Behavioral Health Institute (BHI)

Training, Workforce and Policy Innovation Center

TeleBehavioral Health 401 Training Series

Behavioral Health Telehealth Resource
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June 16, 2023

Behavioral Health Institute (BHI)

Training, Workforce and Policy Innovation Center

The Behavioral Health Institute is a Center of Excellence where innovation, research and clinical practice come together to improve mental health and addiction treatment. BHI established initial priority programs which include:

- Improving care for youth and young adults with early psychosis
- Behavioral Health Urgent Care Walk in Clinic
- Behavioral Health Training, Workforce and Policy Innovation Center
- Expanded Digital and Telehealth Services

DISCLAIMER

Any information provided in today's talk is not to be regarded as legal advice. Today's talk is purely for informational purposes.

Always consult with legal counsel.

We gratefully acknowledge the support from

Washington State Health Care Authority

NRTRC NORTHWEST REGIONAL TELEHEALTH RESOURCE CENTER

AHECWW AREA HEALTH EDUCATION CENTER FOR WESTERN WASHINGTON AT WHATCOM COMMUNITY COLLEGE

BUILDING TELEHEALTH CAPACITY for BEHAVIORAL HEALTH

TeleBehavioral Health 401

How to Support People with Disabilities when Providing Telebehavioral Health Services: A Discussion of Advantages, Disadvantages, Special Considerations, and Best Practices

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Learning Objectives:

1. Describe key advantages and disadvantages of telebehavioral health services for people with disabilities.
2. List at least three examples of barriers faced by people with disabilities to accessing telebehavioral health services.
3. Identify at least three strategies to improve access and inclusion when delivering telebehavioral health services to people with disabilities


Who are you?
What is your lens?
What is
POSITIONALITY?

Janay, a case example

- 30-year-old mixed race blind cis-gendered bisexual woman, presenting for anxiety treatment
- Prior diagnoses of Borderline Personality Disorder, Panic Disorder, Generalized Anxiety Disorder, and Major Depressive Disorder
- Born with premature retinopathy, later experience corneal disease leading to complete functional blindness
- Also diagnosed with Type II Diabetes, intractable migraines, jaw pain, and experiencing worsened symptoms that have led to frequent ER visits

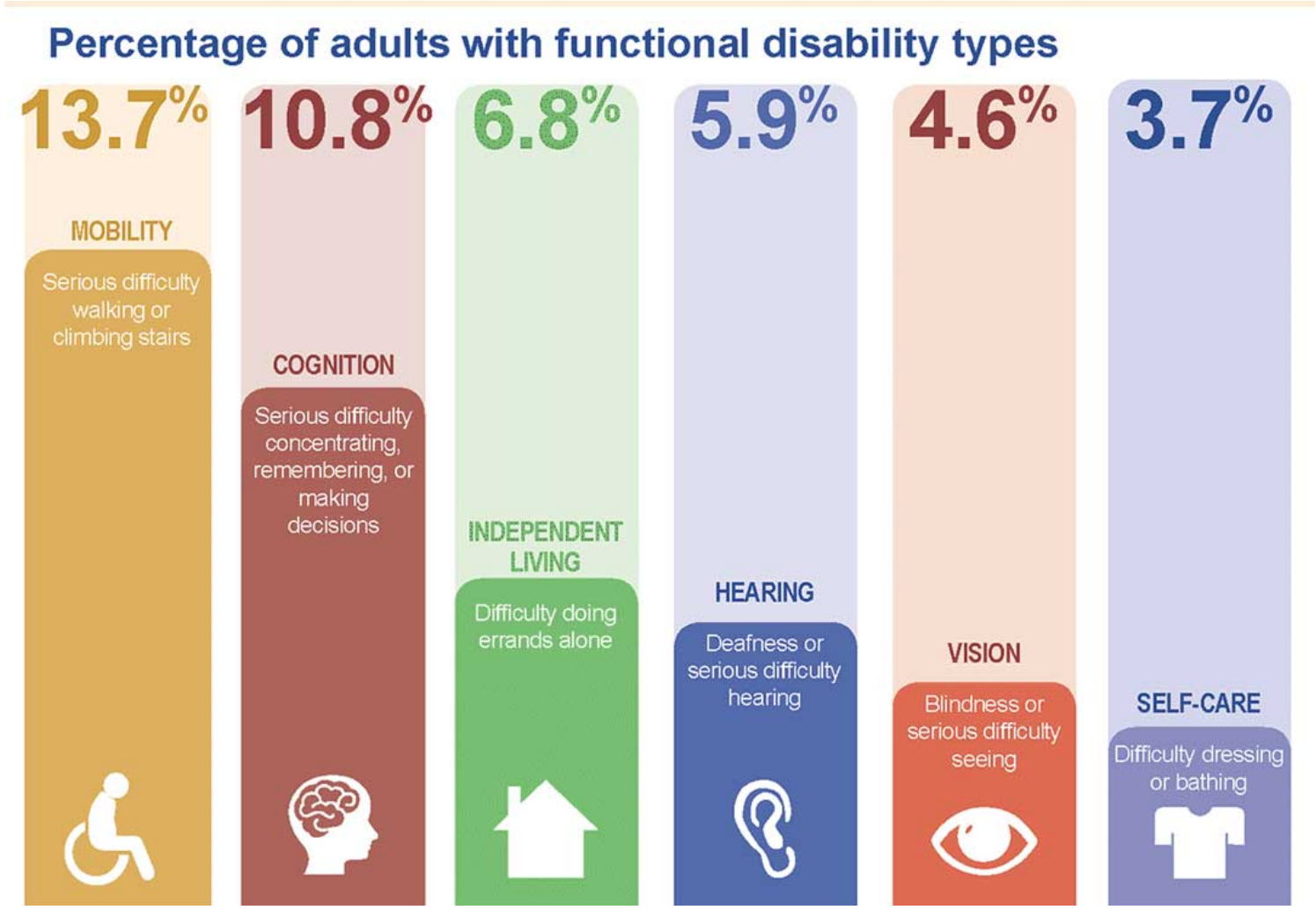
What may get in the way of Janay's behavioral healthcare in-person? Through telehealth?

Disability as Diversity

Impairments, activity limitations, and participation restrictions (World Health Organization)

Not just a health problem – disability is an interaction between features of a person's body and features of the environment in which they live

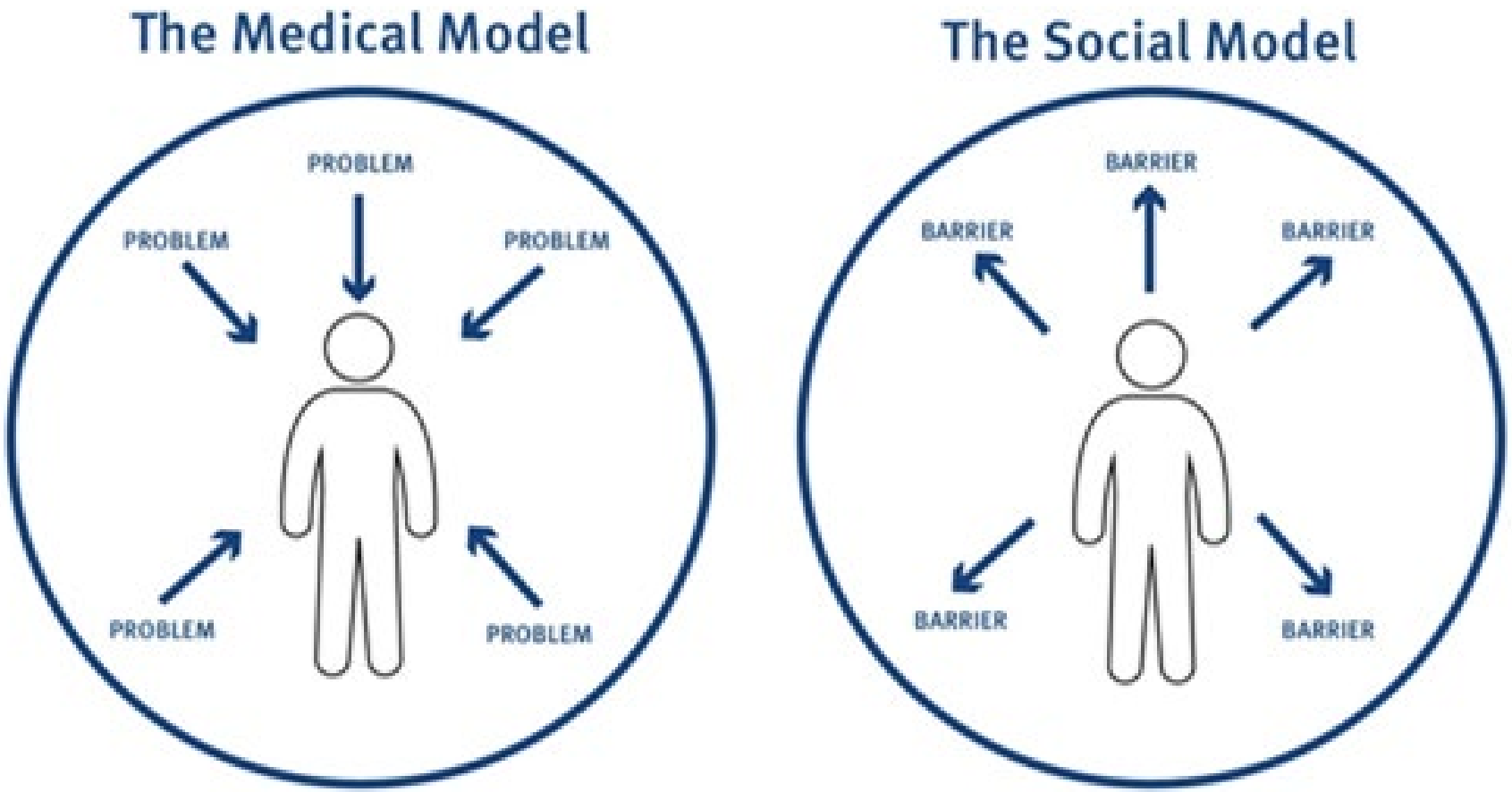
26% OF US POPULATION CURRENTLY HAS ONE OR MORE DISABILITIES



Disability disproportionally affects populations that are otherwise vulnerable

- Lower income countries and regions
- Women and gender minorities
- Older populations
- Out of work, low education
- Black, Indigenous, and people of color

Models of Disability



According to the social model, ableism is the problem, not disability

Her **impairment** is the problem! They should cure her or give her prosthetics.

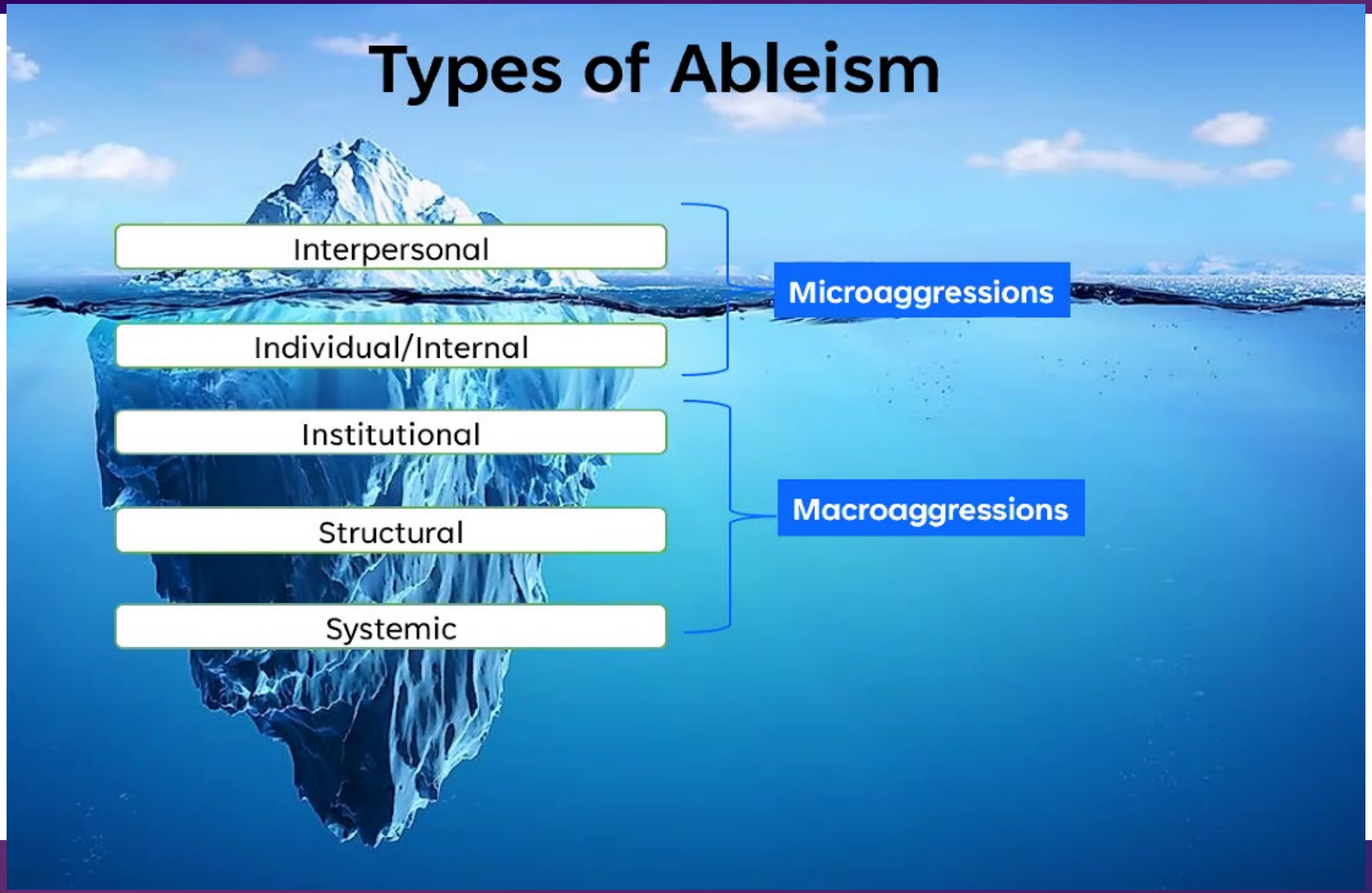
The ***medical model*** of disability

Image by **UAA**: http://www.uaa.alaska.edu/accessibility/topic/architecture.cfm

The **stairs** are the problem! They should build a ramp.

The ***social model*** of disability

- Discrimination and social prejudice against people with disabilities.
- Ableism characterizes people as they are defined by their disabilities, and classifies disabled people as inferior to non-disabled people
- Ableism includes “ideas, practices, institutions and social relations that presume ablebodiedness, and by so doing, construct persons with disabilities as marginalized…. and largely invisible 'others’” (Chouinard, 1997, p. 380)



Slide presented by Erin Andrews, PhD at NIH Ableism in Medicine Workshop, April 2023

Adapted Braveman et al., 2022

Above the Surface: Interpersonal and Individual/internal ableism

How do you think and feel around people with disabilities?

- Sad? Pity?
- Confusion?
- Disgust?
- Burdened or bothered?
- Impeded or slowed down?
- Inspired?

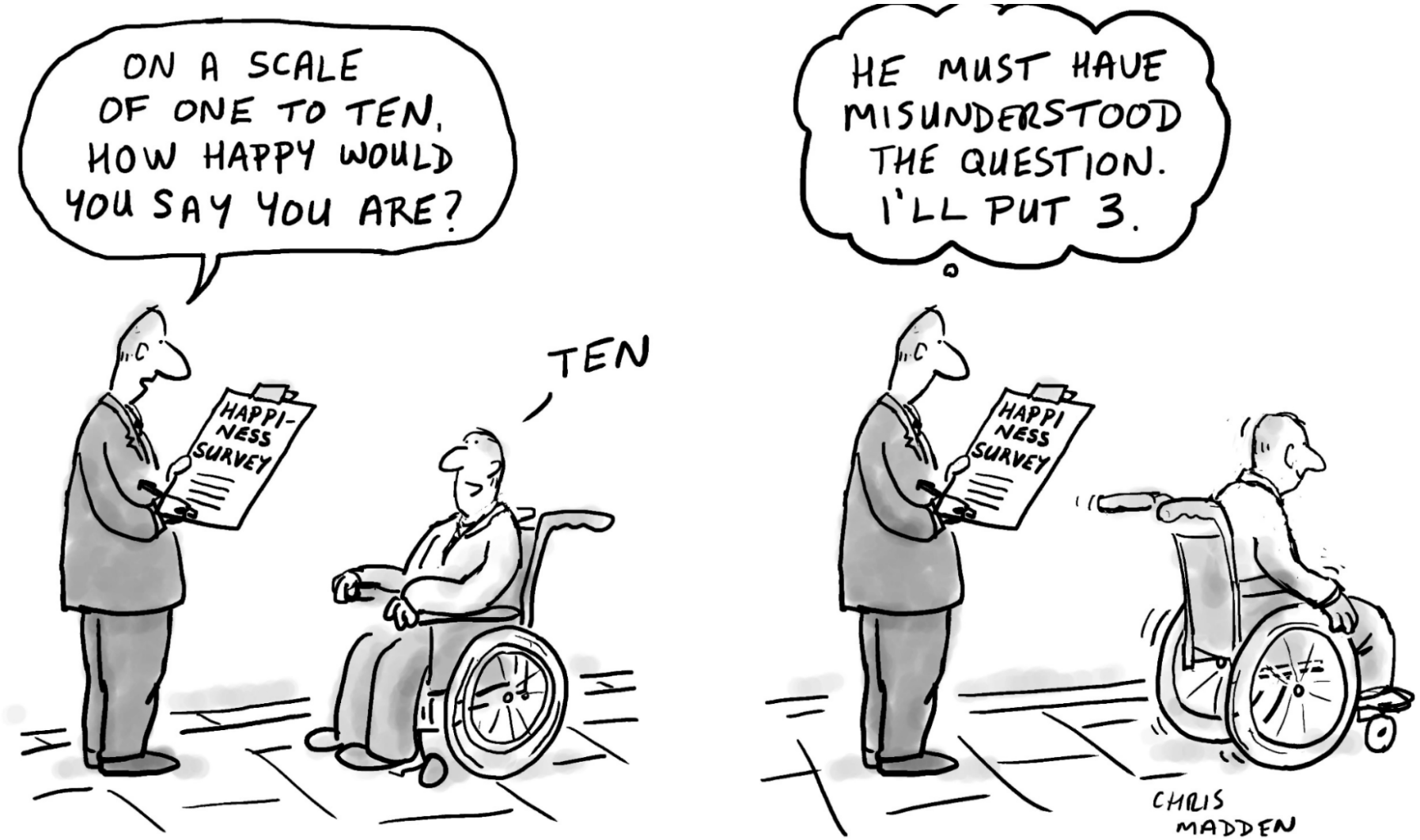
- What assumptions do you make about what people with disabilities can or cannot do?
- What questions do you ask or choose not to ask people with disabilities?

WeCapable
BE EMPOWERED

LIVING IN AN ABLEIST SOCEITY

- **Attributing all symptoms to a single condition or disability rather than considering other co-occurring conditions**
  - Pregnant people with disabilities have an 11X greater risk of death (Gleason et al., 2021)
  - Intellectual disability is the second greatest predictor of death from COVID-19 (Gleason et al., 2021)
  - Delays in diagnosis of neurological and psychiatric conditions (e.g. delay in diagnosing multiple sclerosis due to pre-existing bipolar disorder and vise versa (Butala et al., 2017))

Heslop P., Blair P., Fleming P., et al. Confidential inquiry into premature deaths of people with learning disabilities (CIPOLD). Bristol: Norah Fry Research Centre, 2013

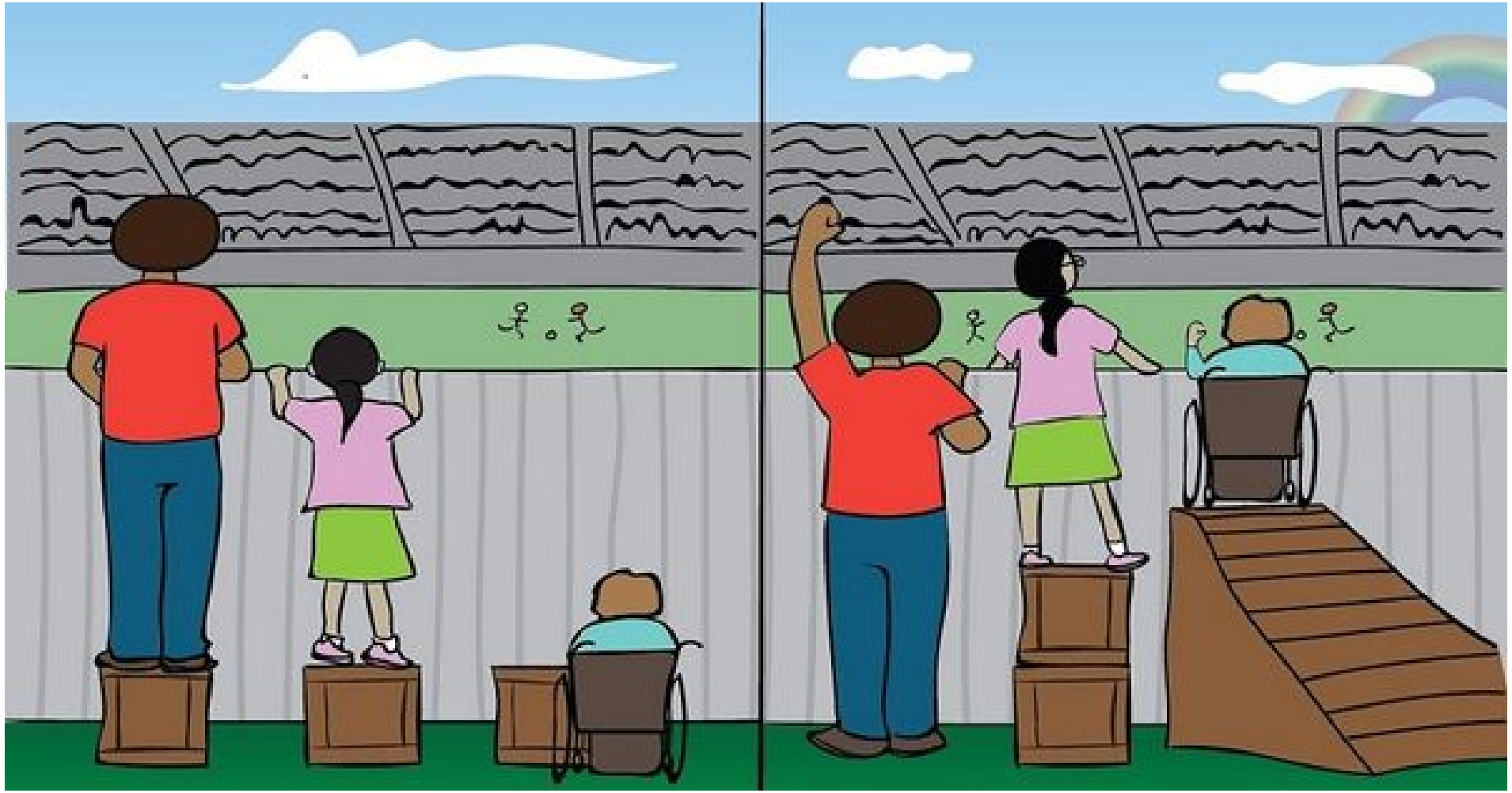

ON A SCALE OF ONE TO TEN, HOW HAPPY WOULD YOU SAY YOU ARE?
HAPPI-NESS SURVEY
TEN
HE MUST HAVE MISUNDERSTOOD THE QUESTION. I'LL PUT 3.
HAPPI NESS SURVEY
CHRIS MADDEN

Reducing diagnostic overshadowing and challenging ableism in behavioral healthcare

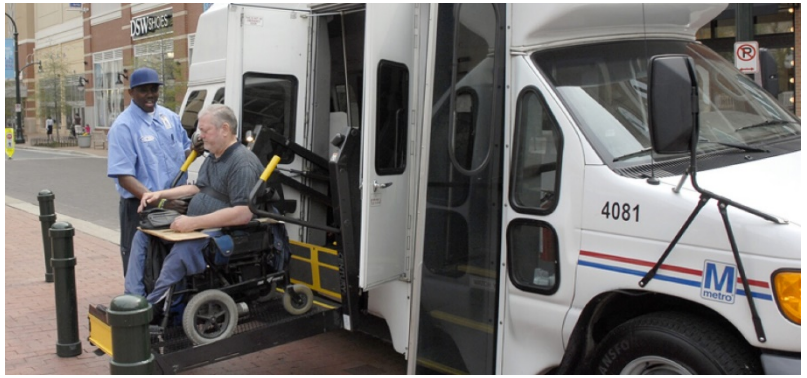
- Don't make assumptions about people with disabilities' quality of life, level of functioning, or the origin of symptoms
- Pay close attention to any changes in symptoms
- Provide referrals and include relevant disability context
- Consult and seek input from others in the patient's life

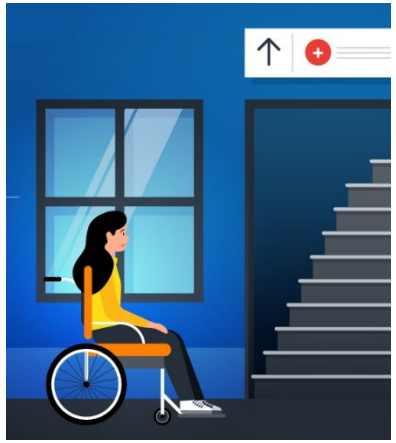
Under the Surface: Institutional, Structural, and Systemic ableism

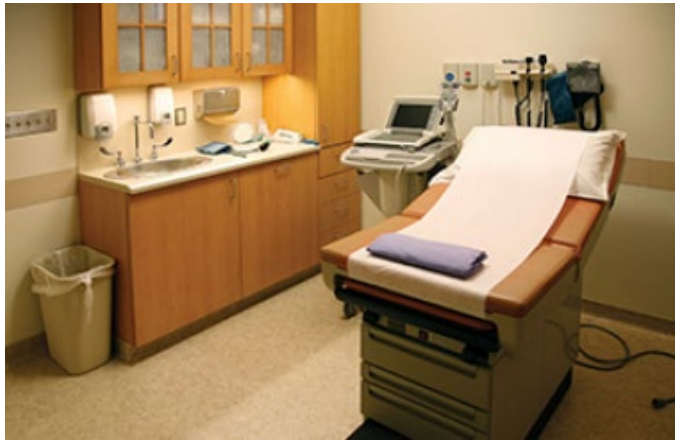
How our institutions, structures, and systems are designed for the able-bodied, and marginalize people with disabilities.



Equality versus Equity







Access barriers that create inequity in behavioral healthcare

Specific access barriers that create inequity in telehealth

The extent that the Americans with Disabilities Act applies to telehealth is disputed and often determined by case law as opposed to federal or state regulations (Powers et al., 2017; Brown & Quackenboss, 2021), and this lack of protections leadss to barriers:

- Lack of accessible technology (websites, video conferencing platforms, etc.)
- Difficulties using technology
- Lack of housing or space for visits
- Language barriers (e.g. signed language interpreters, captioning, text-based communication, view of nonverbals)

Accessibility advantages of telehealth

- Reduces reliance on transportation and increases access to providers, especially in rural areas (Christensen & Bezyak, 2020)
- increase access to specialist providers, particularly psychiatrists and other behavioral health providers (RAND Corporation, 2020)
- lessen the need for coordinating caregiver support to get to appointments, shorten appointment wait times, and lessen the potential of negative experiences in public spaces (Valdez et al., 2021; Kichloo et al., 2020)
- Reduce cost (Henry, 2020)
- Can promote independence and self-management Christensen & Bezyak, 2020; Forducey et al., 2012)

Where are institutional, structural, and systemic ableism in your own practice?

What would be hard for someone with a mobility disability? Cognitive disability? Hearing or visual disability? Other functional limitations?

How could we adapt what we do to make accessing care easier?

Let's return to Janay…

What may be impacting her access to care?

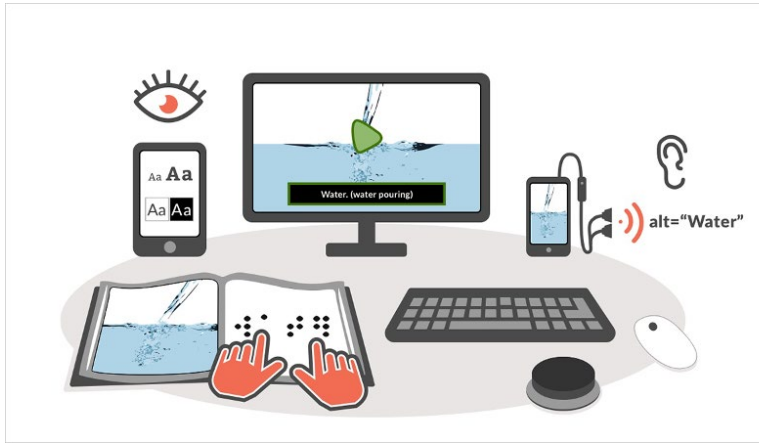
Examples from Janay's experience

What helped or got in the way of Janay's access to treatment?

Considerations & Best Practices

BEFORE THE APPOINTMENT

- Challenge biases and assumptions and advocate for disability inclusion
- Ask **all patients** about access needs and how we can make materials, technology, and interactions more accessible – don't assume!
- Include questions about access needs in intake forms
- Create accessible materials (alt text in images, accessible docs,)
- Include accessibility options in telehealth software and materials (large text, screen readers, closed captioning, images alongside written descriptions)
- Offer guides to access technology and appointments and provide the time needed to assist and problem-solve
- Be flexible when possible – offer to conduct appointments in the format that is most accessible to the patient



Considerations & Best Practices

DURING THE APPOINTMENT

- Ask **all patients** about access needs and how we can make materials, technology, and interactions more accessible – don't assume!
- Shift focus from finding a cure or reducing symptoms to improving functioning and well-being
- Offer multiple means of engaging (text, images, oral, etc.)
- Include and work strategically with interpreters, companions, caregivers, and personal care aides
- Flex limits and practice patience when barriers arise
  - Conduct appointments in the most accessible format for the patient
  - Accommodate to ensure care – tolerate lateness, provide reminders, etc. – and problem-solve as needed
- Assess the effectiveness of accommodations and treatment
- Solicit feedback on how to improve care

Considerations & Best Practices

AFTER THE APPOINTMENT

- Pursue info about gaps in knowledge or care
- Consult and refer as needed
- Advocate for your patient's access needs with your team and other providers
- Assess the effectiveness of accommodations, seek feedback
- Take what went well and what needed improvement to inform the next session
- Make accessibility improvements

The takeaways: Disability as difference not deficiency

Telehealth is an opportunity and an imperfect solution

We can all do more to be inclusive of people with disabilities in our practices.

Further reading and resources

- Lawson, N., King, J., & Rontal, R. (2022). *Disability and telehealth since the COVID-19 pandemic: Barriers, opportunities, and policy implications*. https://disabilityhealth.medicine.umich.edu/sites/default/files/downloads/RRTC%20Telehealth_final2.pdf
- Lagu, T., Haywood, C., Reimold, K., DeJong, C., Walker Sterling, R., & Iezzoni, L. I. (2022). 'I Am Not The Doctor For You': Physicians' Attitudes About Caring For People With Disabilities. *Health Affairs*, *41*(10), 1387–1395. https://doi.org/10.1377/hlthaff.2022.00475
- NIH Ableism in Medicine Virtual Workshop: https://videocast.nih.gov/search?newQuery=ableism

Additional Free Resources for Washington State Behavioral Health Providers

EDUCATIONAL SERIES:

- UW Traumatic Brain Injury – Behavioral Health ECHO
- UW Psychiatry & Addictions Case Conference ECHO
- UW TelePain series

PROVIDER CONSULTATION LINES

- UW Pain & Opioid Provider Consultation Hotline
- Psychiatry Consultation Line
- Partnership Access Line (pediatric psychiatry)
- Perinatal Psychiatry Consultation Line

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