Adolescents Experiences with Video Consultations in Specialized Mental Health Services in Norway

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***Abstract*—This project explored adolescents experiences with video consultations using a qualitative approach. Results from the study can be summarized in the six themes: 1) Therapy on the screen, 2) "Not for real" – The screen as a filter, 3) The screen as a "looking glass," 4) Emotions on the screen, 5) Therapy in a physical setting, 6) Tools for Therapy.**

Keywords-Video consultations; mental health; adolecents

I. INTRODUCTION

Historically, social relations and meetings between people usually took place in physical environments. During the last decades, the story is in a persistent change, and we have moved from the physical to the digital. It has given us new possibilities for communication, such as Video Consultations (VC) for adolescents within mental health services. Use of VC can potentially reduce problems related to traveling to the mental health care facility, as Norway consists of long distances and at times extreme weather conditions. The aim of this project was to provide knowledge about adolescent's experiences with the use of VC, and how the experience was compared to face-to-face meetings with their therapist.

The adolescents' experiences with VC are understood in light of Goffman's theory of frontstage and backstage, related to sense and impact of place or place-lessness. Goffman have been analyzing and describing situations when people interact with each other in physical settings, either frontstage or backstage [1]. Electronic media facilitate communication in real time between people who are in different places. In addition, we let us inspire by Actor-Network theory (ANT). ANT is used to study the relations between actors within a network, and how these relations change when a new actor (technology for VC) is introduced [2][3].

The methodological framework of the project is explained in Section 2, followed by a presentation of the results in Section 3, Section 4 consists of a discussion of VC for adolescents within mental health services, and finally conclusions and suggestions for further research in Section 5.

II. METHODOLOGY

33 individual interviews with adolescents between 16 and 23 years of age were conducted digitally between August 2021 and April 2022. The qualitative in-depth interviews were based on a hermeneutical-phenomenological perspective [4]. A semi-structured thematic interview guide was used during the interviews, which was made in co-creation between researchers and persons with user experiences.

Administration personnel at the local mental health facility identified adolescents that suited the inclusion criteria, which were as follows: 1) VC in the period from March 16th to August 5th, 2021. 2) Between 16 and 23 years old. A psychologist from the local facility contacted and asked potential informants by phone. The ones who said yes were contacted by a researcher to schedule an interview. None of the informants retracted after the interviews. All participants received written and verbal information about the study. Consent was sent by mail to the project leader and stored separately from any data material. The informants are anonymized.

The analysis of the interviews is inspired by an abductive approach [5]. It can be viewed as a cyclic process, which started during the transcription of the interviews.

III. RESULTS

The results reveal that the use of VC is a complex matter, and that adolescents are a heterogeneous group with different preferences and needs. The following six themes emerged during the analysis: 1) Therapy on the screen, 2) "Not for real" – The screen as a filter, 3) The screen as a "looking glass," 4) Emotions on the screen, 5) Therapy in a physical setting, 6) Tools for Therapy. The phenomena described within the themes are not discrete from another. The informants reported similar experiences with VC, but there were also individual preferences. The six themes are further elaborated below:

1) Therapy on the screen contains the difference between therapy and communication on screen versus in a physical setting. This includes difficulty and inhibition to talk about

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inner thoughts, not able to fully observe body language or to have eye contact.

2) "Not for real" – The screen is based on the perception of adolescents of VC as "unreal" and "less personal". They experienced that the screen removed something from the relation.

3) The screen as a "looking glass" describes the adolescents experiences with seeing their own image on the screen, and how this affected them during VC (distracting, challenging, triggering, etc.) The effect of your own image on the screen can be considered as the looking glass effect.

4) Emotions on the screen stems from several adolescents who told that it was difficult to show emotions on screen. They did not receive the necessary emotional support and closeness. One of the consequences was that they did not talk about difficult topics. Several of those reasons are highly intertwined with already presented themes. However, some talked more about difficult topics in a less personal medium.

5) Therapy in a physical setting is about the meaning of place, or lack thereof. Informants had experienced VC at home and/or at school. Their experiences differentiated based on surroundings at each location, for example fear that people would overhear versus feeling safe that no one would listen in.

6) Tools for therapy are about tools that are being used in a physical setting, for example a white board, which some of the informants missed during VC. Either because it could not be used, or because it was not optimal during VC.

IV. DISCUSSION

VC can in some cases bring new opportunities for understanding and treating illness in context, leading to a greater emphasis on psychosocial approaches.

Previous research on the use of VC shows that it can reduce travel-time, costs related to traveling to health care facilities and hours absent from school, and that trauma-experienced adolescents shared more relevant information during VC than in a physical consultation [6][7]. However, adolescents could experience disturbances when having consultations at home and the naturalness of the relation with the therapist was reduced, and the screen could become a 'barrier' for communication [7][8]. It is consistent with our findings, where the adolescents described the screen as a "not for real", the inability to read each other's body language on the screen, and how place and surroundings plays in.

Use of VC may be challenging to get a complete and complex understanding and knowledge about the users' situation in his or her context. This finding indicates a thorough assessment regarding use of VC. The adolescents in our study expressed that a combination of video and physical consultations was preferable. Their individuality and preferences should be considered when further developing and offering VC.

V. CONCLUSIONS

VC was a rapid solution during the international corona crisis. Norwegian health authorities aim to improve mental health services, and to broaden the offer of digital solutions for the increasing number of adolescents in need of mental health care [9]. VC have the potential to increase the availability and flexibility of mental health services for adolescents and their caregivers, including communication between adolescents and service providers. There is a need for further investigation on use of VCs, including qualitative and quantitative research, to build solid, evidence-based knowledge that can contribute to providing mental health care at a distance. Further research should focus on user experiences, organizational change, co-creation between stakeholders, and implementing VCs to offer safe and accessible services.

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