

Telemedicine could revolutionize access to mental health treatment

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For millions of Americans, mental health treatment is largely out of reach—a fact one FIU psychologist is trying to change.

Jonathan Comer is leading the way in telemedicine for [mental health disorders](#) – the use of electronic media to provide [health care services](#) traditionally delivered in person. Because in-person treatment can be costly, time-consuming and not always available in convenient locations, many don't seek help. But with the use of technology, Comer believes he can help families receive the help they need.

Comer is the director of the Mental Health Interventions and Technology Program at FIU's Center for Children and Families. The program develops technology-based solutions to the treatment of [mental health problems](#). Currently, Comer and his team are exploring ways to provide highly specialized therapy to families remotely. They are specifically looking at internet-delivered therapy for children with obsessive-compulsive disorder (OCD) and other disruptive behavior disorders.

"This is a really exciting new direction in mental health care," Comer said. "It is one of the most significant shifts in mental [health care](#) in 10 years."

The idea is to have general [mental health care](#) practitioners refer patients with serious psychiatric symptoms to a specialist. That specialist will then be able to provide therapy remotely using the internet, wireless electronic devices, video conferencing or a combination of the three.

For children with disruptive behavior disorders, early intervention is crucial. One of the most effective treatments for children with behavior disorders is parent-child interaction therapy – changing how parents and children interact to improve their relationship as well as the child's behavior. However, there are some obstacles to overcome regarding the availability, accessibility and acceptability of evidence-based early intervention methods.

"There's a highly discouraging disconnect between research advances in [mental health](#) care and what services are actually available in the community for the majority of people affected by mental illness," Comer said.

Comer explains there are not enough appropriately trained specialists providing evidence-based treatments for serious [psychiatric disorders](#). Training is lengthy, complex and costly. Also, there are only a few specialized centers in highly populated metropolitan areas where patients can go for treatment. The services are expensive and wait lists are long.

Comer's work on alternative methods of delivering psychotherapy to patients can broaden the availability and accessibility to effective treatment for those who need it most.

Video teleconferencing therapy

A preliminary study by Comer published in the *Journal of Clinical Child and Adolescent Psychology*, looked at the effectiveness of using video teleconferencing (VTC) to deliver therapy to children with OCD.

The 14-week treatment program trained parents of 4- to 8-year-olds to use various behavioral techniques to manage their children's OCD symptoms. It also included a component where parents learned to manage their own uneasiness and control their reactions in responding to

their children's [problem behaviors](#).

Two-way audio and video equipment was installed in the participants' home to allow for real-time communication between the therapist and the family. Treatment sessions involving a variety of online games and other interactive activities were delivered using the VTC equipment. This type of family-based therapy in the home offers an opportunity to monitor and address problem behaviors as they occur in real-life situations.

Results showed all participants exhibited significant improvement in their OCD symptoms. Some no longer met the criteria for an OCD diagnosis.

This study was conducted in collaboration with researchers from Boston University, University of Pennsylvania, and Brown University and was supported by funding from the International OCD Foundation and the National Institutes of Health.

Internet-delivered therapy

Another way Comer is implementing telemedicine is with Internet-Delivered Parent-Child Interaction Therapy (I-PCIT). With this form of treatment, the therapist provides training and feedback to parents using webcams, wireless Bluetooth ear devices and video teleconferencing. Parents are trained to successfully use parent-child interaction therapy techniques. They are then remotely coached in real-time as they apply those skills to manage their children's problem behaviors at home.

"With technology we've been able to see how much more powerful it can be to treat families right in their actual homes where child behaviors can be most problematic," Comer said.

Comer and his team conducted a pilot study to measure the effectiveness of I-PCIT in collaboration with researchers from Boston University, Duke University, West Virginia University and the University of Florida. It was funded by the National Institutes of Health and the Charles H. Hood Foundation. The findings were discussed in an article recently published in the Cognitive and Behavioral Practice Journal.

Preliminary observations show engagement and treatment response is comparable to that of traditional or in person forms of therapy. Two larger studies to further look at I-PCIT effectiveness are currently under way.

Comer calls for transformative efforts for broadening the availability of supported interventions. His work with the Mental Health Interventions and Technology Program is doing just that.

Provided by Florida International University

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