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Treating Culturally and Linguistically Isolated Koreans via Telepsychiatry

Dr. Ruth Shim, M.D., M.P.H.,

Morehouse School of Medicine, National Center for Primary Care, Atlanta, Georgia
(rshim@msm.edu)

Dr. Jiali Ye, Ph.D., and

National Association for County and City Health Officials, Washington, D.C.

Dr. Karen Yun, M.D.

Asian Community Mental Health Services, Oakland, California

The Center for Pan Asian Community Services (CPACS), a community organization that provides culturally competent social and health services to immigrant, refugee, and racial-ethnic minority populations, identified a treatment gap within the population they serve. Korean clients with limited English proficiency experienced significant difficulty in accessing appropriate mental health services in the Atlanta area. CPACS approached the National Center for Primary Care at Morehouse School of Medicine to address this health care access problem. Barriers to providing treatment included a lack of Korean-speaking providers in the Atlanta area, which led to out-of-state collaborations using telepsychiatry services. Financial instability was another major barrier to the success of the program. We secured a grant from the Atlanta Clinical and Translational Science Institute (ACTSI) to test the feasibility of this project.

Sixteen participants were recruited by CPACS in 2010 and 2011 to participate in this pilot program. The success of the program depended on strong collaborations with CPACS, which provided a culturally and linguistically competent facilitator trained to interact with program participants, and with the Asian Community Mental Health Services (ACMHS) in Oakland, California, which provides multicultural and multilingual behavioral health services to vulnerable community members in California. ACMHS offered a culturally and linguistically competent psychiatrist, who provided treatment via teleconferencing equipment.

All participants received an initial telepsychiatry diagnostic assessment, followed by treatment recommendations that were given to the patient and the facilitator by the telepsychiatrist. Ongoing follow-up sessions were recommended by the telepsychiatrist at her clinical discretion. The number and frequency of the additional sessions were determined on the basis of individual needs of the participants, and the overall pilot program lasted for 20 weeks. The facilitator was available by telephone to any participants who needed assistance outside of the established telepsychiatry clinic hours.

A majority of patients were female, married, and college educated. Most participants had lived in the United States for over ten years and described their physical health status as

poor to fair. Patients showed improved outcomes in depression and anxiety. For example, a 43-year-old Korean female presented to the program with an eight-year history of anxiety complicated by complex psychosocial stressors related to her marriage and emigration to the United States. After engaging in treatment via telepsychiatry and receiving psycho-education regarding mental health treatment options, she responded well to antidepressant medication and supportive therapy provided in the telepsychiatry sessions and reported a dramatic decrease in overall anxiety symptoms. Similarly, there was a significant reduction in psychological distress, anxiety, and depression for the majority of patients who participated in the program.

This project was designed to provide mental health services to a population that underutilizes and often avoids seeking such treatment. The preliminary findings are promising, despite the small sample. The significant improvement in symptoms of depression, anxiety, and psychological distress suggests that culturally informed telepsychiatry may be an effective method to increase utilization of mental health services in traditionally underserved minority populations.

Although the findings are encouraging, there were some challenges in the implementation of this project. For assessment of language proficiency, many patients appeared to have greater English proficiency than they reported on initial assessment. These individuals with greater English proficiency may have continued in the program because they valued culturally competent providers in addition to language-proficient providers. Participants expressed greater comfort talking to an ethnically matched provider, even if they themselves spoke in English fluently. Furthermore, all screening tools used to evaluate treatment responses were self-report measures. It is possible that social desirability bias and other cultural factors influenced the patients, causing them to report greater symptom improvement than they actually experienced.

Nevertheless, our findings show that there may be efficacy in treatment when issues of cultural competence and accessibility are appropriately addressed in mental health service provision to an underserved, minority population. In the future, we hope to expand these findings to larger populations and evaluate this model among other populations with unique cultural and linguistic needs.