

Behavioral health technical assistance guide

Delivering effective telemedicine services for clients with serious mental illness (SMI)

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Adapting in-person clinical work to digital platforms is a unique challenge in behavioral health. During COVID-19, providers are facing the question of how to best meet vulnerable clients where they are through technology.ⁱ

CareOregon’s Behavioral Health department has summarized the following recommendations for practical, well-researched best practices and tools to aid in the process of engagement within the context of delivering services via telehealth.

Best practices for telemedicine

Using telehealth platforms for the delivery of behavioral health services involves a significant amount of preparation for both the provider delivering services and the client engaged in services. Individuals with SMI may vary widely in their comfortability with technology.ⁱⁱ

Adopting a structured, paced introduction to the features of the chosen telemedicine platform is a critical foundation for rapport and trust in virtual sessions:

Create an informed consent for telemedicine

Whether in a formal consent document or verbally overviewed and documented in a progress note at your first session, make sure your client knows what to expect from the software, sessions, and you as a health professional practicing outside the setting your client is accustomed to.ⁱⁱⁱ

Anticipate questions and fears

Be proactive. Questions about confidentiality, troubleshooting technology, and provider responsiveness are common.^{iv}

Prepare for technology failures

Identify a secondary contact method in case of a software crash.

Develop a safety plan

Consider creating a safety plan with each client that includes their physical location during sessions, an alternate contact number for the client in case of a software crash, and the names and numbers of emergency contacts for whom the client has signed a release of information (ROI) and can act in a supportive capacity until a medical or psychiatric crisis unit arrives.^v

Technology concerns for individuals with SMI

Help with troubleshooting

Clients may transfer feelings about their experience with telemedicine software onto providers or treatment services. The experience of engaging in services for individuals with SMI can be optimized when there is an accessible staff member to help troubleshoot the process, and a well-established clinic culture that is proactively focused on improving the client's telemedicine experience.^{vi}

Video vs. telephone

Open a conversation with your client about the platforms they feel most comfortable using, and offer options where feasible. Some clients may feel more at ease engaging primarily via telephone, whereas others prefer an asynchronous audio/video platform. Other clients may wish to begin with telephone sessions and phase into audio/video methods as they become more comfortable with the concept of telemedicine.^{vii}

Crisis intervention vs. prevention

Telemedicine requires a shift to a preventive focus, including supporting individuals with SMI to discover early warning signs and identify behaviors that maintain stability. Consider incorporating a thorough risk assessment at the beginning of each session.^{viii}

Managing crisis and safety with telemedicine

Many of the issues and concerns of face-to-face treatment remain or are increased due to COVID-19. Safety concerns become more difficult to manage in a virtual environment, particularly with individuals with SMI.

Important areas to consider for individuals with SMI:

- Guidelines established for initiating remote contact with an at-risk client
- Adaptations for conducting remote screening and risk assessment
- Remote clinical management of suicidal clients
- Safety planning adaptations for COVID-19
- Use of ongoing check-ins and follow up to avert ED visits and hospitalization
- Documentation
- Support for yourself

Prevention

An accelerated frequency of regular contact through texting and other platforms can improve outcomes by increasing the show of support from the therapist.

- **Regional crisis lines: See below, Table 1**
- **National Suicide Prevention Lifeline**
800-273-TALK (8255), En Español 888-628-9454
- **Crisis Text Line**
Text “HELLO” to 741741
- **Veterans Crisis Line**
800-273-TALK (8255) and press 1, or text to 838255
- **Disaster Distress Helpline**
800-985-5990 or text TalkWithUs to 66746

Safety planning

This is intended for clients who are at an increased risk for suicide but do not require immediate intervention. The therapist and client create a tool for participants to use in distress, such as a stepwise increase in the level of intervention. This type of intervention starts with clients considering coping sources within themselves and builds up to seeking help from external resources, such as emergency services. While this safety plan is constructed with steps in mind, clients can advance in steps without completing previous steps. Safety planning can be done in one brief session and then reviewed and revised over time. One of the most critical elements includes asking the client to take notes if they want to and can, while also securely emailing a copy of the notes to them as a follow-up step.^{ix}

Review is important

The practice of review is particularly critically in work with individuals with SMI. In a review, it's important to determine if the safety plan has been used. A first step may include asking the client to retrieve the safety plan for review with you. A discussion about the safety plan with the client allows the clinician to determine what has been helpful and what has not been helpful (e.g., the client had forgotten to use it or where to find it). Following such a discussion, the plan can be revised, removing unhelpful items and discussing with the individual what may be more helpful. Both the clinician and the client may note the changes on the plan. As with the original safety plan, it's important to consider sending the client a revised plan by email or regular mail, especially if the revisions are extensive. The safety planning process should also include a review of access to lethal means and whether there is a need to remove those means.^x

Adjustments to make for individuals with SMI

- Use simple, concrete language.
- Accept baseline delusional thinking if it is not directly related to suicidal ideation (i.e., you don't have to challenge the delusions).
- Incorporate family and other significant people whenever possible.^{xi}

Intervention

In many cases, telemedicine can be as effective as face-to-face interactions. When initiating contact with a suicidal individual with SMI via telemedicine, it is critical to:

1. Request the person's location (address, apartment number, street crossing, etc.) at the start of the session in case you need to contact emergency services.
2. Request or make sure you have emergency contact information.
3. Develop a contact plan should the call/video session be interrupted.
4. Assess client discomfort in discussing suicidal feelings.
5. Secure the client's privacy during the telemedicine session as much as possible.
6. Develop a plan prior to contact for how to stay on the phone with the client while arranging emergency response, if needed.

Follow-up

Recommendations for follow-up include:

- Check-ins and ongoing contact.
- Reviewing and updating the safety plan as needed.
- Care team coordination.

Setting goals

Goalsetting is an integral part of treatment for individuals with SMI and has a significant impact on improving clinical outcomes.^{xii}

Collaborative session prep

- Involve the client in the planning process whenever possible, as it builds trust and increases buy-in.
- Goalsetting is a fundamental ability that may be impaired by symptom severity.
- Limit the focus of sessions and keep the agenda simple.
- Limit session topics and monitor the client's ability to maintain engagement for the scheduled time.
- Consider shorter appointments, if clients struggle to stay engaged for whole session.
- Focus goalsetting with individuals with SMI in four areas:
 1. Illness self-management and relapse prevention.
 2. Promoting adherence to medications and/or treatment
 3. Psychoeducation, supporting recovery and promoting health and wellness.
 4. Symptom monitoring.^{xiii}

Factors to consider

- The client's cognitive capacity
- Level of risk
- Geographic distance to an emergency medical facility
- The need for in-person physical exam requirements

Team approach

While important with all populations, it is particularly important when serving individuals with SMI in a telemedicine setting to consider using an integrated team approach. It's also optimal to include all members of the care team, whenever possible, in the goalsetting process. Integrated care teams may include the primary care provider, psychiatry, peer support, mental health clinicians, skills trainers, case management supports, ACT supports, etc. Telehealth offers opportunities to directly include members of the care team in a highly collaborative format, which may not have happened outside the telehealth setting.

Coordination with other providers

Warm handoffs

The concept of a warm handoff describes coordinating a meeting between the client and applicable providers, typically when services dictate a shift of responsibility for ongoing care or continuing treatment. OHA mandates that providers facilitate a warm handoff as part of the discharge planning process from an acute care psychiatric facility for individuals (18 and older) with serious mental illness (OAR 309-032-0850 through OAR 309-032-0890).^{xiv}

In addition to coordinating providers as part of a service concluding, this is also best practice *during* the episode of care for bringing together the client, caregiver stakeholders, multidisciplinary care team members, support staff and community supports.

Using telemedicine to connect interprofessional providers — with each other and with clients — provides an opportunity for individualization of services, greater flexibility in collaborative scheduling, and decreased logistical stress for the client. Additionally, clients report reduced anxiety as a result of having care provided in a familiar setting, such as the home.

Telemedicine allows the health care community to increase:

- Efficacy through reduction of logistical scheduling barriers.
- Service access and care coordination opportunities.
- Engagement of pivotal care team providers.
- Collaboration among care team providers.
- Sharing of data and best practices.^{xv}

Use opportunities for joint consultation between applicable providers and the client.

Potential provider partners for joint consultation efforts include:

- Psychiatrist
- Psychiatric nurse
- Psychologist
- Therapist
- Skills trainer
- Peer support specialist
- Pharmacist
- Primary care provider
- Substance use and recovery coach
- Natural supports
- Support staff
- Coordinated care organization

Ensuring that the client understands and has an opportunity to voice concerns and ask questions regarding the potential of providers consulting with each other outside of interactions with the client is of central importance.^{xvi}

Medication issues

Person-centered consultation with the client, as well as other providers and supports, is foundational to medication compliance and the applicability of related interventions. When meeting with clients, incorporating a review of the client's access to providers and discussing applicable next steps is an important part of the process.

Medication check-ins from the care team

Multidisciplinary teams frequently use consultation to stay on the same page. Strategies for medication check-ins can be developed for various providers (beyond just the medication prescriber). Medication check-ins by mental health clinicians and/or peer support specialists can include topics such as:

- Asking questions regarding whether medication has been taken, as prescribed, since the last interaction with a provider:
 - If doses were missed, using non-judgmental questioning to drill down on the reason (e.g., forgot, conscious choice, substance use relapse, etc.).
 - Acknowledging and validating expressed feelings regarding medication (e.g., remembering medication is a hassle, concerns about side effects).
 - Asking if they felt or acted differently on days on which the medication dosage was not received.
 - Using the gathered information, assisting the client in brainstorming barrier reductions (e.g., where medication can be kept where it will not be missed while still being out of the reach of children, setting a daily alarm, utilizing natural supports, etc.).
- Linking medication adherence to recovery goals.
- Providing psychoeducation regarding the link between proactive engagement in mental health practices and relapse prevention.
- Establishing a plan for an event such as the medication being thrown away, lost, stolen, etc.^{xvii}

Workflow issues

Create a checklist

It's important to pay specific attention to the concrete roles and responsibilities of direct and support staff.

- See CareOregon's implementation guidelines at careoregon.org/docs/default-source/covid-19/cor-covid-19-telehealth-ta-guide.pdf

Create a visual representation of tasks that occur before, during or after a telemedicine encounter.^{xviii}

Take time for training with staff and a dry run before going live. Ensure that all applicable staff have the opportunity to ask questions and voice concerns.

Establish norms along with the workflow.^{xix}

Specific barriers

Telemedicine has been found to have analogous efficacy and equal preference, by clients including individuals with SMI, as traditional face-to-face visits, especially in contrast to unavailable services.^{xx}

Telemedicine requires a camera, an internet connection and computer/device integration, making smart phones an accessible option for many in the SMI community. Clients with schizophrenia are more likely to have a phone than a computer.^{xxi}

Telemedicine with paranoid/delusional clients

Clients with a diagnosis of schizophrenia, in the context of COVID-19, may exhibit:

- Increased avoidance coping.
- Reduced self-esteem and social supports.
- Underreporting of physical health symptoms.
- Heightened anxiety around social and physical distancing.
- Increased depression in tandem with isolation.
- Cognitive processing overload due to the quantity and uncertainty of reported information.

Engagement in telemedicine can alleviate these symptoms. See the sections above for best practices.^{xxii}

Clients experiencing homelessness or unstable housing

Individuals with untreated SMI account for one third of total houseless population of the United States.^{xxiii} Clients experiencing homelessness often face many barriers in traveling to appointment sites. Telemedicine appointments offer opportunities for mental health, as well as basic needs/case management, and check-ins.^{xxiv} If telemedicine access is an issue, explore options for the client to have access to a smart phone (e.g., via flex funds through CareOregon; see the Resources section below).

Inconsistent session attendance

In the SMI community, treatment initiation and follow-up engagement are significant barriers. Telemedicine has been shown to improve care timeliness and increase client encounters.^{xxv}

Some clients may cancel or not show for services due to insurance confusion. **Check in with clients on any insurance questions** they may have related to services during the COVID-19 pandemic, and connect with an insurance navigator if needed. See the Resources section below.^{xxvi}

Disorganization

A common symptom of individuals with SMI is that, often, they cannot remember the time of the appointment. Creating opportunities for reminders prior to the appointment can help reduce this. Additionally, helping the client schedule back-to-back appointments with other members of the treatment team might increase attendance as well.

Confusion

Confusion about how to use technology may be common. Another strategy worth considering is hosting a short session at an earlier time in order to complete a small tutorial that can help orient the client to how to operate their device.

Translators

Working with translators and individuals with SMI via telemedicine might be both successful and challenging. When incorporating translation into the session, reviewing how the session will look beforehand is a critical step. This increases buy-in from the client and makes them more likely to attend.

Conflict

Conflict may exist in the client’s living space with their roommate, partner, family and/or children. Such conflict may make it more challenging to create a safe space for sessions. A potential workaround to address a distracting dynamic of conflict is to encourage clients to talk on the phone while on a walk or have the client sit outside or at a nearby area (as long as confidentiality can be maintained).

Case management appointments

If clients face lengthy waitlists for the resources they seek frequently — and which are supported by case management work — there are additional dynamics to consider. Generally, more time may reduce a client’s willingness to participate in treatment. Setting small milestones to review at every meeting and informing the client about where they are on a waitlist, or updating the status of their application for a resource, may proactively address potential frustration.

Further resources for SMI and telemedicine-related information

CareOregon Telemedicine Guide: careoregon.org/docs/default-source/covid-19/cor-covid-19-telehealth-ta-guide.pdf	Serious Mental Illness Adviser: smiadviser.org
American Psychological Association: apa.org	careoregon.org
Safety planning: nasmhpd.org/sites/default/files/SAMHSA%20SPI%20SMI%20PPT%20final_2.pdf	SAMHSA: samhsa.gov
National Alliance on Mental Health: nami.org	National Institute of Mental Health: nimh.nih.gov/health/find-help/index.shtml
Providing suicide care during COVID-19: zerosuicide.edc.org/covid-19	Mental Health America: mhanational.org/covid19
HRSA Center of Excellence for Behavioral Health Technical Assistance: bhta.hrsa.gov/	American Psychiatric Association: psychiatry.org

Apps available for individuals with SMI

				
				
	UCSF Prime		CBT-I Coach	Mood Tracker
Aurum	MyLife		Mindfulness Coach	Virtual Hope Box

Table 1: Regional crisis lines

CPCCO	JCC	Metro
<p>Columbia County Columbia Community Mental Health, 503-782-4499</p> <p>Clatsop County Clatsop Behavioral Health, 503-325-5724</p> <p>Tillamook County Tillamook Family Counseling Center, 503-842-8201 ext. 294 or 800-962-2851</p>	<p>Jackson County Jackson County Mental Health 1-541-774-8201</p>	<p>Clackamas County 503-655-8585</p> <p>Multnomah County 503-988-4888</p> <p>Washington County 503-291-9111</p>

Continued >

Table 2: Regional technology/telephone resource assistance: Regional care teams

CPCCO	JCC	Metro
<p>503-416-3743 cereferral@careoregon.org Care coordination referral form</p>	<p>503-416-3742 cereferral@careoregon.org Care coordination referral form</p>	<p>Steel - Washington County 503-416-3727</p> <p>Abernethy - Clackamas County 503-416-3729</p> <p>St. Johns - Multnomah County - west of I-205 503-416-3726</p> <p>Tilikum - Multnomah County - east of I-205 503-416-1770</p> <p>Sellwood - Maternal child health Pediatric clinic foster care youth 503-416-3768</p> <p>General/unassigned - No RCT assignment or unknown 503-416-3731 cereferral@careoregon.org Care coordination referral form</p>

Endnotes

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