Videoconferencing in Mental Health Care

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Marijke Span (m.span@windesheim.nl), Marike Hettinga, Annemarie van Hout, Aranka Dol, Ruud Janssen
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

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Embracer

Sees only added value for client and professional

Practises videoconferencing easily: natural contact

Seems aware of benefits

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 thresholds).

Videoconferencing is not offered to clients.
Hands shaker

Positive attitude but videoconferencing needs to be more integrated in care

Open attitude towards support for using videoconferencing

Uses videoconferencing with few clients.

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

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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

Thank you for your attention!

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m.span@windesheim.nl