Telepsychiatry

A Survey of Canadian Psychiatrists’ Experiences and Opinions on Using Videoconferencing for Assessments Required by Mental Health Legislation

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Abstract: Canadian psychiatrists are uncertain whether mental health legislation in their jurisdiction permits the use of a videoconference assessment to determine whether a person meets the criteria for civil commitment or to assess treatment and other capacities. Currently, Canadian psychiatrists seldom use videoconferencing for these assessments. Most, however, indicate that they would be willing to do so if appropriate supports were in place.

Résumé : Un sondage d’expérience et d’opinion des psychiatres canadiens sur l’utilisation de la vidéoconférence pour les évaluations requises par les lois sur la santé mentale

Les psychiatres canadiens ne savent pas vraiment si la loi sur la santé mentale de leur territoire permet l’utilisation d’une évaluation par vidéoconférence pour déterminer si une personne satisfait aux critères de la cure fermée ou pour évaluer le traitement et autres facteurs. À l’heure actuelle, les psychiatres canadiens utilisent rarement la vidéoconférence pour ces évaluations. Toutefois, la plupart indiquent qu’ils seraient prêts à le faire avec le soutien approprié.

Key Words: telepsychiatry, videoconferencing, mental health legislation, civil commitment, capacity

Psychiatrists increasingly use videoconferencing to provide consultation and followup care to patients at distant locations (1–3). Owing to the geographical isolation of many rural and northern communities, Canada has been at the forefront of the telepsychiatry movement. There are established programs in several provinces that provide psychiatric services using videoconferencing on a routine basis (4,5). In view of the ongoing improvements in technology and telecommunications infrastructure, we anticipate even greater utilization of videoconferencing to provide psychiatric services in the near future. With the increasingly routine use of telepsychiatry, it is important to ask whether interviews by videoconferencing are acceptable for specific assessments required by mental health laws. Perhaps the most important question is whether a physician can legally determine whether an individual meets a jurisdiction’s committal criteria, based on an assessment made via videoconference.

Presently, the Canadian Psychiatric Association (CPA) has no position on the use of videoconferencing for legislated assessments. The Royal Australia and New Zealand College of Psychiatrists has sanctioned the use of videoconferencing for mental health act assessments (6). Although the Canadian Medical Protective Association has provided no specific direction on this issue, its recommendation on telemedicine in general may be germane and is best summarized by the title of its position paper “Telehealth: Proceed with Caution” (7).

The literature on this subject is limited. One report describes two patients who were committed in Australia based on assessments using videoconferencing (2). As part of a comprehensive assessment of the need for involuntary admission, a U.S. study reported that assessments by videoconferencing were accurate in rating suicidal ideation, homicidal ideation and impaired judgment (3).

Dr. Gray examined the mental health acts of all Canadian provinces and territories and noted that all acts are either silent on whether assessments must be conducted face to face or their interpretation is ambiguous. Ontario’s Mental Health Act, for example, requires that physicians who have signed an Application for Psychiatric Assessment (the initial certificate, usually written in the community, that empowers transportation to a psychiatric facility, detention and further assessment for up to 72 hours) must declare that they have “personally examined the person who is subject of the application” (8). The word “personally” is omitted in the Ontario act when describing the requirements for examinations for subsequent certificates that authorize longer periods of involuntary hospitalization. It is unclear whether the word “personally” in the act

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means “in person” (that is, the physician must have examined the patient face to face) or “by the person” (that is, the physician who signs the form, as opposed to another physician, must have conducted the examination).

The current study was undertaken to determine how frequently Canadian psychiatrists use videoconferencing to assess suitability for civil commitment and to determine treatment or financial capacity. In addition, we assessed psychiatrists’ understanding of their provincial or territorial legislation as it pertains to the legality of videoconferencing assessments for committal and competency assessments, together with their views about appropriateness of videoconferencing for these assessments.

**Method**

The Institutional Review Board at the University of Western Ontario approved the following methodology. We sent a questionnaire to two groups of Canadian psychiatrists: a sample of CPA members drawn from the general membership list and all members of the CPA Section of Telepsychiatry. We randomly selected 20 members from each jurisdiction from the general membership list and sent them a questionnaire by post. In jurisdictions with fewer than 20 members, we sent a survey to every psychiatrist. Each survey was coded, and second and third mailings were sent if there was no response. We initially decided to survey section members by e-mail. However, after two electronic mailings, the response rate was lower than for the sample of general members. Subsequently, the questionnaire was sent by surface mail to all section members who had not responded.

**Results**

The survey was sent to 186 psychiatrists from the general membership list and to the 62 members of the CPA section of telepsychiatry. The response rate was 73 per cent from the general membership and 68 per cent from the section members (71 per cent overall). Two-thirds of the respondents were men. The average age of respondents was 49 years, and the average time in practice was 23 years. Figure 1 shows the distribution of respondents by jurisdiction. The respondents practised in a wide range of clinical settings (Table 1).

Fifty eight per cent of the general CPA membership and 34 per cent of the section members did not know whether the mental health legislation in their province permitted assessments by videoconferencing. A further 10 per cent of general members and 42 per cent of section members stated that the legislation was unclear. Eighteen per cent of psychiatrists stated that videoconference assessments are permitted under the mental health legislation of their province, with little difference in response between section and general members.

Few psychiatrists had used videoconferencing to conduct a legislated assessment in the year prior to the study. Two psychiatrists reported that they had committed a patient to hospital based on a videoconferencing assessment, while four had used the technology to renew a committal order (one psychiatrist had used videoconferencing for committal and for renewal of a certificate of involuntary hospitalization). Six psychiatrists had used videoconferencing to assess capacity (in any sphere), and five had been on a review board that had been conducted using videoconferencing.

Fifty-five per cent of psychiatrists stated that it is appropriate to use an assessment by videoconference to determine whether an individual meets committal criteria, while 24 per cent believed that it is inappropriate. Fifty-five per cent indicated that, if appropriate legislation, clinical services and administrative backup were available, they would be willing to commit an individual to hospital based on an assessment made via videoconferencing. Members of the Section of Telepsychiatry were more likely than those who were not section members to endorse the appropriateness of videoconferencing to assess whether an individual meets committal criteria (76 per cent vs. 49 per cent). They were also more likely to indicate a willingness to commit a patient based on an

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**Table 1** Type of practice(s)

<table>
<thead>
<tr>
<th>Type of Practice</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Private office</td>
<td>43%</td>
</tr>
<tr>
<td>Hospital</td>
<td>63%</td>
</tr>
<tr>
<td>Academic</td>
<td>42%</td>
</tr>
<tr>
<td>Community clinic</td>
<td>23%</td>
</tr>
<tr>
<td>Assertive community treatment team</td>
<td>6%</td>
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</tbody>
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assessment via videoconference (76 per cent vs. 49 per cent).

**Discussion**

Because the mental health acts of Canadian provinces are silent on the question of whether videoconferencing permits legislated assessments, it is not surprising that so many psychiatrists professed uncertainty about the legal validity of these assessments. The number of psychiatrists who reported using the technology for assessments required by mental health legislation was small. Only five psychiatrists had used the technology to commit a patient to hospital or to renew a certificate. Notably, three of these five psychiatrists were not section members but were selected from the general membership. This suggests that other general members who were not surveyed may have undertaken committal assessments using videoconferencing.

Psychiatrists, lawyers and patient advocates all have an interest in ensuring a legitimate process for civil commitment. It behooves society to leave as little uncertainty as possible about what type of assessment is acceptable. Legal challenges, based on either substantive issues or technicalities, often result in significant delays in treatment or in discharge (9,10). Moreover, where the validity of this type of assessment is not defined in the jurisdiction’s mental health act or associated regulations, there is a risk of litigation when a psychiatrist orders a patient to be detained on the basis of a videoconference assessment. It is also true that a psychiatrist who chooses not to certify a patient who meets committal criteria according to a videoconference assessment may face liability, despite a lack of legislative clarity.

Psychiatrists were twice as likely to state that videoconferencing is appropriate rather than inappropriate for performing assessments required by mental health legislation. Members of the Section of Telepsychiatry, who presumably have the greatest familiarity with the technology, were even more likely to endorse videoconferencing for making mental health act assessments. In some circumstances, a psychiatrist at a distant site who assesses a patient requiring committal may not be required to complete the paperwork. In some telepsychiatry programs, for example, the family physician regularly accompanies the patient to the psychiatric assessment and could complete the necessary forms in consultation with the psychiatrist (11). Inevitably, however, there will be situations wherein the psychiatrist at the distant site is the only physician who has assessed the patient within the time designated by legislation and, therefore, the only physician in a position to complete the certificates. (The documents will usually be sent by facsimile in this scenario.)

The findings of this study should encourage provincial and territorial mental health system managers to obtain legal clarification of provincial and (or) territorial legislation and issue policy guidelines and also encourage legislators to amend the law or pass regulations allowing assessment via videoconference to fulfil the requirements of mental health legislation.

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**References**


