The CAPTOS Story
15 years of rural professionals’ capacity building through video conferencing:
How has it happened?

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Sue Foley Senior Social Worker MAASW (Acc)
B.Soc.Stud., M.S.W., M.A., M.Ed
The Department of Psychological Medicine
The Children’s Hospital at Westmead
Authors

• (Presenter): **Mrs Sue Foley** B.Soc Stud., M.A., M.S.W., M.Ed. Ed.D. Candidate  Senior Social Worker and CAPTOS Co-Ordinator

• **Assoc Professor Dr Ken Nunn**  Senior Consultant Child and Family Psychiatrist

• **Associate Professor Dr David Dossetor**,  MA, MBBChir, DCH, RRCP, FRCPsych, MD, Child Psychiatrist
CAPTOS

Child and Adolescent Psychiatry Telemedicine Outreach Service.

It is sometimes now known as the Child and Adolescent Psychological Medicine Telemedicine Outreach Service.
The Department of Psychological Medicine,

- A large child psychiatry department in the largest paediatric hospital in NSW
- Links are made by video conference – some ISDN, some IP, some telephone
- Links are to CAMHS teams although other clinicians and teachers and community services and paediatricians may attend.
- Conference room and office based equipment
The CAPTOS team

- Nine FTE psychiatrists (not at present)
- 14 clinical psychologists, 4 social workers, OTs, CNCs, pharmacist, 4 registrars (paediatric and psychiatry)
- Eight bed acute Child and Adolescent Mental Health Ward
- CAPTOS is included in every staff member’s job description (approx 25% of the department work load and budget)
Case conference/case planning

The CHW consultation liaison team planning an admission for a rural child with paralysis/conversion disorder.
Tele-supervision Models

• Models include:
  – Individual: attempts to match profession, interest etc of rural clinician with CHW clinician
    • Maybe telephone or video conference
  – Reflective group: usually 2–4 rural and 2 CHW
  – Traditional group: usually 2–6 rural and 1–2 CHW
  – Family therapy group: more structured around family therapy training
Tele-Education

• Regular Trauma Think Tank
• Specialist Education
• Family Therapy Consultation
• Collaborative, constructivist and generative learning
• About to be replicated to support parent infant therapy practitioners
Rural visits

• Get to know the rural clinicians
• Get to know the rural towns
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Champions

• Very important to continue to motivate service providers
• Philosophy is that the service provides specialist consultations, capacity building and clinical supervision that supports and develops regional clinicians.
• That happens through both telepsychiatry and tele supervisions
• Site visits are magic!
Not always rosy

- Rural clinicians sometimes overwhelmed!
- City clinicians sometimes overwhelmed!
- The technology doesn’t always work
- The technology can be adversely affected by weather!
- The paperwork might not arise
- The clinicians may be very basely untrained
Feedback

• Initial evaluation of psychiatry service led to ongoing funding (1999 – 2001)
• Ongoing surveys of rural and departmental clinicians
• Regular feedback from site visits
• Regular discussions with rural co-ordinators
• Supervision / discussion with service providers (fairly informal_
Rural Practitioners say (December 2011)

- I am more reflective about my practice
- I love the “feel Batter Bag technique”.
- I approach my team management better
- The consultation with psychiatrists means I have a different perspective on the client
- My case formulation has improved
- I have access to so many more resources through Captos
In Conclusion

• CAPTOS means that CHW has expanded its clinical walls to include an important group of clinicians throughout NSW.

• We are developing clinicians who are more flexible, less office bound and more ready to address the needs of the most seriously mentally ill children.

• Clinicians at CHW are becoming increasingly aware of the special needs and skills of clinicians in regional areas.
Commitment

• All the authors are very committed to the CAPTOS service. They have been champions of the responsibility of this funded city service to remain responsive to the needs, wishes and resource gaps of our rural colleagues.

• We are direct service providers, advocates, educators, colleagues and consultants
Advocacy

- In the past week one rural team, 800km away from a major hospital was able to consider ways of working with young people with Asperger’s Syndrome who are also struggling with depression and social anxiety.

- Another service who are struggling following the loss of a local Child and Family psychiatrist were supported to negotiate with local adult psychiatrist and CHW staff to ensure that children in crisis are able to access specialist services in a timely fashion.
• Telepsychiatry is a well tolerated and effective means of providing psychiatry services to remote children and families
• The service can be sustained (and expand) as an integral part of a metropolitan service
• The metropolitan clinicians can become part of the rural teams
• Telesupervision and capacity building activities are well respected and enjoyable


7. Dr. Jean Starling, FRANZCP, MPH, Ms Sue Foley, B.Soc. Stud., M.S.W., M.A., M.Ed, Senior Social Worker,. From Pilot to Permanent Service: Ten years of paediatric telepsychiatry.

Thank you