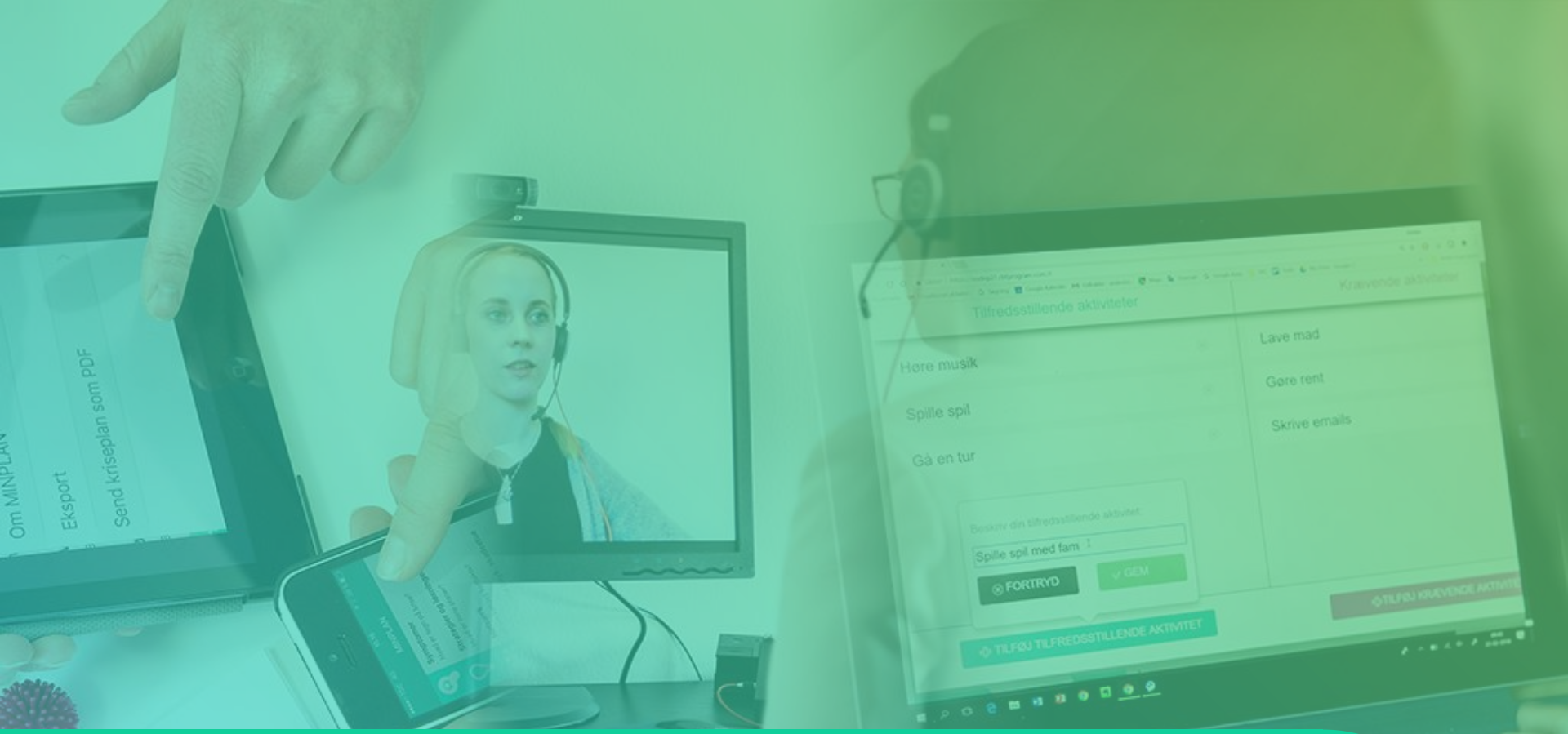

Telepsychiatry in the time of COVID-19: Bridging gaps and harnessing the potential of technology for mental health

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Photo and inforgraphics: Birgitte L.R. Nielsen

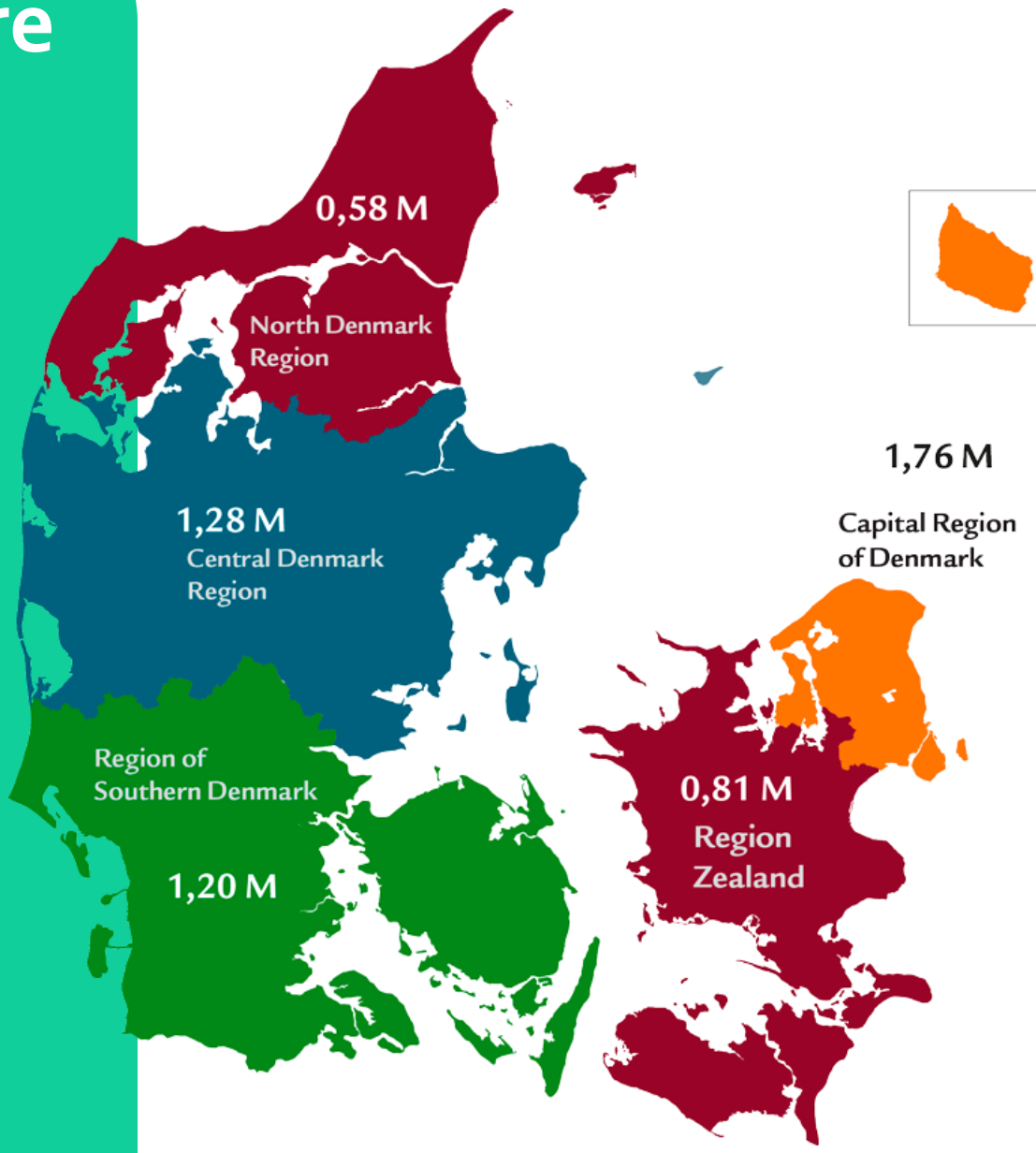
November 11, 2020

Outline for the next 20 minutes

1. Mental health in Denmark – in brief
2. Introducing Centre for Telepsychiatry
3. Improving access and bridging gaps in the time of COVID-19:
    - Video consultations in outpatient care
    - Internet-based therapy
4. Moving forward with telepsychiatry
5. Q&As

Mental health care in Denmark

- A public mental health care system
- Equal and free right to services for all citizens
- Community mental health care services provided by municipalities – **primary care**
- Specialized mental health care is provided by the five Danish regions – **secondary care**
- Family doctors (GPs) act as gatekeepers to secondary care services



What is Centre for Telepsychiatry?

A research and innovation centre in the Mental Health Services in the Region of Southern Denmark

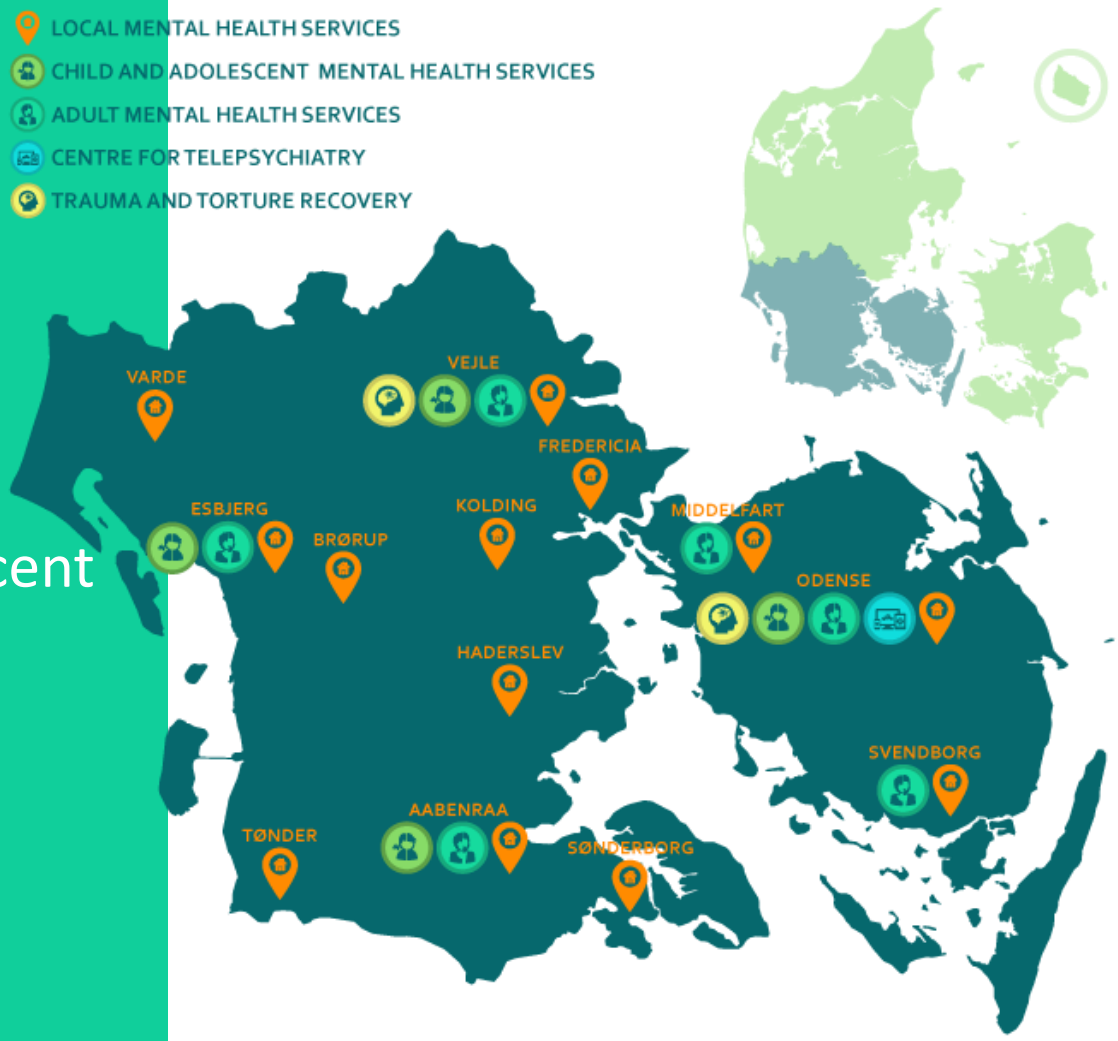
We support digital innovation for mental health and wellbeing from catalysing new ideas through to developing, deploying and evaluating the impacts.

Regionally based, operates nationally!

Part of a mental health hospital organisation

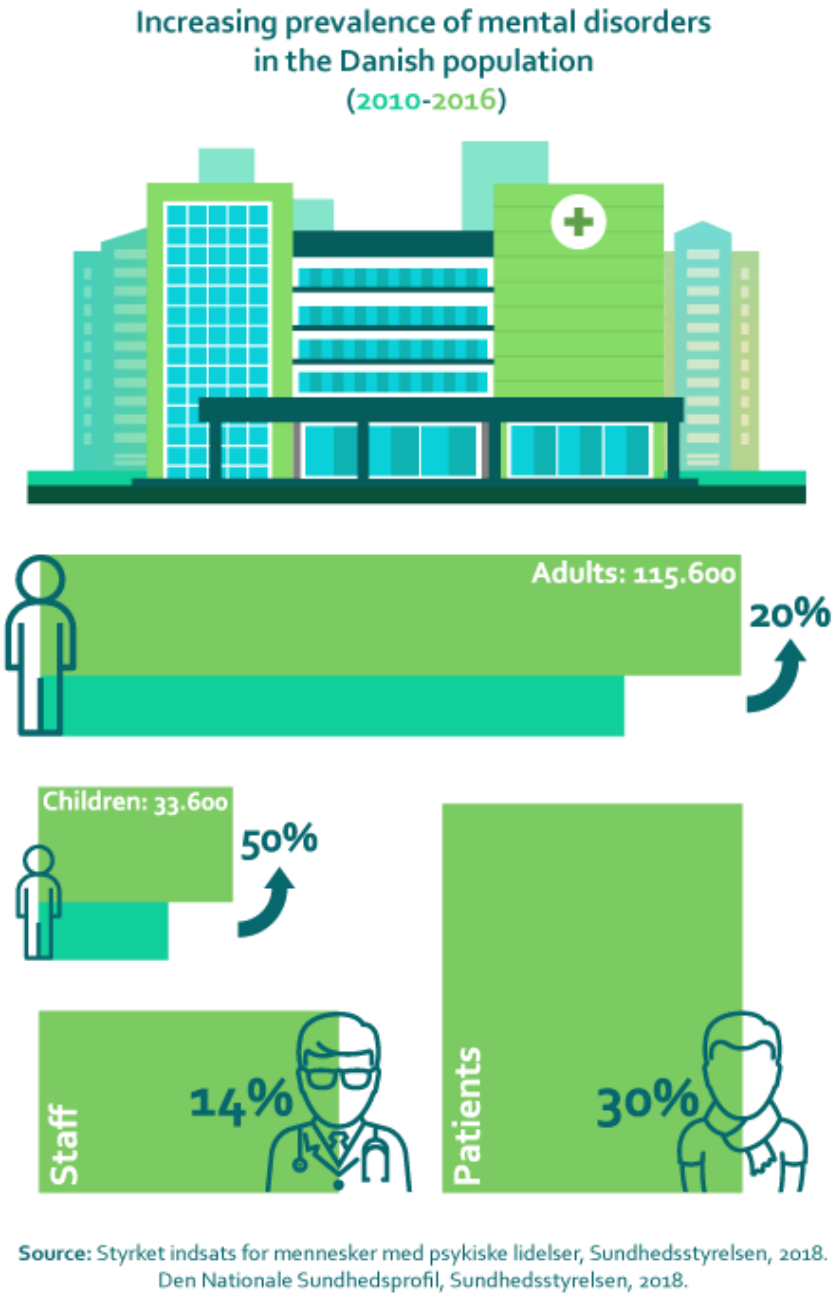
One mental health hospital:

- 6 adult departments,
- 2 Children and Adolescent Mental Health departments
- 13 community mental health services



Shared challenges

- Increasing prevalence of mental disorders in the Danish population
- A troubling increase in mental health problems among children and young people
- Treatment gap for mental health disorders
- Lack of mental health specialists



Source: Styrket indsats for mennesker med psykiske lidelser, Sundhedsstyrelsen, 2018.
Den Nationale Sundhedsprofil, Sundhedsstyrelsen, 2018.

Benefits of digital tools for mental health

- Convenient and flexible
- Services tailored to specific needs and preferences
- Low-cost or free
- Fills service gaps
- Rapid access and shorter wait times
- Saves practitioners' time
- Cost-effective to the health system

Barriers for implementing digital tools

- Concerns about data security and privacy
- Lack of shared data standards limiting interoperability
- Technical difficulties and low health literacy
- Low engagement and retention rates among users – poor adherence
- Uneven evidence-base for effectiveness
- Lack of practice guidelines for using digital mental services

VIDEO CONSULTATIONS
WEARABLE COMPUTING & MONITORING
101011
010110
101101
BIG DATA
VIRTUAL REALITY
PEER SUPPORT THROUGH SOCIAL MEDIA & OTHER TECHNOLOGIES
APPS
ONLINE PROGRAMS
GAMING

Who are suitable for e-mental health?

Ideal candidates for e-mental health?

- All age groups and socio-economic groups
- For people with increased risk of developing mental illness
- For people who are experiencing mild to moderate symptoms of mental illness

→ Strong evidence base for targeting mild to moderate conditions

→ Less evidence for using e-mental health for people with complex/severe mental illness or elevated risk of self-harm or suicide

Defining telepsychiatry and e-mental health

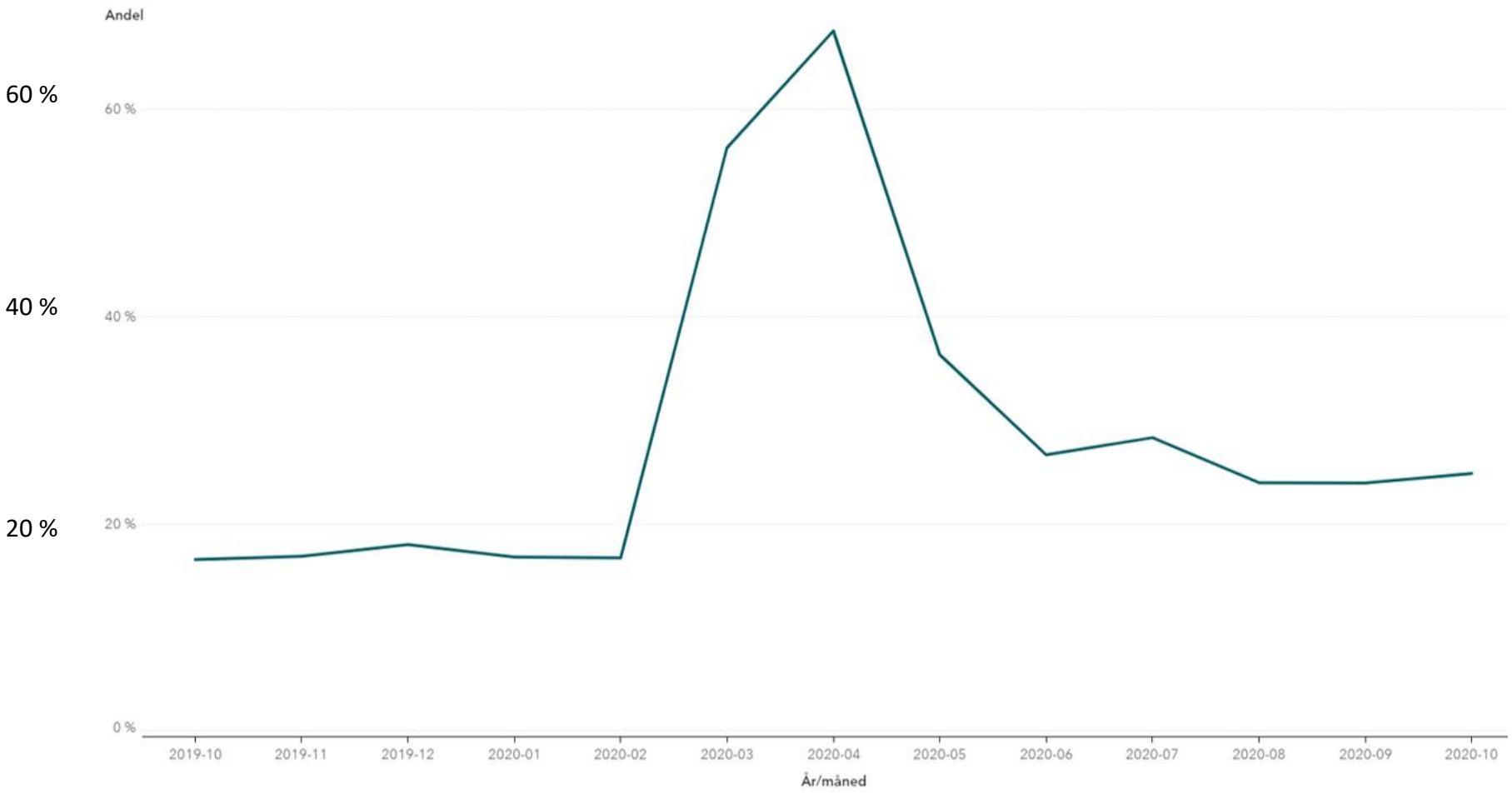
Telepsychiatry is the use of information and communications technologies to provide clinical psychiatric care from a distance.

E-mental health refers to the use of the internet and related technologies to deliver mental health information, services and care for promoting mental health and preventing and treating mental health problems.

Improving access and bridging gaps in the time of COVID-19

- Videoconsultation in outpatient care

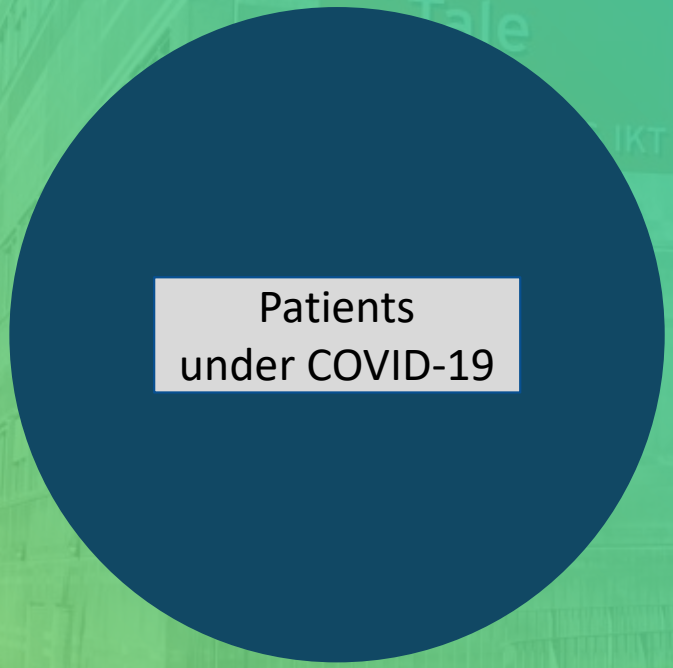
Share of video consultations in outpatient care during Covid-19



Video consultations in outpatient care

- Implemented at scale from 2015 with reimbursement for service equaling FtF
- Clinician at the hospital, patient in their home using private tablet, smartphone or computer
- Used as an adjunct to regular outpatient care for medication management, psychotherapy and other forms of therapeutic and supportive consultations
- Compliant with data security and patient safety guidelines

COVID-19 changed the need for video communication



Video consultations ⬆⬆⬆

Group therapy via video ⬆

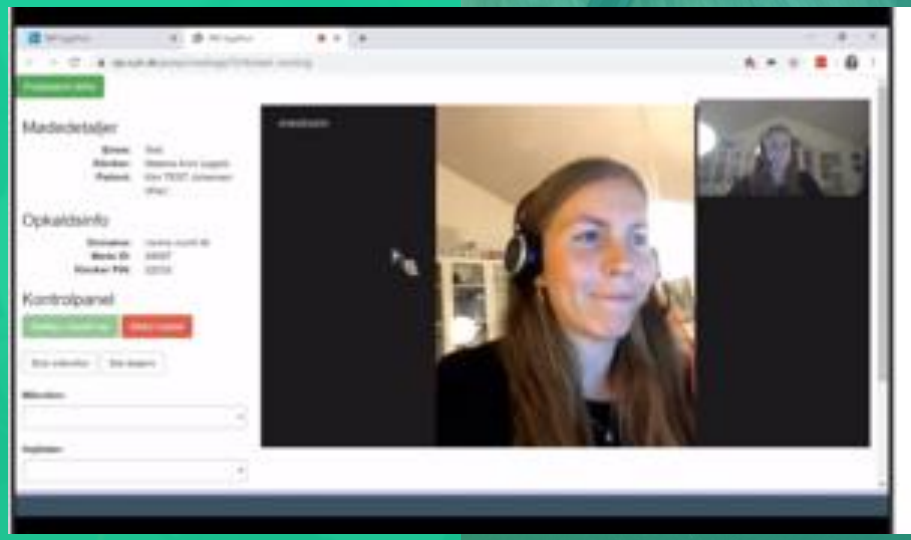
Health and social care meetings via video ⬆

Gap between supply and demand necessitated the implementation of My Hospital app

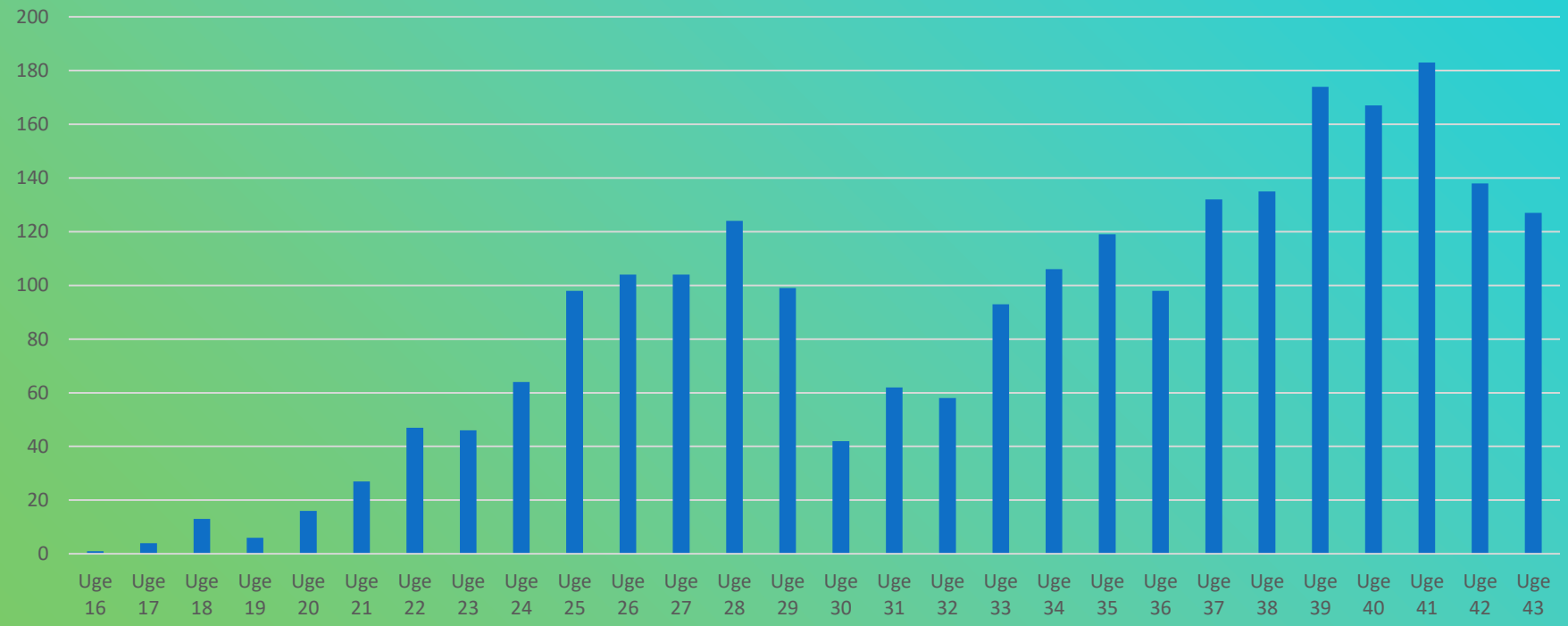
Implementation strategy for My Hospital

Swift implementation through 3 phases in each mental health department:

1. Preparation
   - Meeting with department management
   - Close coordination with designated contact persons
   - Setting up technical workflows
2. Upstart
   - Webinars
   - Tutorials
   - Testing the service
   - Technical support hotline
3. Operation
   - Follow-up meetings
   - Technical support
   - On site support



Number of video consultations during COVID-19

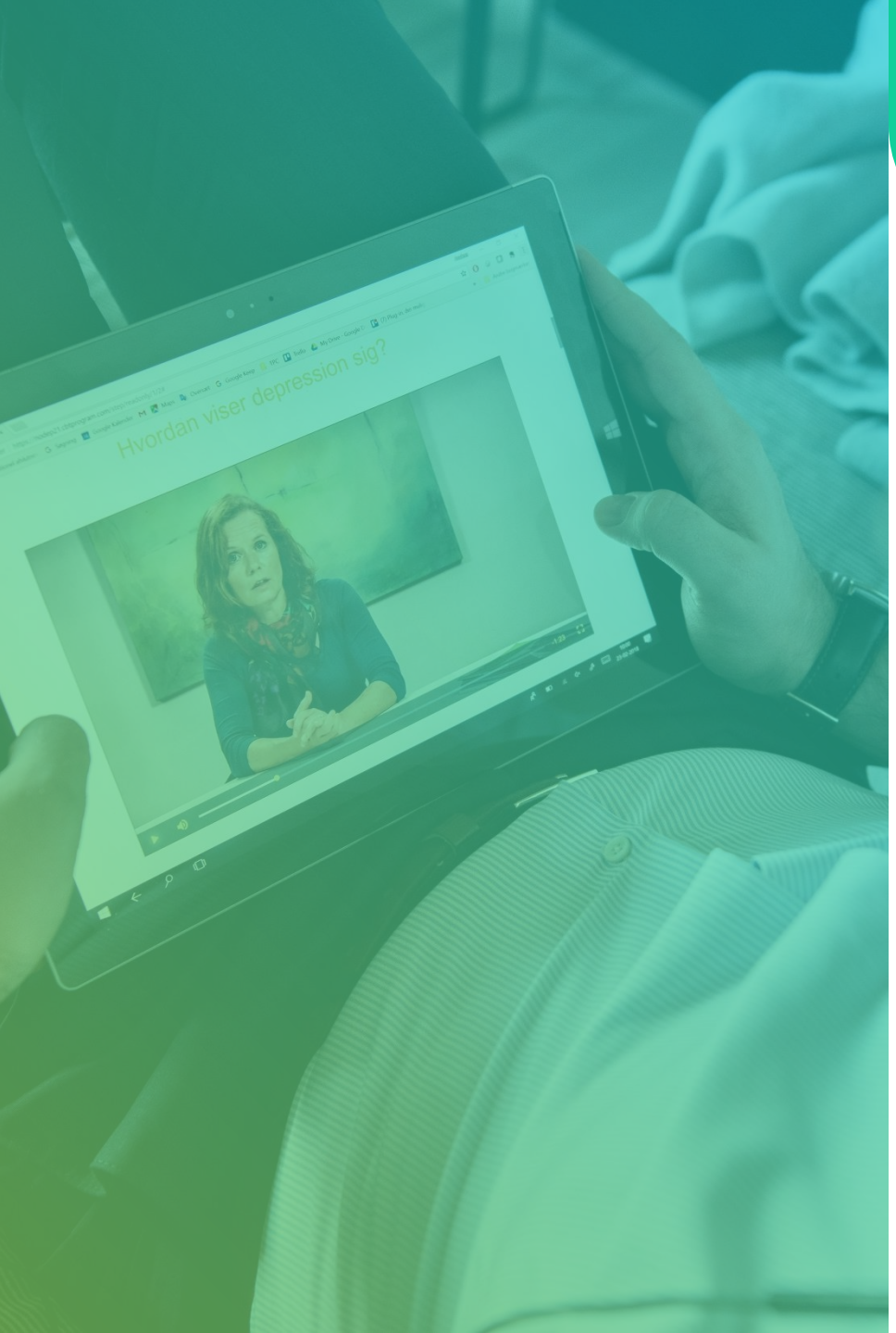


Preliminary results from the ongoing evaluation of My Hospital app

- Infrastructure of local technical key persons in each department is important – enables peer support
- Technical support is crucial – hotline and on site support – creates ‘technical safety’
- Adjusting workflows, technical configuration of equipment and professional identity
- Video tutorials and webinars as necessary learning tools
- Information and training needs to be tailored to patients and professionals!

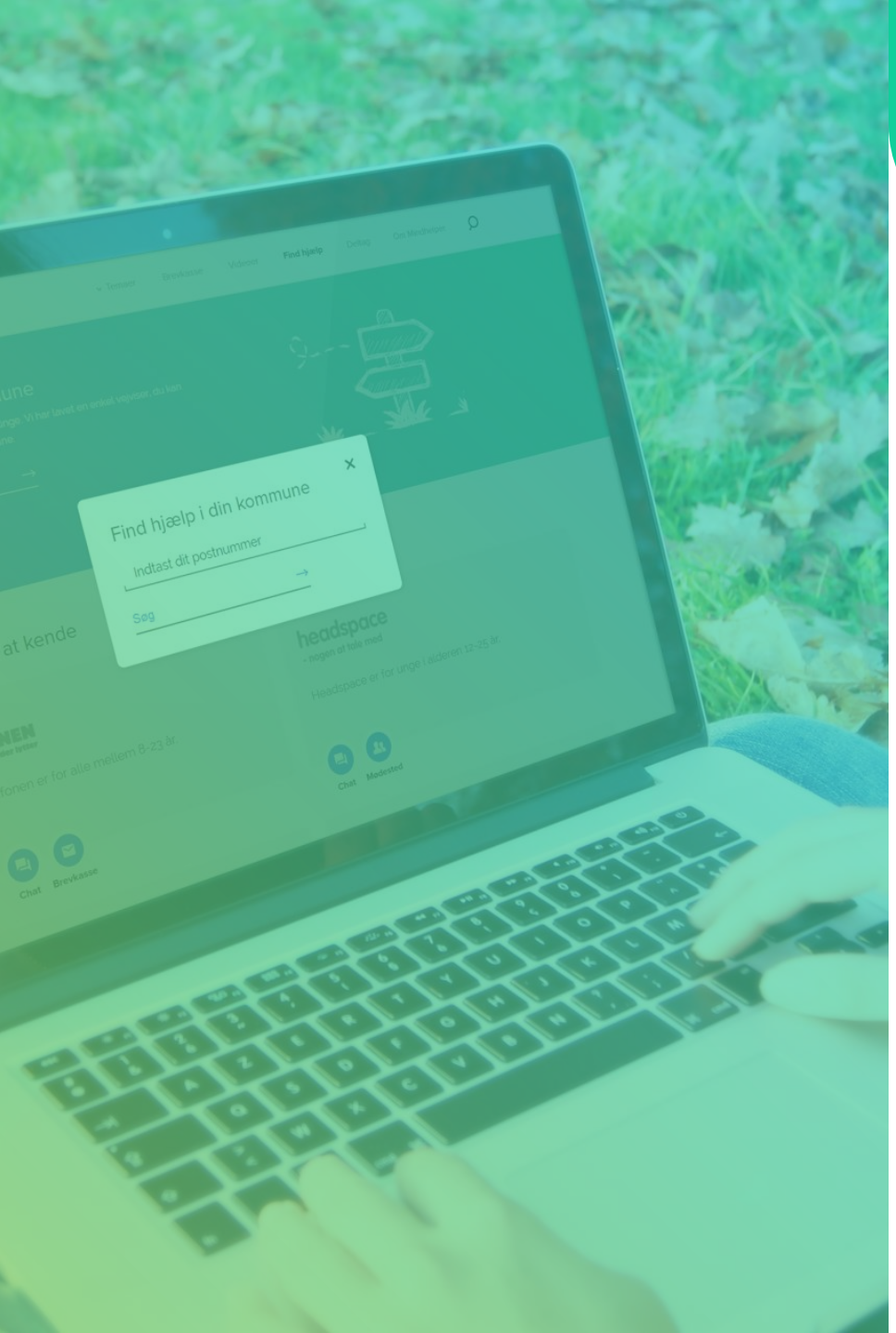
Improving access and bridging gaps in the time of COVID-19

- Internet-delivered psychotherapy



Internet-delivered therapy

- Internet-delivered Cognitive Behaviour Therapy - iCBT for short
- Self-help treatment program delivered with support from a clinician.
- Based on the same intervention principles as traditional CBT
- Arranged into a series of modules for a scheduled set of weeks
- Support in the form of automated messages, written feedback on homework and text-based communication between client and clinician
- Assessment questionnaires for monitoring progress, safety and outcomes



Does iCBT work?

- Yes, guided iCBT is effective for the prevention and treatment of common mental health disorders.
- Efficacy studies shows no difference between iCBT and ftf CBT
- Effectiveness studies of iCBT in routine care have also shown effect sizes comparable to regular treatment.

The Danish Internet Psychiatry Clinic

Guided iCBT service to people suffering from **mild to moderate depression and anxiety**

Self-referral and free of charge for Danish citizens 18 years+

Exclusion criteria:

- Patients who indicate imminent risk of suicide
- Schizophrenia, bipolar disorder, PTSD or OCD
- Severe substance use disorder
- Without a personal computer
- Very poor literacy skills

- Launched in 2013 as a demonstration project in the National Action Plan for the Dissemination of Telemedicine
- Operating in routine care since 2015
- National roll-out in 2018 jointly funded by the five Danish health regions in a 2-year pilot
- Permanent joint regional funding for the service from 2021 -

Patient characteristics

- Patients using the clinic are 18-70 years old with a mean age of 36 – 60 % between 18-38.
- 70 % women (dep= 78%, anx=66%)
- A large proportion of patients are employed (dep=56%, anx=81%)
- Work and family obligations are stated as reasons to seek iCBT
- Cannot or does not wish to seek help with a primary sector psychologist
- Low cost is attractive

Treatment Outcomes

- Significant effect of treatment in Internetpsykiatrien for both anxiety and depression (Mathiasen, Riper, Andersen, & Roessler, 2018*).*
- Successful implementation when compared with international iCBT clinics (Folker, Lauridsen, Mathiasen, Stenderup, Folker, 2017; Folker et al., 2018; Titov et al., 2018).
- Presently part of EU-project on systematic evidence-based implementation of iCBT: ImpleMentAll.

Our roadmap for iCBT services

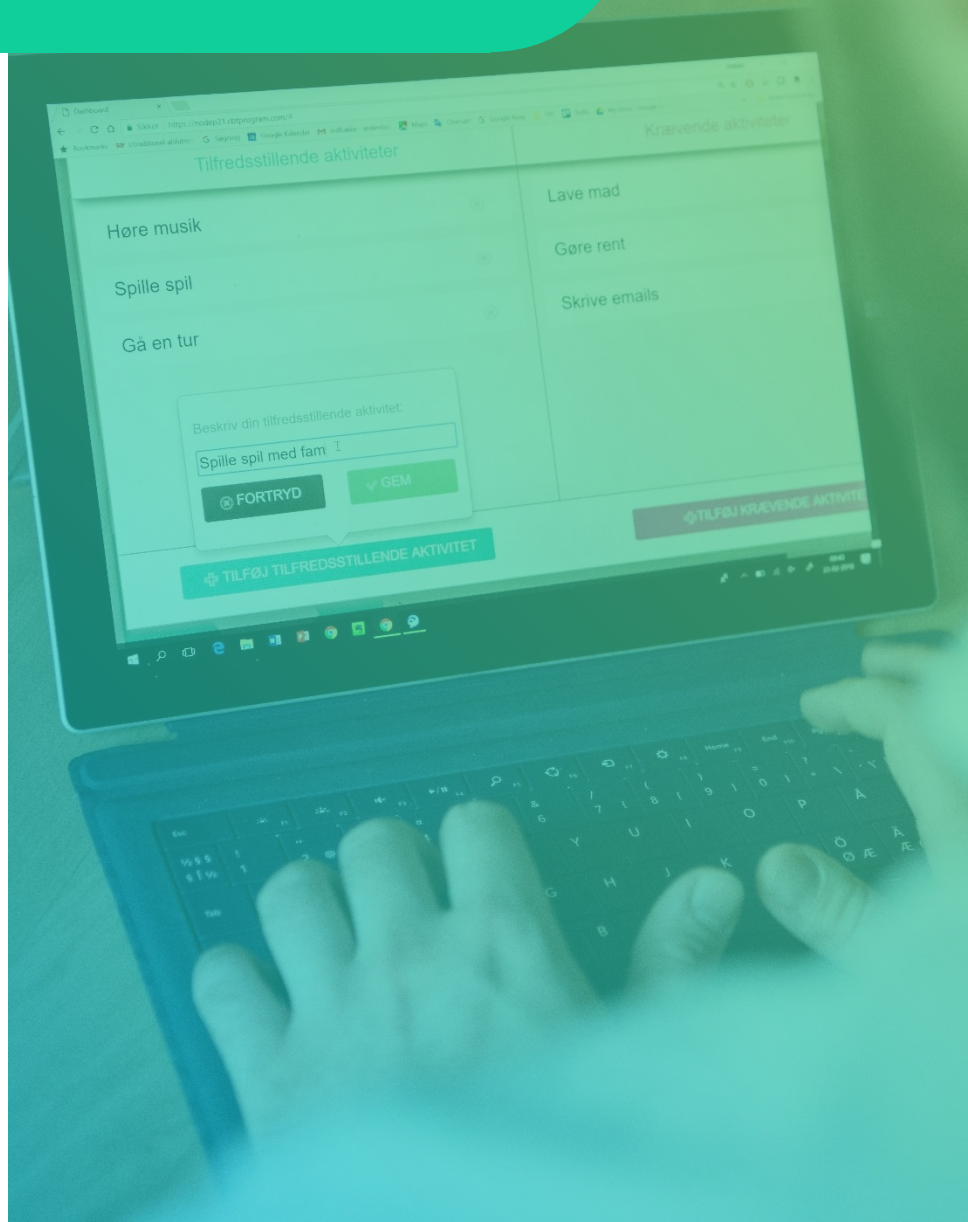
Today:

Therapist-guided iCBT for:

- Depression and anxiety disorders
- Binge eating disorder
- Alcohol use disorder

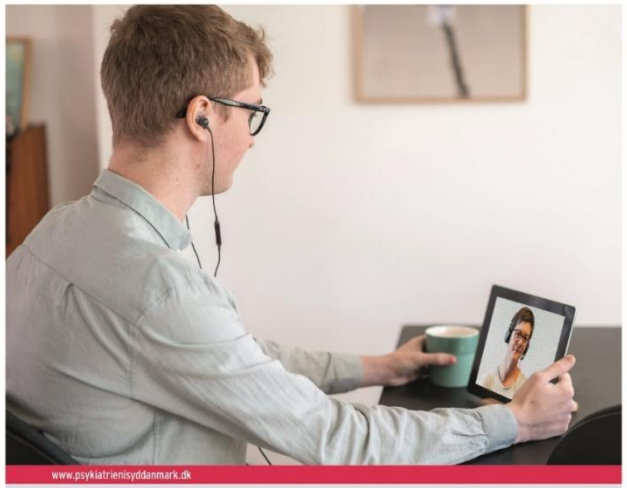
In 2021 and forward:

- Unguided iCBT for depression, anxiety and binge eating disorder
- Guided iCBT for eating disorders (anorexia, bulimia), PTSD, OCD, transdiagnostic therapy for adults and young people



Moving forward with e-mental health

New strategy for digital mental health



STRATEGIEN REALISERES GENNEM FØLGENDE STRATEGISKE INDSATSOMRÅDER:

1. Lettere adgang til psykiatrisk støtte og behandling
2. Flere nye digitale løsninger til forebyggelse, behandling og støtte til recovery
3. Større mulighed for indflydelse på eget behandlingsforløb
4. Bedre sammenhæng i behandlingsforløb
5. Digitalisering af arbejdsprocesser, digitale kompetencer og IT-sikkerhed
6. Øget brug af datadrevne forskningsmetoder til udvikling af fremtidig behandling

Taskforce for digital mental health

”Taskforcen er et forum, hvor vi kan samle op på hinandens digitale indsatser, succeser og fiaskoer og lære af dem. Én psykiatri kan ikke løse udfordringerne alene, så vi skal hjælpe hinanden og udvikle sammen med og for hinanden”.

Forthcoming in 2021….

10-year action plan for mental health

- Improving mental health outcomes
- Improving mental health services

Thank you for your attention – and questions?

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