Maternal Mental Health Telepsychiatry
UCSF Public Psychiatry Fellowship 2018-2019 – Robertino Lim MD MPH
robertinolim@gmail.com

Overview

**Challenges:**
- Limited number of providers
- Rural patients
- Stigma
- Long wait times
- Transportation barriers

**Evidence:**
- As efficacious as in-person services (Hubley et al., 2016)
- Increases access to care for vulnerable populations: Rural patients (Conn et al., 2013), Non-English speakers (Ye et al., 2012), and Domestic violence survivors (Thomas et al., 2005)

**Setting:**
- San Mateo County covers a large geographical area with urban & rural settings
- Prenatal-to-Three (Pre-3) team provides mental health care for pregnant women and mothers of young children who are Medi-Cal recipients
- Therapists make home visits using a laptop, wifi port, Skype Business to connect patient & psychiatrist

**Questions**
- **Program reach:** What proportion of patients accepted telepsychiatry? Who do we serve?
- **Attendance:** Does session attendance improve with use of telepsychiatry services?

**Methods**
- **Study design:** Chart review
- **Sample:** Pre-3 psychiatry patients seen May 2017 - March 2019 (N = 80)
  - Reach: Telepsychiatry and in-person groups
  - Attendance: Within telepsychiatry group

**Results**

**Reach:**
- 31% (n = 25) received some telepsychiatry, with 6% (n = 5) receiving only telepsychiatry services
- Pre-3 reached a population of Latina (57%), non-English speaking (52%) women with high rates of PTSD (60%)
- Telepsychiatry patients were older, had more kids, and lived further from the clinic on average

**Attendance:**
- Attendance: No statistically significant group differences
- More sessions attended per month in the telepsychiatry period (0.90) than in-person (0.64)

**Limitations**
- Small sample size
- No random assignment
- Convenience sample
- Single location

**Implications**
- Field-based telepsychiatry can be effective, especially on teams with home visits
- Consider using telepsychiatry in our clinics and identifying potential patients based on their social and clinical characteristics and needs
- Continue evaluation of Pre-3 outcomes, potentially including clinical outcomes and patient satisfaction