Telepsychiatric Evaluation and Consultation in Emergency Care Settings

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KEYWORDS

• Telepsychiatry • eMental health • Emergency psychiatry • Access to care
• Cost reduction

KEY POINTS

- New models of care and service delivery systems are needed to meet the mental health needs of youth in the setting of a worsening gap between available supply of qualified providers and demand for child psychiatric services.
- Telepsychiatry is a viable modality of care in the emergency setting with multiple established benefits including improving access to care and quality of care especially in underserved and rural areas and cost savings in a variety of contexts.
- Technological advances in video conferencing, security, confidentiality, and connection strength have improved the telepsychiatric experience for patients and clinicians.
- Telepsychiatric care in the emergency setting has become increasingly affordable and sustainable.
- Multiple models of telepsychiatric care around the world and within the United States demonstrate the flexibility of the technologies to meet highly variable needs in different regions.

INTRODUCTION

Various types of medical evaluations and treatments have been provided remotely using a variety of communication technologies for more than 70 years.[1] Psychiatry's history with remote care is among the longest of any specialty.[1] Widespread use of this modality of care delivery has become increasingly common around the world since the mid-1990s, and the rapid improvements in video quality and networking capabilities associated with the Internet and mobile technologies have significantly improved the viability of telepsychiatry as a modality of service delivery.[2,3]

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Telepsychiatry has been used in most clinical contexts including hospitals, emergency departments, and primary care for any mental health service (eg, diagnostic evaluations, medication management, consultation, psychotherapy), and data supporting telepsychiatric care as clinically effective and cost-efficient have increased over the past decade and a half.[4,5] Some of the previously theoretic advantages of telepsychiatric services, such as cost-savings and increased access to care, are now real-world benefits for the health care delivery systems that have embraced the new technologies and techniques.[6–9] Telepsychiatric care for emergencies has been more slowly adopted than for other clinical settings despite the increasing evidence for benefits and the well-documented increase nationally in emergency psychiatric visits.[4,6,10]

This article focuses on telepsychiatric care for children, teenagers, and their families in the emergency and urgent care contexts. The benefits, limitations, models, and strategies for implementation for emergency telepsychiatry are explored. Data for telepsychiatric emergencies with youth are particularly limited compared with adult literature and literature for other care settings (eg, primary care), but one consistent theme in literature relating to the use of telemental health services is that most data that support tele-encounters are generally similar in efficacy to standard face-to-face encounters in most contexts.[2,4,8] Experience with telepsychiatric services varies widely among child and adolescent psychiatrists (CAPs) and other mental health professionals. This article provides an accessible, user friendly overview and approach to this modality.

NATIONAL CRISIS CAUSED BY PSYCHIATRIC EMERGENCY VISITS

The national volume of children and adolescents visiting emergency rooms for psychiatric chief complaints has been increasing over multiple years.[10] The increased volume has overwhelmed available work force and resources in many communities. The national shortage of CAPs is well-documented, and the distribution of available CAPs is unequitable across the country.[11] Most CAPs live in major population centers, but most cities still have significantly fewer CAPs than necessary to address patient needs. The highly variable distribution of CAPs and other mental health professionals across the nation has intensified the challenges faced by many communities particularly in rural or other underserved areas.

Additionally, children seen with psychiatric emergencies and crises typically face longer wait times and higher admission rates than patients seen for medical-surgical issues and many patients in need of psychiatric hospitalization are required to wait in emergency departments for many hours or even weeks until an appropriate treatment setting is found.[12] By extension, "boarding," the practice of housing and treating patients with psychiatric emergencies in emergency departments when inpatient psychiatric hospital beds are unavailable, has become increasingly common for pediatric and adult patients.[13] The combination of all these factors has created what many consider to be a national crisis of care for evaluation and treatment of patients with psychiatric emergencies. Outcomes are often poor, and the crisis is costly for the limited financial and human resources.

COMMON LANGUAGE

Definitions related to technology in general and specifically referring to the integration of communication technologies and health services are a common source of confusion. New terms are frequently created and definitions of other terms drift over time. Although many definitions have not been fully standardized, the current discussion