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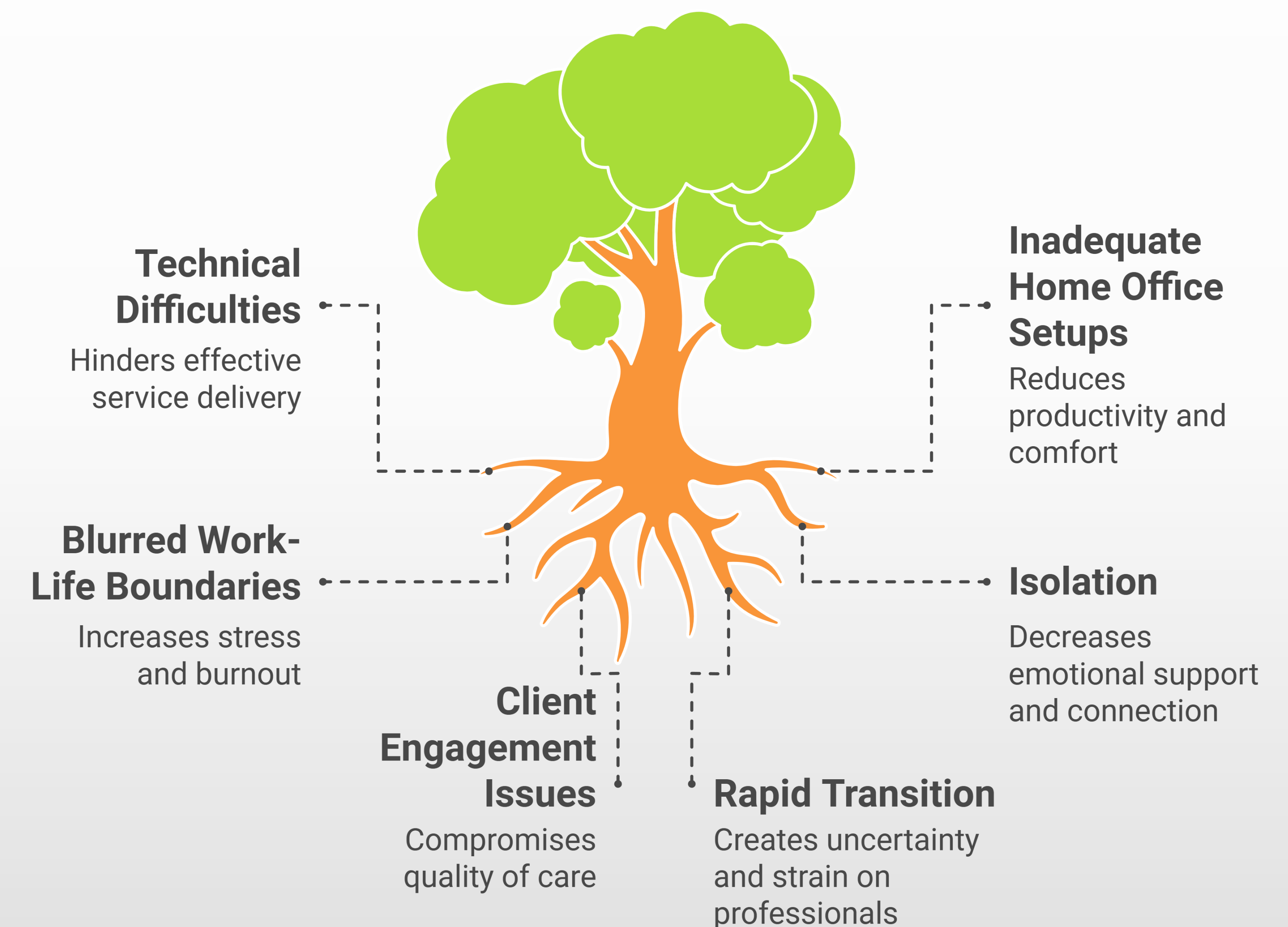
Introduction

The COVID-19 pandemic prompted a rapid shift from in-person mental health services to telemental health (TMH) services, fundamentally altering the work environment for community mental health (CMH) professionals. While remote work and TMH allowed for continued care and increased accessibility for clients, it also introduced challenges for mental health workers, including technical difficulties, inadequate home office setups, and blurred boundaries between work and home life. For many CMH providers, the transition was stressful and created new strains on their work and emotional well-being.

TMH and remote work offered several advantages, such as improved scheduling flexibility and increased access for clients with transportation or childcare challenges. However, it also led to isolation, burnout, and difficulty maintaining work-life balance for many providers. Workers faced challenges around maintaining client engagement, especially with individuals who struggled with technology or preferred in-person interactions. The rapid nature of the transition raised critical questions about how remote work affected both the well-being of CMH professionals and the quality of client care.

This study aims to explore both the positive and negative impacts of TMH and remote work on CMH workers' experiences, focusing on aspects such as productivity, emotional well-being, work-life balance, and social connections. By identifying these challenges and opportunities, the study aims to provide insights into how TMH can be optimized to support mental health professionals and ensure high-quality care for clients, both during times of crisis and beyond.

Challenges of Telehealth Transition for CMH Professionals



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Methods

Procedures

Data for this study was collected through a cross-sectional survey administered to employees at a large CMH organization in Southern California. The survey, developed as part of an annual organizational health assessment. Respondents were asked to “expand on how telecommuting/remote work has impacted your overall work experience?”

Sample

The sample for this study consisted of 145 outpatient and residential clinical staff who worked remotely between April and November 2020, including counselors, therapists, care coordinators, and other clinical roles. Non-client-facing staff were excluded to focus on those providing direct services. Of the 145 remote workers, **112** provided qualitative feedback.

Analytic Approach

For the qualitative analysis, five researchers independently reviewed survey responses to identify preliminary themes using a content analysis approach. The researchers developed a codebook through consensus, refining it based on their discussions. Two independent coders applied the final codebook to half of the data, while a third coder reviewed 30% of the responses for consistency. The team then synthesized the coded responses into six major themes.

Interrater reliability was assessed using Cohen's kappa, with agreement rates ranging from 87% to 93% ($\kappa = .60$ to $.82$), demonstrating a moderate to high level of reliability across coders.

Sample demographic characteristics (N = 112)

Demographic	%	n
Service Division		
Adult Services	42.9%	48
Child and Family Services	39.3%	44
Medical	4.5%	5
Residential	6.3%	7
Substance Use	1.8%	2
Undisclosed	5.4%	6
Position		
Unlicensed Therapists	37.5%	42
Licensed Therapists	21.4%	24
Care Coordinator, Specialist, or Counselor	13.4%	15
Clinical Supervisor	15.2%	17
Medical Staff	4.5%	5
Clinical Program Management	8.0%	9
Tenure		
Less than 1 year	12.5%	14
1 to 2 years	39.3%	44
3 to 5 years	26.8%	30
6 to 9 years	17.0%	19
Prefer not to answer	4.5%	5
BIPOC Identification		
BIPOC	49.1%	55
Not BIPOC	39.3%	44
Prefer not to answer	11.6%	13

Note. Tenure was reported in interval years. Specialists include engagement, housing specialists, employment, outreach or peer specialists. Clinical supervisors are licensed and provide clinical supervision to other clinical staff. Medical staff include psychiatrists, nurses, nurse practitioners, LVNs, and RNs. Respondents indicated whether they identify as being Black, Indigenous, or Persons of Color (BIPOC).

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Results

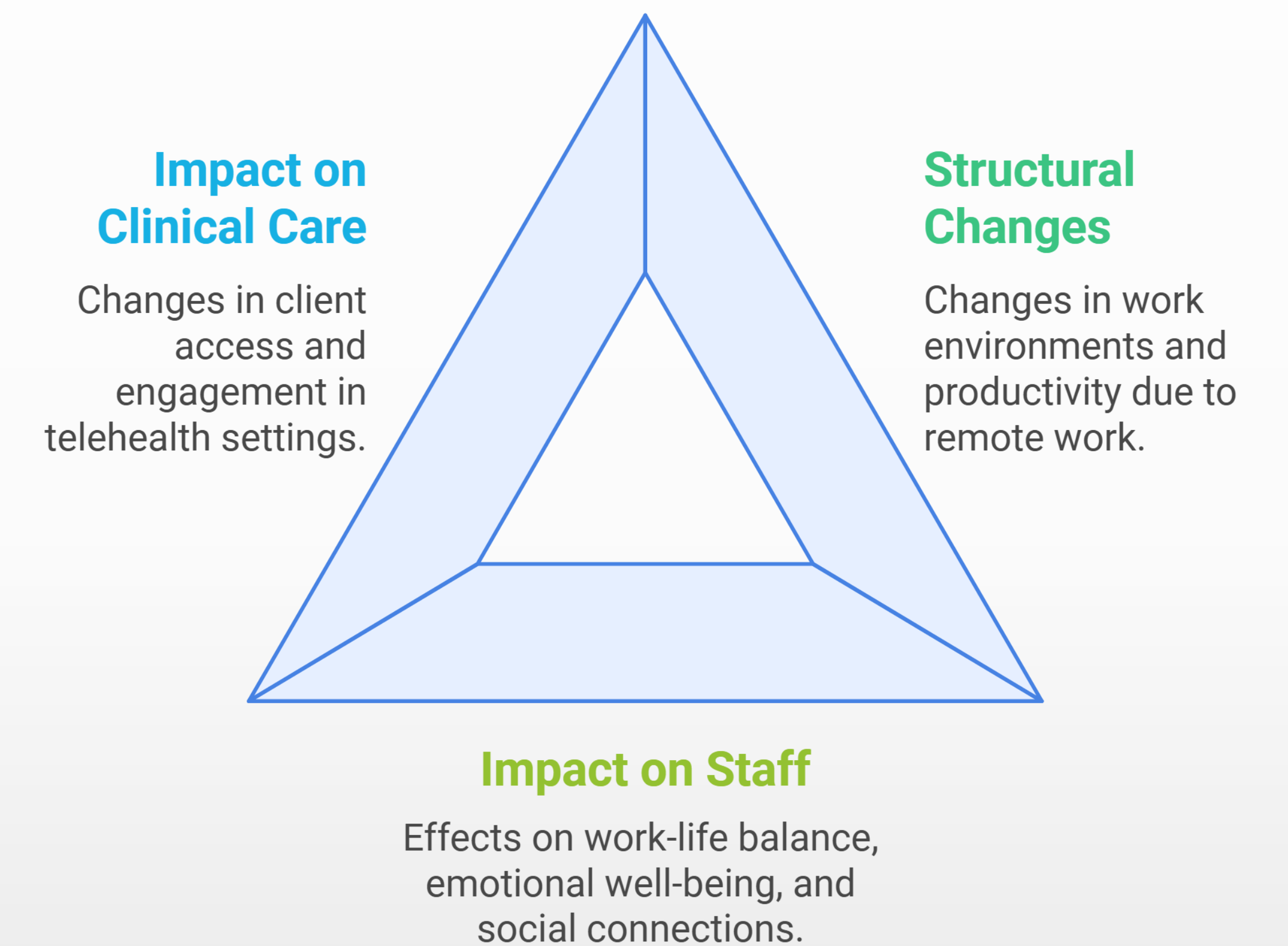
The analysis revealed three major categories reflecting the dual impact of remote work and TMH services on CMH workers: Structural Changes, Impact on Staff, and Impact on Clinical Care. Within these categories, several sub-themes emerged that described both positive and negative experiences.

Structural Changes

Work Environment: Many workers noted that remote work significantly impacted their work environment. Those with adequate resources (e.g., private office space) reported increased productivity and a more positive work experience. In contrast, workers without these resources faced challenges such as poor ergonomics, interruptions from family members, and internet and video conferencing issues.

Productivity: For some, remote work led to increased productivity due to fewer in-office distractions, while others struggled to maintain efficiency due to back-to-back meetings and heightened work demands. The lack of commute allowed some to have more time for work, but it also contributed to longer hours, as workers felt the pressure to make up for lost billing time.

Remote Work and TMH Impact on CMH Workers



"Some of us that are actually doing the work with clients, like myself, DO NOT have the resources or income to have a "home office" as I have seen others who DO NOT work with clients have... Our offices are often our bedrooms, where we are meant to rest and recharged."

"I am able to complete task[s] more timely as there are less distractions from coworkers and the hectic environment of cubicles. Remote work has been a positive in my work performance overall."

"in order to make up for billing time spent driving to clients, I now have back to back clients and am so exhausted by the end of the day, and overall more paperwork to complete that carries over into my personal time every week."

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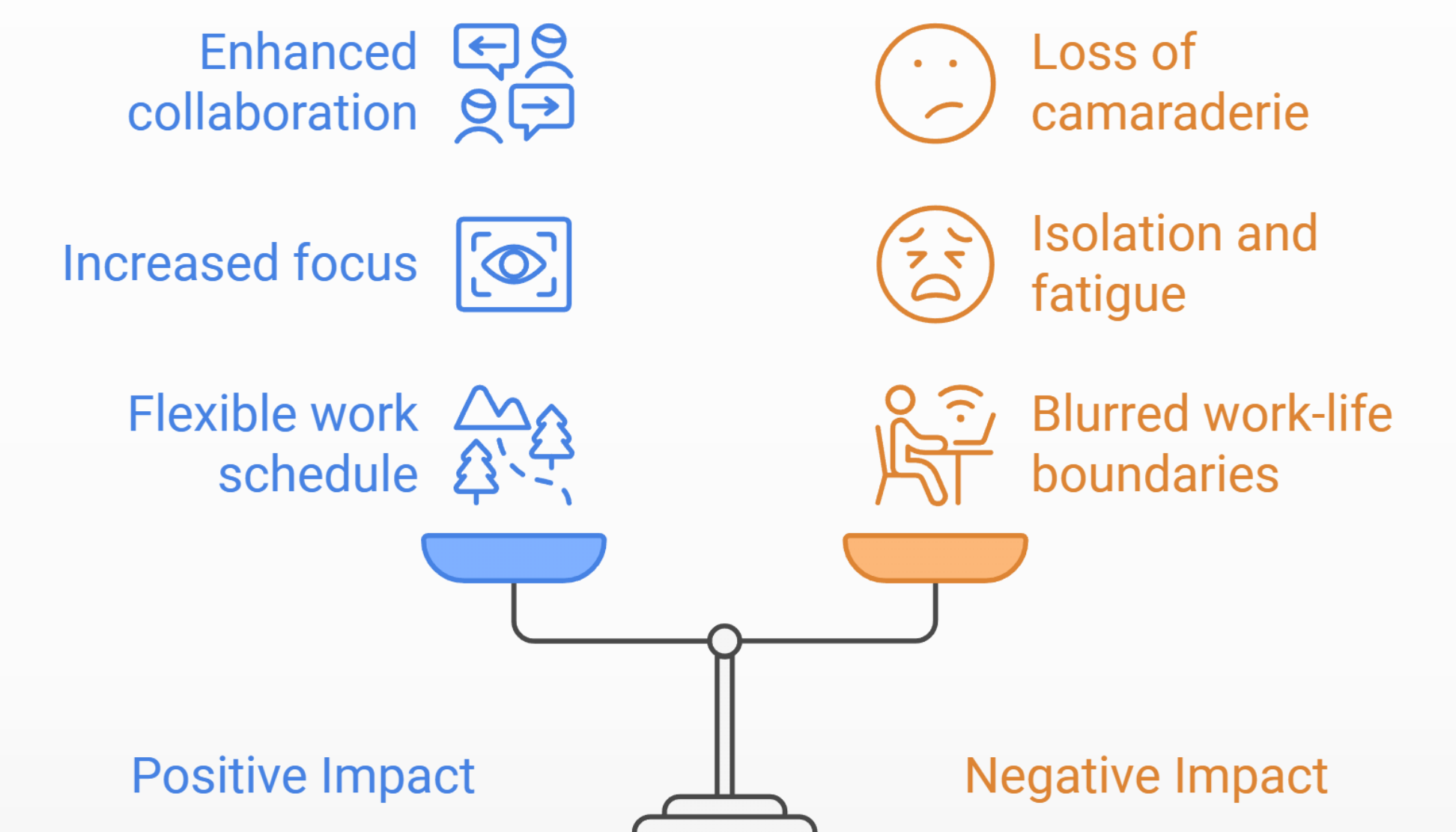
Impact on Staff

Work-Life Balance: The shift to remote work blurred the lines between work and home life, creating difficulties for many workers in maintaining a balance. Some clinicians found that the flexibility of remote work allowed them to manage family responsibilities more effectively, reducing feelings of burnout. However, others reported feeling overwhelmed by the difficulty of switching off from work when it was conducted in their living space. The absence of clear boundaries between work and home life led to longer working hours and increased stress.

Emotional Well-Being: The emotional impact of remote work was mixed. While some workers reported feeling more relaxed, less stressed, and more focused, others experienced feelings of isolation and fatigue from long hours spent on videoconferences. The lack of face-to-face interactions with colleagues and clients contributed to a sense of disconnectedness.

Social Connection: Many workers missed the camaraderie of in-person office interactions. The isolation of remote work made it harder for them to maintain the social connections that helped foster a supportive work environment. Some workers reported that virtual communication platforms failed to replicate the spontaneous, non-work-related interactions that helped build social bonds. Others noted, however, that video conferencing made it easier to consult with colleagues and work across different sites.

Balancing Remote Work's Dual Impact on Staff



*"I miss social interaction. It's hard to solve problems or get questions answered because you can't just knock on someone's door but have to send an email.
Ideal world- hybrid between remote and in office."*

"[Remote work] creates the positive impact of allowing me to eat lunch with my family and subtract commuting time on that day."

"There has been a negative impact in that I am working longer hours because the lines between home and work can easily blur."

"[Remote work makes it] easier access to consult w/ teammates [and there is an] expansion of being able to work with people across sites and programs."

"[The benefit of remote work] feels offset by the fatigue I feel after almost the entire day, every working day, is spent staring at screens."

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Impact on Clinical Care

Client Access: TMH services allowed workers to connect with clients who had difficulty attending in-person appointments, such as those with transportation issues, childcare responsibilities, or unstable work schedules. Workers noted that clients seemed more likely to attend sessions regularly, which helped improve client engagement. In addition, remote services allowed for the efficient scheduling of appointments and increased access to care for underserved populations.

Engagement with Clients: Despite the benefits of increased access, some workers reported difficulties in building rapport with clients, especially those with complex mental health needs. The virtual format hindered the depth of the therapeutic relationship, and some clinicians found it harder to engage clients meaningfully in a telehealth setting. Furthermore, technical issues, such as poor connectivity or lack of access to technology on the client's side, often made it challenging to provide effective care.

Technical Issues

Connectivity and technology access problems hinder care.

Increased Access

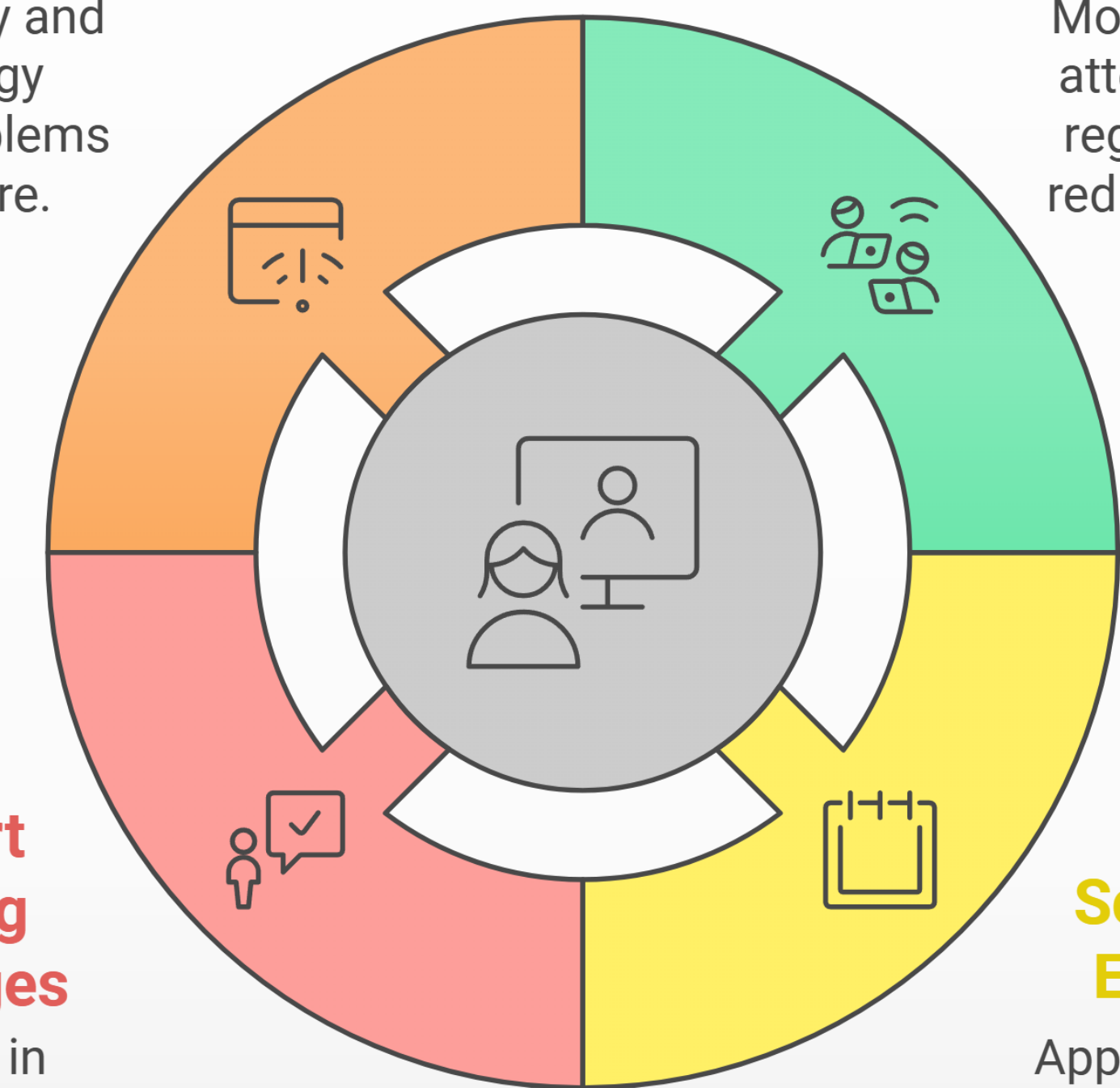
More clients can attend sessions regularly due to reduced barriers.

Rapport Building Challenges

Difficulty in establishing strong therapeutic relationships.

Scheduling Efficiency

Appointments can be organized more efficiently with remote services.



"[TMH is an] Efficient way to provide quality services to clients AND improve quality of life for staff; We would benefit from continuing some remote work in the future. Some clients cannot come to clinic, so this is a helpful way to provide needed services."

"I have a much larger case load due to needing to meet same billing but without the driving time I used to have. I feel like I have so many high-needs clients and not enough time to adequately meet their needs."

"Some clients take well to telehealth [sic] more than face to face. Some quite the opposite."



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This study demonstrates the dual nature of the shift to remote work and TMH in CMH settings. While remote work and TMH offers increased flexibility and accessibility, it also brings significant challenges related to work conditions, emotional well-being, and client engagement.

Organizational Support: To mitigate negative effects, CMH agencies should prioritize providing adequate resources for remote work setups, such as ergonomic furniture, technical support, and quiet, private spaces. Additionally, implementing strategies that help employees maintain a clear work-life balance, such as flexible schedules, can reduce burnout and improve overall well-being.

Hybrid Models: The future of TMH should consider hybrid approaches, combining the benefits of remote work with in-person interactions to provide comprehensive care and support the mental health needs of both workers and clients.

Client Engagement: Future telehealth models should incorporate strategies to address technological barriers and engage clients effectively. Providing clients with the necessary tools and training to use telehealth platforms can enhance the quality of care and client satisfaction.

Implications for Behavioral Health

Equity Concerns: CMH agencies must address disparities in access to resources for remote work. Some workers may lack the financial means or space to set up a suitable home office, which can affect their productivity and well-being.

Workplace Support: Providing access to support services, such as childcare, counseling, and caregiver assistance, can help employees balance the demands of their personal and professional lives, fostering better work-life balance.

Investing in Technology: High-quality videoconferencing tools and tech support are critical for maintaining both client engagement and employee social connections. Organizational leaders should consider investing in these resources to ensure that both staff and clients can access telehealth services effectively.

