



**TITLE: Telehealth Assessment of Patients Being Retained for Emergent Mental Health Reasons: Clinical Effectiveness and Guidelines**

**DATE:** 21 March 2016

**RESEARCH QUESTIONS**

1. What is the clinical evidence regarding the effectiveness and appropriateness of the use of telehealth for the assessment of patients who are being retained due to emergent mental health reasons?
2. What are the evidence-based guidelines regarding the use of telehealth for the assessment of patients who are being retained due to emergent mental health reasons?

**KEY FINDINGS**

No relevant studies or evidence-based guidelines were identified regarding the effectiveness and appropriateness of the use of telehealth for the assessment of patients who are being retained due to emergent mental health reasons.

**METHODS**

A limited literature search was conducted on key resources including PubMed, PsycINFO, The Cochrane Library, University of York Centre for Reviews and Dissemination (CRD) databases, Canadian and major international health technology agencies, as well as a focused Internet search. No filters were applied to limit the retrieval by study type. Where possible, retrieval was limited to the human population. The search was also limited to English language documents published between January 1, 2006 and March 14, 2016. Internet links were provided, where available.

**SELECTION CRITERIA**

One reviewer screened citations and selected studies based on the inclusion criteria presented in Table 1.

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**Table 1: Selection Criteria**

<b>Population</b>	Patients (adult or pediatric) who are being retained in a hospital or other facility due to: risk of deterioration of mental health, harm or imminent risk to themselves or to others
<b>Intervention</b>	Telehealth psychiatric assessment
<b>Comparator</b>	No comparator; in-person psychiatric assessment
<b>Outcomes</b>	Q1: adequate assessment of the patient; effectiveness of telehealth to assess the patient, safety of patient, safety of those who may be harmed by patients Q2: guidelines regarding the adequacy, effectiveness, safety, or legality of using telehealth assessment for the assessment of this population
<b>Study Designs</b>	Health technology assessments, systematic reviews, meta-analyses, randomized controlled trials, non-randomized studies, guidelines

**RESULTS**

Rapid Response reports are organized so that the higher quality evidence is presented first. Therefore, health technology assessment reports, systematic reviews, and meta-analyses are presented first. These are followed by randomized controlled trials, non-randomized studies, and evidence-based guidelines.

No health technology assessments, systematic reviews, meta-analyses, randomized controlled trials, or non-randomized studies were identified regarding the effectiveness and appropriateness of the use of telehealth for the assessment of patients who are being retained due to emergent mental health reasons; no evidence-based guidelines were identified regarding the use of telehealth for this group of patients.

References of potential interest are provided in the appendix.

**Health Technology Assessments**

No literature identified.

**Systematic Reviews and Meta-analyses**

No literature identified.

**Randomized Controlled Trials**

No literature identified.

**Non-Randomized Studies**

No literature identified.

**Guidelines and Recommendations**

No literature identified.

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## APPENDIX – FURTHER INFORMATION:

### Previous CADTH Reports

1. Telehealth services for the treatment of psychiatric issues: clinical effectiveness, safety, and guidelines [Internet]. Ottawa: CADTH; 2015 Jan 15. [cited 2016 Mar 18]. (Rapid response report: summary with critical appraisal). Available from: <https://www.cadth.ca/sites/default/files/pdf/htis/jan-2015/RC0624%20Telehealth%20and%20Mental%20Health%20Final.pdf>

### Systematic Review – Unclear Population

2. Salmoiraghi A, Hussain S. A Systematic review of the use of telepsychiatry in acute settings. J Psychiatr Pract. 2015 Sep;21(5):389-93.  
[PubMed: PM26348806](#)

### Non-Randomized Studies – Unclear Population

3. Trondsen MV, Bolle SR, Stensland GO, Tjora A. Video-confidence: a qualitative exploration of videoconferencing for psychiatric emergencies. BMC Health Serv Res. 2014;14:544. Available from: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4220059>  
[PubMed: PM25359404](#)
4. Saurman E, Lyle D, Kirby S, Roberts R. Use of a mental health emergency care-rural access programme in emergency departments. J Telemed Telecare. 2014 Sep;20(6):324-9.  
[PubMed: PM25052388](#)
5. Seidel RW, Kilgus MD. Agreement between telepsychiatry assessment and face-to-face assessment for Emergency Department psychiatry patients. J Telemed Telecare. 2014 Mar;20(2):59-62.  
[PubMed: PM24414395](#)

### Practice Guidelines – Unclear Methodology

6. Guidelines for the practice of telepsychology. Am Psychol. 2013;68(9):791-800.
7. Turvey C, Coleman M, Dennison O, Drude K, Goldenson M, Hirsch P, et al. ATA practice guidelines for video-based online mental health services. Telemed J E Health. 2013 Sep;19(9):722-30.  
[PubMed: PM23909884](#)
8. Grady B, Myers KM, Nelson EL, Belz N, Bennett L, Carnahan L, et al. Evidence-based practice for telemental health. Telemed J E Health. 2011 Mar;17(2):131-48.  
[PubMed: PM21385026](#)

### Review Articles

9. Caudill RL, Sager Z. Institutionally based videoconferencing. *Int Rev Psychiatry*. 2015 Dec;27(6):496-503.  
[PubMed: PM26507786](#)
10. Clark PA, Capuzzi K, Harrison J. Telemedicine: medical, legal and ethical perspectives. *Med Sci Monit*. 2010 Dec;16(12):RA261-RA272.  
[PubMed: PM21119593](#)
11. Diamond JM, Bloch RM. Telepsychiatry assessments of child or adolescent behavior disorders: a review of evidence and issues. *Telemed J E Health*. 2010 Jul;16(6):712-6.  
[PubMed: PM20575615](#)
12. Godleski L, Nieves JE, Darkins A, Lehmann L. VA telemental health: suicide assessment. *Behav Sci Law*. 2008;26(3):271-86.  
[PubMed: PM18548515](#)

### Additional References

13. States leverage telepsychiatry solutions to ease ED crowding, accelerate care. *ED Manag*. 2015 Feb;27(2):13-7.  
[PubMed: PM25688413](#)
14. Telepsychiatry program eases patient crowding in the ED, expedites mental health services to patients and providers. *ED Manag*. 2013 Nov;25(11):121-4.  
[PubMed: PM24195141](#)