

# Preface

Understanding barriers that prevent individuals from seeking necessary mental health treatment is at the center of the development and analysis of practice models of care. Geographic location, transportation, language barriers, and other situations contribute to difficulties in obtaining adequate treatment for mental illness. Patient engagement is crucial to the helping process as the client must become motivated to seek help. Research explains, however, that not only must the individual be motivated but that the treatment model must fit the client, including coinciding with the client's life situations and circumstances (Zanjani et al. 2010). Clinicians may continue to struggle with the difficulties of catering treatment models to individuals, but research suggests that new treatment models using electronic strategies (e.g., telemedicine and technologically advanced referral systems) may change the face of mental health services. Collaborative care as well as innovative models of treatment, including telemedicine and telepsychiatry, have shown promise for eliminating barriers to mental health treatment (Meyer et al. 2009). Telemedicine, with regard to mental health services, is the process in which counseling or mental health services are transmitted through audio or audiovisually. Data exist to indicate that telemedicine has been utilized to spur beneficial mental health outcomes in various populations.

Rural nursing home residents are among the most underserved populations for mental health services due to the lack of access to these services (Rabinowitz et al. 2010). Studies indicate that rural nursing home residents have benefited from the use of telemedicine. Understanding and meeting the mental health needs of these residents is a challenge because the primary care physician, who may have little mental health training, is generally providing all services in rural settings (Smyer et al. 1994). Elderly patients have shown positive responses to telemedicine, specifically when it is introduced gradually. Patients were pleased with the quick response team and availability of telepsychiatrists and also impressed with the "high-tech" quality of the experience (Rabinowitz et al. 2010). While studies have not currently suggested that telemedicine psychiatric counseling services are comparable to traditional face-to-face services, these studies suggest that elderly individuals respond well to telemedicine. Continued research and adaptation of treatment models to patient needs is essential, especially when working with rural elderly populations.

Additional treatment interventions, including referral management interventions, have also been effective in increasing treatment participation among clients. In a randomized control trial with a sample of adult male veterans, telemedicine and technologically advanced referral systems were used to increase therapeutic outcomes. A holistic approach was used that focused on all aspects of the participant's treatment, with specific focus on each participant's symptoms (Zanjani et al. 2010).

An overall increase in mental health functioning as well as an overall decrease in depressive symptoms and binge rates were observed over time (Zanjani et al. 2010). The telephone-based referral care management (TBR-CM) that was employed in the clinical trial also increased attendance for appointments (Zanjani et al. 2010). One of the benefits of the TBR-CM model is that it can be changed and altered to meet the needs of individuals across diagnostic and age groups.

Telemedicine models have not only been used for the men and women returning to the USA from combat, but also is being used to support psychic–prophylactic interventions (Kostiuk et al. 2009). Tools that can be used to increase client engagement must continue to be incorporated when working with adult male veterans or men and women currently serving, but further study is needed to truly understand the therapeutic and psychiatric benefits of telemedicine.

According to the American Academy of Child and Adolescent Psychiatry (2010), between 7 and 12 million youths suffer from mental, behavioral, or developmental disorders. The use of telemedicine with teens has gained support and flourished out of a need to overcome barriers to receiving mental health treatment and a need to deal with the shortage of child specific psychiatrists and social workers (Weingarden Dubin 2010). Because telemedicine allows a client to contact a mental health service provider whether or not the provider is in the office, telemedicine is gaining popularity among teens. As video conferencing and social networking sites become more pervasive in society, telemedicine gains popularity with teens, partially because it reduces the stigma associated with receiving mental health services (Naditz 2010).

Thus it is apparent that the development of telemedicine models that would be effective in helping children and adolescents suffering from mental illness is feasible and can be effective in increasing access to mental healthcare (Myers et al 2010).

It is estimated that 20% of individuals needing mental service can be helped through telemedicine (SAMHSA 2009). Keeping this in mind, continued research must be conducted to study the potential benefits and drawbacks of telemedicine with the goal of eliminating barriers to seeking mental health treatment.

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