Telehealth service delivery in an Australian regional mental health service during COVID-19: A mixed methods analysis

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INTRODUCTION

Telehealth includes both video and audio communication. While it has been proven valuable by increasing access and reducing cost in mental health services, telehealth was not widely used in Australia prior to 2020 COVID-19 outbreak.

OBJECTIVES/RESEARCH QUESTIONS

Evaluate implementation of telehealth response to the COVID-19 pandemic in a public mental health service. Specific questions included:

1. What is the impact of the introduction of telehealth capability on service utilisation patterns in a regional public mental health service?
2. What is the acceptability of telehealth to service providers and consumers?
3. What are the enablers and barriers to uptake of telehealth?

METHODS

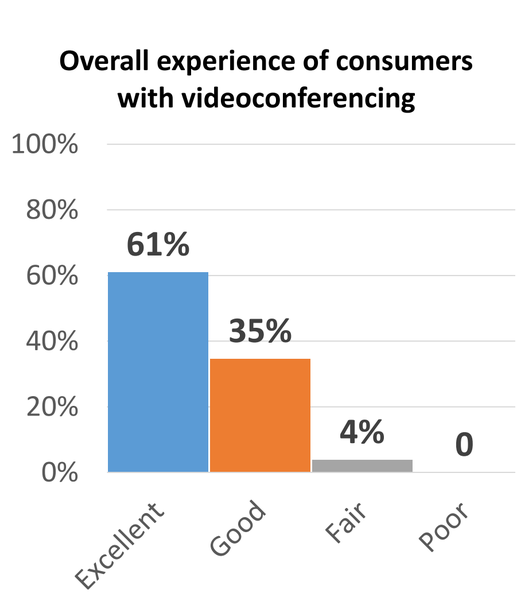
Mixed methods analysis

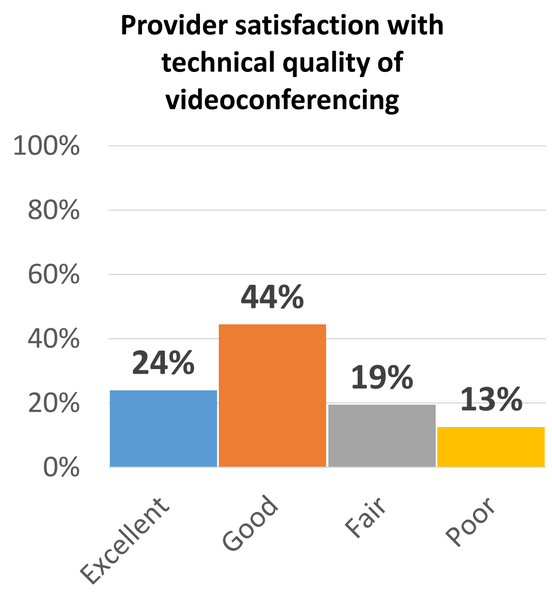
1. Analysis of de-identified individual mental health service contact data from Jan 1 2019 through Aug 30 2020 using descriptive statistics
2. Consumer and provider completed surveys on satisfaction with videoconference telehealth
3. Interviews and focus groups with consumers, providers and service leaders to gather detailed feedback on barriers and enablers. Analysed using template analysis

RESULTS

Mental health service utilisation comparing April-May 2019 to 2020

Contact type	April-May 2019 Total	Percent of total	April-May 2020 Total	Percent of total	Percent change 2019 - 2020
Face to face	10,949	55%	4,185	24%	-62%
Other synchronous	101	0%	133	1%	32%
Telephone	8,969	45%	12,156	70%	36%
Videoconference	4	0%	886	5%	22050%
Total	20,023	100%	17,360	100%	-13%





Summary of qualitative interview/focus group findings

	Consumers (n=6)	Clinicians (n=32)	Service leaders and managers (n=6)
Enablers/Benefits	Facilitates rapport similar to face to face	Type of clinical work (suited more to assessment and psychological therapy) Early success was motivating	Adequate infrastructure (computer, internet, space) Prior expereince
Barriers	Unreliable/inconsistent internet connectivity Clinical information and cues may be lost Platform hard to navigate Distrust of technology Fear of intrusion into private space Discomfort with video images of self	Inadequate infrastructure (hardware, internet access and speed) Lack of appropriate space for privacy Cumbersome platform Lack of confidence with technology	Lack of peripherals Suitabe space for privacy Early negative experiences Lack of leadership

CONCLUSIONS

- ✓ Videoconferencing increased from 2019 to 2020, but telephone was the primary contact method during the initial COVID-19 response
- ✓ There is room for improvement in technical quality of videoconferencing particularly for mental health providers
- ✓ Investment in technology, guidelines for appropriate use and structured support for both consumers and providers is needed to ensure videoconference telehealth is useful for public mental health services

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