**Laura**

Debbie W

**We are talking about telemedicine, telemedicine during lock down , anything not face to face - zoom, skype, phone (L)**

**Discipline? (L)**

Child psychiatry – NZ European

I would say relatively reflective of the New Zealand population, Pakeha , Maori, pacific, Asian, but not all in proportion. Probably down on Maori, down on Asian

**Why do you think that is? (L)**

Why? - I think it’s because - with Asians there is stigma around mental health - less likely to seek help

Maori – see more even now than what it was, maybe it is at a population level – if it is down it because it is difficult accessing and the service not meeting need

**Years in total as a Pscyhiatrist ? (L)**

30 years in practice - in current role 10

Before that in Mothers and babies **– (a cross over –L)** - Yes

**Service? (Laura)**

Child and family mental health services

**Age range of clients and range conditions**

Work in 3 different parts: one, 0-5 year olds, other 5-12 and other 5-18 so the most common conditions are

Autism with comorbidity,

ADHD, anxiety in it’s varies forms.

What I would a call development trauma – that’s not an official diagnosis - could call it Post traumatic stress disorder. In younger children presents differently

Lots of family difficulties where parents are struggling one way or another, family dysfunction I do not like that term. But that’s a big part of the picture

**Who sees autism without comorbidities? (L)**

Paeds …. It’s an area of greyness …co-morbidities are the norm particular anxiety

Waitlists horrendous for both

Probably worse in paeds

For us its 6-12 months

**During lock down what types consults – what did a typical appointment look like? (L)**

Most from home – certainly within 2 weeks –would often look like me from home, zoom mostly zoom, case manager somewhere else at work or their home , family at home.

**So 3 different computers? L**

Yes, A lot phone calls mostly those two things

**First assessments / or follow up? L**

First assessments as well

First assessments were variable across service – not as many as usual;

**Did this mean a back log (L**)

Yes not about pts but families. Zoom worked better than we thought though

There were subtleties that you could not achieve - that created a bit of a back log with pts you had done.

So it took longer as needed to follow up - yes … not as much for the person but for family, Zoom worked well better than many of us thought so ? the extra catch up was maybe us getting used to it

**So taken longer to do longer to do assessments? (L)**

Yes particularly difficult ones

Assessing family dynamics a bit more – could still tell a lot. Was really surprised

I was surprised how much mental state assessment I could do on zoom

May be that some of it is confidence - maybe you can do more

….. wanted see the person to make sure you were right

Not easy to have family meeting e.g. if a diagnosis of autism hard to talk about it on zoom

ADHB is more straight forward

**Why is that? (L)**

Hard to read more than one person on zoom, as further apart, harder to give them the opportunity to ask questions

With autism more an unknown story with the family

ADHD - already people have got there, what it means they know a lot so usually focus on -are we going to give medication?

**Any experience of telemedicine prior to this? (L)**

This was pretty new for me

**Outreach to west coast (L)**

Not sure many have, people had talked about doing it but not many were

Some using more now eg F… is one who is

He has kept using it

**Any reason he has and you haven’t? (L)**

A multitude e of factors – I do not really want to speak for him. He had more health reasons to …..whole thing longer , maybe he has less focus on whole family. A part of it , …… medication reviews - - could for medication review easy talk one parent child ..

That’s relevant was getting more autism, as I have an interest – so disproportionate number they are harder on telemedicine

**If practiced face to face for 30 year in person its so different? (L)**

But he is experienced too

**At start how comfortable were you? (L)**

Not very comfortable – but I got a system got a system going here (at home)

Then went into work different as I had a camera here

I set it up

(You set it up? - l)

I had to, so did not have the option I often try to deny it and try to get away without doing it. Couldn’t do that

Not sure what I would have done if we tried and it failed too

**(Laura comments)**

Interestingly I didn’t use Microsoft Teams during covid , but I need for something I am doing at the moment

Had trouble with audio - person who organises it set up a meeting to go through it , speaker on my computer was on mute. I sorted it, don’t know what I did. Maybe same thing (our first attempt (conversation re the failed interview due to loss of sound)

**Everything else we do at work we ring IT – but that was not available (L)**

**Did you get any assistance or training from DHB (L)**

Yes. There were Instruction on how to use zoom – I remember following them

Cannot remember whether I talked to colleagues . I remember one thing that wasn’t intuitive I did figured it out eventually

More time in the beginning

**(Did you do nothing in first 2 weeks L)**

Saw follow ups in first couple weeks

Not doing assessments initially so more time to fiddle around

Also more connected to your computer

Surprised how much I stayed in a seat – office work all day

Had to make myself get up, go on a walk, have lunch and things – I anticipated the opposite

**(Lots said hard to disassociate from work … looking after self – Laura)**

I was ok at stopping at the end day, during day I was like completely focused on it – in a bubble –was a bit weird …

**(Laura comment re at work get up etc.)**

**Did you choose to use zoom or were you told to? (L)**

Yes told to use zoom. Looked like we were going to have a thing to use Microsoft teams, CD tried to set it up but it didn’t happen

One thing that was different - Oranga Tamariki were preferentially using something else - Teams or something else. Teams, skype or something else - difficult to communicate with them. Nothing in person – ended using the phone Ended up doing it on phone towards end – I think they were using zoon at end

There is an issue if different agencies using different things can influence your contact

**(Easier if on one platform – Laura)**

Easier once you have learned it now done it now I understand teams and zoom .

**(It’s still a discussion – when organising meetings now – what system to use L )**

**Where your pts notified or prepared in any way to use telemedicine ? L**

Case managers would have done that rather than me

They were all prepared

Case a managers rang all were phoned. Told them we were still operating.

Case managers had to find different ways of operating. Probably affected doctors less

What was surprising - evryone seemed to have computer access.

Interesting - if they didn’t did they missed out or are those people not accessing our service ?

**(Laura talked about – one kid sat outside school to access wifi………. Interesting if any missed due to lack of tech… Where there any pts who did not have computer access L)**

**? how many did not have access as no commputers ? L**

Non I was aware of

Most of ours did have had computers and mostly they were fine with technology

Where as familiar as we were or had got familiar

**How did you find kids experience of zoom? J hated it (L)**

That’s interesting. Assessments of under 5’s fell right off

Most kids liked it

Some older kids talked more than they would in person, mostly older ones, but some younger ones

I can remember a couple of kids. They were in bedroom, with aprent, , I could ask about their room, could show me bits and pieces

Easier than coming in

For a lot kids worked well. Esp ADHD follow up it worked well

Less rushed for then- hard to get some of them in - in part ADHD

**(Don’t have to leave early, park ask kids to get dressed etc. (L)**

Yes – and don’t miss as much school

Was it always you, family you and case manager (L)

Sometimes toward end Oranga Tamariki case manager

Another problem was contacting teachers – **(how did you? L )**

email phone which is as we normally do it

**Did you have a different approach for Maori families –** only that Pukenga Atawhai would have been phoned. “Sussed” out if OK for them

I did not have many – not sure why case managers ……? One family had their own Maori woman present did not want Pukenga Atawhai

**Any other people (L)**

Other family members definitely or sometimes a SENTO or some other sort of social worker

**(Did it change assessment? L)**

Changes it in that you have more confidence in your information when they there

Contributed to fragmentation. Process more fragmented – not having a whole family together was a bit (pause) for me that was the main negative

Cannot think of anything else

**Any Tips strategies that worked well for you - Anything you did differently in face to face consult? (L)**

I think the answer is probably yes but do not know that I have reflected very much on it

One of the things. In person you can assess when to engage the child, how comfortable they are and they give you a lot of cues

Somehow that was different – managed more by parent rather than by myself as clinician or case manage

Parent would figure out, they might talk first or support child to talk or let us know child was not going to talk

When we see them in person we can assess that, parent may say a few thing or give hints , can read from waiting room , some start chatting , running around, you see more. Get more info about their overall motor activity in person. Zoom can read facial expression get a quiet a good feeling about the kid but not some much about distractibility, capacity to entertain and motor activity

**(If moved out camera shoot cannot see as much? L)**

Most kids didn’t do not that. Thinking of 8 and older did engage

**(How long was meeting? L)**

It was shorter, it was shorter

Probably got more by phone first. Yes were shorter , but they were sometimes ¾ hour.

Some with child some parent, not all with child , some two together

So yes, less emphasis on info gathering more on seeing, interacting

**Barriers … things that didn’t work (L)**

Uhm.. Occasionally it didn’t work or uhm.. or they were late or had trouble with sound so sometimes tried again or were wasted time in the beginning – 10 mins

That was one, other was

Actually it was tiring –I did not see as many people but felt like a full day, took more concentration. Ever thing seemed to take longer

Took more concentration, could not get away with not concentrating

Sometimes in a consultation would turn around to computer to write script

**(Comment by L Can not zone out etc )**

I think the other barrier - this is important

There is a certain % , 20 maybe less, where interaction – person, parent at the other end has a number of their own limitations around their relationships so more challenging to engage even without zoom but becomes even more challenging with zoom

When a person a bit tricky, may misinterpret interactions normally can manage better in person than on zoom

I found with a a couple of people I was not as fluent in thinking how to interact . Almost self conscious about what saying

More self conscious and difficult. I was conscious of not wanting to say the wrong thing

A barrier with people who struggle with relationships and a there is a reasonably significant proportion of our population are like that - Personality disorder parents – not happy with that term though

A colleague –found it harder to remember people – I didn’t but she has a phenomenal memory when she sees people in person – I didn’t find that

For me I could remember them just as well

**(L maybe body lang etc)**

**Positives –enablers (L)**

Sometimes engaging kids (can point out toys L) they more comfortable with it, with technology, get involved in the process, tell you things at the other end

I think that helped a lot with kids, actually, they are in their own home doing tech, controlling the technology

**Worked better for kids than Parents? L**

Yes

Coming into our offices is a strange and difficult thing for kids. Have to make an effort for it to be OK

A little bit traumatising

Could be a good going forward - may be a good way to introduce yourself to kids

Then they are coming to see you

Not thought it through

Always bothered me especially when a only one person sees them, better to have 2

Then someone can go out with child play in waiting room esp when talking about difficulties etc

I have always been an advocate for 2 clinicians seeing child

Phone contact with parents first or later - an ADHB pathway thing – alway done to maybe rung patient later but think we should be doing it all the time with everyone Not though about zooming it

Stress covid not just during but after – not sure we have not acknowledged that

Jobs, physically compromised

(Comments by Laura)

Other thing. We have not talked about meetings staff meetings –I thought in many ways they went better, People did not say irrelevant things

Not so well when like 30 people worked well when not so many 15 worked well when all know each other

A well run meeting was often better on zoom

More thought in what they were going to say. Less interruption

What it was a problem was when there was a mix of zoom and in person

If 4 or 5 in a room then very difficult for people on zoom to see them all

Maybe 2 in a room in any one site

**( Cooments from Laura Introductions social stories in zoom …. ? send out little videos of self )**

I really thought about that a couple of years ago – 5 years \_when working at P… now can be uploaded more easily

**(Laura …. Commented on how)**

Did think about videos before. Now could be easier ……..

**(L locked u-tube etc)**

I think, I think, we need to put more energy into thinking about how we can do things differently

Before talking about one consultant I mentioned earlier. He is determined to keep thinking about how to do things differently

We talked about it . As l said we just slipped out of it

**Why ? L**

Was easier for us we can organise …. But not easier for pts always

**Did you get feedback from patients – zoom verses real life (L)**

Don’t know - do not know we did a survey of it

People seemed satisfied

People at places like Darfield when given choice took the zoom option

If live further out they tend to take option of zoom

**Would you do the same again if locked down again?**

One of the things is your own health issues . For some Drs –. that was more significant for some than others. We tried to minimise how many were at work. Some of us had more health issues than others. I was more cautious and hesitant wanted to be at home than I would be another time so I would go more into work

**If at level 2 you wouldn’t go straight to zoom? L**

No

We really limited number of pts that could come in. The doctors on site would see those ones and they were people who needed to be seen by a DR . Only really acute pts we allowed to come in. They seem by a Dr.

**Do you touch Pts? L**

That’s reminder me a couple of pts I wanted to start on (*medication named could not hear it* ) Usually do BP and pulse. Also often do an ECG

Got around it by getting them to go to their General Practice and practice nurses would arrange for BP, pulse. So get GPs to do that – often they knew family

**No cost due to age? L**

Only one over 13. It was a barrier – It was a fiddle took a week or 2 to sort out

Same kids on medication weigh them once a month. Didn’t worry if parents said they were eating

Interestingly fewer people have scales than did not have computers

Oh and yes

I would usually touch - shake hands with parents , some Kids touch you give you things – harder to control touch with children – harder to control especially with hyperactive kids

Talking with you know evident that the child had locus of control.

So in some ways an advantage got a sense of what their home was like

**You don’t do home visits do you?**

Case managers do, but not as assessment – and only for some people

The kids that wouldn’t engage on the computer were the kids that would not engage anyway.

**Anything else?**

I think it will be a lot easier if we go into lock down again because the knowledge in whole team has markedly increased. Case managers harder for them They would be more efficient now

Also we all have cameras at work now

Do better, less stressed – we would have more realistic expectations

**Did you get to see more parents – eg the other parent?**

Interesting - Yes we did see more of them. What is striking me I think was more aware of the numbers that live in 2 houses, and with one parent . Met some Dad’s I would not have met otherwise

Most with mothers usually there so three at other end

Would be more assertive how wanted them to sit to get it right – so not too far away.

**(Proactive about organising them at work have a chair set up- comment L )**

Give choice - some people argue that you should give choice but I usually see them with a case manager do not want to be split across room so need to sit so their vision does not have to flick across room - you control that

**Do you want the transcript?**

No don’t think so

Like to see the final – whole interviews though

(Laura explained)

Yes Ok then

Second tape starts re timekeeping Deb

One of the other advantages - I think - is it keeps you to time better

We are pretty good at being on time for starting – at times harder to stop

Some of us better at that then others .

I would say it helped me be sure I finished appointments on time. Or even a bit earlier

So I stuck to 45mins

Did you have a free account only 45 min (L)

yes frequently service had 2 that were longer

Because you were really clear with pts there was an external controller of your time - you finished on time and .. it did make you finish on time . I thought that was a definite advantage

Then it also got me thinking about different ways of practice

For example its embedded that we see people for 50 mins that often extends for an hour as often do nothave the next person to the hour point - then you have stress as you have not written up notes till end of the day

So embedded in the way of practice.

In fact evidence to suggest , in certain conditions exp with conditions that relate to emotional regulation.

Evidence to suggest – related to emotional regulation our kids that have adverse childhood experiences need interventions that happen more than once a week

Need interventions that happen more than once a week. Even Daily but not long even 10 mins

Cannot have someone come in every day

A lot is repetitive so can be done on zoom. Getting child to do this thing

They are better engaged actually

That would be a big challenge to way work

(Could to do intensive blocks … L)

A lot of interventions internationally started to develop ways it can be done by zoom EMDR Eye movement desensitisation Reprogramming – which is a reasonably well evidence based treatment for adults – a bit uncertain children- but a lot for children interventions are not extensively evidence based

So internationally people were working out how to do it by zoom

Video interaction guidance and probably other things. Most of us did not adapt that – One or two triedE MDR over zooms

That’s a whole other area - If a prolonged thing would have to think about it

I think there are therapies that would lend to it but more frequent and shorter

Getting us to think differently, just because it is different - not necessarily related to how we did things then.