



## The moral conundrum in Regional eMental Health



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## Overview of presentation

Ethical considerations arise in relationship situations. The ethical conundrum for telehealth relationships is that of virtual versus physical connections.

1. The tyranny of distance
2. The literature
3. eHealth policy and ethics
4. The voices of study participants

## The tyranny of distance



In the vast expanse of regional NSW eHealth is being highlighted as a solution to long distance travel and the associated expense for people with mental illness.

In our study of mental health service users and practitioners, it was found that both service users and practitioners still preferred face to face in person consultations during acute phases of their illness.

- Given the financial burden of travelling and research showing the importance of face to face care when patients are in crisis, we argue that governments are **ethically obliged** to provide appropriate care to patients rather than rolling out technologies that are sometimes inaccessible and unreliable.

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## Context: The western Murray Darling Basin



1,000 km<sup>2</sup>

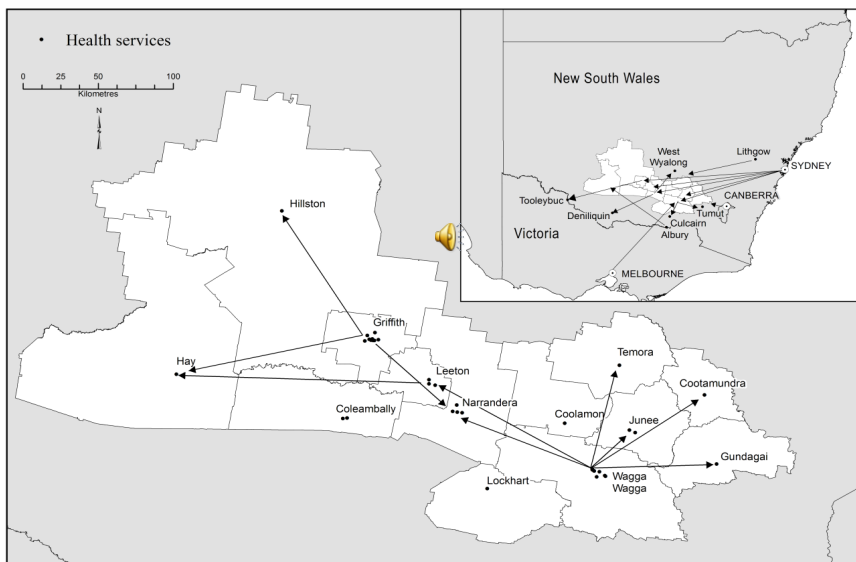
2 million people

One resident psychiatrist, 2 psychiatrists fly in and out of major towns from Sydney

The major centre of Wagga Wagga is 6 hours drive west of Sydney, 2½ hours west of Canberra, 4 hours north of Melbourne and 8 hours north-east of Adelaide

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## Mental Health practitioners and patients travel



## Our project



**Stage 1: criterion sampled in depth qualitative interviews (up to 90 minutes) with 27 practitioners**

**Stage 2: criterion sampled in depth qualitative interviews (up to 90 minutes) with service users, saturation reached after 13 completed interviews**

- 10 service users also kept a diary for one month, providing extra data about their eHealth use

## An overview of literature



### Mixed response to eHealth in mental health treatment in research

- Some argue for eHealth (Hawker et al, 1998; Rajkumar and Hoolahan, 2004), others argue against it (Judd et al, 2002).

### Some evidence for online treatment as a viable option for regional patients

- (Griffiths and Christensen, 2007; Lessing and Blignault, 2001), but many including a US study, caution against using eHealth except as a primary and acute care strategy (Jones and Ashurst, 2013).
- Wade, Elliott & Hiller (2014) argue that telehealth works where practitioners are proactive and engaged with it .
- Dijkman, Dinant and Spigt (2013) found that patients tend to prefer face to face consultations. The same study showed that practitioners were more resistant to eHealth than service users and diagnosis was more accurate face to face.
- Ennis et. al (2011) argue that where eHealth is used to keep up to date health information about patients, it is very useful when the data base is managed by patients themselves, but should not be an alternative to face to face treatment.

The overall consensus seems to be that telepsychiatry and other forms of eHealth are useful in specific ways (including providing information and following up after face to face therapy).

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## Tele-mental health services



### Phone counselling service

- Accessline, 24 hour referral and advice service

### Online, our participants and practitioners had used

- MoodGym, phone, email, Skype, and teleconferencing in Hospital Emergency Departments (teleconference connects with a psychiatrist in Sydney)

### Our service users had used

- Websites, Skype, Facebook, and telephone treatment and support

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## eHealth policy and ethics



The Internet Healthcare Coalition's eHealth Ethics Initiative recommends Candor, Honesty, Quality, Informed Consent, Privacy, Professionalism and Responsible Partnering as base lines of ethical practice with respect to eHealth (Carey, 2001). The Australian Medical Association have a similar standard for eHealth (<https://ama.com.au/e-health-0>)



The National Mental Health Policy does not mention eHealth or telehealth, nor does it recognise regional people as having distinct challenges not shared by urban Australians. It does however note that "People with mental health problems and mental illness should be able to access a necessary range of mental and general health services ..." (Commonwealth of Australia, 2009, p.12)

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## The challenges of mental health treatment in the regions



### Expense of mental health practitioners

*It's actually cheaper for me to drive over to Canberra and see him, than to see any of the psychiatrists that are practicing here in Wagga. So ridiculous as it is, it's, yeah that sort of works out best financially. But I mean I drive for 2½ hours to get there, I have a 10 minute appointment with him, all he does is look at my bloods, order more blood tests "How are you going, everything okay?" "Good" "Yep see you later" that's it. There's no psychotherapy involved. So that would be something I could really easily do via video conference or Skype, anything like that you know, but I don't think he's up for that sort of technology. (Female patient, early 40s, ill defined diagnosis)*

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## The challenges of mental health treatment in the regions



### Availability of practitioners

*It's not perfect at the moment because I can't get in to see a psychiatrist ... it's a year waiting list. (Female patient, early 20s, severe anxiety)*

*I've already got issues where I've got a client who needs a psychiatrist and a clinical psychologist, and I can't access it here. This person will have to; probably move to Sydney to get the help. (Provisional Psychologist)*

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## Barriers to appropriate eHealth intervention



### Telecommunications availability and security in the western Murray Darling Basin

*Skype would be a benefit but I do doubt that many clients would have the facility for that. Not a lot of clients have computers. One of our plans is to provide 2 computers out in the front room so that clients can come in and access those when they need to. (Service Manager)*

*There still seems to be a real fear around being able to use not only the technology, but the confidentiality of some of that technology. Rural people and that are - are very much very, very private; I find them more private than city people, and they're very concerned with the confidentiality and the privacy of some of the new technologies. (Family counsellor / Social Worker)*

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## Barriers to appropriate eHealth intervention



### The importance of human contact

*In the last 15 months I've started to come out and do things and so I'm in a book club so I've got friends, that I didn't have friends before. So you can talk to them and they'll go, oh yeah I did that too and you're like, really oh good, that's normal then. So which is awesome because I've never had that. So I've you know got a handful of people that I can rely on ... the person that I was married to was quite reticent and we were on a farm. (Female service user, 40-49, Personality disorder)* 🗨️

*I loved going to school, I didn't pick up a pen until the beginning of year 11. I didn't think I'd live long enough to use the information. I didn't care, I just went because there were people and I can't stress enough how lonely it was moving to the farm from in town and it's not like I saw many people when I lived in town. (Female service user, now 20, Depression/suicidal)*

*So people, especially when they're suffering from illness and they've had a lot of difficult circumstances or if traumas involved or that face to face contact is often the first step to recovery and building rapport. (Mental health recovery support worker)*

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## Potentials for eHealth in regional mental health treatment



### A supportive text or email

*I was happy with my GP and I still stayed in regular [email] contact with my psychologist in Melbourne. So, in terms of the support, I used my GP as kind of my every day support, but I still relied on my psychologist to reinforce the skills, you know, because I did lots of cognitive behavioural therapy, so, she still reinforced those skills that I needed, and that was enough for me. (Female patient, middle aged, PTSD)* 🗨️

*So if I was offered some kind of support at 7:30 that could have had an impact ... I've actually got the days counted you know since the last time I did it, it's like an addiction but having support at the most crisis induced time because I couldn't get the phone and call kids helpline because the house is very old, very flimsy walls, my parents would hear and I didn't want that. (Female, Teenager, Depression/suicidal)*

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## Potentials for eHealth in regional mental health treatment



### Information sharing and knowledge

*I've joined some online forums things like that. I look up a lot of stuff online. ... Yeah if anyone's changing my medication or anything like that, I look up stuff, side effects of medication and things like that a lot. Yeah so join groups. I get a lot of eNewsletters I suppose, like from the Mental Health Association and from Beyond Blue and the Black Dog Institute and stuff like that. And they often have links in there that I will go and follow and that sort of stuff. So I guess I use the internet in that way. (Female, 30-39, Bipolar disorder and borderline personality disorder)*

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## Conclusion



The conundrum though remains in regional Australia. There are not enough practitioners and therefore patients are travelling vast distances to access treatment. Telepsychiatry is an option, but as our participants and the existing literature have shown, this should only be used to follow up and monitor service users.



The National Mental Health strategy doesn't take account of the challenges for regional and rural people with mental illness and their practitioners, this is a significant oversight. It seems that the vast distances and challenges of living with a mental illness ought to be recognised by the Government, who have an ethical obligation to improve access to affordable services, both face-to-face and virtual.

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