

EDITORIAL

Special Series on the Use of Technology in the Delivery of Child and Youth Mental Health Services and Supports

The delivery of mental health services using new technologies is a growing area of practice and research. This is largely in response to concerns with respect to the geographical, economic and cultural factors that often impede access to child and youth mental health services, and the need for innovative, “here and now” approaches for connecting with children and youth. With interactive technologies, extending the boundaries of the medical home base and improving communication with children and adolescents experiencing mental health challenges and their caregivers are now feasible goals. Videoconferencing, Internet and mobile devices are increasingly used to deliver child and youth mental health services globally via assessment, consultation, and therapy and fill these service gaps inherent in remote and rural regions. While this represents an exciting dynamic in the delivery of mental health services for children, youth, and families it can also be challenging to stay abreast of a rapidly changing current state.

The *Journal of the Canadian Association for Child and Adolescent Psychiatry* will profile a series of articles that describe the use of technology in child and youth mental health in each issue over the next year.

The first articles to launch this special series are authored by researchers at The Black Dog Institute in Sydney, Australia and at Orygen National Centre for Excellence in Youth Mental Health in Melbourne, Australia. Australia is a world-leader in the research, development and delivery of online mental health services. eMental Health services fill a huge gap in Australia; servicing individuals who cannot, or will not, access traditional services. Professor Christensen is an international leader in the use of technology to deliver evidence-based psychological therapies to communities and individuals who suffer from anxiety, depression or who are at risk of suicide. Her research involves development, testing, implementation and dissemination of eHealth applications aimed at reducing or preventing anxiety, depression and suicide risk. In this issue Perry, Werner-Seidler and Christensen focus on the evidence to date regarding the use of online and mobile technologies targeted to suicide prevention in youth. Next, Simon Rice and colleagues outline a theoretical approach for the ways in which online and social media-based interventions may reduce suicide risk in young people. They discuss three unique online and social media-based intervention studies focused on young people at risk of suicide.

Future issues will feature Dilys Hamer from Kids Help Phone in Toronto who reports that more young people are reaching out for help regarding mental health issues, suicide, and self-injury on live chat rather than via telephone. She and her colleagues describe the differences between young people who call in versus use live chat and the implications this has for current practice.

A contribution from Suzanne Archie and her team detail their work developing *Harry's PathwaysToCare*, an educational online tool developed to increase help-seeking behaviour and improve access to care. *The PathwaysToCare* game uses interactive and multi-media gaming technology to educate youth about pathways to care in Hamilton. By playing the game, youth learn how to navigate the mental health system. The game aims to move towards a patient engaged system by asking players to navigate a virtual system of mental health programs, services that represent a real world community of care.

Marianne Trondsen illustrates her work regarding the use of online technologies in emergency room settings in University Hospital of North Norway. She describes a decentralised on-call system in psychiatric emergencies, by which psychiatrists are accessible by videoconference 24/7. This work is important for understanding of how videoconferencing may support proper treatment and high-quality health care services in rural areas for patients in psychiatric emergencies. Finally, we close the series with a retrospective look at the past 16 years of the pediatric telepsychiatry program at the University of Toronto and focus on lessons learned and future strategies. We detail the program's evolution to include telepsychology, technology enabled knowledge translation and specific projects involving school settings and general practitioners.

We hope you will find this series informative and enjoyable and trust that it will encourage innovation in practice.

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