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Harlem Nonprofit Plans to Offer Virtual Psychiatrist Visits in School Clinics

It gets conditional state approval, joining the growing ranks of agencies across New York providing service using videoconference technology

By Leslie Brody
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Some New York City public school students are getting a high-tech twist on mental health care: telepsychiatry.

Northside Center, a nonprofit agency in Harlem with clinics in city schools, got conditional state approval on Tuesday to let its psychiatrists have virtual visits with students and prescribe medicine using videoconference technology. It expects the final go-ahead before school starts in September.

If so, Northside Center would join the expanding ranks of agencies across New York offering telepsychiatry since the State Office of Mental Health set rules for its use in licensed clinics two years ago. So far, the office has approved 46 programs statewide to offer telepsychiatry, including Astor Services for Children & Families, which uses it in seven clinics in public schools in the Bronx.

Telepsychiatry has grown nationwide to serve patients in rural areas and elsewhere without easy access to care, especially as the price of equipment has dropped. “Everyone is trying to get on board with this technology,” said Northside Center’s executive director, Thelma Dye.

Skeptics have questioned whether telepsychiatry risks losing the intimacy and subtle cues of face-to-face meetings, and some express concern that its convenience could escalate the use of medication as a quick fix. Some also worry about potential privacy violations if virtual sessions get hacked.

The state requires clinics to use dedicated, secure transmission links, and video cameras that can pan and tilt so a psychiatrist can check a patient’s body language and surroundings. The state Office of Mental Health supports telepsychiatry, saying it “helps bring care directly to patients.”

Sonia Barnes-Moorhead, executive vice president of the foundation at Astor Services, said it took some time to work out the technical kinks but staff and students quickly become comfortable with telepsychiatry when it started in its Bronx clinics in the past school year. She said her agency doesn't use it with its most severe cases, but in general, "the feedback has been tremendous."

Jean Holland, clinic director at Northside Center, said videoconferencing saves specialists from spending time traveling among schools, a key benefit due to a widespread shortage of child psychiatrists. A psychiatrist must meet a child in person before any virtual sessions can take place. The center aims to use telepsychiatry largely for evaluations and monitoring medications, rather than long-term counseling, which is usually provided by social workers.

Ms. Holland said a parent or guardian will stay with a child during every virtual visit, and a social worker might join them as well, so the child is "not just sitting there in a room without support."

The center applied to use the technology in its clinics at P.S. 161 in Harlem and two charter schools, KIPP NYC College Prep High School in the South Bronx and East Harlem Scholars Academy.

Supporters say videoconferencing makes it easier for school staff to update a psychiatrist on a student's behavior. But Claudia Gold, a pediatrician and author of "The Silenced Child" expressed concern: She has long argued that many children are overmedicated, and said the quick convenience of telepsychiatry could exacerbate that problem.

When a child acts out, she said, too often psychiatrists look to adjusting medication first before taking time to delve into deeper family problems that could be affecting behavior, such as parental conflict or substance abuse.

Telepsychiatry "will solve the problem of the shortage of child psychiatrists but unfortunately it makes the path of medication that much easier than dealing with underlying issues," Dr. Gold said.

Ms. Holland, at Northside Center, said that can be a risk at some agencies, but "we are very conservative in prescribing medication, especially with very young children."

Ms. Barnes-Moorhead said techniques to manage medications are similar whether face-to-face or through technology.