



RESEARCH ARTICLE

Lessons Learned in a Physician Referral to Pediatric Telemental Health Services Program

Antonio Pignatiello MD, FRCP(C)¹; Elaine Stasiulis MA, PhD(c)²; Carmela Solimine MD³; Omar Ayad MSc⁴; Katherine M Boydell MHSc, PhD⁵

Abstract

Background: This study explores the physician referral and engagement process of a pediatric telemental health program based in a large urban teaching children's hospital, and identifies the processes, strengths and challenges from the perspectives of Primary Care Physicians (PCPs) and telepsychiatrist consultants. **Methods:** A mixed methods approach was used. This included an online survey completed by 43 PCPs in Ontario rural communities who had referred patients to the telemental health program. Qualitative interviews were conducted with 11 child/adolescent telepsychiatrists who provide consultations via teleconferencing. **Results:** The majority of PCPs (61%) reported somewhat to moderate satisfaction with referral experiences. Challenges identified by physicians were related to communication and administration issues including: lack of timely follow-up appointments and continuity of care; lengthy referral forms; and recommendations for mental health services not accessible in their communities. Similarly, psychiatrist consultants expressed frustration with the sparse information they received from referring physicians and most significantly, the absence of appropriate service providers/professionals during the consultation to provide collateral information and ensure uptake of recommendations. **Conclusion:** Telemental health programs provide a valuable service to PCPs and their child and youth clients that could be significantly enhanced with a different consultation model. Such models of service delivery require protocols to educate PCPs, improve communication and information sharing and establish clear expectations between PCPs and telepsychiatry consultants.

Key Words: *telepsychiatry, telemental health, primary care, physician referral, child and youth mental health*

Résumé

Contexte: Cette étude explore l'aiguillage d'un médecin et le processus de participation à un programme de télésanté mentale pédiatrique situé dans un vaste hôpital universitaire pour enfants en milieu urbain, et mentionne les processus, les forces et les difficultés du point de vue des médecins des soins de première ligne (MPL) et des télépsychiatres consultants. **Méthodes:** Une approche de méthodes mixtes a été utilisée, ce qui comprenait un sondage en ligne auquel ont répondu 43 MPL des communautés rurales de l'Ontario qui avaient aiguillé des patients au programme de télésanté mentale. Des entrevues qualitatives ont été menées auprès de 11 télépsychiatres de l'enfant et de l'adolescent qui offrent des consultations par téléconférence. **Résultats:** La majorité des MPL (61 %) ont déclaré une satisfaction de passable

¹Associate Psychiatrist-in-Chief; Medical Director, TeleLink Mental Health Program, The Hospital for Sick Children; Associate Professor, Department of Psychiatry, University of Toronto, Toronto, Ontario; Associate Dean, Health Professions Student Affairs, MD Program, University of Toronto, Toronto, Ontario

²Research Fellow, Child and Youth Mental Health Research Unit, The Hospital for Sick Children, Toronto, Ontario

³Research Manager (at time of writing), Child Health Evaluative Sciences, The Hospital for Sick Children, Toronto, Ontario

⁴Project Manager, TeleLink Mental Health Program, The Hospital for Sick Children, Toronto, Ontario

⁵Professor of Mental Health, Black Dog Institute, University of New South Wales, New South Wales, Australia

Corresponding E-Mail: k.boydell@unsw.edu.au

Submitted: October 22, 2018; Accepted: July 11, 2019

à modérée à l'égard des expériences d'aiguillage. Les difficultés identifiées par les médecins étaient liées aux enjeux de communication et d'administration, notamment l'absence de rendez-vous de suivi ponctuels et de continuité des soins; les formulaires d'aiguillage fastidieux; et les recommandations de services de santé mentale qui ne sont pas offerts dans leur communauté. De même, les psychiatres consultants ont exprimé leur frustration quant à l'information insuffisante reçue des médecins de l'aiguillage et surtout, en raison de l'absence de prestataires/professionnels appropriés durant la consultation qui apporteraient l'information collatérale et assureraient l'adoption des recommandations. **Conclusion:** Les programmes de télésanté mentale fournissent un service valable aux MPL et à leurs clients pédiatriques, mais ils pourraient être améliorés significativement par un modèle de consultation différent. Ces modèles de prestation des services exigent des protocoles pour éduquer les MPL, améliorer l'échange de communication et d'information, et établir des attentes bien définies entre MPL et consultants en télépsychiatrie.

Mots clés: *télépsychiatrie, télésanté mentale, soins de première ligne, aiguillage d'un médecin, santé mentale de l'enfant et de l'adolescent*

Telemental healthcare (TMH) is rapidly expanding (Hilty, Ferrer, Parish, Johnston, Callahan, Yellowlees, 2013; Gloff, LeNoue, Novins, Myers, 2015) now representing an integral part of mental healthcare service delivery for young people residing in rural and remote regions in North America (Gloff et al, 2015; Boydell, Hodgins, Pignatiello, Teshima, Edwards, Willis, 2014). Factors driving its expansion include: advances in technology; increasing demand for mental health services in the context of a diminishing pool of child and adolescent psychiatrists (Thomas & Holzer, 2006) and growing evidence suggesting that care delivered to young people through TMH is effective (Myers, 2015; Gloff et al., 2015). However, the evidence base related to program development and organization is not keeping up with the rapid growth in these programs (Hilty, Shoemaker, Myers, Snowdy, Yellowlees, Yager, 2016). In this short communication, we focus on lessons learned from the referral process of rural PCPs to TMH programs.

PCPs in rural areas play a critical role in the mental health care of young people; both directly in terms of providing treatment as they are typically the first point of contact (Clatney, MacDonald, Shah, 2008) and indirectly in making appropriate referrals (Steele, Shapiro, Davidson, Floyd, Johnston, Stretch, et al, 2010). However, few receive formal training in child and adolescent psychiatry (Steele et al., 2010; Myers et al, 2015) and report low levels of confidence in managing young people's mental health problems (Clatney et al., 2006) but high levels in their abilities to make referrals to psychiatrists (Steele, Zayed, Davidson, Stretch, Nadeau, Fleisher, et al., 2012). TMH programs, which situate child and adolescent psychiatrists in consultative roles serving rural health care settings, are well positioned to enhance the knowledge and mental health care delivery of PCPs (Pignatiello, Boydell, Volpe, Braunberger, Minden, 2011). Despite research indicating high satisfaction rates among PCPs and pediatricians (Myers, Valentine, Melzer, 2007), the extent to which PCPs are actively involved in these consultations appears negligible (Boydell, Volpe, Kertes, Greenberg, 2007) or unknown.

The TeleLink Mental Health Program, a pediatric telepsychiatry service based in a large Canadian inner city (described in detail elsewhere, Pignatiello et al., 2011a,

2011b) currently follows a consultation model where the telepsychiatrist provides a formulation and immediate recommendations to the referring provider who maintains ongoing patient care. Referrals from community agencies are "consultee-centred" consultations whereas referrals from PCPs tend to be "client-centred". For the consultee-centered referral in this model, the telepsychiatrist consults and makes recommendations to the referring provider about the patient, who may or may not be present. Client-centred consultations always involve the presence of the patient and caregiver in the session but the referring provider; in this case, the PCP who receives the recommendation is typically not present.

Up until 2011, referrals initiated by PCPs in the TeleLink Mental Health Program were re-directed through the local children's mental health agencies that provided case management for young people and their caregivers. However, due to frequent staff turnovers, referrals were delayed and wait times increased. To facilitate a more immediate and effective referral process and encourage PCPs involvement in managing the mental health issues of children, the referral mandate at TeleLink was modified to include PCPs directly in the referral process. TeleLink follows a consultation model (Gloff et al., 2015) where the telepsychiatrist provides a formulation and immediate recommendations to the referring provider who maintains ongoing patient care. When follow-up consultations occur, there is not a guarantee that the patient will see the same psychiatrist as it depends on the reason and availability. However, attempts are made to keep the consulting psychiatrist consistent, whenever possible. The modified direct referral process allows direct referral from PCPs. Referral information required from PCPs includes basic demographic information as well as the reason for referral. Following the consultation, PCPs treating the child/young person receive a telepsychiatry report and are responsible for facilitating further medical/pharmacological interventions. The research objectives of this study were to explore this modified referral process and identifying its strengths and challenges from the perspectives of PCPs and TeleLink psychiatrists.

Response	Percentage	Count
Not at all comfortable	11.6	5
Slightly comfortable	20.9	9
Somewhat comfortable	25.6	11
Moderately comfortable	27.9	12
Extremely comfortable	27.9	12
TOTAL RESPONSES		43

Number of referrals/PCP	Percentage	Count
Less than 5	48.8	21
5 to 30	48.8	21
31 to 60	0.0	0
Greater than 60	2.3	1
TOTAL RESPONSES		43

Methods

A mixed method approach was used. An online survey assessed PCP's satisfaction (ranked on a Likert-type scale from 1=very poor, 2=poor, 3=fair, 4=good, 5=very good, 6=excellent) with TeleLink services regarding communication methods, referral process, and recommendations for TeleLink. Overall satisfaction with TeleLink referral services were scored from 1=not at all satisfied to 5=extremely satisfied. Despite numerous attempts to recruit PCPs for the survey, including a letter from the Associate Psychiatrist-in-Chief encouraging participation, 43 rural PCPs from a pool of 174 (24.7% response rate) in the TeleLink referral database completed the survey. We drew on the literature that pre-notification emails/letters/phone calls prior to survey release improves physician participation (Dykema, Stevenson, Day et. al., 2011) and had the lead physician researcher send out pre-notification emails 1-2 weeks prior to release of the online survey and fax. All PCPs who completed the survey declined an offer of a follow up telephone interview to further explore their perspectives on the referral process. Brief qualitative interviews were conducted with a convenience sample of 11 (42.3%) of the 26 TeleLink child and adolescent psychiatrist consultants. Participants were asked to describe improvements they would make to the TeleLink PCP referral program. Study approval was received from the Quality Improvement Board at The Hospital for Sick Children.

Survey responses from PCPs were analyzed using simple frequency statistics. Brief qualitative interviews from telepsychiatrists were audiotaped and transcribed verbatim. Transcripts and written responses from the survey and interviews were analyzed using conventional qualitative

content analysis (Hsieh, Shannon, 2005). Text data were interpreted through a classification of codes derived from the research objectives and guideline interview questions asked of telepsychiatrists, and repeated patterns were then identified and summarised.

Results

Online Survey (Likert-type and open-ended questions). PCPs were from northern Ontario, predominantly central northern and northwestern Ontario, including First Nation communities. Survey respondents represented PCPs practicing in rural Ontario, who had made at least one referral to the TeleLink program 2011-2015. One third identified young people with mental health issues as comprising more than 30 percent of their caseload and close to 60 percent reported some discomfort managing them (Table 1). Almost half of PCPs (49%) made between 5 to 30 referrals per year (Table 2). Most frequent reasons for referral were: assistance with management (91%), clarification of diagnosis (88%) and medication queries (74%).

PCPs varied by the number of referrals made per year and referrals were dependent upon multiple factors. For example, a PCP would make multiple referrals depending on the severity of the mental health condition outside of their scope of expertise, limited experience with child mental health or lack of resources in the surrounding community. The PCPs that had more experience with child mental health and had better shared care models interwoven into their practices with community resources referred to TeleLink for consultation regarding severe and complex cases.

Table 3. Primary care physicians' satisfaction with TeleLink recommendations and consultations

Response	Recommendations		Consultations	
	Percentage	Count	Percentage	Count
Excellent	7.0	2	27.5	11
Very Good	22.0	9	25.0	10
Good	29.3	12	25.0	10
Fair	29.3	12	17.5	7
Poor	12.4	5	5.0	2
TOTAL		40		40

Table 4. Primary care physicians' satisfaction with overall TeleLink experience

Response	Percentage	Count
Not at all satisfied	4.9%	2
Slightly satisfied	7.3%	3
Somewhat satisfied	34.1%	14
Moderately satisfied	26.8%	11
Extremely satisfied	26.8%	11
TOTAL		41

Just over 50% of PCPs rated the recommendations that they received from the consultation as being good to very good and 7% as being excellent (Table 3). However, 41% rated them as being fair to poor. They expressed frustration when telepsychiatrists made recommendations that could not be met locally, reflecting limited telepsychiatrist knowledge regarding resources available in the PCPs communities.

Regarding satisfaction with TeleLink consultations, over three quarters (77%) of PCPs rated their satisfaction as being good to excellent (Table 3). However, in response to *overall* satisfaction with their TeleLink experience, the majority (61%) reported that they were only somewhat to moderately satisfied and 27% indicated they were extremely satisfied (Table 4). The varied levels of satisfaction are reflected in respondent comments. Many remarked that the consultation experience improved their confidence, confirming they were providing appropriate care, making suitable treatment decisions and helping them to manage complex cases. They also expressed considerable frustration with onerous referral forms to complete, lack of continuity with the same telepsychiatrist and the length of time before the next consultation, which required them to complete additional paperwork. To improve their TeleLink experience, PCPs suggested a model of care where rapport and communication could be developed between themselves and the telepsychiatrists. PCPs preferred communicating over the phone, where they could ask questions freely rather than obtaining a faxed document of listed medications and

recommendations, rendering it difficult for the physicians to contact the consulting psychiatrists to clarify the recommendations. In this study context, physicians could not easily contact the psychiatrist with concerns and questions regarding the recommendations.

Brief Interviews. Close to two-thirds (63%) of the consultant psychiatrists interviewed tended to have extensive experience in child and adolescent psychiatry, practicing for over 15 years. They participated in Telelink consultations from one to four times weekly. Telepsychiatrists were generally positive about their program involvement, however, they expressed frustration with issues around communication, both in terms of receiving patient information and in providing recommendations. They indicated that referral documents from referring PCPs were often difficult to read, disorganized and missing information. PCP referrals that included input from community agencies, however, were reported to be, on the most part, comprehensive and information rich, enabling telepsychiatrists to adequately prepare for the consultation. In some cases, community mental health agencies either directly referred patients or contributed to the PCP referral process and to the consultation.

The presence of a PCP or an informed (often allied health) service provider during the consultation was critical for obtaining patient collateral information and ensuring that prescribed treatment was appropriate and implementable. PCP referrals not involving a local mental health agency

were identified as most challenging because, as one participant noted, physicians “rarely show up”. PCPs were viewed as “having the mindset of referring to a specialist”, which meant their involvement halted from time of referral to receipt of the consultant’s report. Without the presence of a service provider (e.g. therapist, case manager, nurse) who was familiar with the young person, relevant context and history was often missing and telepsychiatrists were unable to make immediate and appropriate assessments or recommendations. It appeared that psychiatrists viewed professionals as also providing structure and safety in the consultation process, helping to build rapport and comfort for the patient.

Discussion

PCPs and telepsychiatrists shared what might be considered mirrored versions of frustration in communication and information sharing. PCPs viewed referral documents as lengthy and cumbersome to complete, whereas telepsychiatrists found PCP referrals to be brief and difficult to follow. The lack of follow-up and continuity by the telepsychiatrist compromised PCP’s confidence in providing appropriate treatment. For telepsychiatrists, the absence of the PCP or the community agency practitioner during consultation sessions meant potentially missing relevant patient information thereby compromising assessment and treatment recommendations.

The lack of PCP’s involvement in the consultation is a significant issue not extensively reported on, suggesting the need to refine existing adult models of TMH service delivery to better serve children and youth (Gloff et al., 2015; Fortney, Pyne, Turner, Farris, Normoyle, Avery, 2015). Currently within telepsychiatry, direct care and consultation models are most commonly used with young people and families (Gloff et al., 2015). Psychiatrists have suggested that consultation models may encourage PCP participation because telepsychiatrists are typically not responsible for continuing patient care (Volpe, Boydell, Pignatiello, 2013) as compared to collaborative care (a more intensive model entailing on-going care shared among the PCP and the consultant) (Hilty et al., 2013). However, PCP non-participation in the consultation sessions is problematic, particularly in pediatric populations where the mental health needs of children and young people are often complex, requiring family involvement and a comprehensive array of services and providers (e.g. behavioural, education supports) (Hilty et al., 2016). Innovative hybrid consultation models that preserve the PCP-patient relationship and allow the telepsychiatrist to remain in a consulting role by, for example, involving a local service provider(s) who is knowledgeable about the child and can bridge communication gaps, need to be considered (Yellowlees, Chan, Burke, Parish, 2015). This type of model would address PCP’s preference for a shared model of care as the traditional models of shared care between PCPs-telepsychiatrists are not sustainable

because they are held during the day when PCPs are unable to attend. Thus, it is unreasonable to expect that PCPs could attend such sessions. Further, placing telepsychiatrists in consultative roles, in contrast to the traditional siloed approach whereby a mental health specialist assumes responsibility for patients’ behavioural care, is suggested to have greater population level impact in the mental health sector (Fortney et al., 2015). In addition, when local case managers are involved, they bring with them a detailed knowledge base regarding local community resources.

The challenges regarding PCP referrals to pediatric telemental health as reported by PCPs and telepsychiatrists might be mitigated by: instilling new requirements such as multiple consultative meetings with the same consultant; clarifying expectations for both PCPs and telepsychiatrists; encouraging dialogue between telepsychiatry specialists and rural PCPs that go beyond a faxed recommendation; developing resource guides for local mental health services, and implementing education/training regarding the referral and consultation processes. Relevant models can be drawn upon to provide guidance regarding these improvement strategies, for example with respect to training (Gadomsky, Wissow, Plankas et al., 2014) and resource guides (<https://www.seattlechildrens.org/healthcare-professionals/access-services/partnership-access-line/>). Project ECHO (Project Extension for Community Healthcare Outcomes), a free educational program funded by the Ontario Ministry of Health and Long-Term Care for PCPs, represents an innovative, technology-enabled collaborative learning program. The goal is to share knowledge about child and youth mental health amongst PCPs and with tertiary care specialists, offering CME/CPD for PCPs. Evaluation of the model indicated that high-participant retention is achievable, and provided preliminary evidence for increased knowledge and self-efficacy (Sockalingham et al., 2018). These findings suggest that this intervention may improve mental health management in primary care.

Limitations

The response rate is somewhat lower than usual in such study approaches; however, low response rates of physicians in particular have been previously reported (Abdulaziz et al., 2015) - with the field of psychiatry as particularly low at 27% (Cunningham et al., 2015). The possibility of non-representativeness is also of concern due to the convenience sampling. It is also possible that the unique features of Tele-Link, such as its large pool of psychiatrists, might limit generalizability to other jurisdictions using tele-mental health. Private practice office settings with its “various gatekeepers” poses an additional barrier to PCP participation.

Conclusion

As this study suggests, an effective telemedicine model requires accommodating the needs of both rural medical sites and the telepsychiatry sites that serve them (Hilty, Yellowlees, Cobb, Bourgeois, Neufeld, Nesbitt, 2006). Integral to addressing these needs are models and protocols to ensure on-going communication and information sharing that begins with the referral process.

Acknowledgements / Conflicts of Interest

All authors confirm that no competing financial interests exist.

References

- Abdulaziz, K., Brehaut, J., Taljaard, M., Émond, M., Sirois, M. J., Lee, J. S.,...Perry, J. J. (2015). National survey of physicians to determine the effect of unconditional incentives on response rates of physician postal surveys. *BMJ Open*, 5:e007166. Doi: 10.1136/bmjopen-2014-007166.
- Boydell, K. M., Hodgins, M., Pignatiello, A., Teshima, J., Edwards, H., & Willis, D. (2014). Using Technology to Deliver Mental Health Services to Children and Youth: A Scoping Review. *Journal of the Canadian Academy of Child and Adolescent Psychiatry*, 23(2), 87-99.
- Boydell, K. M., Volpe, T., Kertes, A., & Greenberg, N. (2007). A review of the outcomes of the recommendations made during paediatric telepsychiatry consultations. *Journal of Telemedicine and Telecare*, 13(6), 277-281.
- Clatney, L., MacDonald, H., & Shah, S. M. (2008). Mental health care in the primary care setting. *Canadian Family Physician*, 54, 884-889.
- Cunningham, C. T., Quan, H., Hemmelgarn, B., Noseworthy, T., Beck, C. A., Dixon, E.,... Jetté, N. (2015). Exploring physician specialist response to web-based surveys. *BMC Medical Research Methodology*, 15, 32. <https://doi.org/10.1186/s12874-015-0016-z>
- Dykema, J., Stevenson, J., Day, B., Sellers, S. L., & Bonham, V. L. (2011). Effects of incentives and prenotification on response rates and costs in a National web survey of physicians. evaluation and the health professions. *Evaluation and the Health Professions*, 34(4), 434-447.
- Fortney, J. C., Pyne, J. M., Turner, E. E., Farris, K. M., Normoyle, T. M., Avery, M. D.,... Unützer, J. (2015). Telepsychiatry integration of mental health services into rural primary care settings. *International Review of Psychiatry*, 27(6), 525-539.
- Gadomski, A. M., Wissow, L. S., Palinkas, L., Hoagwood, K. E., Daly, J. M., & Kaye, D. L. (2014). Encouraging and sustaining integration of child mental health into primary care: Interviews with primary care providers participating in Project TEACH (CAPES and CAP PC) in NY. *General Hospital Psychiatry*, 36(6), 555-562.
- Gloff, N. E., LeNoue, S. R., Novins, D. K., & Myers, K. (2015). Telemental health for children and adolescents. *International Review of Psychiatry*, 27(6), 513-524.
- Hilty, D. M., Ferrer, D. C., Parish, M. B., Johnston, B., Callahan, E. J., & Yellowlees, P. M. (2013). The effectiveness of telemental health: A 2013 review. *Telemedicine and eHealth*, 19(6), 444-454.
- Hilty, D. M., Yellowlees, P. M., Cobb, H. C., Bourgeois, J. A., Neufeld, J. D., & Nesbitt, T. S. (2006). Models of telepsychiatric consultation-liaison service to rural primary care. *Psychosomatics*, 47(2), 152-157.
- Hsieh, H. F., & Shannon, S. E. (2005). Three approaches to qualitative content analysis. *Qualitative Health Research*, 15(9), 1277-1288.
- Myers, K., Vander Stoep, A., Zhou, C., McCarty, C. A., & Katon, W. (2015). Effectiveness of a Telehealth Service Delivery Model for Treating Attention-Deficit/Hyperactivity Disorder: A Community-Based Randomized Controlled Trial. *Journal of the American Academy of Child & Adolescent Psychiatry*, 54(4), 263-274.
- Myers, K., Valentine, J., & Melzer, S. M. (2007). Feasibility, Acceptability, and Sustainability of Telepsychiatry for Children and Adolescents. *Psychiatric Services*, 58(11), 1493-1496.
- Pignatiello, A., Boydell, K. M., Volpe, T., Braunberger, P. G., & Minden, D. (2011a). Transforming child and youth mental health via innovative technical solutions. *Healthcare Quarterly*, 14(2), 92-102.
- Pignatiello, A., Teshima, J., Boydell, K. M., Minden, D., Volpe, T., & Braunberger, P. (2011b). Child and youth telepsychiatry in rural and remote primary care. *Child and Adolescent Psychiatric Clinics of North America*, 20, 13-28.
- Seattle Children's Hospital, Partnership Access Line: Child Psychiatric Patient Program for Primary Care Providers, Retrieved at <https://www.seattlechildrens.org/healthcare-professionals/access-services/partnership-access-line/> on March 20, 2019.
- Sockalingham, S., Arena, A., Serhal, E., Mohri, L., Alloo, J., & Crawford, A. (2018). Building provincial mental health capacity in primary care: An evaluation of a Project ECHO mental health program. *Academy of Psychiatry*, 42(4), 451-457.
- Steele, M., Zayed, R., Davidson, B., Stretch, N., Nadeau, L., Fleisher, W.,...St. John, K. (2012). Referral patterns and training needs in psychiatry among primary care physicians in Canadian rural/remote areas. *Journal of the Canadian Academy of Child and Adolescent Psychiatry*, 21(2), 111-123.
- Steele, M., Shapiro, J., Davidson, B., Floyd, G., Johnston, J., Stretch, N., & Mohammed, A. (2010). Survey comparing criteria used by rural and urban primary care physicians for referrals to child and adolescent psychiatrists and children's mental health agencies in Ontario. *Journal of the Canadian Academy of Child and Adolescent Psychiatry*, 19(4), 284-289.
- Thomas, C. R., & Holzer, C. E., 3rd. (2006). The continuing shortage of child and adolescent psychiatrists. *Journal of the American Academy of Child and Adolescent Psychiatry*, 45(9), 1023-1031.
- Volpe, T., Boydell, K. M., & Pignatiello, A. (2013). Attracting Child Psychiatrists to a Televideo Consultation Service: The TeleLink Experience. *International Journal of Telemedicine Applications*, 2013:146858.
- Yellowlees, P., Richard Chan, S., & Burke Parish, M. (2015). The hybrid doctor-patient relationship in the age of technology - Telepsychiatry consultations and the use of virtual space. *International Review of Psychiatry*, 27(6), 476-489.