Research Note

Telepsychiatry with Child Welfare Families Referred to a Family Service Agency

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ABSTRACT

A telepsychology and telepsychiatry service, using ISDN interactive video H.320, providing psychological consultations for the Family Resource Center in Farmington, New Mexico, was evaluated. During the first year of service, 56 individuals participated including University of New Mexico staff, Family Resource Center staff and clients. Consultations involved children from families referred by the Children, Youth and Family Department (CYFD) in New Mexico. Telemedicine was used in some child abuse cases. This study investigated whether the quality and acceptance of telemedicine consultations were comparable to face-to-face interactions in a group referred by a state child welfare agency. Participants received formal written consultation reports after the video conferencing sessions, which included a number of recommendations. Participants were asked to complete an anonymous questionnaire to rate various aspects of videoconferencing. The participants rated the university staff as involved, enjoyed the Family Resource Center staff’s presence, felt the procedure was useful for evaluation purposes, found the format allowed for discussions of problems, and felt that the format was useful when compared to face-to-face consultations. The participants also said they had followed up on many of the recommendations. Videoconferencing appears to be a viable approach for providing consultation for families referred by a state child welfare agency. Several participants rated the session as both educational and consultative compared to simply therapeutic.

INTRODUCTION

Prior studies1–3 have shown telemedicine to be effective in meeting some of the unmet mental health needs of underserved populations. It was shown to be as effective in treating depression in children as face-to-face encounters. This study investigated whether families in the child welfare system would accept telemedicine in the care of their children. The telemedicine program in question included consultation sessions with more than the usual client and therapist. Parents, children, family advocates, the telehealth coordinator, foster parents, Children, Youth and Family Department (CYFD) personnel, psychologists, psychiatrists, and other therapists typically were in attendance. These individuals might view the session as educational, therapeutic and/or consultative depending on their point of view.

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MATERIALS AND METHODS

Mental health services for children in the rural areas of New Mexico are limited. In fact, all but three counties of the state have been designated as Health Professional Shortage Areas (HPSAs). New Mexico had between 5%–14% of its population in frontier counties in the 1990 Census. In addition, one of our service areas, Farmington, with a shortage of health professionals, is a Metropolitan Statistical Area (MSA). The city and the surrounding area of San Juan County have an acute need for both mental health and substance abuse treatment resources. The northwest region, which includes San Juan, Cibola, and McKinley Counties has the highest proportion of Native Americans (over 50% of the total population), a younger population with 22% more children from 0–14 years; 17% more adolescents from 15–19 years; and a 40.6% lower average per capita personal income. Alcohol abuse is a serious problem for this region with a rate of alcohol related deaths that is 100% higher than the rate for the state as a whole. Only 10.9% of the provider agencies are located in this region; therefore, the lack of community-based services and lack of transportation are barriers to service. Finally, it is difficult to recruit and retain professionals in the area due to excessive case loads. San Juan County had six psychiatrists and seven licensed psychologists in June 2003 but not all of them were in practice. Telemedicine has been proposed as a way to satisfy some of the unmet needs of this population. A survey of the participants in the University of New Mexico, Department of Psychiatry with the Family Resource Center at San Juan College in Farmington, New Mexico, was conducted. The focus of the consultations included the children and their parents who have been referred to the Family Resource Center (FRC) by the New Mexico Children Youth and Family Department. Participants were involved with family advocates from the FRC. Some advocates worked with the participants from the Mid-Level and Time-Limited Reunification programs funded through CYFD. The children in the Mid-Level program are one step from being removed from their homes but participation is still voluntary. In the Time-Limited program, the children have been removed from their homes and are in foster care. Thus, family and/or the foster parents are involved in FRC programs. The children may have been referred from their school, CYFD, or may be a walk-in self-referral to the program. These sessions occurred biweekly over a period of approximately 1 year. The FRC telemedicine coordinator mailed or faxed information about the child from the family or other responsible adults including teachers before the session was con-

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<th>Table 1. Respondents’ Questionnaire Responses (Percentages of Participants n = 25)</th>
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<td><strong>Ratings</strong></td>
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<td>1</td>
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<tr>
<td>1. Telehealth makes it easy for people to reveal their story, problems and feelings.</td>
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<td>2. The telehealth session was successful for evaluation purposes.</td>
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<td>3. The therapist(s) was involved in the telehealth session.</td>
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<td>4. I was comfortable in the telehealth session.</td>
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<td>5. The telehealth session provided adequate feedback to the participants.</td>
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<td>6. I liked the family Resource Center staff members attending the session.</td>
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<td>7. I would like to participate in more telehealth sessions.</td>
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<td>8. Telehealth sessions compare favorably to face-to-face sessions.</td>
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*aNumber 1 indicates the most negative rating. Number 5 is the most positive. For these eight statements these ratings were respectively: largely not true, somewhat not true, neutral, somewhat true, largely true.

bThere were only 23 responses to this statement.
ducted. She also explained the telemedicine procedure to participants and obtained their written permission to participate with the child. At the end of each session, the psychologist summarized her findings, obtained the home address of the parent or other responsible adult, and later sent a formal written report to the family and the FRC.

All participants were sent a letter explaining the objectives of the study and their right of informed consent. They were asked to complete a brief questionnaire regarding their attitudes toward the session they attended and to include some demographic information about themselves, exclusive of any information that identifies them. A self-addressed stamped envelope was provided. Only aggregate data would be reported. A second mailing was sent to nonresponders after 1 month of the initial mailing. All information linking mail addresses to respondents were destroyed after the second mailing.

The questionnaire included a number of statements regarding the participants’ attitudes toward the telehealth session they attended. None of the children were directly involved in this survey, only their parents did so. Participants were asked whether they followed up on any of the recommendations that were provided. A total of 25 (of 56) participants returned the questionnaires.

RESULTS

The main findings from this survey are shown in Table 1. The majority of the respondents rated the sessions favorably on a five-point scale. More than 80% agreed with statements 2–7, and 65% compared telemedicine favorably with face-to-face encounters. It appears that telemedicine has aided capacity building in an underserved area as the FRC had access to specialists from the only medical school in the state. Formal reports were sent to the family and the FRC. These included a number of recommendations that could be initiated by local agencies, the FRC or local mental health personnel.

In addition to these favorable results, the FRC staff began to request telemedicine workshops dealing specific topics of concern (i.e., sexual abuse).

DISCUSSION

Telemedicine is a generally effective way to enhance services in rural, frontier, and underserved communities, however success is not routine. A number of studies have addressed this issue7–10 and have examined the diffusion of this innovation, organizational readiness for change, and the positioning of telemedicine within the larger health system.

The telemedicine consultation project between the University of New Mexico and the Family Resource Center of San Juan College was well accepted by the participants.

ACKNOWLEDGMENTS

The author wishes to thank Dr. Marcello Maviglia, previously of the University of New Mexico and now at the Medical School of Wisconsin for his participation in many of these telehealth consultations. Kerri O’Lear, the Family Resource Center Telehealth Coordinator, also faithfully served the participants at San Juan College. Dr. Susan Workman is thanked for her endorsement of this project from the initial beginnings and her continuing support throughout the endeavor.

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