

## PROGRAM INFORMATION AND REFERRAL INSTRUCTIONS

The Child and Youth TeleMental Health Program allows a patient to “meet” with an out-of-town Child and Youth Psychiatrist using TeleHealth equipment (a video camera, computer monitor, and microphone over a secure network) at a facility. **A TeleMental Health Referral Form can be faxed directly from a Family Physician or Pediatrician to TeleMental Health Services.**

### **Benefit to patients:**

- Faster access to service
- Decreased travel time/cost compared to an in-person consult
- Easier to have family or other local support attend with the patient

### **Benefit to local resources:**

- Access to Psychiatric consults for children and youth
- Decrease in wait times for patients
- A dictated report from a Child & Youth Psychiatrist to clarify diagnosis and establish a treatment plan

### **Is this a crisis service? No.**

This program provides consultative services only, where clarification of diagnosis and a proposed treatment plan is desired. (Usually a one-time appointment).

### **What is the Referring Physician's role?**

- Determine patient suitability for receiving service via TeleHealth – i.e. Patient/Parent willingness to use TeleHealth, patient not acutely ill with psychosis or active suicidal thinking.
- Physician faxes a Child & Youth TeleMental Health Referral Form to the facility TeleMental Health Services requesting a Child Psychiatric consultation, noting relevant background on the patient, contact information for the Legal Guardian, and a clear referral question.
- Your referral will be reviewed and if the service is confirmed to be suitable for the patient's situation, The TeleMental Health Service staff will contact the Legal Guardian to book a consult. A letter will be faxed to your office to notify you of the booked appointment.
- **Consent, Family, and School Forms** are required to be completed prior to the appointment, and will be mailed to the Legal Guardian. **The Legal Guardian will be directed to submit their completed forms to your office (if they do not have access to a fax machine themselves). We appreciate you then faxing the forms to TeleMental Health Service | Fax # xxx-xxx-xxxx.**

### **Can the patient meet with a psychiatrist in person?**

If you or your patient feels the TeleMental Health session has not met mental health care needs, you may revert to following your standard local referral process for an in-person appointment.

### **What can the patient expect during a session?**

- They can see, hear, and talk to the Child and Youth Psychiatrist
- The patient is not required to operate the equipment
- A family member or other trusted resource can attend with the patient
- If others are present in the room with the patient, the patient has the right to ask that the person(s) leave the room for part of the consult

### **How is privacy protected?**

All TeleMental Health sessions adhere to the Freedom of Information and Project of Privacy Act. Sessions are not recorded.

**TELEMENTAL HEALTH SERVICE**  
**Child and Youth TeleMental Health Program**  
**Address**  
**Phone: xxx-xxx-xxxx | Fax: xxx-xxx-xxxx**