

MAPPING AUSTRALIAN PSYCHOLOGISTS' EXPERIENCES OF TELEHEALTH DURING THE COVID-19 PANDEMIC

WHITE PAPER | JUNE 2020

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ABOUT THIS WHITE PAPER

The purpose of this white paper is to promote broader discussion and further enquiry into the use of telehealth in Australia's mental health sector.

This white paper outlines the experiences of registered psychologists who used telehealth technologies for client consultations during the COVID-19 pandemic in Australia.

In particular, it addresses the successes and challenges they faced as they navigated the largely unfamiliar waters of Medicare-funded telehealth sessions during Australia's social distancing lockdown between April and June 2020.

The views we express in this paper are our own and are not attributable to any other organisations we are associated with.

ABOUT THE AUTHORS

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CONTENTS

About this white paper	4
About the authors	4
Preface	5
Executive summary	6
Aims	8
Methodology	8
Previous use of telehealth	9
Working with telehealth	10
Preferred platforms	11
Working with ongoing clients	12
Reading and responding to clients	13
A different way of working	14
Dealing with fatigue	15
Client feedback	16
Technology issues	18
The therapeutic alliance	19
What worked and what didn't?	20
Extending Medicare coverage	21
Looking forward	22
Acknowledgements	24
Licencing	24



PREFACE

During March 2020, as Australia entered the first stages of the COVID-19 lockdown, it became apparent that psychologists across Australia were facing an unprecedented challenge. Not only had the COVID-19 crisis brought about significant social upheavals such as mass unemployment, school closures and social distancing requirements, but the ways in which Australians could access psychologist consults had also dramatically changed.

While psychology remained listed as an 'essential service' by the Federal Government, many practitioners and their clients elected to self-isolate for medical or other reasons. As a result, regular client consultation schedules were either cancelled or moved online and, for an alarming few weeks before the Medicare item numbers were extended to telehealth, large numbers of psychologists were left to wonder about the financial viability of their practices.

In contemplating the extraordinary nature of what was unfolding, we wondered about the experiences of Australian psychologists in general. Did they need further support in navigating telehealth? Were they comfortable jumping into uncharted territory so quickly? What practical problems were they facing? And how were they negotiating the rapid changes that were happening in their own lives, while helping clients through their individual journeys?

These questions were fuelled by conversations that were happening among psychologists we know, as well as in online forums and networks. The more the topic was discussed, the more it seemed appropriate to run a short market research project, to find out what was going on.

Our goal was to take an industry snapshot: something that would serve as a current indicator of an industry in flux, a historical marker of the experiences of registered psychologists during this juncture of time and circumstance.

To this end, we created a confidential online survey and the Australian Association of Psychologists Inc (AAPi) agreed to share it with its members. The results were both noteworthy and encouraging. Not only were many psychologists experiencing significant changes and challenges around how they worked with their clients over telehealth, they also demonstrated a wish to help other practitioners by sharing their experiences, successes and disappointments.

It is within this spirit of exploration and support that we present these findings.

This white paper is not an exhaustive study, nor does it constitute an academic research piece. Instead, the value of this work rests in something much more time-sensitive and tangible: we asked Australian psychologists about their experiences working with telehealth technologies during a global pandemic and we documented what they had to say.

Capturing the qualitative experiences of psychologists in this way fills a significant gap in current industry reporting around Australia's mental health workforce in general. Indeed, as the nation moves into an era of substantial economic and policy-driven change within the Australian healthcare system, taking a moment to listen to these voices, and understand their challenges and experiences has never been more important.

EXECUTIVE SUMMARY

The COVID-19 pandemic brought with it a number of rapid changes to the ways in which telehealth psychology consultations were accessed and funded within Australia. The practical roll-out of these changes, plus their immediate and future implications for Australia's registered psychologists are at the heart of this white paper.

As we approach the end of the Australian COVID-19 social distancing lockdown, the way many psychologists and their clients think about the future of mental healthcare delivery has fundamentally changed. Over the past three months, record numbers of Australians have accessed subsidised mental healthcare services remotely, with most of them using teleconferencing services that were previously only available to people who met specific criteria around medical immobility or geographical isolation.

In a recent interview on the topic, Australia's Federal Health Minister, Greg Hunt, reported that since 30 March 2020, a staggering 13.8 million telehealth services had been conducted nationally, and "a very large percentage of those have been for mental health services".¹

During this time, a number of significant national issues around public access, economic viability and continuity of care have also come to the fore. At the time of writing, the Federal Government has recently announced its intention to extend Medicare-funded telehealth access beyond its initial 30 September deadline.² While the fine details of this announcement are currently unclear, it appears as though telehealth mental health services are here to stay, at least in some capacity.

As a preliminary foray into a rapidly changing industry, this white paper reveals some early trends that are worthy of further investigation. Most notably, it is apparent that adjusting to telehealth psychology sessions involves much more than simply having access to a computer and a Medicare item number. Indeed, it takes a concerted effort from both psychologists and their clients to figure out what works and what doesn't across a broad range of technological and human-centric matters.

On the technology front, most respondents reported struggling with the new technology, finding it difficult to troubleshoot audio and video lag caused by unstable internet connections. Meanwhile, human-centric factors such as client distraction, therapist fatigue and being unsure about how to effectively 'read and respond' to a client over a two-dimensional flat screen all emerged as important issues for further consideration. These concerns will need to be investigated and addressed in the future as they were consistently reported as having a negative impact on the quality and efficacy of individual sessions.

Some practitioners reported that their therapeutic effectiveness had been strengthened and reaffirmed by the convenience of taking things online. Reductions in travel time, parking worries and juggling childcare commitments were widely reported as benefits to both psychologists and their clients.

Conversely, others felt that telehealth had simply not worked well. Worries that clients may view telehealth consults as 'therapy-light' were raised, as were concerns around privacy, unsafe home environments for some clients (domestic violence), the depth of therapy and the client's commitment to the online session.

In reporting on these trends, it appears that more support must be made available to psychologists who choose to integrate telehealth into their day-to-day practices. In particular, the findings of this survey suggest that future support will need to consider issues like:

- how to deliver telehealth consultation etiquette training and professional development to therapists
- how to ensure best-practice use of teleconferencing platforms
- how to maintain and grow the therapeutic alliance online
- how to introduce clients to the online therapy environment
- how to manage expectations around online psychology consults
- how to minimise client distraction and increase engagement
- how to provide convenient access to telehealth services to improve social equity issues.

The way individual practitioners and organisations choose to navigate the changes brought by telehealth will, of course, vary. However, one thing remains clear: understanding the challenges that many psychologists faced during the first few weeks of the COVID-19 lockdown can go a long way towards improving the experience of telehealth-based psychology into the future.

¹ 'Doorstop interview in Queanbeyan', Ministers, Department of Health, [website], <https://www.health.gov.au/ministers/the-hon-greg-hunt-mp/media/doorstop-interview-in-queanbeyan>, (accessed 20 June 2020).

² K. Burgess, 'Coronavirus: Telehealth expansion to remain post-pandemic', The Canberra Times, [website], <https://www.canberratimes.com.au/story/6786471/government-looking-to-keep-expanded-telehealth-hunt/#gsc.tab=0>, (accessed 20 June 2020).



AIMS

The aim of this project is to provide time-specific insights into the use of teleconferencing technologies for psychology consults during the COVID-19 pandemic. Specifically, we've aimed to better understand the following:

- How did registered psychologists in Australia experience the sudden shift to telehealth consultations during the COVID-19 lockdown?
- What (if any) common experiences emerged from telehealth psychology consults?
- Is there a need for future professional development around best-practice techniques for running psychology consultations over teleconferencing platforms?

METHODOLOGY

Given the time-critical nature of our enquiry, we selected a qualitative methodology that could swiftly generate a snapshot of an industry experiencing crisis.

To do this, we created a 12-question survey that asked Australian registered psychologists about their experiences. Seven of these questions were open ended, allowing participants to share their thoughts in their own words. The remaining five questions were 'choose an option' questions, and pertained to issues such as preferred teleconferencing platforms, technology difficulties and previous telehealth experiences.

We chose the Survey Monkey platform for its real-time reporting mechanism and easy integration with social media channels like Facebook.

AAPI shared the survey on their Facebook page and in their member newsletters during May and June 2020.

We gathered responses over a two-month period, with the majority of respondents filling out the survey during the first two weeks of May 2020.



PREVIOUS USE OF TELEHEALTH

In question one, we asked survey respondents whether they had used teleconferencing technologies for consults before the COVID-19 pandemic.

Findings:

Out of a total of 61 respondents, 68.85% surveyed said they had used teleconference technologies before the COVID-19 pandemic.

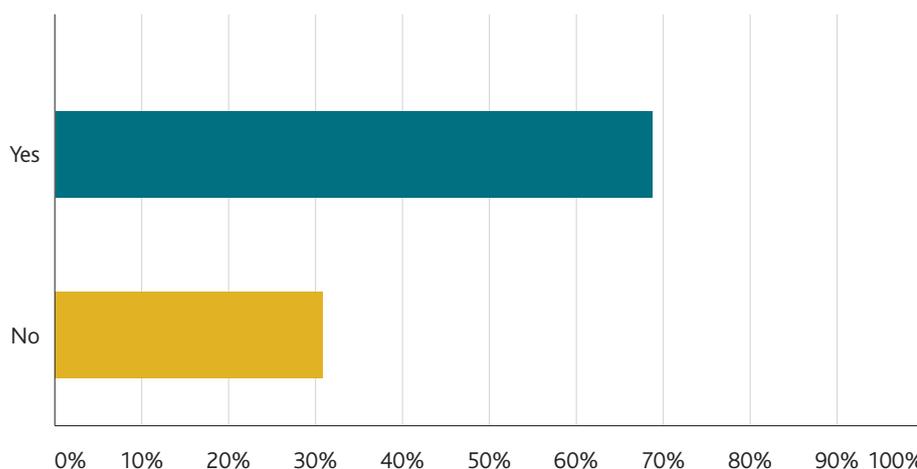
This is a high response rate given that prior to March 2020, telehealth consultations could only attract a Medicare subsidy for clients who fit strict Medicare criteria. Additionally, while these results show that the majority of respondents reported having previous experience with telehealth technologies, responses to subsequent questions in this survey indicated that most respondents were struggling with basic technology issues around using telehealth apps and programs.

Looking to the future:

In the future, further research will be needed in order to determine how many of the psychologists who offered telehealth services during the pandemic had received any formal telehealth training or whether they had just learnt on the job.

This has implications for the future delivery of training programs for psychologists so that they have the relevant skills and are confident before being expected to offer telehealth.

Q1 Had you used teleconferencing technologies for consults prior to the COVID-19 pandemic?



WORKING WITH TELEHEALTH

In question two we asked respondents how comfortable they were in working with clients using telehealth.

Findings:

Most survey respondents (98.36%) stated they were comfortable with the videoconferencing environment. This ranged from being somewhat comfortable (39.34%), very comfortable (34.43%) to extremely comfortable (24.59%). Only one respondent stated that they were not so comfortable and no one stated they were not at all comfortable. Because this survey was conducted quite early on in the roll-out of publicly available telehealth services in Australia, these statistics are promising.

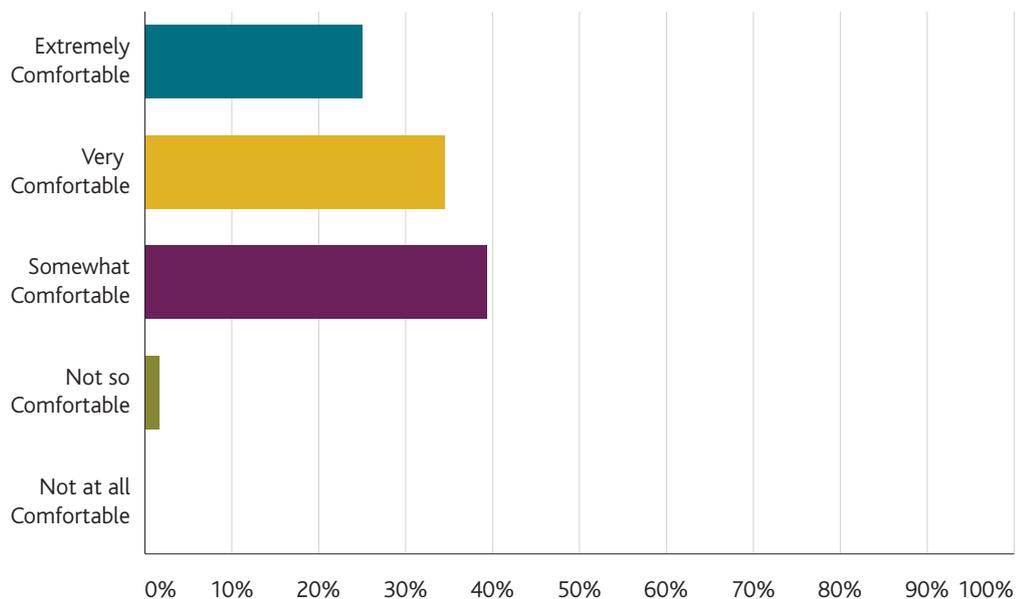
It's worth questioning whether this level of comfort could indicate that the respondents may generally be used to using videoconferencing methods in their personal lives, or in educational and training settings.

Answers to subsequent questions in this survey suggest that there may be a disconnect between feeling comfortable with the idea of telehealth and actually conducting successful sessions over telehealth.

Looking to the future:

Further work will be needed to accurately determine whether psychologists' comfort levels have increased with continuing exposure to this delivery method. Such work will also need to ascertain how much of this perceived 'comfort' is due to familiarity with the technology itself, or with the efficacy of the actual counselling work, or both.

Q2 How comfortable are you in working with clients in the telehealth (videoconferencing) environment?



PREFERRED PLATFORMS

In question three we asked respondents which teleconferencing platform they were using.

Findings:

To date there are no specifically mandated telehealth platforms for psychology consultations. As a result, the experience and delivery of telehealth sessions are likely to have varied widely for psychologists and their clients during the COVID-19 pandemic.

The majority of respondents (65.57%) stated that they were using Zoom as their preferred platform. The second most popular platform was telephone (45.90%). The rest of the respondents had used other forms of videoconferencing such as FaceTime or Skype. A smaller group stated they used WhatsApp which could be used as a telephone or videoconferencing tool.

Notably, a high number of respondents used the telephone for their consultations. This likely indicates that clients were either more comfortable on the telephone, or didn't have access to videoconferencing methods.

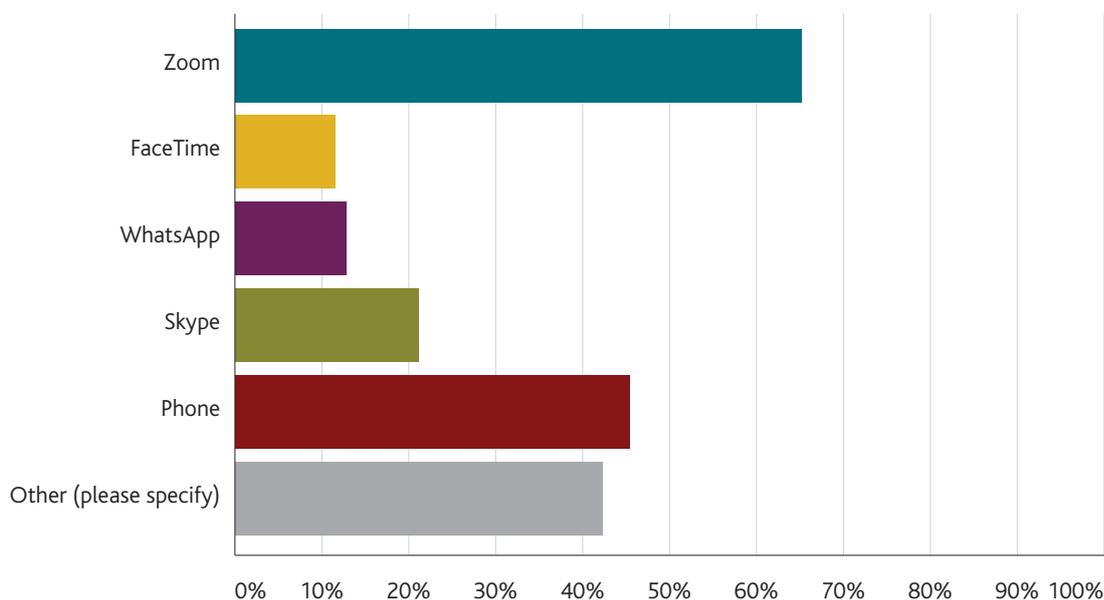
In some responses to later questions in this survey, some psychologists also noted that they were more comfortable with the telephone. This may be because many psychologists have had training and experience with telephone counselling services such as Lifeline and employee assistance programs.

Looking to the future:

The use of disparate teleconferencing platforms (many of which were not designed for healthcare consults) is indicative of an industry in transition. Issues around privacy and data security will need to be addressed as the sector moves towards keeping telehealth as part of a general public health service.

Looking forward, it's likely that we will see the emergence and take up of more formalised telehealth platforms such as CoviU, which some respondents were already using. Using these dedicated platforms will of course come with a subscription cost, and psychologists will likely need to factor such expenditure into their profit structure. This, in turn, raises issues around telehealth viability for solo-practice general psychologists who are already at a disadvantage with the Medicare tier system.

Q3 Which teleconferencing platforms are you using?



WORKING WITH ONGOING CLIENTS

In question four we asked respondents if they had noticed any differences in working with ongoing clients over telehealth, as opposed to having face-to-face meetings.

Findings:

The results of this question reflected the survey's findings at large, with 98% of respondents indicating they experienced at least one of the following challenges:

- Difficulty reading body language
- Difficulty negotiating distraction and engagement
- Difficulty negotiating technology (client and psychologist)
- Issues around sound quality and video lag
- New challenges around working with and engaging children and young people
- Increased fatigue
- Increased administration
- Increased intimacy with clients (therapist gaining glimpses into a client's home life)
- Reduced cancellations
- Clients stating a preference for face-to-face meetings

Looking to the future:

Maintaining the therapeutic alliance with ongoing clients is important for client development and change. As we move towards a future in telehealth, further research will be needed around how to best support and grow the therapeutic alliance over a two-dimensional medium.

What respondents said:

"I've noticed my own concern about not appearing as if I am looking at the client's eyes - I've been given feedback that it's better when I look into the camera. This is obviously not sustainable as I need to be reading the client's non-verbal cues."

"It's more difficult to pick up on non-verbal cues, feels less connected and less rapport."

"Client focus and attention can be compromised (there are more distractions for them). Clients often use phones and the visuals with them can be poor as they move around or have poor lighting. There can also be a lot of background noise."

"Our sessions are very focused. Less how is your day stuff. More therapy."

"Engagement is more challenging."

"It's a lot easier for teenage clients to end the sessions early."

"There are only subtle differences therapeutically. It's more draining on me, however, so I need to do fewer sessions per day than face-to-face."

"I work with adolescent clients and find that they are enjoying being able to be in their own space, and show me things in their space that are important to them."

READING AND RESPONDING TO CLIENTS

In question five we asked participants if they felt there were any differences in how they were able to 'read' and/or 'respond' to clients during telehealth meetings.

Findings:

The response was a resounding 'yes', with 90% of respondents indicating they had noticed significant differences between telehealth and face-to-face consults in this regard.

The majority of feedback that we received on this topic related to a series of perceived difficulties around not being physically present with the client. Specifically, there was significant concern around not being able to see the client's body and not being able to accurately assess their non-verbal communications. In general, these concerns centred around three key issues:

- 1) Respondents reported that they needed to verbally 'check in' more with their clients to ensure that they were correctly understanding them.
- 2) Respondents felt the need to use words rather than physical gestures (e.g. nodding, open gestures, or encouraging facial expressions) to communicate their understanding and/or empathy. When the therapist used physical gestures, they needed to be slightly more exaggerated than they would be in a face-to-face consult.
- 3) Telehealth technologies offered reduced capacity for the therapist to use emotional attunement and intuition.

Being unable to read and respond to non-verbal cues (like body language and/or facial gestures) can significantly affect a therapist's ability to assure the client that they are listening and understanding. This, in turn, can lead the client to feeling misunderstood or poorly judged by the therapist. Non-verbal communication and minimal encouragers are commonly used by psychologists in face to face sessions as a way of building and maintaining therapeutic alliance.

Teleconferencing technologies are currently not able to adequately capture the subtle gestures of therapists or clients and, as such, the traditional holding space achieved in face-to-face therapy is altered.

Looking to the future:

Further research is needed around how to build and sustain the therapeutic alliance over digital teleconferencing technologies.

What respondents said:

"It's more tiring, and it's harder to hold the clinical space. It's also harder to somatically assess clients."

"I'm reluctant to go into deeper issues because it's harder to hold the therapeutic space."

"It's limiting being restricted to a two-dimensional screen, focusing on the face rather than the whole body."

"It's difficult to read affect, body language and general mood. I have to increase my facial expressions and my verbal encouragement and acknowledgement in sessions when they [the client] are speaking."

"You cannot replace face-to-face attunement, neuro-mirroring or intuition."

"Hard to pick up body language. Cannot pick up on non-verbals at all in phone consults."

"It's difficult to read body language. Sessions can be a little haphazard with the delays and figuring out who is going to speak next."

A DIFFERENT WAY OF WORKING

In question six we asked respondents what, if anything, they needed to do differently to get the most out of their clients during telehealth sessions.

Findings:

A total of 85.2% of respondents indicated that they had to work differently for telehealth consults, while 9.8% respondents noted no significant difference. The remaining 5% were unsure.

Of the 85.2% of respondents who indicated they needed to work differently during telehealth consults, three major themes emerged:

- 1) **To improve technical skills:** 30.7% of respondents indicated they needed to immediately improve their own technical skills and management of online teleconferencing platforms. In particular, learning how to screen share, use an online whiteboard and remembering to reassure clients that they could use the phone if the video link dropped out were recurring themes.
- 2) **To come to terms with increased or different administration tasks:** 25% of respondents indicated that a change in administration tasks presented new challenges over telehealth. Tasks such as billing, sending online appointment reminders, making sure all handouts and resources were ready ahead of time, and having back up resources for the session all emerged as issues that needed to be negotiated differently via telehealth.
- 3) **To negotiate a time management change:** 11.5% of respondents noted that time management was something that they needed to be more mindful of during telehealth consults. Concerns included accounting for additional administration tasks, ringing clients on time to avoid them panicking, keeping a closer track of time to avoid going over the dedicated consult time, being more rigid around consults start and end times. Some respondents noted that not having a dedicated administration staff member to help with these tasks was a notable difference during the pandemic lockdown.

The sudden move to online consults during the COVID-19 lockdown forced many therapists to work from home and/or adjust their regular place of work.

For most therapists who responded to our survey, the need to improve their technical skills with teleconferencing platforms, while accounting for extra administration time meant that they had to put in additional hours or see fewer clients during their workday.

Looking to the future:

These results indicate there is a need for professional development training and/or resources to help practitioners manage the added administration involved in telehealth psychology consults. Some professional telehealth software packages have the capacity to assist with several of these issues, however, this software is available on a subscription-only basis, and adds further expense for the psychologist.

What respondents said:

"Ring clients right on time to avoid some panicking."

"I've needed to be clearer about timing because I find we're all worse at keeping track of the 50 minutes online."

"I have learned how to do shared screen and whiteboard."

"I need to be more organised prior to consult. I need to know how to introduce the platform to new users, manage internet disconnections and poor-quality audiovisuals in sessions."

"I need to do more follow up afterwards, such as sending through resources that I would normally share during a session."

"I feel that there needs to be more of a structured session plan, and all materials need to be at hand."

DEALING WITH FATIGUE

In question seven we asked respondents if they had experienced more fatigue than they would usually experience in a face-to-face session.

Findings:

In total, 85.2% of our respondents said that they had definitely experienced more fatigue, while the remainder reported little to no difference. For several respondents, the fatigue resulted in headaches, eye strain and a need to see fewer clients each day.

Of the psychologists who reported feeling less fatigued, two indicated that they had pared back their consult hours due to semi-retirement. A further four noted that they benefited from the workday flexibility that telehealth allows. Issues of reduced/no travel time to work, the ability to take longer breaks between clients and work flexibly around children were reported as energy-restoring experiences.

Of the 85.2% who indicated an increase in fatigue, three common themes were apparent:

- 1) Eye strain from extended periods of time looking at a screen and concentrating.
- 2) Fatigue from needing to adjust to new technologies, and/or having to talk more and be more animated during sessions.
- 3) Therapist fatigue due to adjustment issues in dealing with the pandemic and associated changes brought about by COVID-19.

Therapist fatigue affected the quality of sessions, the number of sessions that the therapist could run and the level of engagement that could be sustained by a single therapist throughout a day. Our survey results also indicated that therapists were themselves feeling fatigued from having to adjust to the COVID-19 crisis themselves. Taking care of families, managing home schooling, working alongside partners and housemates who were also working from home affected therapists in many of the same ways as it was affecting their clients; however, therapists were also carrying the load of their clients.

Looking to the future:

With Medicare-funded telehealth consults likely to become a more permanent part of Australian healthcare, issues around fatigue and client load will need to be carefully considered.

These findings suggest that most psychologists struggled to maintain the same client load over telehealth. Workplace health and safety issues such as prolonged periods of time sitting in front of a computer, eye strain and fatigue will all need to be taken into consideration when planning a work day.

What respondents said:

"I usually do one day a week telehealth and three days face-to-face. I'm currently doing all 4 days telehealth and have been for 6 weeks. I'm a lot more fatigued."

"Yes, I have found it a lot more tiring being in front of the screen all day."

"I thought fatigue would be less with telehealth. It's not."

"Eye strain and headaches every day for the first two weeks of telehealth."

"I'm exhausted! I have had headaches and I'm seeing fewer clients."

"Some of my fatigue could be caused by significant changes in my own circumstances. I have not felt fatigued prior to COVID-19 when using telehealth."

"Exhausting headaches. A lot of extra admin work. Not as effective."

CLIENT FEEDBACK

In question eight we asked respondents if they had received any feedback from their clients about the efficacy of the telehealth experience. The survey allowed respondents to share feedback about the client-perceived advantages and disadvantages of telehealth.

Advantages

- 1) **Convenience:** 60.6% of respondents reported that their clients had expressed appreciation around the convenience of accessing their psychology sessions through telehealth. This feedback centred around the following themes:
 - a. Therapists being able to offer more flexible hours.
 - b. A feeling of safety for clients who were worried about COVID-19 transmission.
 - c. Less need to organise childcare.

“It’s great for clients who have transport problems or have a long way to travel. Access to services is also easier for parents with young children or carers because they don’t need to get a sitter.”

- 2) **Travel and transport:** 40.9% reported that their clients had expressed positive feedback around not needing to negotiate travel, transport and parking. This added to the issue of convenience, with clients feeling better supported to access consults at times when they would otherwise not be able to attend. The issue of time and cost savings occurred regularly in these comments.

- 3) **Home environment:** 24.5% indicated that for clients who had a safe and supportive home environment, being able to access therapy from home was considered a significant benefit. Several of our respondents noticed that some of their clients seemed more relaxed attending sessions from their homes. The calming presence of pets and home comforts also appeared as a regular topic of discussion for our respondents.

Disadvantages

- 1) **Technology:** 32.7% of respondents identified technology access and use to be a significant disadvantage for some of their clients. Some reported a lack of client access to technology, especially for disadvantaged or remote clients. Others reported technology glitches such as audiovisual lag, and difficulties with buffering and maintaining a high-quality internet connection.
- 2) **Distraction and interruption:** 9.8% respondents identified home-based distractions and interruptions as being a disadvantage for some of their clients. For some, having children, partners, housemates and pets in the background was distracting. For others, not having a private space in the house meant that they were constantly distracted or interrupted. These findings are consistent with those from question four, in which respondents identified background distractions in the client’s home to be a disadvantage of home-based, telehealth psychology consults.
- 3) **Anxiety and safety:** 16.39% of respondents indicated that client anxiety and safety were noteworthy disadvantages. Several psychologists reported that negotiating new technologies and talking to a screen/camera increased client anxiety. Others noted that for clients who were experiencing domestic violence or were otherwise unsafe in their homes, telehealth at home was not useful.

“For women in domestic violence, appointments are an excuse to leave the house and many struggle to use technology and to find privacy.”

Why it matters:

The efficacy of home-based telehealth is ultimately dependent on the client having a safe and private space in which to access their sessions. These survey results indicate that telehealth was very helpful and convenient for clients who were able to have sessions with minimal interruptions. For clients who were unsafe, unable to connect, or frequently interrupted and/or distracted, the benefits of the telehealth session were significantly reduced, if not negligible.

Looking to the future:

Looking forward it's likely that we will see better engagement and uptake of telehealth as an option for people who have safe home environments, reliable internet connections and suitable phone/tablet/computer devices. For people living in unsafe home environments, as well as those with limited access to technological devices and the internet, telehealth psychology consults will be difficult and will likely require community access points. Telehealth also assumes a degree of technological literacy, which will likely to be a barrier to access for many Australians.

How to offer different points of access to cater for different needs and preferences will undoubtedly be an issue to consider in the future by those who continue to offer telepsychology services. We also predict that clients will feel increasingly more comfortable using telehealth technologies as the process of talking into a screen becomes more normalised. This is already happening for many individuals who regularly use technologies such as FaceTime and Zoom as part of their daily lives.

“Access is easier at home. It's cheaper and travel time and petrol costs are saved.”

“There's a lot less personal inconvenience. There's no travel, no coordination of kids or attendance. Time seems less of an issue.”

“There's no commute and there's comfortable seating at home. It feels more intimate. Clients like to introduce their cat, husband etc. Or show their projects (like a quilt or the garden). It's useful for exposure therapy too. A client who is afraid of birds was able to do a session in her garden.”

“Many of my clients would prefer to be out of their homes. Some feel it is an intrusion into their space.”

“Kids are very comfortable using it”

“Kids miss my toys.”

“Clients with children often get interrupted. This can be distracting but it also provides systemic information about how the family interacts together. This is information that I haven't had before telehealth and it can be quite informative.”

TECHNOLOGY ISSUES

In question nine, we asked respondents what technological or practical issues they had experienced with telehealth consults.

Findings:

The most significant technological or practical issues that compromised telehealth consults were related to internet connectivity speeds during the consultation. A total of 76.67% of our respondents reported that video lag was an issue, while 63.33% reported difficulty with sound quality.

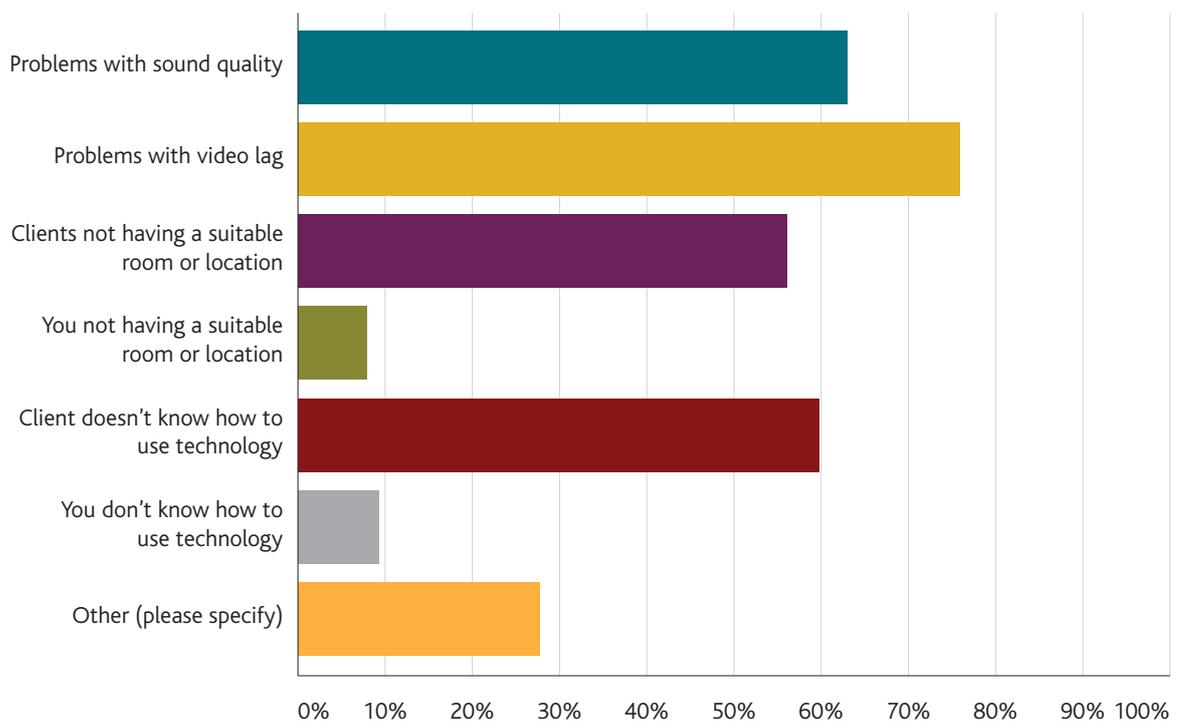
Other issues related to the client or the therapist not knowing how to use the technology, or the client not having access to a private or suitable location to participate most effectively in the sessions.

It's noteworthy that during the time of this study (the COVID-19 lockdown) many people were working from home and using the internet. Schools were also conducting lessons for children at home. This would have almost certainly led to an increased demand on the internet network at that time.

Looking forward:

With public healthcare now extending to telehealth, issues of internet speed and connectivity are increasingly important for healthcare workers and the public in general. We point towards Australia's ongoing troubles with the National Broadband Network and suggest that further Federal Government intervention happen in this regard. These findings also underscore the importance of appropriate training in the technology for both the therapist and the client.

Q9 What technological or practical issues have you experienced with telehealth consults?



THE THERAPEUTIC ALLIANCE

In question 10 we asked respondents if they had noticed any differences in establishing the therapeutic alliance in a first telehealth session compared with a first face-to-face session.

What we found:

A total of 39.3% of our respondents reported not experiencing any differences with establishing the therapeutic alliance during the first telehealth session. Similarly, 36% of respondents indicated that they had definitely noticed differences. The remaining 25% reported not having conducted any first sessions over telehealth.

The respondents who indicated they had noticed differences in establishing the therapeutic alliance during the first session called out the following factors:

- Increased difficulty in establishing trust and rapport
- Perceived increase in the amount of paperwork and administration required for a first consult over telehealth
- Clients not understanding privacy issues (having other people in the room with them)
- An increase in the number of distressed clients booking in for first visits

Approximately 20% of the respondents who indicated they had not experienced any significant differences with first session clients reported that they were surprised because they had expected greater difficulty.

Some psychologists who had previously indicated they were comfortable with telehealth consults felt that any issues that surfaced during the first consult were more to do with establishing if they were the 'right fit' for the client. In this regard, they felt that the online medium itself wasn't a significant issue.

Looking forward:

These findings suggest that when it comes to establishing the therapeutic alliance during the first consult, it's likely that the therapist's comfort with the technology plays an important role. This suggests that further training and professional development will be needed into the future.

"I am used to telehealth so I can get great rapport in the first session. I try to talk about current issues and make jokes. I introduce my two dachshunds to my clients and they introduce their pets to me. A 14-year-old male client as a Stimson's Python, around 150 cm!"

—

"It's not as natural, but people are aware of the difficulties and show thankfulness."

—

"Absolutely different. If the client experiences mistrust, then it's harder to get them on board."

WHAT WORKED AND WHAT DIDN'T?

In question 11 we asked respondents what had worked or not worked with telehealth.

Findings:

In keeping with some of their earlier responses, many continued to report that reliability around audio and video quality was a significant problem. Others reaffirmed the positive aspects around the convenience of working from home and being able to work more flexibly with clients.

Time and administration: Approximately 32% of our respondents identified the increased time needed for administration as something that wasn't working well for them. A number of these responses related to the extra time needed to process Medicare forms.

Getting organised: 15% of our respondents indicated that they benefited from taking the time to get their home-office environment and technology set up early on. Making sure they had a stable internet connection, sufficient lighting and the right computer equipment, programs and apps resulted in fewer problems during the consult.

Working with children: Psychologists who regularly work with children noted that telehealth consults were sometimes more difficult due to other people (parents or siblings) being present in the room. Not having access to therapy dogs, toys or posters also made a difference to the quality of the session.

Working with couples: Working with couples emerged as an ongoing issue for around 12% of our respondents. Several psychologists noted that it was impossible for them to read the body language of two people over telehealth and this affected the quality of the sessions.

Looking forward:

These results indicate that further work will need to be conducted around best-practice recommendations for working with children and couples over telehealth. New ways of reading and connecting with these clients will be needed in this regard.

There is also room for significant refinement of practice around administration and billing. Some telehealth platforms already provide this; however, they do come at a financial cost to the therapist.

"The following have all worked well: having a private home work space separate to the house; prompting clients ahead of sessions that start and finish times will be strictly adhered to; client software with an incorporated billing (and rebate) option."

"The government changing the billing rules weekly did my head in and caused a LOT of extra work and confusion."

"I offered a 10 minute 'tech test' (no charge) ahead of the first telehealth appointment and gave tips to clients for improving their set up for sessions. This included going through the consent process. I also bulk billed the first telehealth session to encourage clients to give it a go. This came at a big financial and time cost to me, but they are all rebooking and paying regular rates now."

EXTENDING MEDICARE COVERAGE

For the final question we asked respondents if they would like to see telehealth item numbers extended beyond 30 September 2020 so that they could be a permanent feature of Medicare-funded mental health.

Findings:

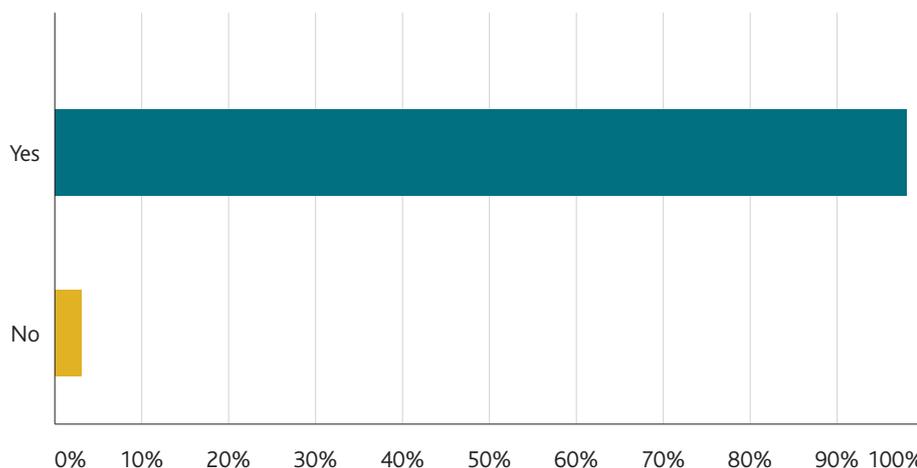
An overwhelming majority of respondents (98.36%) would like Medicare items for telehealth to become a part of their suite of available services for their clients. This indicates that the clear majority of psychologists felt that telehealth was a useful way to conduct their consultations. It also indicates that they believed that telehealth should be encouraged as a normal part of service delivery. Again, this has implications for ensuring that telehealth training should form part of any counselling training program.

Extending Medicare funding for telehealth psychology consults is an obvious next step in securing equity and access across Australia's public health system. Extending the telehealth option to people who find it difficult to attend face-to-face consults due to work, travel or family commitments is a positive step forward for Australian mental health. We note that it is currently common practice in many other countries around the world.

Looking forward:

Since we posed this question to our participants, we are pleased to note that the Federal Government has announced its intention to extend Medicare-funded telehealth services beyond the initially proposed 30 September deadline.

Q12 Would you like to see telehealth item numbers extended beyond September to be permanent Medicare items?



LOOKING FORWARD

How will the landscape of Australian mental health services change in the post-COVID-19 era? And what changes has this brief period of Medicare-funded telehealth access already brought about for psychologists and their clients? Do psychologists want to go back to running face-to-face consults for the majority of their clients? Or have enough inroads been made over the past three months to warrant substantial industry change around telehealth and psychological practice?

At the time of writing (June 2020), Australia is beginning to move beyond the initial crisis of COVID-19. Social distancing restrictions are being eased, businesses are slowly reopening, and many psychologists and their clients are starting to return to face-to-face consults.

Yet, it's unlikely that things will simply 'return to normal'. Indeed, for many psychologists, the hard work is just beginning. In addition to navigating their own levels of pandemic-induced stress and fatigue, many are now likely to be dealing with the fallout of unprecedented national increases in issues such as anxiety, depression, problem gambling, domestic violence and addiction, much of which are the sociological by-products of a pandemic lockdown, job insecurity and mass unemployment.



Significant conversations are now needed at all levels of the Australian healthcare sector about how to move Australia's tele-healthcare system forward. Fortunately, many of these conversations are already underway. At a national level, important dialogs are happening around healthcare policy and health economics, which indicates we are likely to see significant changes in the near future. Federal Health Minister, Greg Hunt, has already issued a press release stating the Federal Government's intention to extend Medicare item numbers for telehealth psychology consults beyond their initial 30 September cut off.³

At the same time, stakeholders such as Dr Harry Nespolon, President of the Royal Australian College of General Practitioners (RACGP) are driving powerful commentaries around the issue of telehealth in Australia. Chief among the concerns of the RACGP is their perceived need to protect the community from fragmented models of healthcare that will arise from poorly regulated, 'pop-up' corporate telehealth services, which promote a call-centre model of healthcare. For Dr Nespolon and the RACGP, the question is not if Australia should continue with wide-spread telehealth practices but rather how to regulate the industry to ensure continuity of care for patients.⁴

Similarly, Dr Tony Bartone, Federal President of the Australian Medical Association (AMA) has been clear that the AMA has long been a strong telehealth advocate, and that the time has now come to "turn to the task of seamlessly and fully integrating telehealth into day to day general practice and other medical specialties"⁵, while ensuring protection and continuity of care for patients.

For many general psychologists, other long-term, yet pressing issues are also at stake. Organisations like the Australian Association of Psychologists Inc (AAPi) are continuing to lobby the Federal Government to introduce a one-tier Medicare rebate for clients of all psychologists, and to allocate adequate Medical Benefits Schedule (MBS) funding to increase community access to psychological support. Much of this concern centres around the perceived efficacy of clinical versus generalist psychologists in their treatment outcomes, and how each should be compensated for their time under Medicare. Whether these efforts will come to fruition in the short term and what this will mean for telehealth consults remains unknown.

At the Medicare level, decisions need to be made quickly around how telehealth and psychology may be best incorporated into the future of subsidised healthcare in Australia. In particular, Medicare will need to take into account a wide range of practical issues around funding, equity and industry viability. Indeed, serious conversations are now taking place around the practicalities of rolling out ongoing support and funding for telehealth. What's working? Is it effective? Is it economically viable? What does reasonable service delivery look like? And what is practical for mental health practitioners to achieve using telehealth?

Whatever the outcomes of these conversations may be, it's clear that we have already moved away from using telehealth as a tool for treating only people who are geographically isolated. Looking forward, telehealth is poised to be a service that takes place within a broader

government-sanctioned spectrum of patient-focused, integrated care. In this way, it seems that while the COVID-19 crisis has brought major social and economic disruption, it has also been a catalyst in moving Australia into an important new era of healthcare provision.

³ Doorstop interview in Queanbeyan', Ministers, Department of Health, [website], <https://www.health.gov.au/ministers/the-hon-greg-hunt-mp/media/doorstop-interview-in-queanbeyan>, (accessed 20 June 2020).

⁴ M. Liotta 'RACGP cautions against use of 'pop-up' telehealth services' RACGP [website] <https://www1.racgp.org.au/newsgp/professional/racgp-cautions-against-use-of-pop-up-telehealth-se#:~:text=The%20college%20is%20reminding%20patients,terrible%20outcome'%20for%20public%20health.>, (accessed 20 June 2020)

⁵ J. Flannery 'Patients embrace telehealth - COVID-19 reforms must be made permanent' [website] <https://ama.com.au/media/patients-embrace-telehealth-%E2%80%93-covid-19-reforms-must-be-made-permanent> (accessed 20 June 2020)



ACKNOWLEDGEMENTS

The widespread changes brought about by telehealth will of course necessitate further study and investigation. For our part, we hope this white paper adds value to some of the conversations that are taking place right now around telehealth and psychology in Australia. We look forward to being part of these future conversations through both academic investigations and industry white papers like this one.

We thank the AAPI for having the foresight and commitment to sharing our market research survey during May and June 2020. We also thank the members of the AAPI who took the time to share their thoughts and experiences during such an unusual time.

LICENCING

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