

VIRTUAL CARE 101 WEBINAR

Questions and answers



Ontario Centre of Excellence
for Child & Youth Mental Health
Centre d'excellence de l'Ontario en santé
mentale des enfants et des adolescents



School
Mental Health
Ontario

Santé mentale
en milieu scolaire
Ontario



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BACKGROUND

On April 25, 2020 the Ontario Centre of Excellence for Child and Youth Mental Health (the Centre) and School Mental Health Ontario co-hosted a webinar as an introduction to virtual mental health care delivery to child and youth mental health service providers working in community-based or school settings. While many organizations have been delivering e-mental health services for several years (through video, phone or the web), clinicians working in agencies and schools who have typically provided face-to-face care are now needing to shift to virtual modalities given the current pandemic. The goal of this webinar was to increase their comfort and confidence in making this change.

The webinar focused on both practical and clinical aspects of delivering virtual care. Upon registration, participants were invited to submit questions they would like to be answered during the webinar. We received approximately 2000 questions, which informed high-level content in six key areas:

- introduction to virtual care
- ethics, privacy and legal issues
- client engagement
- clinical considerations
- comfort building and troubleshooting of technical issues

The session did not focus on specific platforms or guidelines for virtual care from professional associations. A number of these resources can however be found on [the Centre's website](#).

The webinar featured six panelists (see page 16), each with extensive expertise in the delivery of virtual mental health care to children and youth. In this document, we summarize their answers.

[A full recording of the session is available here.](#)

Key takeaways

- We all experience a learning curve when getting comfortable with delivering (and receiving) virtual care. We need to be okay with getting out of our comfort zone.
- Be prepared, be patient and be willing to make the effort to deliver virtual care. Have a plan B in case you need to adjust quickly.
- Test virtual care platforms with a colleague or someone you trust, to get more comfortable.
- Do not take things too seriously. Change your style and adapt to difficulties that may arise.
- Be yourself and trust your clinical expertise and your assessment skills.
- Clients and students are infinitely patient and more than willing to work with you.
- Be kind to yourself and your clients during this transition.
- Remember: you are not working from home. Rather, you are home during a crisis, trying to work. We are all in this together.



INTRODUCTION TO VIRTUAL CARE

Virtual care sessions

What is virtual care?

Virtual care is the use of digital tools to communicate and provide mental health services to clients in real time through video messaging, texting, apps or phone.

It may not be possible to shift the delivery of all child and youth mental health services from in-person to a virtual modality. Organizations and school boards must consider both clients' and students' needs and safety in making the decision to offer care virtually.

What are the main differences from face-to-face care?

The relationship between a service provider and a client/student is the same for both face-to-face and virtual visits. The difference is that instead of being physically in the same room, people interact through a screen or device.

What is the typical structure of a virtual visit? How long would it be?

A session can be anywhere from 30 minutes to over an hour. Service providers should use their clinical judgement to determine the appropriate session length.

Do you use workbooks, homework or hands-on activities?

We strongly encourage you to check out platforms that have developed online self-help interactive modules, tools, and evidence-based resources for use through virtual care (e.g. Kids Help Phone, BounceBack Ontario, Anxiety Canada).

Virtual space setup

What are some logistical considerations for setting up my remote office?

- First, make sure you have the right equipment. It's important to test it out and familiarize yourself with how to adjust settings on the fly.
- For video conferencing, use a monitor or screen that is big enough to see the client's face well and a good quality headset and microphone, so your voice is clear and even.
- When choosing a physical space to hold your session, consider a room with a door to reduce noise levels and assure the client/student that they are in a secure, private space.
- Check your lighting. Adjust based on whether it's a bright or cloudy day. If you are in a room with a big window, make sure you are not in front of it, as this could make it hard for the client/student to see you on their screen.



Any suggestions for getting in the right headspace to deliver virtual care?

- When you are setting up your space, think about how to ensure a client- or student-centred approach (e.g. make sure you are in the centre of your screen and looking at the camera, rather than the screen, etc.).
- Take the time to practice using the technology — this will help you feel more comfortable.
- Team up with colleagues and get advice from one another about things that work, things to avoid, etc.
- Create a session checklist or plan, to help you use your time efficiently.
- Provide families with an orientation letter to prepare them for their child's appointment. This will help you to feel prepared as well.

Appointment management

What are some suggested practices for setting up appointments virtually?

Because we are connecting with people in their homes, we have created etiquette guidelines for families who are receiving virtual care. This helps to ensure their safety and privacy and allows them to feel comfortable as they begin to receive care.

How do you deal with no-shows and cancellations?

Approach no-shows and cancellations the same way you would for in-person sessions. Check in with the client/student by phone to see what happened. If the virtual modality was a barrier to them participating, brainstorm with them what might be put in place to address this challenge.



ETHICS, PRIVACY AND LEGAL ISSUES

Consent

How do we obtain consent for virtual care?

Unless your organization or school board has decided otherwise, there is no need for special consent that specifically relates to virtual care.

Some virtual care platforms have gone through rigorous security, privacy and risk assessments, and others have not. Platforms that already meet privacy standards may have processes built in to ensure consent. In cases where platforms do not have these tools embedded, be sure to obtain and document consent as per your organization's or school board's requirements.

Many regulatory bodies provide their members with language to use as part of their documentation; check with your professional association to see what might be available.

Is verbal consent enough or do I need a more formal record of consent?

We usually start with an intake phone call where we discuss consent with the client and note that they have provided verbal consent. However, you may have specific processes in place at your agency or school board — review and adhere to those policies and procedures.

Are there sample consent forms that we could review and adapt?

For tele-mental health referrals, we require written consent from the client and have created a tip sheet on how to use the mark-up function on smartphones and tablets to create a digital signature.

Privacy

How can we ensure privacy for children and youth receiving virtual care (i.e. concerns about being overheard by others in the home)?

Many families have followed the advice of experts on safe use of technology and have therefore set up computers in shared spaces. It's important to reassure them that this is a good thing. However, to ensure privacy during virtual care:

- Encourage children and youth to use headsets when interacting with you.
- Support clients to set themselves up in private spaces within their homes (e.g. the garage) for the duration of the session.



Professional boundaries

How do I maintain professional boundaries when providing virtual care? Is there anything different I need to do when interacting online?

Using technology can sometimes give the impression that you are available a lot more often than you actually are. For example, Skype can be set up to show that a person is online whenever their computer is on, even when they are not engaged in service delivery. It is important to manage client expectations and set clear guidelines for when and how often you will communicate virtually. This will reduce confusion and contribute to a trusting relationship.

Documentation and record-keeping

How do I document sessions and store case notes or clinical information?

Every agency or school board has policies and procedures on how to document notes and clinical information, which need to be followed. You may want to include additional information about technology wherever relevant. For example, you should document the method used to connect virtually (e.g. phone, OTN, Zoom, Skype, etc.). It would also be a good idea to capture technical issues or connection concerns, particularly if these interfere with your ability to conduct an assessment (and if these issues persist, follow up with the technology provider).

You should also document:

- start and stop time of the session, if this is required for billing for services
- session attendees (clinician, client/student, parent/caregiver, other service providers)
- specific areas covered during the session
- any process issues that might have arisen (e.g. discomfort on the part of attendees, challenges encountered, concerns about the set-up of the session)

Confidentiality and limits to confidentiality

How do I know that I'm following the requirements (PHIPA, MFIPPA) set out by my professional body?

Organizations and school boards have established expectations, policies and procedures related to confidentiality. These would align with requirements set forth by various professional bodies. In most cases, you should observe these for virtual care in the same way you would for face-to-face interactions, with exception of a few additional safeguards that need to be put in place (e.g. having a setup that ensures peers or family members will not walk into the room during a session).



What do I need to keep in mind?

When you are delivering virtual care, keep in mind the need to maintain confidentiality in your space:

- Assess the extent to which your room is private and how you can ensure your conversation will remain confidential.
- Consider panning the room with your camera so your client/student can see your space. This may help them feel more secure.
- Remind your client/student about the strategies you are using to maintain confidentiality. If there are others in the room with them, you can request that they step out of the room to enable you to have a private conversation (be sure to request and document consent for this).



CLIENT ENGAGEMENT

First session

What suggestions do you have for making a first virtual connection?

- Give yourself time to become comfortable with using the platform and encourage clients/students and their families to do the same. The first session does not have to begin with a clinical focus. Instead, you can use it to increase both your comfort and that of the client/student with the virtual environment.
- Be prepared to deal with technology issues and have a backup plan should they arise. Ask the client/student to provide an alternative way of contacting them should a phone or internet problem come up.
- Safety and trust are important. Ask the client/student what trust looks like for them within the virtual relationship and how you can make them feel safe and secure while receiving care.

Virtual therapeutic relationship

What are some strategies for building therapeutic alliances while providing virtual care?

- As with a face-to-face session, you need to show the client/student that you are present and listening to them.
- If they are quiet, try other strategies to engage them (e.g. have them share a toy, a photo or favourite song).
- If clients/students are reluctant to share, ask them what they might be comfortable sharing with you the next time you meet.
- Try to put the client/student at ease by asking them questions. Ask whether they received care virtually before or if there's anything about the medium that makes them feel nervous.

What communication etiquette do I need to be mindful of?

- Be open to reassuring the client/student that you are alone and in a private space when you are delivering care. Offer to pan the room with your camera so they can see your environment.
- If there is someone else in the space, acknowledge it and ask the client/student whether they are comfortable with it (they may be). If they are not, engage them in finding a solution for making the session more private and secure. For example, you can use earbuds, use the chat or whiteboard function to communicate or use a different platform.



Diverse clients, diverse needs

How can we handle different requirements or needs (e.g. age, complex issues, various challenges, etc.)?

Not all youth can tolerate virtual care. For example, some youth who experience anxiety issues might find a session over video distressing. Before the initial visit, talk about the limits (and opportunities) of virtual care and encourage the client/student to determine if this modality fits their needs. At the beginning of each visit, establish a goal that can be achieved using the e-mental health medium.

Try to be as flexible as possible and shift to face-to-face care if that is the best fit for the client's/student's needs.



CLINICAL CONSIDERATIONS

Virtual care modalities

Are some therapeutic approaches or modalities better suited to virtual care?

Virtual care is well suited to any kind of talk therapy in which you can engage a client/student in a conversation (e.g. motivational interviewing, supportive psychotherapy, etc.).

Some youth may be difficult to engage with when delivering virtual care at first. Give them time and work through specific challenges during each session.

Any suggestions regarding virtual group work?

- Successful group therapy in a virtual context relies the same principles as group therapy when people are all in the same room. Use the same techniques and processes, but take the time to become comfortable with the technology or platform.
- A co-therapist may be helpful in the room with you, as this person can draw your attention to, or manage, issues that might arise.
- Limit group sizes so that you can see and hear everybody in the group. This will allow you to attend to everything that is happening.
- Pay attention to visual cues the same way you would if you were in person. For example, is one youth showing non-verbal signs of distress or anxiety? Be prepared to address this if it comes up (e.g. using the chat box to check in or follow up afterward).

Do you have experience with single-session modalities?

If you are doing a general consultation, you can gather all the information needed in a single session.

Safety and support

How do I take extra precautions knowing that some cues could be missed (e.g. facial expressions, small shifts in tone, etc.)?

Studies show that most information needed to provide good virtual care to clients/students is both auditory and visual — and can be obtained when delivering virtual care. In fact, virtual care is all auditory and visual information.

Over time mental health care providers become used to tuning in to different cues. Research supports that having another service provider present may help you to pick up on information that is missed early on.



What should I do if I am concerned about a client's safety or feel that they are at risk? How can I manage a crisis virtually?

We always need to ensure safety and privacy. In some cases, we may be working with clients/students in at-risk home environments. When you are scheduling a virtual session, make sure that there is a responsible caregiver that is available by phone or in the home with the youth in case of emergency.

- If the young person can stay safe and there is no immediate danger, involve them along with their responsible caregiver in establishing a safety plan. Suggest that if symptoms worsen, they access a crisis line or hospital care.
- If the youth is in immediate danger, keep them engaged while you call 911. Involve the responsible caregiver in this process.
- If you suspect that the youth is being abused, contact child protection services as you normally would, in line with your organizational policy or procedure.
- If you are a physician, you can also virtually administer a Form 1.

Differentiating support

Are there clients for whom virtual care is contraindicated or not recommended?

At the time of this session, there is no evidence that virtual care is contraindicated for any clients/students or disorders. It is important to be aware and sensitive to complex situations and to make efforts to reduce any anxiety that youth may experience from using the platform or technology. Engage in a discussion about how you can make them feel safe and secure using this modality.

- If there are mental health diagnoses (e.g. paranoid ideation) that lead to concerns about virtual methods, then alternative means of communication — and time to build trust with the client — will be critical before embarking in the use of virtual care more broadly.
- In situations where it is difficult to mediate dysregulation in the room, ask them if there is someone who can be there to help them regulate their emotions. This is something that needs to happen on a client-by-client basis.
- It can sometimes be harder to read some non-verbal cues in a virtual setting (e.g. tapping of the leg, wringing of the hands), so it is important to pay a lot of attention to facial cues as these will be amplified compared with in-person sessions. As you become comfortable with delivering virtual care, your sensitivity to these cues will improve.
- Virtual care may be the youth's only source of support, so it is important to rely on your clinical expertise and build a strong relationship that will contribute to the client's/student's feelings of safety and security.



Are there clients for whom virtual care is a preferred way of receiving services?

Virtual care is preferred for youth with transportation or access issues (e.g. living far away from services, not having reliable ways of getting to face-to-face sessions).

Are there considerations for providing virtual care for different clinical presentations (e.g. anxiety, depression, ADHD, etc.)?

While providing care to complex or non-verbal clients may be difficult, be open to accommodating their needs. View this as an opportunity to engage youth on how to make services better and continue to learn to work in this new space.

It is critical that you can see and hear clients/students, and vice versa. Regardless of the presenting issues, rely on your clinical skill and judgement to assess and provide care.



COMFORT BUILDING AND TROUBLESHOOTING OF TECHNICAL ISSUES

Confidence building

What are some rookie mistakes or dos and don'ts to keep in mind?

Before the session:

- Adjust cameras and microphones.
- Be prepared. Make sure all your required materials and information are readily available, so you do not have to shift your attention during a session.
- Let clients/students know they are encouraged to interrupt you if they cannot see or hear you, or if something does not seem right at their end.

At the start of the session:

- Be on time, and give yourself extra time to sign in as you are getting used to the technology.
- Introduce yourself and anyone who might be with you.
- Make a point of talking about informed consent and confidentiality up front.
- Take some time to explain the purpose and the structure of the session, so people have a sense of what is going to take place.

Throughout the session:

- Stay positive.
- Stay engaged and limit your distractions.
- If something unusual is happening, pause to ask what is going on. It could be an issue you are unaware of and which would be easily resolved (e.g. something obscuring the camera).
- If there are technical difficulties, interject and make sure you can see and hear the client.
- Manage your time.
- Model positive behaviour despite any frustration you might be feeling with the technology.
- Be persistent and the technical issues will usually work themselves out.

At the end of the session:

- Ensure you have enough time to properly wrap up and say goodbye.

How do I acquire the right skills to deliver virtual care effectively?

In following the basic dos listed above, you will develop the skills to be able to deliver virtual care effectively over time.



Technical problems

What are common technical issues and how do I handle them?

To anticipate common technical issues, do test runs and familiarize yourself with the platform you will be using.

- Enlist a colleague who can give you step-by-step instructions or support, if available.
- Test your equipment, including microphones, to ensure you can be heard clearly.
- Get a sense of both sides through role play with a colleague: what is it like to receive the call and what is it like to make the call?
- Work out a plan to address human errors and technology failures, and think outside the box. Be gentle with yourself and things will work out.

Access problems

What are some considerations for delivering virtual care across Ontario?

What if a family does not have the equipment or bandwidth?

Ontario is a huge province with significant discrepancies in terms of quality of internet coverage. Some families cannot do online banking with their internet connection, and others do not have the means to have a device. Phone consultations may sometimes be your only option.



PANELISTS

Dr. Sinthuja Suntharalingam, BSc, MD, FRCP(C)

Child and adolescent psychiatrist, CHEO
Medical lead, behavioural neurosciences and consultation liaison service
Psychiatry Epic leader and interim medical co-director of continuous quality improvement
Clinical lecturer, department of psychiatry, faculty of medicine, University of Ottawa



Dr. Suntharalingam is a child and adolescent psychiatrist at CHEO and the medical lead for the behavioural neurosciences and consultation liaison (BNCL) service, working with children and youth with complex medical conditions together with severe mental health illnesses. She participates in the Tele-Mental Health Service, providing psychiatry consultations via OTN. In addition, she is the interim medical co-director of continuous quality improvement (CQI) of mental health and psychiatry Epic (CHEO's electronic health records) leader. She is actively involved in optimizing Epic to meet the needs of mental health care delivery.

Dr. Hazen Gandy, MD, FRCPC



Dr. Gandy is a child and adolescent psychiatrist with 25 years experience working in numerous clinical settings at CHEO. He is the medical director of the eastern hubsite of the Ontario Tele-Mental Health Service and associate professor of psychiatry at the University of Ottawa. His clinical work includes family-based therapy in eating disorders, providing consultations to the provincial Base eConsult Service and the Tele-Mental Health Service, as well as psychiatric care to an innovative community-based program called Bridges. A skier in winter and golfer in summer, he is very pleased to participate as a clinician expert in ECHO Child and Youth Mental Health.



Josée Blackburn, MSW, RSW

Clinical manager, mental health, ECHO Ontario Child and Youth Mental Health, Tele-Mental Health Service, division of child and youth protection
Regional psychiatric emergency services for children and youth



Josée has spent most of her career working in the healthcare sector. In the last 10 years, she has been dedicating her practice to mentoring, supporting and coaching healthcare professionals to offer exceptional patient experience in leadership roles at CHEO. Josée is passionate about community partnership, collaboration and system transformation. She loves a challenge on the ski hills, where you will most likely find her with her family on the weekends.

Ghyslaine Paquette, CYC (cert.)

System navigator hub specialist, ECHO Ontario Child and Youth Mental Health
Intake worker, Tele-Mental Health Service



Ghyslaine has been a child and youth counsellor for the past 23 years with CHEO. Her career exploits include in-patient mental health, the eating disorders day treatment program, outreach, mental health intake, Tele-Mental Health Service and ECHO Ontario Child and Youth Mental Health. Ghyslaine is passionate about assisting families and community mental health providers' access to services and education in their local communities across Ontario. She is an avid traveller, a fun spirit and a football mom.

Veronica Hoch, BASc

Training and development specialist, ECHO Ontario Child and Youth Mental Health



Veronica has a background in child, youth and family studies and has worked at CHEO in various departments for over 10 years, including autism and mental health. Fun fact: She started her schooling in computer engineering. Because of her aptitude for technology, she always keeps abreast of the latest technologies. She is passionate about adult learning, project management and design work, and continuously pursues professional development in these areas. She is also enthusiastic about engagement and collaboration to improve the outcomes for children and youth. Veronica is a planning, organizational and multi-tasking guru and a coffee enthusiast.



Michelle Dermenjian, MEd, C.Psych.

Director of child and youth services, Hands TheFamilyHelpNetwork.ca



Michelle Dermenjian moved to Parry Sound with her family 20 years ago to join [Hands TheFamilyHelpNetwork.ca](https://www.hands.ca) as a psychologist. She began her psychology career and family, moving from Southern Ontario to Kenora. She travelled as part of a multidisciplinary team, staying for a week at a time in numerous smaller communities. This seven-year experience and the people who were part of it shaped her philosophy of life: success requires a team of diverse voices and experiences. Her career at Hands has included senior manager of quality, research and evaluation; oversight of Lead Agency of Child and Youth Mental Health Services for Nipissing, Parry Sound, Muskoka; and director of child and youth services. This portfolio includes child and youth mental health, autism services, justice, developmental services for children, early intervention and navigation.

Michelle is motivated by a focus where the well-being of the children, youth and families who are served is paramount, requiring strong and healthy partnerships to undertake such an endeavour. Thus, Michelle is a member of several local, regional and provincial working groups invested in the development of innovative solutions, shared resources and the creation of a true service system. The scope of Hands' services and opportunities for collaboration with partners, regionally and provincially, is resulting in success toward this end goal of well-being for individuals and families across our communities.

The following quote by Sir Winston Churchill sits on her desk as a reminder to be humble and brave: "Success is not final, failure is not fatal: it is the courage to continue that counts."

Purnima Sundar, PhD (moderator)

Acting executive director, Ontario Centre of Excellence for Child and Youth Mental Health



Purnima Sundar (PhD) is the executive director (acting) at the Ontario Centre of Excellence for Child and Youth Mental Health. She has over 20 years of experience doing community-based, participatory action research, evaluation, implementation and knowledge mobilization in the areas of child and youth mental health and race/equity. Purnima's training has been in the fields of psychology and social work, with a focus on community development and social planning. Since joining the Centre in 2008, Purnima has worked with government partners across ministries, agency leaders, and young people and their families across the province to ensure high quality, evidence-based mental health service delivery for Ontario's children and youth.



Kathy Short, PhD, C.Psych. (moderator)



Dr. Kathy Short is a clinical child psychologist with research and practice interests in school mental health promotion, knowledge mobilization and implementation science. She is director for School Mental Health Ontario, a provincial implementation team supporting the uptake and sustainability of evidence-based mental health promotion and prevention programming in schools. Dr. Short has served on several provincial advisory groups, including the Student Well-Being Advisory Committee for the Ministry of Education and the Mental Health and Addictions Leadership Advisory Council for the Ministry of Health and Long-term Care, as well as being involved in several national projects. She co-chairs the School Mental Health International Leadership Exchange (SMHILE), a network of global leaders focused on key themes in mental health promotion.