SA-ACAPAP Guidelines for psychiatric/ psychological telehealth consultation with children, adolescents and their families in South Africa

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Introduction

SA-ACAPAP is an association for Child and Adolescent Psychiatry and Allied Professions. It strives to improve the mental health of children and adolescents, encouraging research in child and adolescent mental health and providing contact between other professionals who work with children and adolescents. SA-ACAPAP aims to grow, share and lead the field of child and adolescent mental health in South Africa. As part of those objectives, this short guideline was designed as a socially responsive effort to provide key points for consideration by child and adolescent mental health practitioners in the field of telehealth. By developing and disseminating relevant and informed guidelines it is intended that practitioners will have access to information that will ultimately be of benefit to the children and adolescents with whom they work.

Telehealth is a term used to describe the provision of healthcare remotely by means of telecommunications technologies, for example internet online platforms (e.g. Zoom, Skype) or telephone consultations.

Even though a number of countries have been using telehealth approaches for diagnosis and treatment in child and adolescent mental health (CAMH), this has not been common in low-resource settings such as in Africa. The recent COVID-19 pandemic has put the spotlight on the potential value of remote modalities for identification and treatment in CAMH. However, in spite of the potential value, a range of practical, ethical and medico-legal issues need to be considered. This short guideline document provides key points for consideration by mental health practitioners, and includes references for further reading.

Telehealth is a term used to describe the provision of healthcare remotely by means of telecommunications technologies, for example internet online platforms (e.g. Zoom, Skype) or telephone consultations.

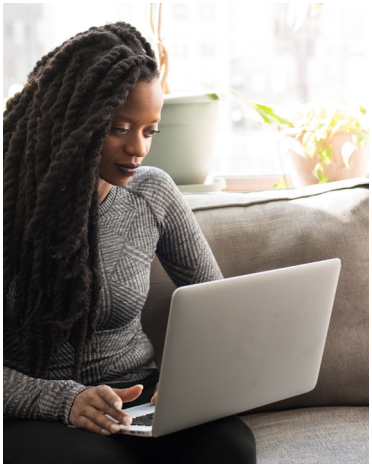
1. When is telehealth indicated?

- When, due to circumstances (e.g. social distancing), it is not possible to provide face-to-face consultation
- When client/patient access to in-person consultation is obstructed (e.g. transport costs, geographical constraints)
- When it allows for remote access to particular expertise

2. What can telehealth be used for in CAMH?

There are a range of purposes for CAMH telehealth including assessment (including risk), support, containment, feedback, therapeutic input, and conclusion of therapy.

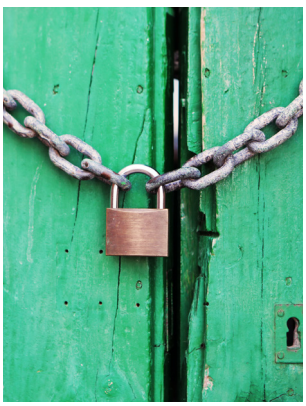
It is important to establish the purpose (noting it may be more than one) of telehealth and to communicate it at the outset to the client/patient and caregiver.



It is important to establish the purpose of telehealth and to communicate it at the outset to the client/ patient and caregiver.

3. Ethical and confidentiality considerations for telehealth

- The Health Professions Council of South Africa (HPCSA) has established specific telehealth guidelines ***(see further readings)*** which should be read in the context of the existing, broader HPCSA guidelines.
- The HPCSA guidelines emphasise that "every effort should be made to maintain ethical and professional standards of care throughout telehealth input".
- CAMH practitioners should remember the four key pillars of medical ethics: Autonomy (client/patients should make fully informed decisions); Beneficence (what is best for the client/patient); Non-maleficence (do no harm); Justice (fair distribution of resources, respect for people's rights, and respect for laws).
- Each CAMH practitioner should remain within their scope of practice as set out by the HPCSA guidelines.
- It is important to have an informed consent document in writing for telehealth consultations. However, each client/patient and family should be made aware that confidentiality cannot be fully guaranteed in telehealth.
- Be mindful of potential security threats (e.g. viruses, hackers) and take reasonable steps to ensure that security measures are in place for protecting and controlling access to client/patient data (e.g. using password protected devices, laptops and computers).
- Each client/patient should be encouraged to seek face-to-face consultation at their closest healthcare facility if they have concerns about using telehealth for consultations.



"every effort should be made to maintain ethical and professional standards of care throughout telehealth input".

- For some clients/patients it may not be possible to find a space where they can talk privately (e.g. living in a one-roomed dwelling with others). They may not have access to stable internet or appropriate devices. In these cases, consider what other means may be possible for the necessary input to be provided. Determine with individual clients/patients and their families the risk/benefit of telehealth for them.
- Where necessary, establish emergency and safety plans with clients/patients and their families, especially where there is a pre-existing concern about child protection or safeguarding.
- It is important to keep written records of all telehealth consultations. Sessions should only be recorded with the consent of the client/patient.
- To consult outside of South African borders clinicians should be registered with the HPCSA and the regulating bodies in those jurisdictions.
- Practitioners should be mindful of the approved platforms that their individual indemnity policy allows them to use.

Where necessary, establish emergency and safety plans with clients/patients and their families, especially where there is a pre-existing concern about child protection or safeguarding.

4. How to build rapport

- Tone of voice, reflection of feeling and content, clarifying expectations, ensuring understanding, and summarising are all particularly important in telehealth consultations.
- Depending on the nature of your input, establish rapport both with caregiver(s) and the child/adolescent.
- Ensure that telehealth is explained in a developmentally appropriate manner with opportunities for questions.
- For younger children, given developmental stage/phase/level, attention and stimulation, consider keeping consultations shorter (e.g. 15 mins with child, the same with parent/caregiver) and switch between activities if using online platforms. Ask caregivers to have items/activities/toys at hand that you may wish the child to use (e.g. paper and crayons).
- Frustration with technology is likely – prepare clients/patients for this ahead of time. Discuss back-up solutions (e.g. another number if phone battery runs out, a different device if laptop doesn't work or if signal is weak) and agree how many times you will call back if a call is disconnected.
- Be extra sensitive to clues of client/patient discomfort (e.g. hesitant responses, changing the topic, non-verbal cues, hearing other voices in the room suggesting privacy is not being maintained).
- There are particular strategies to manage specific situations, e.g. an angry or disengaged child (see McEwen et al., 2020 in the ***further readings*** section).

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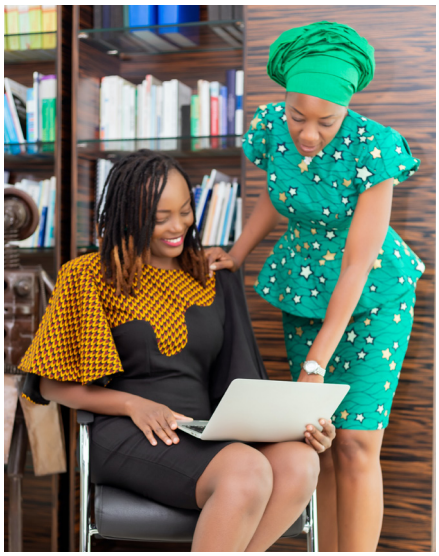
5. Preparing for a telehealth session

For videoconferencing (e.g. Zoom, Skype):

- Ensure that there is adequate bandwidth/line speed (i.e. minimum 4MB ADSL) and data for practitioner and client/patient.
- Ensure that earphones, microphone, and camera are of adequate quality.
- If relevant, ensure that both the practitioner and client/patient rooms are adequately lit.
- Consider/problem-solve to ensure that client/patient has access to a private room where feasible (e.g. earphones may improve privacy).

For telephone consultation:

- Make sure practitioner and client/patient cellular devices/tablets are adequately charged and/or plugged in.
- If relevant, ensure that there is airtime/data.



6. Key questions to consider for a first telehealth session

- Is telehealth consultation required? Are there other options available?
- How long do I anticipate telehealth input will be needed?
- If I am doing an assessment, is it possible to maintain the integrity of the assessment tool in the context of telehealth (has the tool been validated for this format)?
- Have expectations about the telehealth consultation been agreed with client/ patient and caregiver?
- Is there a clear and agreed safety plan?
- Does the client/patient have any sensory or situational constraints that could obstruct meaningful engagement in telehealth? If yes, how might these be managed?
- If parents are required to talk without their child present during the consultation do they have adequate childcare/support to allow this?

Does the client/ patient have any sensory or situational constraints that could obstruct meaningful engagement in telehealth? If yes, how might these be managed?

7. Limitations of telehealth

- Certain assessments (e.g. ASD, ADHD) should be considered cautiously via telehealth. For example, many formal assessment tools and measures have not been validated for telehealth (e.g. IQ assessments, play-based assessments like the ADOS). Observations of children with potential neurodevelopmental disabilities may pose significant difficulties and should be done with great caution.

- Therapeutic input with younger children (e.g. under 5 years) may be more challenging and should be done cautiously.

8. Payment considerations

- Practitioners may charge a fee for services rendered through a telehealth platform. Fees are generally considered commensurate with face-to-face rates.

- The fee that will be charged for a telehealth session should be clarified up-front.

9. Further reading

CLICK on any of the listed readings to visit the site

- American Psychological Association – Guidelines for the Practice of Telepsychology
- American Psychiatric Association Telepsychiatry guidelines
- NHS England – Technology Enabled Care Services Evidence Database – Telemedicine Evidence
- McEwen, F. et al., (2020). Delivering psychological treatment to children via phone: a set of guiding principles based on recent research with Syrian refugee children. Version 5, 8 April 2020
- Seager van Dyk, I., et al., (2020). COVID-19 Tips: Building rapport with youth via Telehealth. Preprint
- Hartmann, A. & Van Dyk, L. (2014). The utilization of mobile devices for telemedicine services in a South African public healthcare system. Studies in health technology and informatics, 206: 20-8
- HPCSA Guidelines for good practice in the healthcare professions – 'General ethical guidelines for good practice in telemedicine' (Booklet 10)

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