As technology advances, innovative methods of service delivery become available. Telehealth, or the use of technology to provide health-related services, is emerging as a potential avenue for the provision of health and mental health services. As the word suggests, the term “telehealth” was originally coined to describe the provision of health services at a distance. Today, however, the term has come to describe not just the provision of services at a distance, but also the use of various forms of technology to assist in the provision of medical, health, and mental health services.

The movement to develop telehealth programs likely was motivated by several factors. The first factor was the lack of local or easily available services for large segments of the population. Good examples of this phenomenon are military personnel, prisoners, and rural residents, citizens who would otherwise have difficulty receiving specialty services due to inaccessibility of providers. A second factor was the need to provide services in a more efficient, cost-effective way. One way that telehealth could help in this regard is that it can allow for a single provider to consult with patients in various locations without the need to travel, thereby saving both time and travel costs. Finally, a need to support isolated providers or consumers has led to a desire to use technology to enhance or supplement traditional services. For example, online support groups may provide a supplemental service to people who already receive psychotherapy, or can serve as a way to provide collegial support to isolated psychotherapists.
Already various media have been utilized to provide telehealth services, such as teleconferencing, the Internet, telephones, computer programs, virtual reality, and handheld devices. The types of new technology that can be utilized for service delivery are constantly increasing as technology improves and evolves over time. One of the earliest known uses of telehealth occurred in Sweden in 1922, when a hospital communicated by wire with sailors to provide treatment advice (Hakansson & Gavelin, 2000). From the 1950s through the 1970s, telehealth programs using interactive video were tried and discontinued due to high cost (Grigsby & Sanders, 1998). Although technically telehealth has been in existence for some time, it is only in the past few decades that research and program development in this area have blossomed.

One of the challenges to telehealth research and programs is the rapid rate of technology development: by the time a research or service program has been created and studied, the technology used could be obsolete. Another, and related, challenge is determining the acceptability of usage by consumers. This is difficult because usage patterns change at a rapid rate. Therefore, data obtained on usage patterns and acceptability only a few years ago might now be irrelevant, as acceptability of technology likely increases along with its use in the population.

As with most areas of study (Hammen & Compass, 1994), the examination of services and treatment for children and their families in the realm of telehealth lags behind the adult literature (Alessi, 2000). Nevertheless, although the literature on telehealth with children is in its infancy, some research in this area has begun, and various programs have been devised. Some of the programs have been designed specifically for use with children and their families, whereas others are adaptations of techniques developed for adults. The purpose of this chapter is to describe and comment on the primary uses of telehealth with children and their families to date, with a special focus on its use for mental health purposes. The following uses of telehealth with children and families will be described: (1) psychological or psychiatric assessment and intervention, (2) prevention programs, and (3) use as an aid to providers. Finally, a summary of the current uses of technology will be provided, along with a commentary on the needs for future research in this area.

**PSYCHOLOGICAL OR PSYCHIATRIC ASSESSMENT AND INTERVENTION**

Psychological or psychiatric assessment and intervention often have limited availability in remote areas. The main type of technology used to assist in the provision of mental health services to children in remote areas is videoconferencing. The focus of this section is to describe the findings of a selection of seminal programs in which videoconferencing with children has been performed.

Several Australian researchers have reported on the use of videoconferencing for child psychiatric care. Gelber and Alexander (1999) reported