



15TH NATIONAL
RURAL HEALTH
CONFERENCE
Better together!

24-27 MARCH 2019
Hotel Grand Chancellor
Hobart, Tasmania



NATIONAL RURAL
HEALTH
ALLIANCE LTD

Mental health service delivery in rural and remote regions: can telecare partnerships meet the needs of children?

**Caroline Stevenson, Alexandra Crawford, Darya McCann, Michael Everett, Kim Casburn,
Lucy Morrison, Emma Newsom-Smith, Katherine Burchfield**
Royal Far West, Sydney, Australia

Abstract

Mental health service delivery to children in rural and remote areas faces many challenges including attracting and retaining staff, poor accessibility and limited consumer choice.

Royal Far West (RFW) has teamed up with a number of different service partners in health and education seeking solutions to providing mental health services to children in rural and remote regions. With improvements in internet delivery across Australia, internet based therapy has become a viable mode of delivery for mental health services. RFW has developed a number of innovations in Telecare including mixed mode service delivery, gamification of some therapy resources and interactive, child friendly therapy packages to ensure children are offered engaging and stimulating services and resources.

A randomised controlled trial of telecare vs face to face demonstrated that the outcomes for an internet based therapy are comparable to face to face delivery. Consumer satisfaction evaluations have demonstrated that the services are well received. Further, our service partners have been able to provide mental health services to those children who would not otherwise be able to access services.

To conclude, internet based service delivery models are consumer friendly, accessible and provide service choice to children in rural and remote regions of Australia.

Background

An increasing number of children from rural and remote communities experience developmental, behavioural and emotional issues that impact their ability to thrive (Arefadib, 2017). Royal Far West (2016) has estimated that there are 100,000 children in Australia who cannot access the services they need, due to their place of residence.

Having a child with a developmental disability or mental health issues adds significant pressures to families. Children with additional developmental needs require access to Speech Pathology, Occupational Therapy, Psychology, special education services and medical services, to help promote

the child's health and wellbeing. Accessing these services involves the need for financial resources, the ability to travel and lots of energy to ensure clinician recommendations are implemented.

There are numerous issues that impede access to services. Some issues relate to the size of Australia, and vast areas classified as rural and remote (Ransom, Lavery & Gale, 2017). Families in some remote areas need to drive in excess of 100km to attend services, a round trip for a 30-minute consult with a Pediatrician taking several hours. Further, recruitment and retention of staff in rural and remote communities is a significant barrier. Many areas are unable to fill staff vacancies even after years of clever recruitment strategies. Some rural communities purchase expensive Fly-in-Fly-out clinicians who are contracted on a short-term basis resulting in a lack of consistency of care (Community Affairs Reference Committee, 2018).

Research in child development has shown that early intervention is essential for prevention of long term developmental and behavioural issues in children (Ramey & Ramey, 1998). Consequently, the ability to access appropriate services in a timely manner is likely to be a factor that will reduce the severity of child developmental and behavioural problems. As child behaviour problems are the most reliable predictor of all types of adult mental health problems (Copeland, Shanahan, Costello, & Angold, 2009; Kim-Cohen et al., 2003), accessing early intervention should also reduce the likelihood of children developing mental health difficulties as adults, which could have long-term positive effects for their families and communities.

Mission of Royal Far West

Royal Far West is a not for profit organisation based in Manly NSW that aims to ensure that all children in rural and remote areas are able to access the specialist services that they need to promote health, development and learning.

For almost 100 years, Royal Far West has worked to tackle inequities of access to services by advocating and working with the families of developmentally vulnerable children in rural and remote Australia. From their site in Manly, RFW currently provides an intensive onsite service for children with complex developmental needs, assessments and therapy services delivered via telecare, and outreach to communities for early assessment and intervention.

Partnerships

One of the strategic pillars that informs our service is the willingness to form and develop partnerships with government, schools and local services to make the best use of limited resources (RFW, 2016).

Royal Far West (RFW) has teamed with a number of different service partners in health and education seeking solutions to providing mental health services to children in rural and remote regions. In this paper, two such models will be discussed: our partnership with Primary Health Networks, and our partnership with 10 rural and remote schools in a school counselling model.

RFW has partnered with Primary Health Networks to provide Telecare services in two rural and remote regions. The aim of the partnership is to ensure that children with mild to moderate mental health needs have access to Clinical Psychology services delivered by paediatric specialists. To access these services, families contact a helpline number and are connected with the RFW Telecare team who ensures suitability and access to appropriate technology to support remote digital service delivery. Children who meet the eligibility criteria are then seen for 12-18 sessions of evidence-based psychological therapy delivered through Telecare.

The benefits of this partnership are numerous. Children are seen by an experienced clinician in a timely manner preventing deterioration of symptoms. Children can be seen in a place and time of their choosing, meaning parents/carers don't have to take time off work and drive long distances and pay often high transactional costs (petrol, accommodation, missed income etc.) to access the service (Royal Far West, 2019). Sessions can be conducted at home, school or, in at least one case, in a paddock. The flexibility and ease of access to this type of Telecare service is a model that can be easily replicated. This service has the added benefit of fitting into a 'stepped care model', with those requiring further services being referred on after treatment.

A second model used at RFW is a partnership with Education Services to ensure that children in rural and remote areas have equity of access to school counselling. In this model, we have opted for a mixed mode of delivery, combining one face-face visit per term with telecare. The advantage of the mixed model is that we are able to engage and connect with the school community and understand the nuances of the school environment. The addition of weekly Telecare sessions into schools means that the School Counsellor is maintained as part of the school community. As one of the children so aptly described 'the lady on the screen is here, can I see the lady on the screen?'

This model, again, has shown how an innovative partnership can lead to gains for a rural community, as well as solving wicked problems for health and education systems, such as recruiting and retaining trained staff in rural and remote areas.

Many of the schools we have engaged have had no school counselling service for up to 3-4 years. Children and teachers have struggled to cope with the developmental and mental health issues of the students with no support. At this stage, the goal has been to improve accessibility. Our next goal will be to assess whether we can change outcomes for the children we see through this modality of service delivery.

Early findings

RFW has been developing Telecare and mixed mode service delivery models over the last decade. Evaluations of these services are in development, and some preliminary findings are detailed below.

RFW partnered with the Child Behaviour Research Clinic (CBRC) at UNSW (2014-2016) and Sydney University (2016-2017) to evaluate the benefits of a manualised parenting program for child conduct problems. Two randomised control trials were conducted to evaluate the efficacy of the program being delivered online vs. face-to-face (Dadds, Thai, Mendoza-Diaz, Broderick, Moul, Tully et al, Unpublished).

The first trial examined the efficacy of the program being used with rural and remote families attending RFW, comparing the program being delivered via videoconference across 6-10 weeks vs. an intensive one-week face-to-face intervention block. The second trial evaluated the efficacy of the parenting program being used with urban families attending the CBRC, comparing the program being delivered via videoconference vs. face-to-face, both across 6-10 weeks.

A battery of questionnaires was completed by participants of both studies at pre- and post-treatment and 3-month follow-up. All treatment conditions tested in both studies produced large effect sizes for questionnaires measuring the reduction in the severity of child behavioural problems, and moderate effect sizes for measures of improved parent mental health.

The study results suggest that this intervention was at least as effective as intensive face-to-face treatment in reducing child conduct problems for rural families. These findings, using rigorously

designed RCT studies, increasingly indicate that evidence-based treatment using videoconferencing as a part of the modality of service delivery, can be an effective intervention for families referred for clinical management of child conduct problems. This is a particularly viable alternative to face-to-face treatment for families who are unable to access traditional in-person mental health services due to the unavailability of such services and/or evidence-based interventions in their geographical area.

For the RFW school counselling model, we have undertaken initial consumer satisfaction evaluations. School Principals have indicated that the service is useful and reliable. Moreover, all the children surveyed reported that they would recommend Telecare School Counselling to a friend.

Innovations in telecare

RFW is not simply providing therapy over the internet. One of the factors that is pivotal to the success of our Telecare program is the willingness to embrace innovation to ensure that Telecare therapy is interactive and engaging. Our Psychologists have explored the full capabilities of the software programs being used to deliver their sessions and have learned what programs best support engagement with the children they work with. They have then been able to explore innovative ways to deliver therapy activities in different modes that are more child-friendly and engaging. What started as talking and showing handouts on a screen has evolved into creating therapy books on Powerpoint, using mouse-sharing to facilitate the child's organic contribution to their book (e.g. through creating their own image on *Paint* to add to the book), and the development of interactive therapy games (e.g. creating faces that match the emotion) and activities (e.g. strengths card sorting activity).

Conclusions

To conclude, partnerships that link service providers with the community ensure good use of valuable resources. Furthermore, internet-based service delivery models can be consumer friendly, accessible and provide a service choice to children in rural and remote regions of Australia.

References

- Arefadib, N. and Moore, T.G. (2017). *Reporting the Health and Development of Children in Rural and Remote Australia*. The Centre for Community Child Health at the Royal Children's Hospital and the Murdoch Children's Research Institute, Parkville, Victoria.
<https://www.royalfarwest.org.au/wp-content/uploads/2017/12/Murdoch-Report.pdf>
- Bishop, L., Ransom, A., Lavery, M., & Gale, L. (2007). *Mental health in remote and rural communities*. Canberra: Royal Flying Doctor of Australia.
- Community Affairs Reference Committee (2018) *Accessibility and quality of mental health services in rural and remote Australia*. Commonwealth of Australia.
- Copeland, W. E., Shanahan, L., Costello, E. J., & Angold, A. (2009). Childhood and adolescent psychiatric disorders as predictors of young adult disorders. *Archives of General Psychiatry*, 66, 764-772.
- Dadds, M.R., Thai, C., Mendoza-Diaz, A., Broderick, J., Moul, C., Lucy A Tully, L.A., Hawes, D.J., Davies, S., Burchfield, K., & Cane, L. (Unpublished) Therapist-assisted online treatment for child conduct problems in rural families: Two randomized controlled trials.

Kim-Cohen, J., Caspi, A., Moffitt, T. E., Harrington, H., Milne, B. J., & Poulton, R. (2003). Prior juvenile diagnoses in adults with mental disorder: Developmental follow-back of a prospective-longitudinal cohort. *Archives of General Psychiatry*, 60, 709-717.

Ramey, C. T. & Ramey, S. L. (1998) Early Intervention and Early Experience. *American Psychologist*, 53(2), 109-120.

Royal Far West. (2016). Strategic Plan 2016–2020. Manly, Australia

<https://www.royalfarwest.org.au/wp-content/uploads/2018/03/Strategic-Plan-2016-2020-FINAL-Sept-2016.compressed-2.pdf>

Royal Far West (2019) Stories of Invisible Children: The state of country children’s health and development in their own words. Manly, Australia <https://www.royalfarwest.org.au/wp-content/uploads/2019/02/Stories-of-The-Invisible-Children.pdf>

Presenters

Dr Caroline Stevenson is the Manager of the Clinical Psychology Team at Royal Far West. Caroline has extensive experience in clinical, research and teaching roles at, among others, Macquarie University, Sydney Children’s Hospital, The Prince of Wales Adolescent Service and The Northern Beaches Adolescent Service. Caroline graduated from the University of Sydney, with a Masters degree and a PhD in Clinical Psychology.

Alex Crawford is a clinical psychologist who has worked in both private and not-for-profit sector practice. Since 2016, Alex has been part of a team of psychologists at Royal Far West who work with children and adolescents from rural and remote areas via telecare. Alex has developed significant skills in engaging children and adolescents in therapy via videolink, using a range of therapy resources she and her team adapted for telecare. She has also been involved in creating a systems for triage of child and adolescent referrals for telecare intervention.