises videoconferencing easily: natural contact

Offers videoconferencing to all clients

Greeter

Says hello to new things but shows no commitment.

Sees home visits as most important way of contacting clients

Cannot start en does not know how to start videoconferencing (all kind of tresholds)

Videoconferencing is not offered to clients

Hands shaker

Positive attitude but videoconferencing needs to be more integrated in care

Uses videoconferencing with few clients.

Open attitude towards support for using videoconferencing

Videoconferencing is not offered to new clients, no daily routine

RQ1:Need of support

Care-related

- Insight into the added value of videoconferencing
- Clearness about inclusion/exclusion criteria

- Evaluating use of videoconferencing

Organisational

- Time to familiarize
- Technical support

- Seducing vs imposing

Added value

Accessible
Tailored care
Chitchat
Nearness vs distance

Efficiency
Flexible

Possible supportive digital tools

Support with starting

- Roadmap
- Clients help clients
- Best practices
- Serious game to exercise

Creating awareness

- Screening instrument (added value and goals)
- Video's with experiences
- Reflection game
- Intervision

Conclusion

- Support for mental healthcare professionals:
  - At start
  - Awareness
- Focus on care-related goals

Future research:

- Developing tailored tools
- Focus on partnership: involving mental health professionals and clients

References

- European Commission . “Communication from the commission to the European Parliament, the Council, the Europlian Economic and Social Committee and the Committee of the regions. eHealth Action Plan 2012-2020”. Innovative Healthcare for the 21st century. COM (2012) 736.
- Taylor, J., Coates, E., Wessels, B., Mountain, G. and Hawley M. (2015) *Implementing solutions to improve and expand telehealth adoption: participatory action research in four community healthcare settings*. BMC Health Services Research 15: 529.
- Brewster, L., Mountain, G., Wessels, B., Kelly, C. and Hawley, M (2013) *Factors affecting frontline staff acceptance of telehealth technologies: a mixed-method systematic review*. Journal of Advanced Nursing 70(1) 21-33. doi: 10.1111/jan12196
- J. H. Shore, “Telepsychiatry: videoconferencing in the delivery of psychiatric care”, Am J Psychiatry, vol. 170, no. 3, March 2013, pp. 256-262.
- R. Janssen, H. Prins, A. van Hout, J. Nauta, L. van der Krieke, S. Sytema and M. Hettinga, “Videoconferencing in Mental Health Care: Professional Dilemmas in a Changing Health Care Practice”. In: Proceedings eTELEMED 2015: The Seventh International Conference on eHealth, Telemedicine, and Social Medicine, Lisbon, Portugal, 22-27 February 2015, pp. 1-5.

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Thank you for your attention!

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