



Norwegian Centre for
E-health Research



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Adolescents Experiences with Video Consultations in Specialized Mental Health Services in Norway

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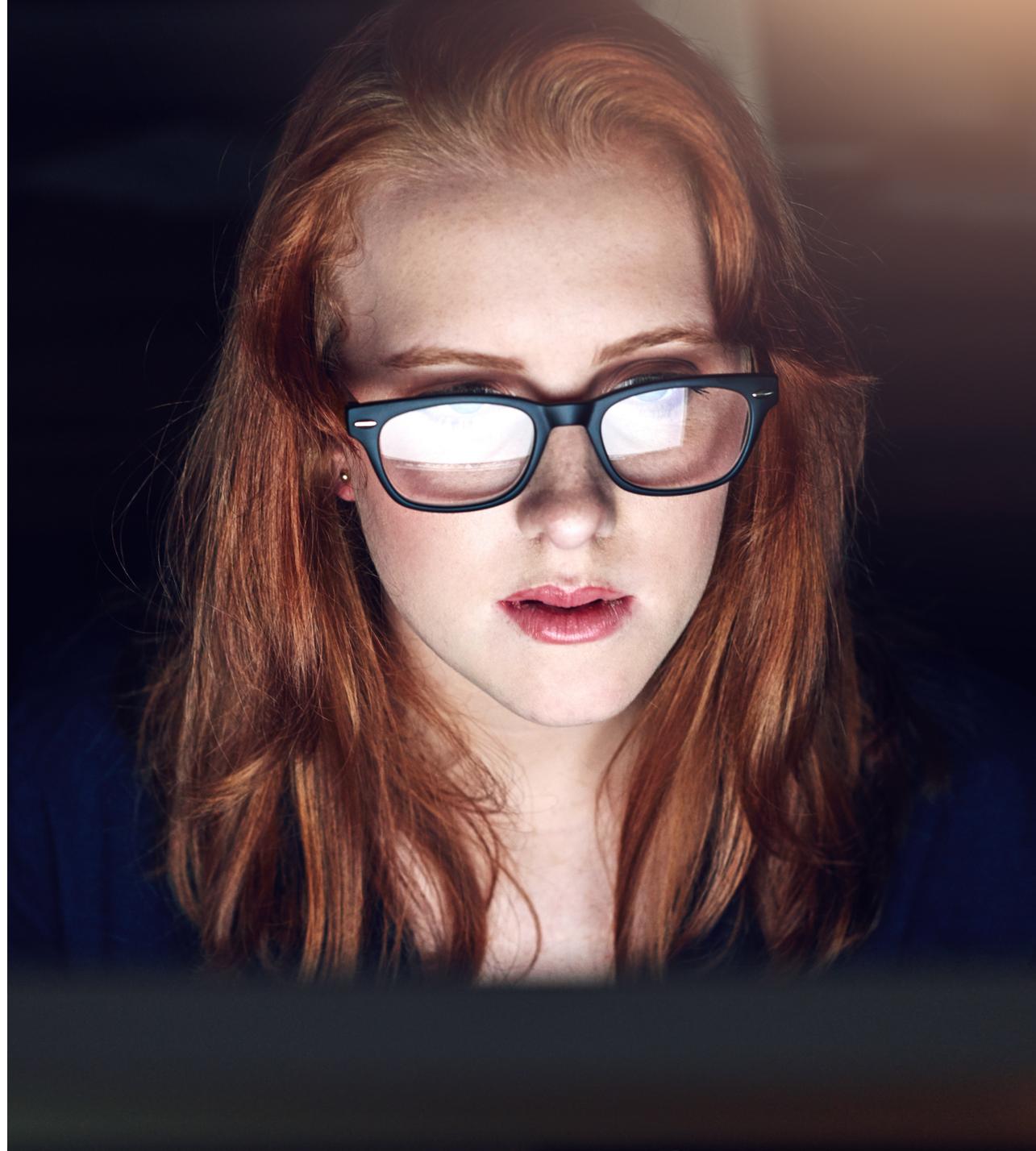
Working within the following projects:

- eMM - Electronic Medicines Management (Ph.D-project)
- Tackling social inequalities in health with the use of e-health and telemedicine solutions
- The patients medication list and summary care record in nursing homes and home based care
- Video Consultations in Mental Healthcare – young peoples' experiences





A part of the research project “
Video Consultations in Mental
Healthcare – young peoples’
experiences”





Introduction and background

- Video consultations (VC) for adolescents within mental health services
 - Can potentially reduce problems related to traveling, as Norway consists of long distances and at time extreme weather conditions
- Aim of this project was to provide knowledge about adolescents' experiences with the use of VC and how the experience compared to face-to-face meetings with their therapist
- Theoretical framework:
 - Goffman's theory of frontstage and backstage (Goffman, 1978)
 - Actor-Network Theory (Cresswell, 2019; Cresswell et al., 2010)



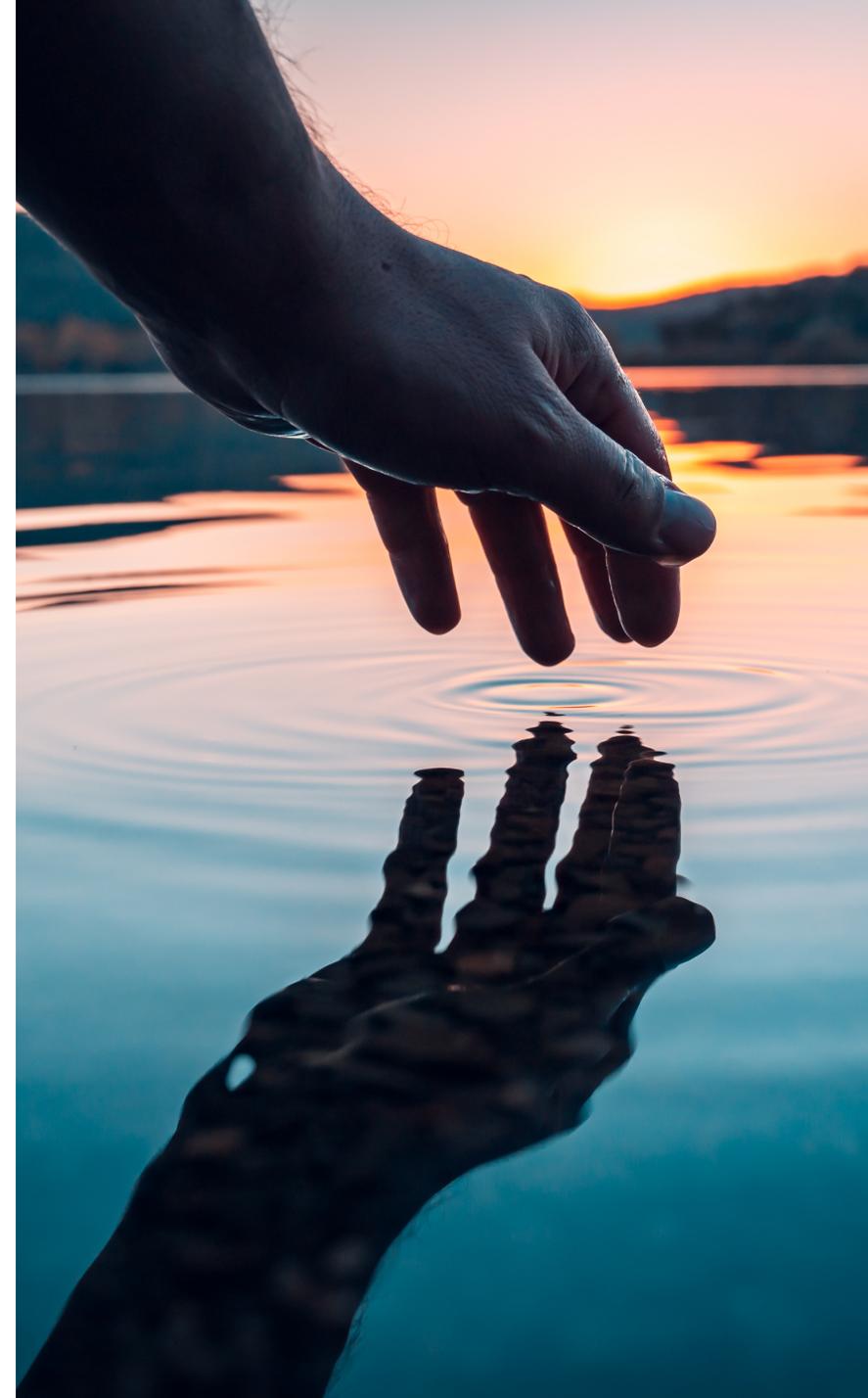
Methodology

- 33 individual semi-structured interviews with adolescents between 16 and 23 years of age
 - Was conducted over telephone
 - Interview guide was made in co-creation with persons with user experiences
- Administration personnel at the local mental health facility identified adolescents that suited the inclusion criteria
 - VC between March 16th and August 5th 2021
 - Between 16 and 21 years old
- A psychologist contacted the adolescents. If they said yes to participate, then they were contacted by a researcher



Results

- Inspired by an abductive approach
- Six themes
 - 1) Therapy on the screen
 - 2) «Not for real» - The screen as a filter
 - 3) The screen as a «looking glass»
 - 4) Emotions on the screen
 - 5) Therapy in a physical setting
 - 6) Tools for therapy
- The phenomena described within the themes are not discrete from another





Results

1) Therapy on the screen	2) «Not for real» - The screen as a filter	3) The screen as a «looking glass»
<ul style="list-style-type: none">• Difference between therapy and communication on screen versus in a physical setting• Difficulty and inhibition to talk about inner thoughts• Not able to fully observe body language• Not able to obtain eye contact	<ul style="list-style-type: none">• Adolescents perceived VC as «unreal» and «less personal»• The screen removed something from the relation with the therapist• Compared VC with watching a YouTube video	<ul style="list-style-type: none">• Adolescents experiences with seeing their own image on the screen• Seeing themselves affected them during VC<ul style="list-style-type: none">• Distracting• Challenging• Triggering• The effect of seeing your own image on the screen can be considered the «looking glass» effect



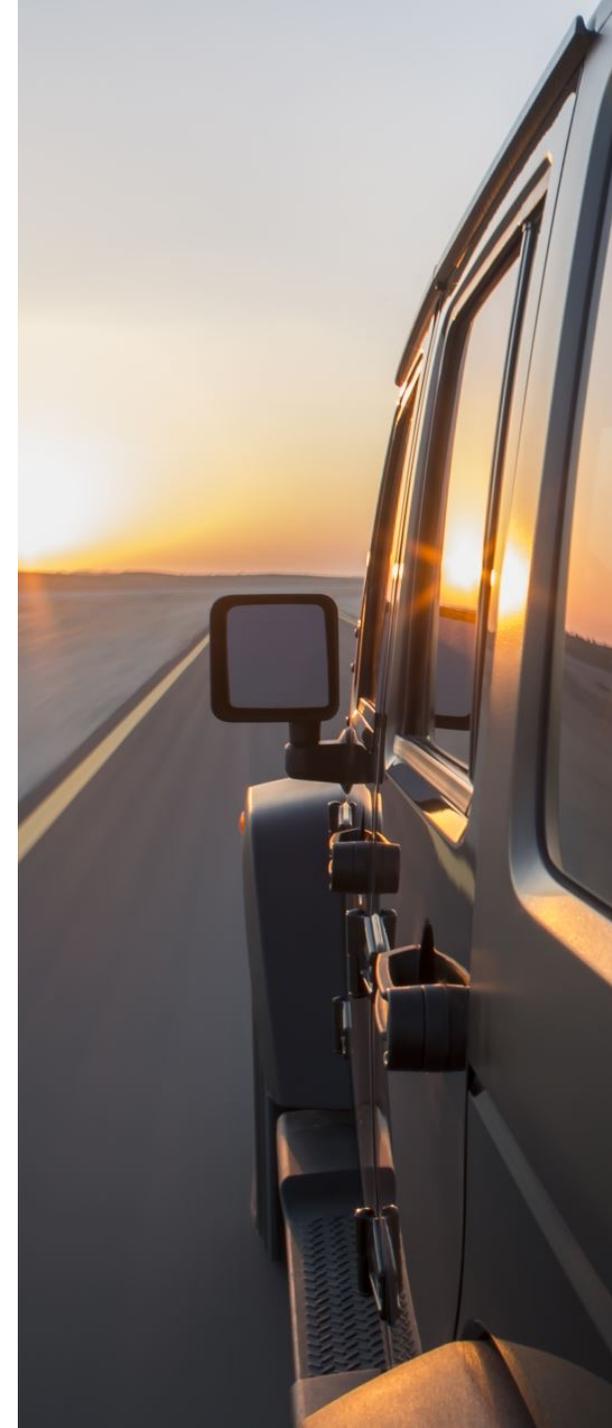
Results

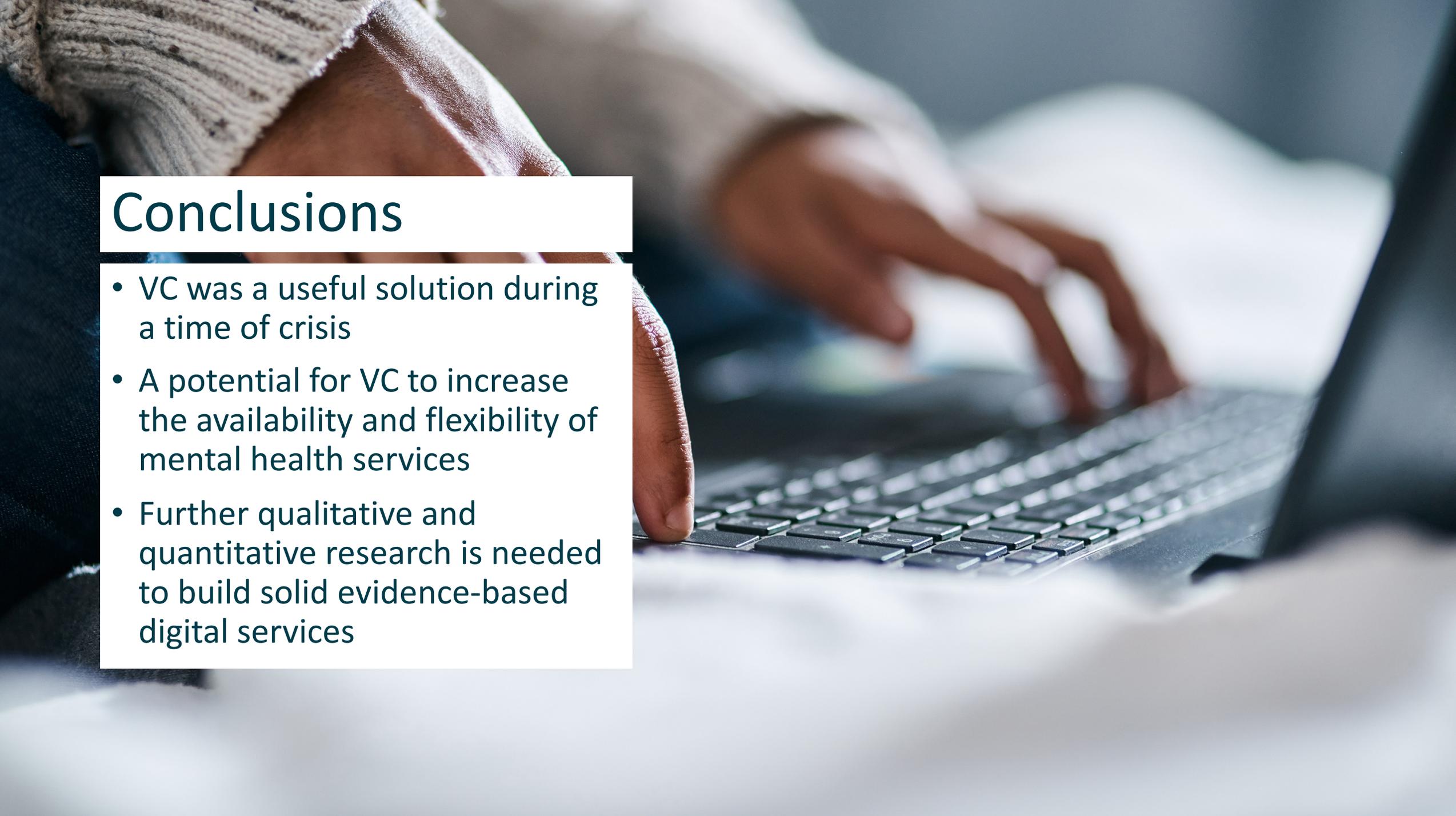
Emotions on the screen	Therapy in a physical setting	Tools for therapy
<ul style="list-style-type: none">• Difficult to show emotions on the screen• Did not receive necessary emotional support or closeness• Did not talk about difficult topics because of this• Some talked more about difficult topics in a less personal medium	<ul style="list-style-type: none">• The meaning of place or lack thereof• Informants had used VC at home and/or at school.• Experiences differentiated based on surroundings at each location• Example: Fear that people would overhear versus feeling safe that no one would listen in	<ul style="list-style-type: none">• Tools being used in a physical setting, for example a whiteboard• Was not optimal to use during VC or could not be used• Some informants missed these physical tools



Discussion

- VC can bring new opportunities such as
 - Reduced travel time
 - Reduced travel costs
 - Reduce hours absent from school
- Other challenges
 - Disturbances at home/school
 - Affects the naturalness of the relationship with the therapist
 - Difficult to see each others body language
- Consistent with previous research on VC for adolescents (Cunningham et al., 2013; Davidson et al., 2022; Haig-Ferguson et al., 2018)
- Adolescents have individual preferences
- A combination of VC and face to face was preferable
- VC can be a flexible tool, and can be used for short conversations or for information sharing





Conclusions

- VC was a useful solution during a time of crisis
- A potential for VC to increase the availability and flexibility of mental health services
- Further qualitative and quantitative research is needed to build solid evidence-based digital services



References

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Thank you for your attention

Scan to read more about the
project

