



Tele-psychiatry Acceptability and Feasibility Questionnaires

The following 2 tele-psychiatry acceptability and feasibility questionnaires have been developed through the following steps:

We performed data extraction of 93 tele-psychiatry related studies selected from Hubley et al. (2016)¹, and then proceeded to sort all the tools used in these studies by 1) outcomes being considered (satisfaction, performance of technology, comfort, convenience, etc.) and 2) relevant details of each tool (standardization, validation in LMIC, validation in India, usage in India).

Based on this collection of data, we selected outcome measures that were applicable to our study (e.g. performance of technology, preference between tele-psychiatry and in-person services, satisfaction with tele-psychiatry, etc.) and discarded those that did not apply, (e.g. client-therapist alliance/rapport, diagnostic agreement, quality of life, etc.) to our focus (testing acceptability and feasibility of delivering a tele-psychiatry service, not clinical impact).

After selecting applicable outcome measures, we acquired and reviewed corresponding tools used by studies. Most of these tools were developed or adapted by studies to specifically test a tele-psychiatry intervention. We were unable to find, within the collection of global evidence from Hubley et al. (2016), a standardized tool to measure tele-psychiatry services.

After reviewing tools, we crafted two questionnaires by either selecting items directly, or deriving items commonly from multiple sources. Each item in our questionnaires (n = 15) and their corresponding sources are listed below for reference.

The two questionnaires are: a Session Completion Questionnaire, to be completed after each session the participant undergoes; and a Service Evaluation Questionnaire, to be completed after the last tele-psychiatry session or in the case of drop-outs.

Session Completion Questionnaire	Source(s) derived from, unless otherwise specified
a) Sound quality	<i>Mucic D (2010)</i>

	<i>Williams et al (2014)</i> <i>Simpson et al (2003)</i> <i>Frueh et al (2005)</i>
b) Picture quality	<i>Mucic D (2010)</i> <i>Williams et al (2014)</i> <i>Simpson et al (2003)</i> <i>Frueh et al (2005)</i>
c) Overall quality	<i>Kopel et al (2001)</i> <i>Dobscha et al (2005)</i> <i>Frueh et al (2005)</i>
d) Focus without being distracted	• <i>Directly from: Simpson et al (2003)</i>
e) Comfort	• <i>Directly from: Simpson et al (2003)</i> <i>Kopel et al (2001)</i> <i>Dobscha et al (2005)</i>
f) Willingness to use telemedicine again	<i>Shore et al (2008)</i> <i>Kopel et al (2001)</i>
g) Expectations of today's session	<i>Developed by research team</i>
Service Evaluation Questionnaire	Source(s) derived from, unless otherwise specified
a) Ease of communication	<i>Mucic D (2010)</i>
b) Overall satisfaction	<i>Simpson et al (2003)</i> <i>Kopel et al (2001)</i> <i>Frueh et al (2005)</i>
c) Usefulness of telemedicine service	<i>Simpson et al (2003)</i> <i>Williams et al (2014)</i>
d) Recommendation for similar need	<i>Kopel et al (2001)</i> <i>Frueh et al (2005)</i>
e) Return to this service in future	<i>Kopel et al (2001)</i> <i>Frueh et al (2005)</i>
f) History of seeing mental health professionals face to face	<i>Developed by research team</i>
g) Convenience of service vs in-person service	<i>Kopel et al (2001)</i> <i>Dobscha et al (2005)</i>
h) Comparison between telepsychiatry & in-person service	<i>Kopel et al (2001)</i>
i) Preference between telepsychiatry and in-person visit	<i>Williams et al (2014)</i> <i>Shore et al (2008)</i>

	<p><i>Simpson et al (2003)</i> <i>Kopel et al (2001)</i> <i>Mucic D (2010)</i></p>
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Tele-psychiatry Session Completion Questionnaire (To be completed after each session)

Below you will find some questions regarding your experience in today's tele-psychiatry session.

Please keep in mind, these questions are not about the psychiatrist you spoke with, but about the videoconferencing technology you used.

As such, please answer these questions thinking about the videoconferencing technology only:

a) How would you rate your satisfaction with the sound quality of today's session?

Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied
1	2	3	4	5

b) How would you rate your satisfaction with the picture quality of today's session?

Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied
1	2	3	4	5

c) Overall, how would you rate the functioning of the video system?

Very Poor	Poor	Neutral	Good	Very Good
1	2	3	4	5

d) How well were you able to focus on what was being said today without being distracted by the videoconferencing technology?

Not Well At All	Not Well	Neutral	Well	Very Well
1	2	3	4	5

e) How comfortable did you feel with the video conferencing?

Very Uncomfortable	Uncomfortable	Neutral	Comfortable	Very Comfortable
1	2	3	4	5

f) After this interview, how willing are you to use telemedicine again?

Not Willing At All	Not Willing	Neutral	Willing	Very Willing
1	2	3	4	5

g) Did today's session meet your expectations?

Yes

No

Please briefly explain:

This is the end of the Session Completion Questionnaire. Thank you for your feedback.

(Please scroll down for Service Evaluation Questionnaire)

Tele-psychiatry Service Evaluation Questionnaire (to be completed after the last session)

Below you will find some questions regarding your overall experience with the tele-psychiatry service.

Please keep in mind, these questions are not about the psychiatrist you spoke with, but about the videoconferencing technology you used.

As such, please answer these questions thinking about the videoconferencing technology only:

a) How easy was it to communicate via videoconferencing?

Very Difficult	Difficult	Neutral	Easy	Very Easy
1	2	3	4	5

b) How would you rate your overall satisfaction with the tele-psychiatry service?

Very Dissatisfied Overall	Dissatisfied	Neutral	Satisfied	Very Satisfied Overall
1	2	3	4	5

c) How useful was your experience with tele-psychiatry?

Not Useful At All	Not Useful	Neutral	Useful	Very Useful
1	2	3	4	5

d) If you knew someone who was in the need of similar help, would you recommend this service to them?

Definitely would not	Probably would not	Neutral	Probably would	Definitely would
1	2	3	4	5

e) If you were to seek assistance again, would you return to our service?

Definitely would not	Probably would not	Neutral	Probably would	Definitely would
1	2	3	4	5

f) Have you ever received face-to-face sessions from a mental health professional (e.g. psychiatrist, psychologist, counsellor)?

Yes

No (skip to 'p')

g) How convenient was this tele-psychiatry service compared to an in-person service?

Very Inconvenient	Inconvenient	Neutral	Convenient	Very Convenient
1	2	3	4	5

h) How would you rate this service compared to an in-person visit?

Much Worse	Worse	About the same	Better	Much Better
1	2	3	4	5

i) If you had the choice of having either face-to-face or tele-psychiatry sessions, which would you choose? (Please select one)

Face-to-Face

Tele-psychiatry

Please briefly explain:

This is the end of the Service Evaluation Questionnaire. Thank you for your feedback.