

Appendix C: Omnibus table of intervention studies assessing reliability, satisfaction, clinical outcomes and cost of telepsychiatry/telepsychology with children and adolescents as subjects.

Study	n	Patients	KbPS (kilobits per second) (FPS) (frames per second)	Location	Reliability	Satisfaction	Clinical outcome	Cost	Comments
Alessi, 2003	1	15y/o adolescent	384	US	✓		✓		O = Following v/c specialist consult, Dx changed, Tx changed, resulting in patient improvement and reduced severity of Sx
Blackmon et al., 1997	43	Child outpatients	ND	US		✓			S = Children's S = "high"; parent & provider's S = "very good"
Dongier et al., 1986	50	Adult, child outpatients	Closed circuit TV	Canada		✓			S = Equal to usual, F2F care schizophrenic patients with ideas of reference involving messages coming from television, accepted telepsych and no exacerbation of their delusions had been observed
Elford et al., 2000	23	Child patients	336	US	✓				R = Dx & Tx recommendation: equal to usual, F2F care S = equiv in pts and parents across F2F and telepsych. Children preferred telepsych to F2F. Parents preferred telepsych to driving long distances for F2F
Elford et al., 2001	23	Children	336	US		✓			S = Dx & Tx recommendation equal to usual, F2F care
Freir et al., 1999	34	Adult outpatients (child/parents)	128	UK		✓			R = High correlation(r) b/w cognitive Ax delivered via F2F & telepsych S = approx 2/3 participants S with telepsych
Glueckauf et al., 2002	22	Teenagers with epilepsy & parents	768	US			✓		O = 6 x telepsych, telephone or F2F counselling for problem behaviour. Increases in prosocial behaviour – no change in problem behaviours. Adherence & alliance equivalent. Mode of delivery did not affect initial Tx outcomes or adherence
Harley, 2006	11	5 patient consultations + 6 specialist presentation	ND	UK				✓	C = In pilot, v/c cheaper than F2F travel cost at 5-6 visits per year – actual annual workload = 22 visits
Jerome, 1986	ND	Children and families	ND	US		✓			S = adequate with 50% reduction in clinical time compared to F2F consultations
Myers et al., 2004	369	CAMHS outpt clinics	384	US	✓				R = Telepsych patients representative of usual care outpatients. Similar Dx's represented. Adequate technical resolution & capacity for rapport building for accurate Ax

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Myers et al., 2007	172	CAMHS outpatients	384	US		✓		✓	S = Referring providers = high S with telepsych, paediatricians consistently more satisfied than GP's. Sustainability of telepsych challenged by public reimbursement & infrastructure costs
Nelson et al., 2003	28	Child patients with depression	128	US			✓		O = 8wks CBT = Substantial clinical change, equivalent to F2F care
Neufeld et al., 2007	33	Convenience sample CAMHS and Adult patients	384	US			✓		O = Sig improvement at 3 & 6 months follow-up on SF-12 following delivery of rural outpatient primary mental health care delivered via telepsych (289 consults in first year)
Savin et al., 2006	21	Evaluations of CAMHS service+ Case studies of 2 new child evaluations	384	US	✓	✓		✓	S= good pt & provider satisfaction but psychiatrists felt therapeutic alliance took longer than F2F. Progress likely facilitated by on-site worker also C = telepsych \$200p/m cheaper than regular F2F R = adequate reliability with practitioners available on site
Starling et al., 2003	136+ 20 + 8	Service evaluation of CAMHS (families, clinicians & psychiatrists)	ND	Australia		✓			S = highest in families & clinicians. Psychiatrist s happy with consultations but not as good as F2F
Trott & Blignault, 1998	50	Adult and child outpatients	ISDN	Australia		✓		✓	S = High level of acceptance by pts and mental health professionals C = telepsych cost less than F2F interviews due to reduction in travelling time & expenses of medical personnel, & time spent in transferring patients to outpatient clinics.

Table Key

S = Satisfaction; O = Outcome; R = Reliability; C = Cost;

F2F = face to face; telepsych = telepsychology/telepsychiatry; v/c = videoconference(d); pts = patient(s); KbpS = kilobits per second; FPS = frames per second; ND = not described

Ax = Assessment; Dx = Diagnosis; Rx = medication; Mx = management; Tx = treatment; Sx = symptom; b/w = between;
CBT= Cognitive Behavioural Therapy; ERP = Exposure & response prevention therapy;

BDI = Beck Depression Inventory (BDI-II);
BNT-15 = Boston Naming Test- 15 item version;
BPRS = Brief Psychiatric Rating Scale;
CGI= Clinical Global Impression Scale
CDT = Clock Drawing Test
CORE-OM = clinical outcomes in routine service - outcome measure
COWAT = Category Fluency & letter fluency
Digit Span = from WAIS-R
GAF = Global Assessment of Functioning;
GDS= Geriatric Depression Scale
GHQ = General health Questionnaire
HADS = Hospital Anxiety & Depression Score
HDRS = Hamilton Depression Rating Scale
Honos = Health of the Nation Outcome Scales,
HVLT-R = Hopkins Verbal Learning Test–Revised
MHI = Mental Health Inventory
MMSE = Mini-Mental State Examination
NART = National Adult Reading Test
SCID=Structured Clinical Interview for DSM-III Axis I Disorders
SCL-R-90 = Symptom Checklist-90-R,
SF-12 = Short Form-12
STAI = Spielberg State Trait Inventory
WAI = Working Alliance Inventory
Y-BOCS = Yale-Brown Obsessive Compulsive Inventory

BN = Bulimia Nervosa; OCD = Obsessive–compulsive disorder; QOL = Quality of Life

Table does not include review studies, summaries, service description studies, or studies where no intervention outcome was measured and reported.

