

**Maternal Mental Health Telepsychiatry**  
**UCSF Public Psychiatry Fellowship 2018-2019 – Robertino Lim MD MPH**  
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**Overview**

*Challenges:*

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

*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

		Study Sample (N = 80)	Telepsychiatry Patients (n = 25)	In-Person Patients (n = 55)	p-values
<b>Age</b>	(years)	29.5 (18 - 40)	31.1 (18 - 40)	28.7 (18 - 39)	.066
<b>Average Number of Kids</b>		1.6 (0 - 7)	2.0 (0 - 4)	1.1 (0 - 7)	.022
<b>Distance from Clinic</b>	(miles)	8.1 (<1 – 25.5)	9.2 (<1 – 25.5)	7.6 (<1 – 14.6)	.140
<b>Primary Diagnosis</b>	PTSD	60% (48)	56% (14)	62% (34)	.980
	MDD	18% (14)	20% (5)	16% (9)	
	MDD, psychotic features	7% (6)	8% (2)	7% (4)	
	Bipolar disorder	5% (4)	4% (1)	5% (3)	
	Other	10% (8)	12% (3)	9% (5)	

**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
- Convenience sample
- No random assignment
- 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