

Distance treatment – Norway

Obsessive-compulsive disorder (OCD) treatment online



Summary

Obsessive-compulsive disorder (OCD) is one of the most debilitating mental disorders and is usually associated with great discomfort and loss of function, a high burden on caregivers and significant community costs.

Two effective treatment methods have been documented and the first choice involves different variants of the method of exposure to response prevention (ERP). In 2009, the Minister of Health and Care Services in Norway implemented an initiative to ensure that ERP was made available to those affected by OCD. Treatment teams have been established in all health enterprises/regions in Norway.

The OCD team at the Adult Psychiatric Outpatient Clinic at the University Hospital of North Norway offers intensive 4-day ERP treatment via Skype to adult patients with obsessive-compulsive disorder (OCD) from all over North Norway.

This team has had extensive experience of Skype treatment of OCD patients since 2013. In 2018 the team changed from a more classic and individual patient course of 15 sessions: "Two hours over a period of two to three months to this new 4-day intensive ERP treatment which, thus far, has shown better results than the previous treatment and is now the preferred treatment for most OCD teams in the country.

The 4-day treatment was developed by the OCD team at Haukeland University Hospital in Bergen (Helse Vest). The Psychiatric illness and Substance abuse Clinic at the University Hospital of North Norway is certified to provide this treatment and is the first in the country to offer treatment via Skype in this field.

Main effects of the solution

- **Better quality.** The main purpose of the new intensive care is to give patients a better quality service. This has proved effective for this condition. Patients with OCD often have problems in the home and surrounding environment and the best effect of treatment is in their home surroundings.
- **Equal results.** The results are as good as those achieved with traditional treatment methods.
- **Cost savings.** In addition, significant savings are also made in travel expenses because the service is carried out in the home. North Norway is a large geographic area associated with long distances and high travel expenses to the University Hospital of North Norway or to district psychiatric clinics.

Users

The patient group at UNN diagnosed with obsessive-compulsive disorder has a broad age range, with adults primarily aged between 18 and 60 years. In Norway, it is estimated that this disease affects around 1% of the population. Everyone who lives more than one hour from the hospital is offered treatment via Skype.

Quotes/Testimonials

"We serve patients from across the whole of northern Norway. They are now able to avoid long journeys, and can carry out their treatment from home. They view this as extremely positive. Relatives are also included as part of the treatment offer."

– Lene Mydland Rasmussen, Psychology specialist at Voksenpsykiatrisk poliklinikk in UNN and coordinator for the OCD-team in Helse Nord

Elaboration

Needs and challenges

The need for psychiatric services generally exceeds service capacity. Primary problems relate to an insufficient numbers of specialists, long waiting times, limited capacity in primary care services and a heavy travel burden for both patients and their families, as well as outpatient specialists.

In Norway, it is estimated that OCD affects around 1% of the population. The results of treatment are very good and 60%–70% of those who receive quality-assured ERP treatment significantly improve during treatment. It has also been shown that many patients can improve through drug treatment. Obsessive-compulsive behaviours often occur early in life and if untreated will often become chronic (From National Implementation of Treatment for Compulsory Leadership). OCD can occur in many different ways. One common way is that a person struggles with intrusive and frequently recurring thoughts that engender significant anxiety and discomfort (obsessions) and which a person attempts to control or get rid of by performing mental or physical rituals.

Solution and function

The technology used to deliver the service is Skype for Business. The intensive treatment itself comprises two days of exposure therapy to change the way in which patients experience unpleasant thoughts and feelings so that they can live in a way in which coercion is no longer an obstacle. After the four days of treatment, the individual patient will independently carry out exposure tasks which will be reported daily to the OCD team in Bergen. The OCD team will assist with quality assurance up to one year after treatment. The OCD team in Tromsø will conduct a follow-up interview with all patients three months after the end of treatment.

Implementation

This team has had extensive experience of Skype treatment of OCD patients since 2013. An easily available technical solution for video conferences is necessary in order to adapt to this kind of service on a large scale. The technology used to deliver the service is Skype for Business. The North Norway Regional Health Authority has provided Skype for Business and necessary equipment for all employees for administrative purposes. Eventually, guidelines for the clinical use of Skype for Business will be established, detailing how patient confidentiality will be maintained during video conferences.

Economy

The North Norway Regional Health Authority has provided Skype for Business and necessary equipment for all its employees.

Follow-up/monitoring

The OCD team in Tromsø has a follow-up interview with all patients three months after the end of treatment.

Further information

More information about the OCD treatment program can be found at the University Hospital of North Norway website.

- [About the treatment program at Adult Psychiatric Outpatient Clinic »](#) (in norwegian)

Context

Other examples of the use of video communication in Mental Health services

The service described above is a specific treatment method via Skype. The OCD team for Child and Adolescents at UNN also offers treatment via Skype. A recent assessment of eHealth activities in Norway shows similar activities/projects piloting the use of video communication (VC) for OCD treatment, as well as for treating other mental disorders in all the other health regions (e.g. St. Olav's Hospital Trust, Innlandet Hospital Trust, Telemark Hospital Trust, Bergen Hospital Trust, Førde Hospital Trust, Stavanger Hospital Trust).

Another VC service that has been implemented at UNN is Skype for distant psychiatric treatment for children and adolescents. The Child and Adolescent Psychiatry (CAP) Clinic at the UNN provides diagnosis and treatment for children with mental health problems in the region. The clinic works together with the children's families, as well as primary health care, public health nurses, schools, child welfare authorities and other hospital clinics.

Treatment via video conferences has been developed and introduced as a service since 2016. Using Skype for Business, the therapists conduct treatment from their own offices.

The patients participate in their own homes or in dedicated rooms at their schools. All three departments at the CAP Clinic cover large geographical areas and have participated in developing and using digital tools to improve the quality of and access to their services.

Treatment via video conference is offered to the patient as an alternative to face-to-face consultations. The treatment itself remains unchanged but is delivered in a new way. However, in the long term, treatment over Skype could change the way in which treatment is delivered. Instead of one 45-minute session at the hospital, a young patient could talk to a therapist in the morning and then again when school is over.

Patients with eating disorders may remain at home for longer periods, receiving meal time support via video conferences.

CAP Clinic management and health care professionals have contributed to the development and implementation process. This is an important aspect with regards to succeeding in implementing eHealth services. It is also important to focus on creating procedures that ensure that the new way of delivering treatment suits the daily routines at the clinic.

The implementation process is complex and normalization of services will take time. Work on further development and implementation of the eCAP services at the CAP Clinic will continue after the project has ended.