

Telepsychiatry

Use of communication technology is one way to overcome the barrier of distance in rural and remote Australia. Videoconferencing can be used to communicate with other health professionals (e.g. specialists in a larger centre, general practitioners in remote towns) and even to hold patient consultations at a distance. Many rural health services will have facilities set up for just this purpose.

Mental health services are particularly suited to being carried out via a communications link. Rural experience provides an opportunity to learn to use communications technology in your practice effectively. Typically, it is used in one of three ways:

1. Direct consultation with patients, which is especially useful for patients with moderate symptoms, e.g. mild affective disorders. You should aim to have at least one face-to-face consultation with a patient for every four videoconference consultations.
2. Case conferencing with the patient, e.g., the patient together with their general practitioner communicate with a psychiatrist via videoconference. Your initial consultation with a new patient should include the referring general practitioner in this manner.
3. Case conferencing without the patient, e.g., a general practitioner and a community health worker discuss case management plans with a psychiatrist. This is useful for case discussion with peers and ongoing management of patients, however as a specialist you should always assess the patient directly.

Telepsychiatry is not usually advisable in cases of severe mental illness and should never be done without a health professional (e.g. mental health nurse, general practitioner) physically present with the patient.