An Examination of Mental Health Services Offered by Cleft/Craniofacial Teams

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Questionnaire data about mental health services provided by teams for patients with cleft lip, cleft palate, or craniofacial anomalies were examined. The subjects were 195 directors of cleft/craniofacial teams. Descriptive analysis of the directors' responses included their teams' patient population, mental health representation, and intervention practices. Nurses and social workers were most frequently identified as the mental health specialists on the teams. Eighty percent of the directors stated that mental health intervention was important to patients and to teams. The type of service and the directors' ratings of the importance of psychosocial issues are presented. Research suggestions are provided.

The complexities of craniofacial rehabilitation make it necessary for a variety of clinicians to collaborate on the planning and delivery of treatment. Professionals who usually do not work closely together might do so on craniofacial and cleft lip and palate teams (Strauss and Broder, 1985). Although it is common to include plastic surgeons, dentists, and speech pathologists on teams treating patients with craniofacial anomalies, it is less common to include a trained specialist to address the psychosocial issues of patients and their families (American Cleft Palate Association Directory, 1985). The patient population, working philosophy, and financial constraints of teams may account for different team practices regarding mental health services.

No published surveys specifically describe mental health services provided by cleft/craniofacial teams. The purpose of this research was to examine mental health practices on those teams.

METHOD

The questionnaire was created based on the authors' experiences as psychologists on university- affiliated cleft/craniofacial teams. The instrument was designed to examine the teams' patient population and their mental health specialists' professional training, roles, and status. The instrument consisted of eleven questions (see Appendix).

Two hundred and seventy-eight questionnaires were sent to team directors listed in the ACPA Directory. After the initial questionnaire was mailed, a second mailing followed approximately 5 weeks later. Seventy percent (195) of the directors responded. Eliminating duplicate listings and accounting for facilities closed, a total of 278 directors were considered.

RESULTS

Each director recorded his or her team's patient population by type of defect and age (see Appendix questions 1, 2, and 3). The average number of patients evaluated included 21 cleft patients and five craniofacial patients. In other words, cleft patients were seen approximately four times more often than craniofacial patients. The majority of patients were under 18 years of age. Seventy-eight (42 percent) of the teams treated adult patients.

Table 1 lists the professions of mental health workers on teams as identified by the team directors (Appendix, question 4). Each profession listed was likely to have some degree of expertise to examine mental health issues in patients and families. Nurses and social workers are most frequently represented.

Table 2 reveals the professional affiliation of the mental health workers available to the team as a regular team member or a consultant

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(Appendix, question 5). Social workers were most frequently represented. Of the 136 social workers serving on teams, (Tables 1 and 2), ninety-nine (54 percent) were identified as the team's mental health specialist. Nurses were identified as the mental health worker by 43 (23 percent) of the directors, yet this specialty was represented on 135 (72 percent) of the teams. Psychologists were the second most frequently represented mental health worker treating cleft/craniofacial patients (N=74). Thirty-five (19 percent) teams had no mental health specialist.

Table 3 summarizes the questions regarding mental health professionals consulting on cleft/craniofacial teams. Ninety-two percent (108) of the team directors reported that mental health consultants were accessible (Appendix, question 6). Approximately two-thirds (183) of the teams utilized "regular" consultants.

Table 4 reports the affiliations of the consulting mental health specialists. About fifty percent (75) of the specialists were hospital employees, and one quarter (40) of them were private practitioners. Approximately 30 percent (43) were affiliated with other facilities, including mental health centers.

Table 5 reports the type of service provided by mental health workers (Appendix, question 7). Interviewing—the most frequent service—was provided by 48 percent (89) of the teams. Intellectual assessment, support service during hospitalization, and screening of developmental skills were carried out by about 29 percent (54) of the team's mental health workers. Fifteen percent (28) of the teams assessed achievement skills, and 12 percent (22) of the mental health workers were engaged in research.

Table 6 identifies the importance of psychosocial issues to patients as perceived by the team directors (Appendix, question 8). Parental acceptance of the birth defect was rated as important or very important by 93 percent (130) of the directors. Developmental skills and social acceptance were considered important by 89 percent of the directors, but approximately 11 percent rated these issues as somewhat important or of little importance to patient care. Pre- and postoperative anxiety was assessed as important by 75 percent of the directors; yet, one in four felt this issue was of somewhat or little importance to patients. Consideration of job acceptance was perceived as less important to patients.

Table 7 reports percentages of patients seen by mental health professionals (Appendix, questions 9 and 10). Approximately half (46 percent) of the craniofacial patients were evaluated by a mental health professional. More than 53 percent of the

TABLE 1 Frequency and Profession of Mental Health Specialists on Teams

Profession	%	*N*
Nurse	73	136
Social worker	72	135
Genetic counselor	61	115
Psychologist	38	71
Psychiatrist	18	33
Researcher	13	25
Educator	11	21
Sociologist	6	11
Total		183

TABLE 2 Type and Number of Teams' Mental Health Workers*

Specialty	%	*N***
Social work	54	99
Psychology	40	74
Nursing	23	43
Psychiatry	14	25
Other	4	7
Total		248

* 35 (19 percent) of 183 teams are without a mental health specialist

** 37 (20 percent) of 183 teams have multiple mental health specialists

TABLE 3 Availability of Consulting Mental Health Specialists

	Questionnaire Data					
	Yes		*No*		*Don't Know*	
Consultant Status	%	*N*	%	*N*	%	*N*
Consultant available	92	108	2	2	6	7
Same consultant	67	83	33	41		

TABLE 4 Affiliation of Mental Health Consultants

Affiliation	%	*N*
Hospital	47	75
Private practice	25	40
Mental health center	17	26
Other	11	17

TABLE 5 Type of Service Provided by Mental Health Worker

Service	*N*	%
Interviewing—family history	89	48
Intellectual assessment	54	29
Support service during hospitalization	54	29
Screening developmental skills	54	29
Personality evaluation	47	25
Referral source	45	24
Therapy—short-term	40	21
Learning (achievement) skills assessment	28	15
Therapy—long-term	24	13
Research	22	12

TABLE 6 Psychosocial Issues of Patient Population

Issue	Rated Very Important or Important		Rated Somewhat Important or of Little Importance		Rated Not at All Important	
	%	N	%	N	%	N
Parental acceptance of birth defect	93	130	7	11		
Developmental skills (preschool child)	89	141	11	17	<1	1
Social acceptance	89	136	10	16	<1	1
Body image	86	132	14	21		
School achievement	84	132	16	25		
Behavioral problems	83	131	17	27		
Pre- and postoperative anxiety	74	112	26	39		
Job acceptance	69	101	28	41	3	4

TABLE 7 Percentage of Patients Seen by Mental Health Professionals

Category (%)	Patients With Cleft (%)	Patients With Craniofacial Anomalies (%)
>75	34	46
51 - 75	10	7
25 - 50	11	12
<25	45	34

patients with craniofacial anomalies were seen by mental health professionals, compared to approximately 44 percent of the patients with cleft. Although 34 percent of the directors reported that patients with craniofacial anomalies were seen less than 25 percent of the time, mental health intervention for them may be under-represented, since several teams do not treat craniofacial patients. Approximately 45 percent of the patients with cleft were evaluated less than 25 percent of the time by mental health workers.

Table 8 presents the directors' ratings of the value of mental health services to their teams (Appendix, question 11). Approximately 80 percent of the directors perceived mental health services as important or very important. Only 12 percent of the directors identified such service as of little or no importance at all.

DISCUSSION

Based on the results of this survey regarding mental health practices on cleft/craniofacial teams, several observations merit attention. Several of the psychosocial issues which are rated important by directors are often not assessed by the mental health professional. For example, developmental skills are important according to 89 percent of the directors, but only 29 percent of the teams screen patients' developmental skills. Eighty-three percent of the directors noted the importance of behavior problems, yet 75 percent of the teams do not provide personality assessments.

This discrepancy between relevance to patient and intervention practice cannot be explained by lack of availability of specialists, because 86 percent (160) of the directors reported the membership or availability of multiple mental health specialists.

Most directors also indicated that mental health services are important to their patients and to the teams. However, less than half of the cleft patients reportedly receive these services. Further examination of this apparent under utilization of mental health intervention is suggested.

Despite the research which suggests that patients with cleft are at risk for reading problems (Richman, 1980), school achievement (Broder, 1986), unresolved family issues (Tobiasen and Hiebert, 1984), low self-concept (Kapp, 1979), and poor body image (Broder, 1982), 20 percent of the directors do not perceive mental health services as important to the treatment of patients with cleft.

The directors report that only 22 mental health workers are carrying out research on cleft/craniofacial care. Further investigations into the psychosocial issues in cleft rehabilitation are suggested. These research efforts might provide further justification for directors to expand their teams' mental health intervention practices. An examination of the effects of specific mental

TABLE 8 Directors' Ratings of the Importance of Mental Health Services to Team

Rating	N	%
Very important	85	47
Important	60	33
Somewhat important	16	8
Of little importance	18	10
Not important at all	3	2

health services on patient satisfaction and psychosocial adjustment is also recommended. Identifying mental health intervention practices associated with increased patient satisfaction with treatment could improve the efficacy of cleft rehabilitation.

APPENDIX

MENTAL HEALTH SERVICE QUESTIONNAIRE

_____ 1. Approximately how many patients with clefts does your team evaluate each month?

_____ 2. Approximately how many craniofacial patients (excluding patients with clefts only) does your team (or you) evaluate each month?

_____ 3. Please circle the percentage of your patient population in each age group:

0–3 yrs.	<25%	<50%	<75%	>75%
3–6 yrs.	<25%	<50%	<75%	>75%
6–12 yrs.	<25%	<50%	<75%	>75%
12–18 yrs.	<25%	<50%	<75%	>75%
18–35 yrs.	<25%	<50%	<75%	>75%

4. Please check if your team has this specialist:

_____ psychologist
_____ psychiatrist
_____ nurse
_____ social worker
_____ research associate (assist.)
_____ educator
_____ genetic counselor
_____ sociologist

5. What is the specific professional affiliation of your mental health worker(s)?

_____ psychology
_____ psychiatry
_____ social work
_____ nursing
_____ other, please specify _____

6. If your team does not have a mental health specialist, are consultants available?

_____ yes _____ no _____ not sure

Is the consultant usually the same person?

_____ yes _____ no

What is the consultant's affiliation?

_____ hospital
_____ private
_____ mental health center
_____ other, please specify _____

7. Please indicate (by percentile [%]) what type of service is provided by the mental health worker. (If your team has more than one mental health specialist, please provide responses for each professional.)

_____ interviewing - family history
_____ intellectual assessment
_____ screening developmental skills
_____ personality evaluation
_____ therapy - short-term

_____ therapy - long-term
_____ support service during hospitalization
_____ research
_____ referral source
_____ learning (achievement) skills

8. Please rate the psychosocial issues of your patient population:

(a) very important (b) important
(c) somewhat important (d) of little importance
(e) not at all important

_____ parental acceptance of the birth defect
_____ developmental skills (preschool child)
_____ body image - self-concept
_____ pre/postoperative anxiety
_____ school achievement (learning)
_____ behavioral problems
_____ social acceptance
_____ job acceptance
_____ other, please specify
_____

9. How many of your cleft lip/palate patients are actually seen by a mental health professional (psychologist, psychiatrist, social worker)?

_____ >75% _____ 51–75% _____ 25–50% _____ <25%

10. How many of your craniofacial patients (other than clefts) are actually seen by a mental health professional (psychologist, psychiatrist, social worker)?

_____ >75% _____ 51–75% _____ 25–50% _____ <25%

11. How important are mental health services to your team?

_____ very important _____ important
_____ somewhat important _____ of little importance
_____ not important at all

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