Preventing Youth Suicide with Technology and Social Media

by Joe Vulopas

My son was excited to tell me about the upcoming social media campaign they were developing for their Aevidum Alliance.

"This is going to get huge," he told me. "Ryan and Mak helped us to figure out a way to try to get 23,000 likes on Facebook before the end of this school year."

Twenty three thousand likes? This school year? He had my full attention. He held up a poster board, which contained one sentence. "Your LIKE could save a life."

I smiled.

"Do you think it will work?" he said, explaining the concept. "Of course it will work," I said. "That's brilliant."

For the past nine years, fueled by the "brilliant" ideas of the youth, I have been actively working on raising awareness about adolescent depression, suicide and other mental health issues. Aevidum, which we started at Cocalico High School in Lancaster after a student died by sui-

cide in 2003, has been steadily growing, raising awareness across the state and the nation. This past year, I took a leave of absence from teaching to spread our message. Ardmore-based Minding Your Mind, whose young adult speakers educate tens of thousands of middle school and high school students annually, has generously

hired me as their Director of Education and is supporting Aevidum as one of its programs. We are forming Aevidum Alliances in schools across the state.

So far, the success has been extraordinary, as schools across Pennsylvania are embracing the Aevidum Alliance concept. At Aevidum's core is a planned effort to use the talents of our students and embrace today's technology.

"We're helping kids to empower each other using the language they already speak," explained Ryan Wickersham, one of Aevidum's creative directors. He and his bandmate Mak Azubike have spent hundreds of hours volunteering for the organization, helping students use technology to spread their message.

"The social media platform is changing quickly," Mak added. "Kids can realize and harness their talents in their living rooms using readily available technology. The power is going to the end user, and we have to embrace and encourage it." Ryan and Mak currently are producing an Aevidum music CD, which will contain 12 original tracks about current teen topics created by more than 30 high school students from across Lancaster. Once completed, they will share the music using iTunes, Facebook, Twitter and YouTube, to name a few.

There are many tools today available to help organizations further their missions. Whether using a site like Crowdrise to raise money for an upcoming charity event or Constant Contact to promote an e-mail campaign, organizations have resources available.

Many of the tools are free. Aevidum Alliance members at Cocalico School use

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Using Technology and Social Media to Improve Behavioral Health Services

I don't yet own a Kindle or Nook and so I still borrow or buy and read actual books with real covers and real paper. I have a landline phone in my home. I still like to sit down with the newspaper and catch up on the news (even though this year our local newspaper went from daily delivery to only three days a week). I still write checks. And I can remember back to my childhood when my family was living overseas. All communication with other family members in Canada and the United States was done by handwritten letters that took many days or weeks to reach their destination. The idea of e-mail would have seemed like something out of a science fiction novel. (Yes, I'm old!)

On the other hand, I have a smart phone and some favorite applications. I use Facebook to connect with family and friends, and Facebook has actually helped me maintain relationships with people from my past or who I wouldn't otherwise connect with on a regular basis. My go-to source for information about almost everything is the Internet. I pay most regular bills through my bank's online system. I prepare our tax returns online. And, like most people, I can't imagine going back to the days before computers when we did our "word processing" with typewriters. I remember with some amusement the way I reacted when fax machines first came out: I didn't understand why anyone would need to communicate that quickly. Now I can't imagine life without the tools to send and receive information from anyone and about anything almost instantly. Communication technology is here to stay.

Even so, there are still some who are being dragged kicking and screaming into the new world of technology and social media, and who continue to wonder whether it is appropriate or applicable for what they do. Mental health might be one of those areas - how can anything be a satisfactory substitute for real, personal, one-to-one relationships of caring empathy and support? Besides, there is ample evidence that technology and social media are easily misused. There are privacy and confidentiality issues, and we've all heard the stories of children and teens being stalked or bullied online. Some of these stories have had tragic endings.

So the basic question for this edition of the newsletter is: How do we harness the vast potential of technology and social media for helping children and families with significant behavioral needs while safeguarding them against the pitfalls and dangers? Relatedly, how are Pennsylvania communities and providers already using technology and social media to expand their reach, communicate their message, promote positive mental health, and offer interventions that make appropriate use of new technologies?

For the past five years, the Centers for Disease Control and Prevention has sponsored a National Conference on Health Communication, Marketing, and Media. The 2012 conference included tracks on exploring innovative tools and technologies and improving practice. Communities that receive system of care grants from the federal government, such as the one that funds the Pennsylvania System of Care Partnership, are required to develop strategies for communication and social marketing. Using technology and social media not only to communicate but also to improve physical and behavioral health practice is no longer an option; it is fast becoming an essential ingredient for effective practice.

Harriet S. Bicksler, editor

Improving Interaction Through Technology

by Janice Cunningham

Colonial Intermediate Unit 20 provides mental health services to children in 13 school districts in Northampton, Monroe and sections of Pike counties. When we hear the word "technology," we think of a world moving faster and of a science that is complicated and futuristic. In the mental health field we are embracing this rapidly changing field of technology. We are using it to make the world more accessible for those with mental illness, especially children. It can be as simple as a cell phone that a therapist uses to connect with a caregiver as a tool on a behavioral support plan to the more complex interactive "smart boards" and telepsychiatry.

One of our first forays into this interactive field of technology occurred when we installed Interactive "smart boards" in several therapeutic classrooms as pilots. We quickly understood the magic. Using a software product called "Super Hero Social Skills Program," one child, David, loved seeing the cartoons role-playing on the screen and felt comfortable interacting with them. He was unaware that he was learning to change his behavior to be more pro-social while gaining a new repertoire of skills that he would have been embarrassed to practice in the classroom. Additionally, David was able to select themes that corresponded to his goals and interact with fun characters, thereby increasing the learning and generalization of skills more quickly than if an adult were using traditional psycho-educational techniques.

For years, researchers have known about the brain's amazing abilities. It is malleable, changes and adapts in response to experiences, acquires new skills, and learns, up to adulthood and beyond. This is opening new avenues for treatment; we as clinicians need to be ready to adapt as well.

Online self-help groups that have been moderated by mental health professionals have been assisting adults and children for many years. Part of the attraction is that people can remain anonymous. This has allowed those who would not normally seek help to do so in privacy. Based on our initial success and what we knew about online therapy from the literature, we began a pilot program for some of our youth who are the most behaviorally-challenged using iPads.

Justine, for example, refused to journal and to rate her mood daily. We installed an application called "Moody Me" from Medhelp. In addition to helping Justine chart her mood daily, it also helped to identify mood-elevating activities and helped her learn to express gratitude. Additionally, it contained a brief inventory to help her measure her own anxiety and depression so steps could be built into the plan for her and her family to know when to call for additional help and support. Justine used the app daily and made dramatic improvement. A bonus was that she stated she felt no stigma using this form of treatment. The interactive tool felt less intrusive. In addition to this app, we also used apps for those struggling with post-traumatic stress disorder, bipolar disorder, eating disorders, and other psychiatric issues. In Josh's own words: "I believe the iPads are helpful because they are more resourceful and I can do things on my own time."

The next large undertaking in the use of technology in treatment is the introduction of telepsychiatry into our outpatient programs located in schools. The biggest roadblocks to accessing psychiatric care include the shortage of psychiatrists for children and adolescents and the distances that often need to be traveled for appointments. Telepsychiatry uses secure privacy-compliant technology to protect confidentiality as well as video-conferencing which allows the doctor to see the patient on-screen, thereby allowing him or her to assess body language and other visual cues to help to make a diagnosis and develop a treatment regimen. This will allow for greater follow-up and the increased opportunity for compliance.

Technology is here to stay. Private therapists are using various forms of video-conferencing to do therapy, especially in rural areas. Insurance companies are scrutinizing results and many are reimbursing for treatment offered in this way. Children and adolescents find this methodology more user-friendly and less invasive. They are more apt to agree to treatment. We are hoping to begin using telepsychiatry in several counties in the next few months and have built rigid outcome measures into the program to assess effectiveness. Technology is no longer just for gaming or to look up useful information; it is becoming a necessary tool to help youth in an ever-increasing fast-paced society.

Janice Cunningham, Psy.D. is director of Resolve Behavioral Health at Colonial Intermediate Unit 20, Easton.

Tips for Helping Youth Use Facebook Safely

by Dr. David Palmiter

When considered from the lens of parenting, I liken Facebook, and services of its ilk, to dust mites. It'd be awesome if I could eradicate them, but that's not realistic. Instead, I try to look on online services that are available to my kids as offering opportunities to further realize my parenting agenda. Here are 10 tips for tapping this opportunity.

1. Maintain a weekly dialogue with your child. Having weekly one-on-one time to discuss your child's life is an essential foundation for parenting. "What are the best things and the worst things that happened today, even if they were minor?" "Who are your top three friends these days and what do you like about them?" "What's it like to be in seventh grade these days?"

2. Limit sedentary electronic pleasures to two hours a day. This is the recommendation of several authoritative bodies. If a kid is plugged in more than this he or she may be missing out on other important activities.

3. Use the social networking mediums your kid is using. If your child uses Facebook, use it as well and friend each other. Make sure your child doesn't have two social networking accounts: the one you're connected to and the one on which he goes rogue.

4. Monitor your kid's computer use. We want to strive for the middle ground. Over-monitoring a successful and responsible child dampens the development of independence and can unduly tax your relationship. Under-monitoring a child who is struggling, or who is putting herself into harmful situations, is obviously not helpful. This is where your world's leading expertise of your child is essential to inform your steps. Regardless of the amount of monitoring you decide is advisable, programs that allow you to track your child's computer use can be very helpful (e.g., *www.spector.com/spectorpro.html* and *www.webwatchernow.com*).

5. Network with other parents and use parenting resources. Whenever you're hanging out with other parents ask them what strategies they use. While you may hear from parents who seem misguided in their approach, others may have clever insights and ideas to share. There are also an abundance of online resources available for parents. (e.g. *www.wiredkids.org, www.family-internet.about.com, www.familysafe-media.com*).

6. Set up rules. Here are some I'd suggest:
   • No swearing.
   • No discussions of sexual or illegal activity.
   • No threatening others.
   • No "friending" people above a certain age (i.e., your 11-year-old child's 19-year-old cousin may be super nice to her and a great person, but friending her on Facebook may give your child access to inappropriate adult material, either on her cousin's page or on the page of someone in her cousin's network).
   • On Facebook, under the "How You Connect" portion under "Privacy Settings," make sure they are all set to "Friends."
   • Public searches should be disabled on Facebook. This means that people cannot find your child's page through internet searches. Under "Privacy Settings" click on "Apps and Websites," then click on "Edit Settings" that is next to "Public Search." Then uncheck the "Enable Public Search" box.
   • Obtain others' permission before posting their pictures online. Depending on the age and maturity of your child, you may also decide that you must also approve all pictures before they are posted; this would also allow you to determine if your child's friend's parents' should approve.

7. Role-play scenarios. This is an excerpt from a 2008 national study of the online experiences of kids aged 10-15, authored by Drs. Michele Ybarra and Kimberly Mitchell, that appeared in *Pediatrics*: "Fifteen percent of all of the youth reported an unwanted sexual solicitation online in the last year; 4% reported an incident on a social networking site specifically. Thirty-three percent reported an online harassment in the last year; 9 percent reported an incident on a social networking site specifically. Among targeted youth, solicitations were more commonly reported via instant messaging (43 percent) and in chat rooms (32 percent), and harassment was more commonly reported in instant messaging (55 percent) than through social networking sites (27 and 28 percent, respectively)." Given how common such experiences are, we do well to train our kids how to respond: "Hunter, what would you do if someone put on their Facebook page a hurtful lie about you?" "Aiden, what would you say if someone asked you for your address?"

8. Set up parental controls on computers that your child uses. This would include things like using browsers designed to block explicit content from kids (e.g., *bumpercar, www.cybersitter.com*), not allowing your child to covertly install

Guidelines for Using Social Media

Developing a Social Media Strategy
from the Caring for Every Child's Mental Health Campaign's 2011 Communications Academy

The POST Approach

People: A strong social media strategy starts with the audiences you are trying to reach in your social marketing plan. The first step is understanding how they engage with social media. Find out their comfort level online and their level of social media engagement. Are they creators, collectors, joiners, spectators, or inactives?

Objectives: What are the measurable benchmarks that must be achieved for you to reach your goal? While you may have social marketing objectives, consider those objectives specific to your social media efforts like listening,talking, enrgizing, supporting, and embracing.

Strategy: Your actual strategy is the nuts and bolts of your social media outreach? It is important that your strategy is closely managed by a social marketer and developed with support from families, youth and leadership within your organization.

Technology: Identify the technologies you will use in your social media strategy based on your audience, objectives, and strategy, rather than what is popular at the moment.

Building an Inclusive Social Media Presence

- Plan for usability testing and perform it as often as possible
- Use appropriate software for your audience
- Have a text-only version of your website or email
- Be sure your communication is accessible (information on accessibility is available at *http://ow.ly/jhr4u*)
- Post a link for downloading software (e.g., Flash, Adobe Acrobat Reader)

- Know your audience's language preference
- Understand what information your audience is comfortable accessing online

Excerpted from the written presentation. You can access the slide presentation at http://ow.ly/jdzks

Ethics and Social Media

Mental health practitioners (whether psychiatrists, psychologists, social workers, or licensed professional counselors) have professional codes of conduct which they are expected to follow. How do those codes of conduct relate to the use of social media? The Online Therapy Institute describes an "Ethical Framework for the Use of Social Media by Mental Health Professionals." Here are some highlights:

Applicable Ethical Principles:

- Confidentiality
- Multiple relationships
- Testimonials
- Informed consent
- Minimizing intrusion on privacy
- Initiating professional relationships
- Documenting and maintaining relationships

Social Media Interactions Which Relate to Ethical Principles:

- Personal vs. professional behavior on the web for practitioners
- Friend and follow requests
- Search engines
- Interacting using e-mail, text messages, and other on-site messaging systems
- Consumer review sites
- Location-based services
- Online treatment

Working Within the Scope of Practice:

- Understanding boundaries and limitations of one's specific discipline
- Understanding specific laws or ethics within one's own discipline or geo-

graphic location
- Respect for the specific laws of a potential client's geographic location
- Practitioner contact information
- Practitioner education, license and/or certification information
- Terms of use, privacy policy, and social media policy
- Encrypted transmissions of therapeutic and payment information

Practitioners also work within the boundaries of competence: they seek out training, knowledge and supervision. They consult with other professionals, when appropriate. They display pertinent and necessary information on websites and social media profiles that are related to their professional practice, such as crisis intervention information and peer support and self-help.

The full document is available at http://ow.ly/jdzqv

Social Media Toolkit

Published by the Centers for Disease Control and Prevention, the Health Communicator's Social Media Toolkit provides information on getting started using social media: "from developing governance to determining which channels best meet your communication objectives to creating a social media strategy." The kit includes specific suggestions for how to get started with various applications, like Facebook, Twitter, YouTube, etc. Available for download at *http://ow.ly/jzEnK*

Telepsychiatry Services for Children in Rural Areas

by Jack Cahalane

Most agencies and potential consumers of mental health services who live in rural areas of Pennsylvania are aware of the shortage of child psychiatrists. The limited number of child psychiatrists, waiting time, and travel considerations can be substantial impediments to accessing psychiatric treatment services. Even if a continuum of mental health services are available, children and adolescents who require assessment and treatment by a child psychiatrist may only have access to an adult psychiatrist, pediatrician, or unfortunately not receive services at all.

Partnerships among Western Psychiatric Institute and Clinic of UPMC, Community Care Behavioral Health, and licensed behavioral health providers in rural Pennsylvania have resulted in improved access to child psychiatric services for children, adolescents, and their families through the use of telepsychiatry. Telepsychiatry is the use of a real-time, two-way audio and video connection that enables the provision of services from one location to another. Over the past four years, our telepsychiatry program has grown to include eight agencies in 11 locations in eastern, central, and western Pennsylvania and will provide approximately 4,000 telepsychiatry visits in 2013.

According to Joe Pierri, M.D., medical director of the telepsychiatry program at Western Psychiatric Institute and Clinic of UPMC, "A growing body of evidence, that's based on randomized controlled trials and the formal assessment of patient satisfaction, including our own patient satisfaction data, suggests that psychiatric services provided via televideo conferencing technology are comparable to direct face-to-face services. In three years of telepsychiatry practice, I found that I was able to develop strong and positive therapeutic relationships with children, adolescents, and their families; these relationships enabled us to make progress on meaningful treatment goals."

As our culture becomes more wired and less fearful of technology, a video connection is no longer a strange and foreign phenomenon. Many of us are familiar with "face time" or "Skype" as a means to "speak" with friends and relatives in different parts of the country and the world. Most people no longer give a second thought to using a cell phone, e-mail, or sending a text. Children and adolescents participating in our program have grown up with technology and tend to willingly accept services from a psychiatrist who appears on a computer screen as much as in-person. Even individuals who may initially be reluctant seem to quickly acclimate and the video connection becomes a non-issue as individuals communicate and discuss their concerns.

The Commonwealth of Pennsylvania regulates the use and process of telepsychiatry and requires formal approval from the Office of Mental Health and Substance Abuse as outlined in a January 2012 Service Bulletin. Community Care Behavioral Health also has performance standards that ensure issues such as informed consent, confidentiality, and best practice standards are met. Telepsychiatry can be provided only by a psychiatrist or licensed psychologist when face-to-face services cannot be provided on-site.

When the program began, the purchase of large, multi-thousand dollar equipment was needed and now, the use of desktop cameras and software is being piloted. The UPMC Technology Development Center developed a "Virtual Care Connection" which is a web-based platform we plan to pilot which requires an internet connection, an inexpensive desktop camera and a noise-cancelling microphone. We also have used a firewalled portion of our electronic medical record, "PsychConsult," to document and share information with the host agencies that do not have their own electronic medical record. This technology allows us to share confidential clinical information and send electronic prescriptions.

Achieving high levels of patient satisfaction and treatment outcomes are critical components in our telepsychiatry services. In a quality study that was completed with the Family Guidance Center in Berks County, 86 percent responded "yes" to the survey question, "were the psychiatry services as good as in-person service?" for their first visit. By the third visit, 100 percent responded "yes." In conjunction with the Donald D. Wolff, Jr. Center for Safety, Quality & Innovation at UPMC, we will pilot a tablet and web-based platform with Concern, Inc., in their Mansfield office to measure satisfaction and to continually improve our services.

In the coming years, it appears inevitable that technology, including telepsychiatry, will be an essential tool for consumers to connect with providers in a convenient, immediate, and cost-effective manner. As we first use technology in behavioral health, we just see the technology. After a time, the technology becomes virtually invisible as it should be, and the focus can remain on best practice and the development and attainment of treatment goals.

As technology develops and improves exponentially, we are on the verge of a brave new world that will still allow us to keep a very human and real connection. Some may wonder whether we can keep the soul of the human connection while using technology. It is up to us to challenge our preconceptions and use these tools now and in the future to advance our ultimate goal of helping people attain their true potential.

Jack Cahalane, Ph.D., M.P.H. is clinical assistant professor of psychiatry and director of the telepsychiatry program at Western Psychiatric Institute and Clinic, University of Pittsburgh Medical Center.

Remind 101, a free text service used by educators to stay in touch with students. The students at Cocalico High School use Remind 101 to send reminders about Alliance meetings or updates about upcoming events. They even use it to send random, inspiring messages.

"Using technology to help us spread our message is important," explains Cocalico High School senior Ben Porter, who has played an integral role in helping with Aevidum's social media. "We can use technology to be in contact with people at any time on a moment's notice."

Looking to enhance its web presence, Minding Your Mind recently connected with Temple University, who will provide interns and support to redevelop its site and social media campaigns. Temple senior Caprice Hoeveler is the lead strategist for the project. She will plan and coordinate all aspects of it.

"In order to raise awareness about mental illness, people need a place to access information," she explains. "Technology is the most logical way for people to access this and to quickly interact with others, which is extremely important for the on-the-go mindset of today's youth."

When I talk to students like Caprice about using technology to help others, I am filled with incredible optimism for the future. Caprice's goal is to work in advertising for a nonprofit organization and to raise awareness about important causes. "Technology is advancing at such fast rates that it will only become more and more vital to use and understand if we want to effectively reach today's technological generation," she said. "For today's youth, it is unimaginable for them to think about a life without technology. They use it for everything."

Joe Vulopas is currently serving as education coordinator for Aevidum and Minding Your Mind while he is on leave from his teaching position at Cocalico HIgh School in Lancaster County. Check out Aevidum online at http://aevidum.com/

software (i.e., through settings within the system software), and making sure that there are sufficient parental controls on your child's other gear that can go online (e.g., cell phone, video game console, portable gaming unit). After you set up your controls, offer a tech savvy 20-something person a gift card to try to circumvent your controls; offer a higher value gift card if he is successful and can show you how to install effective countermeasures.

9. Make sure your child understands the limits of privacy on the internet. Colleges search Facebook pages for information, as do employers, volunteer organizations and other people who might be a gatekeeper for some experience, membership or standing that your child may desire in the future (e.g., I recently heard of a coach of a travel baseball team who rejected a kid's application to play on the team because of what he found at that kids Facebook page). A good rule of thumb: if you wouldn't want the world to see it, think four times about posting it.

10. Consider what you might do to promote the privacy of your family's online experience. Each computer has an IP address that tells internet sites you visit where you're located. However, there are services available that make it more challenging to do this (e.g., *www.hidemyass.com, www.anonymizer.com*). Moreover, many websites will, without you knowing it, collect information from your computer. There is software available that allows you to approve or disapprove this activity (e.g., *www.littlesnitch.com*). Keep in mind that some have argued that Facebook's true customers are not its users but the corporations to which it sells information about its users.

Dr. David Palmiter is a Professor of Psychology at Marywood University. His parenting book is Working Parents, Thriving Families: 10 Strategies that Make a Difference. *His blog is at www.hecticparents.com.*

Sample Resources

General Guidelines

Common Sense Media: Provides trustworthy information, education, and independent voice they need to thrive in a world of media and technology. Website: *www.commonsensemedia.org*

Protect Kids Online, at *www.onguardonline.gov*.

Sample Social Media Policy, from the Substance Abuse and Mental Health Services Administration: *www.samhsa.gov/children/social_media_policy.asp*

Suicide Prevention Resources

Suicide Prevention Resource Center: "Tapping into Online Communities: Using New and Social Media for Suicide Prevention"
Part 1: *http://ow.ly/jhydb*
Part 2: *http://ow.ly/jhyq6*

Generation Wired: Social Networking and Engaging Youth in Suicide Prevention: *www.wellawaresp.org/pdf/Powerpoint_WA%20GenWired.pdf*

ReachOut: Information and support service using evidence-based principles and technology to help teens and young adults facing tough times and struggling with mental health issues. All content is written by teens and young adults, for teens and young adults: *www.us.reachout.com*

TXT4LIFE: Text LIFE to 839863 or call 1-800-273-TALK
More information: *http://ow.ly/jhz2B*

iPhone and iPad Applications for Children with Autism

The following websites help parents sort through the many apps available with descriptions and reviews:
• *www.autismspeaks.org/autism-apps*
• *http://ow.ly/jhuUX*
• *www.autismpluggedin.com/*

Telepsychiatry in Greene County

by Jill Piasecki and Karen Bennett

It is the third Monday of the month and 8-year-old John is absent from school again. His mother Joyce has taken off work for the hour and a half roundtrip from the town of Ned to Waynesburg to get to an appointment with the psychiatrist at the community mental health clinic. Joyce has kept every appointment over the last two years, resulting in monthly school absences for John and loss of wages for her.

In October 2005, John's psychiatrist at Centerville Clinics approached him and Joyce about a new program called telepsychiatry. This would allow John to remain in school and still see the psychiatrist each month. Joyce was very excited about this idea and readily agreed after viewing a demonstration. As the psychiatrist explained to Joyce, John would participate in telepsychiatry for two monthly visits and then he would be seen in the clinic by the same doctor. West Greene School District was so committed to this process and reducing their absenteeism that they agreed to transport all of their elementary school students at Graysville Elementary who were participating in telepsychiatry to West Greene High School to maximize the equipment and ensure that both elementary school children and high school students could be seen on the same day.

Telepsychiatry was successfully implemented in Greene County on October 19, 2005. This initiative enables the psychiatrist to deliver services, particularly medication checks, to students in a school environment without the students having to miss school. Along with reducing the number of school days missed, some of the other goals of the program are to provide services to a remote location; en-hance access to services with greater efficiency, continuity and timeliness; and encourage the recruitment of psychiatrists in a rural area in order to retain their services. Value Behavioral Health (VBH) has partnered with Centerville Clinics, five Greene County School Districts, OMHSAS and Greene County Human Services to implement this program.

VBH collected data that allowed the quality of services and consumer satisfaction to be reviewed via survey data collection at every appointment. The surveys cover three domains: comfort level with the new service delivery modality, perceived efficacy of telepsychiatry, and quality of audio/visual transmissions. The consumers indicated high levels of satisfaction in all categories, as did the psychiatrist through a similar survey. The average number of scheduled appointments attended for telepsychiatry continues to be higher than the attendance rate using traditional in-office appointments. The data continues to show an increase of 26 percent in compliance with appointments over in-clinic services, prior to entering the program. Through 2010, 176 appointments have been scheduled with a 93 percent of them kept.

The approval ratings are also very high for the school districts and the clinic. This program has been steadily growing and telepscyhiatry equipment has been installed in every school district within the county.

Jill Piasecki, L.S.W. is provider field coordinator/account executive for Greene County at Value Behavioral Health of Pennsylvania. Karen Bennett is county administrator for Greene County.

Telepsychiatry Testimonials

"I have found telepsychiatry to be quite effective. Since we implemented getting forms filled out at the requests of the CHILL worker* from both teachers and parents I actually have more information to work with than if the family had brought the child into the office. The children respond well to being on television and are most often verbal and cooperative. I am able to relay information to the case managers or CHILL worker via the staff member there in the school at the interview."

Dr. William Law, III
child and adolescent psychiatrist

"I really like telepsych because it doesn't take long and I get to talk to someone through the TV. I don't have to worry if I will be able to get to my appointment because I just go to school and my appointment is there."

14-year-old male
8th grade

*CHILL worker: The Counsel Help Intervention Listen & Link (CHILL) worker is a mental health therapist employed by Centerville Clinic who conducts therapy in the school.