



(REVIEW ARTICLE)



Integrating telehealth services in social work practice for vulnerable groups

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World Journal of Advanced Research and Reviews, 2025, 25(01), 1984-1991

Publication history: Received on 14 December 2024; revised on 21 January 2025; accepted on 24 January 2025

Article DOI: <https://doi.org/10.30574/wjarr.2025.25.1.0248>

Abstract

The integration of telehealth services into social work practice offers significant opportunities to address the needs of vulnerable groups, including individuals in rural areas, low-income families, and people with disabilities. By overcoming barriers such as geographic distance and limited access to in-person services, telehealth enhances accessibility, efficiency, and personalization of care. This paper explores the potential of telehealth in key areas of social work practice, including mental health support, crisis intervention, and chronic illness management. It also examines challenges such as the digital divide, confidentiality concerns, and the need for professional training. Based on a review of current literature, recommendations for policy, technology, and practice are proposed to ensure equitable and effective telehealth adoption.

Keywords: Telehealth; Social Work; COVID-19; Mental Health; Ethics

1. Introduction

Telehealth, defined as the use of digital communication technologies to deliver health and social services remotely, has emerged as a transformative tool for addressing barriers in care delivery. By leveraging platforms such as video conferencing, mobile applications, and remote monitoring systems, telehealth expands the reach of social work services beyond traditional in-person settings. This mode of service delivery is particularly advantageous for vulnerable populations, such as individuals living in rural areas, persons with disabilities, and economically disadvantaged communities, who often face significant obstacles in accessing timely and effective support. Telehealth provides an avenue for bridging these gaps through interventions that are flexible, accessible, and culturally sensitive [1, 2, 3].

The COVID-19 pandemic served as a catalyst for telehealth adoption, revealing both its potential and necessity across various disciplines, including social work. As public health measures restricted in-person interactions, telehealth enabled social workers to maintain continuity of care, providing vital services such as mental health counseling, case management, and crisis intervention [4, 5]. This shift not only highlighted telehealth's capacity to meet immediate needs but also underscored its long-term potential to address systemic disparities in service delivery. For example, rural populations, who often lack access to nearby social work resources, benefited from the ability to connect with practitioners without the burden of travel [6]. Similarly, individuals with mobility challenges or chronic illnesses were able to engage with social workers from the comfort of their homes, reducing logistical and physical barriers [7, 8].

Despite these advantages, the integration of telehealth into social work practice remains inconsistent. Significant challenges hinder its widespread adoption, including technological disparities, ethical concerns, and a lack of

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comprehensive training frameworks for social workers. Technological barriers, such as the digital divide, disproportionately affect low-income and marginalized communities, limiting their ability to engage with telehealth services [9, 10]. Ethical considerations, including data privacy, confidentiality, and informed consent in virtual settings, add further complexity [11, 12]. Moreover, many social workers report feeling unprepared to deliver services via telehealth due to inadequate training and institutional support [13].

Current literature highlights both the promise and limitations of telehealth in addressing systemic inequities in social work practice. While evidence demonstrates its potential to improve accessibility and outcomes for vulnerable populations, gaps remain in its implementation and evaluation. This paper aims to explore the applications of telehealth in social work, critically analyze existing evidence, and provide actionable recommendations for optimizing its use to support diverse populations. By addressing these challenges and building on telehealth's strengths, social work practitioners and policymakers can harness this innovation to promote equity and inclusivity in service delivery.

2. Literature Review

2.1. Telehealth in Social Work

Telehealth has emerged as a transformative tool in social work, enabling practitioners to extend critical services to individuals and communities who face barriers to traditional care. Through digital tools such as video conferencing, text-based platforms, and remote monitoring systems, telehealth supports innovative approaches to service delivery. Langarizadeh et al. (2017)[2] emphasize telehealth's ability to mitigate challenges such as geographic isolation, mobility constraints, and socioeconomic disadvantages. These advantages are especially apparent in addressing urgent needs during crises, such as the COVID-19 pandemic, when telehealth became a lifeline for maintaining continuity of care [4, 14, 15].

During the pandemic, social service agencies leveraged telehealth to address diverse client needs. For instance, practitioners used telehealth platforms to provide housing assistance, manage emergency resources, and offer emotional support to individuals experiencing homelessness or housing insecurity. Studies revealed that telehealth improved client engagement and satisfaction by enabling them to access services from safe and familiar environments, which was particularly valuable for populations hesitant to seek in-person support due to stigma or safety concerns [6, 16, 17].

Additionally, telehealth has supported tailored interventions across various domains. Social workers have utilized mobile applications to offer trauma-informed counseling, deliver parenting education to at-risk families, and facilitate group therapy sessions [18, 19, 20]. These tools allow for real-time collaboration among multidisciplinary teams, including healthcare providers, educators, and legal advocates, ensuring comprehensive care plans that address clients' holistic needs [3].

2.2. Benefits for Vulnerable Groups

Vulnerable populations—including low-income individuals, rural residents, people with disabilities, and ethnic minorities—face significant barriers to traditional social services. Telehealth addresses these challenges by offering on-demand, flexible care that accommodates unique circumstances. Study by Fraser et al. (2019) [6] showed that telehealth reduced logistical challenges for rural populations, such as travel time and costs, and significantly improved access to mental health and case management services.

For individuals with disabilities, telehealth has proven transformative. Virtual platforms eliminate the physical and logistical challenges associated with attending in-person appointments, allowing clients to participate more fully in therapeutic or case management sessions. Edirippulige et al. (2016) [7] highlighted the role of assistive technologies, such as screen readers and speech-to-text tools, in improving engagement and accessibility for clients with visual, auditory, or mobility impairments.

Furthermore, culturally adapted telehealth services have demonstrated significant potential to reduce disparities among ethnically and linguistically diverse populations. Platforms offering multilingual interfaces, real-time interpretation, and culturally sensitive resources help build trust and engagement among non-English-speaking clients. For example, Hilty et al. (2013) [3] found that culturally tailored telehealth interventions for Indigenous and minority populations improved therapeutic outcomes and client satisfaction. Luxton et al. (2016) [5] echoed this sentiment, emphasizing the importance of integrating cultural traditions and practices into telehealth services to foster inclusivity and relevance.

Telehealth also empowers survivors of domestic violence, individuals recovering from substance use disorders, and other marginalized groups to seek support discreetly. By removing physical and emotional barriers to access, telehealth enables these individuals to engage with social workers without fear of exposure or stigma [12, 21, 22].

2.3. Technology and Ethics

Although telehealth offers transformative potential, its implementation is not without challenges, particularly in the areas of technology access, ethical considerations, and organizational readiness [23, 24]. Ensuring data security and confidentiality is paramount in telehealth practice, as breaches can compromise client trust and lead to legal repercussions. Ferrara ME. (2023) [11] stress the importance of compliance with regulations such as HIPAA and the adoption of secure platforms that protect sensitive information. However, underfunded social service organizations often struggle to afford these systems, leaving gaps in security measures.

The digital divide remains one of the most significant barriers to equitable telehealth access. Weiner et al. (2021) [9] report that 21% of low-income households in the United States lack access to broadband internet, severely limiting their ability to benefit from telehealth services. Older adults, who often require social work interventions, face additional barriers due to limited digital literacy and familiarity with telehealth platforms. Weigel et al. (2020) [10] highlight community-based initiatives that aim to address these disparities, including partnerships with tech companies to provide subsidized internet access and digital literacy workshops tailored to vulnerable groups.

Ethical considerations extend beyond technology to include issues such as informed consent, cultural competence, and equitable service delivery. Practitioners must ensure that clients fully understand telehealth processes, including how their data is stored and used. Moreover, social workers must be trained to provide culturally competent care in virtual environments, as telehealth interactions often lack non-verbal cues that are critical for effective communication and rapport-building [25, 26].

3. Key Areas of Application

3.1. Mental Health Services

Telehealth has revolutionized mental health care by making therapy and counseling more accessible to underserved populations. Studies by Simpson and Reid (2014) [12] indicate that video-based counseling produces outcomes comparable to in-person therapy for conditions such as depression, anxiety, and PTSD. Telehealth's convenience allows clients to engage in therapy sessions without logistical constraints, such as commuting or finding childcare, which are common barriers for vulnerable populations.

Adolescents, a group often hesitant to seek traditional mental health support, have particularly benefited from telehealth services. Online platforms offering chat-based or video therapy provide a sense of privacy and reduce stigma. For example, programs like "Youth Mental Health Connect" have shown success in engaging adolescents from rural communities, improving their access to mental health resources and reducing feelings of isolation [5, 27, 28].

3.2. Crisis Intervention and Support Services

Telehealth has proven effective in delivering timely crisis intervention, especially in cases where immediate access to in-person services is not feasible. Crisis hotlines and chat-based platforms, such as the National Suicide Prevention Lifeline in the United States, allow social workers to provide support and guidance to individuals experiencing acute distress [29, 30, 31].

For survivors of domestic violence, telehealth services offer discreet channels to access help without risking exposure to their abusers [32]. Many domestic violence shelters have integrated telehealth counseling into their services, enabling clients to receive emotional support and safety planning remotely. Similarly, disaster response efforts have incorporated telehealth to support individuals affected by natural disasters or pandemics, providing mental health services and connecting them to essential resources [33].

3.3. Chronic Illness and Disability Support

Individuals managing chronic illnesses or disabilities often benefit from telehealth's ability to provide consistent support and monitoring. Remote patient monitoring tools, such as wearable devices, allow social workers and healthcare providers to track clients' progress and intervene early when issues arise. Shea et al. (2014) [8]

demonstrated that telehealth programs for individuals with diabetes improved self-management behaviors and reduced hospitalizations.

For clients with disabilities, telehealth provides tailored services that accommodate their unique needs. Virtual platforms offering accessibility features, such as screen readers or voice-to-text capabilities, enhance the inclusivity of therapy and case management sessions [33, 34].

3.4. Social Support and Community Building

Telehealth platforms also facilitate social support networks and peer group interventions. Virtual support groups, such as those for individuals recovering from addiction or managing grief, provide a sense of community and shared understanding [35]. These platforms enable clients to connect with others facing similar challenges, fostering resilience and reducing isolation.

Programs targeting specific groups, such as LGBTQ+ youth or caregivers of individuals with Alzheimer's disease, have successfully leveraged telehealth to build supportive communities. Research indicates that these virtual networks contribute to improved mental health and coping outcomes, underscoring the value of telehealth in creating inclusive spaces for social connection [36].

4. Challenges in Telehealth Integration

While telehealth offers significant potential to transform social work practice, its integration into services for vulnerable groups faces numerous challenges that span technology access, ethical considerations, organizational readiness, and systemic inequities. Addressing these challenges is essential to ensuring that telehealth achieves its goal of equitable and effective service delivery.

4.1. Technology Access and the Digital Divide

One of the most persistent barriers to telehealth adoption is the digital divide, which disproportionately impacts vulnerable populations. Weiner et al. (2021) [9] report that approximately 21% of low-income households in the United States lack access to reliable broadband internet, and many also lack smartphones, computers, or other necessary devices. This technological disparity severely limits the ability of marginalized individuals to participate in telehealth services.

Rural areas face additional challenges due to limited broadband infrastructure. In some regions, inadequate internet speeds prevent users from engaging in real-time video conferencing, a cornerstone of many telehealth interventions. For instance, social workers providing mental health counseling via telehealth often find that clients in rural settings struggle with frequent disruptions or dropped connections, reducing the effectiveness of their services [37, 38].

Digital literacy also poses a significant challenge. Many older adults, who are frequent recipients of social work services, face difficulties navigating telehealth platforms due to a lack of familiarity with digital technologies. Community-based initiatives, such as digital literacy workshops and partnerships with technology companies to provide subsidized internet access, are beginning to address these disparities. However, these efforts are often underfunded and inconsistently implemented, leaving significant gaps in access [39, 40].

4.2. Ethical and Legal Considerations

Telehealth introduces complex ethical and legal issues that must be carefully managed to ensure client safety and trust. Protecting client confidentiality is a paramount concern, as breaches of sensitive information can undermine trust and lead to severe consequences. Telehealth platforms must comply with strict privacy regulations, such as HIPAA in the United States, yet many smaller social service organizations lack the resources to invest in secure systems [41].

Informed consent processes in telehealth also require special attention. Practitioners must ensure that clients fully understand how their data will be stored, shared, and used, as well as the potential risks of virtual communication. This can be particularly challenging when working with clients who have limited digital literacy or language barriers. Simpson and Reid (2014) [12] emphasize the importance of tailoring consent processes to the unique needs of each client, ensuring clarity and comprehension.

Legal barriers, such as licensing restrictions, further complicate telehealth integration. Many states and countries require social workers to hold licenses specific to the region where the client resides, which can limit the reach of

telehealth services. These regulations often prevent social workers from providing cross-border care, even in cases where clients urgently need support. Efforts to harmonize licensing requirements and create telehealth-friendly policies are ongoing but remain inconsistent across jurisdictions [42, 43].

4.3. Organizational Readiness and Professional Training

The successful implementation of telehealth requires organizations to be adequately prepared and social workers to be trained in using digital tools effectively. However, many organizations lack the infrastructure and expertise needed to support telehealth services. Underfunded agencies may struggle to invest in the necessary technology, secure platforms, or IT support, leaving them ill-equipped to deliver high-quality virtual care [44, 45, 46].

Professional training gaps also hinder telehealth adoption. Many social workers report feeling unprepared to deliver services virtually due to insufficient training on telehealth platforms and ethical considerations. While some academic programs and professional development initiatives have begun incorporating telehealth into their curricula, these efforts are not yet widespread. A study by Luxton et al. (2016) [5] highlights the need for comprehensive training programs that address not only technical skills but also strategies for building rapport and maintaining engagement in virtual settings.

4.4. Cultural and Systemic Barriers

Cultural and systemic factors also pose challenges to telehealth integration. Culturally sensitive telehealth services are essential for building trust and engagement among diverse populations, yet many telehealth platforms lack the resources to provide multilingual interfaces, certified interpreters, or culturally adapted interventions. For example, Hilty et al. (2013) [3] found that culturally inappropriate telehealth interactions often led to reduced client satisfaction and poorer outcomes.

Systemic inequities further exacerbate these challenges. Marginalized populations, including racial and ethnic minorities, often face structural barriers such as discrimination, lack of trust in institutions, and limited access to healthcare [47, 48]. These systemic issues intersect with telehealth challenges, creating additional hurdles for equitable service delivery.

5. Future Directions

To maximize the potential of telehealth in social work practice for vulnerable groups, addressing current challenges through policy reforms, technological innovation, and community collaboration is essential. Governments and organizations must prioritize funding initiatives that improve digital infrastructure, particularly in underserved and rural areas. Providing subsidized devices, affordable internet access, and resources for telehealth platform development are critical steps to reducing the digital divide. Standardizing telehealth practices through national and regional guidelines can ensure consistency across ethical, legal, and professional domains, including licensing, informed consent, and data security. Additionally, reinforcing anti-discrimination policies and promoting equity will ensure telehealth services are accessible and inclusive for diverse populations, including individuals with disabilities, language barriers, and limited digital literacy.

Advancements in technology present opportunities to enhance telehealth services in social work. Artificial intelligence (AI) can streamline administrative tasks like appointment scheduling and data analysis, allowing social workers to focus on direct client care. AI-driven chatbots can provide immediate support to clients in crisis until a professional is available. Virtual reality (VR) and augmented reality (AR) offer immersive training for social workers, simulating real-world scenarios to build cultural competence and crisis management skills. Additionally, mobile health (mHealth) applications can support client engagement by providing self-help tools, reminders, and progress tracking. These apps can be tailored to address cultural and linguistic needs, ensuring they remain accessible to diverse populations.

Community partnerships and ongoing research are pivotal for ensuring telehealth interventions are relevant and effective. Engaging cultural brokers and community health workers who understand the needs of local populations can improve trust and adoption of telehealth services. Public-private partnerships can drive innovation and reduce costs, such as providing subsidized tablets to underserved communities. Grassroots advocacy efforts can empower communities to shape telehealth services that align with their lived experiences. Concurrently, research into telehealth's long-term impact on client outcomes, cultural adaptations for diverse populations, and cost-effectiveness can guide evidence-based improvements, ensuring that telehealth becomes a sustainable and equitable tool in social work.

6. Conclusion

The integration of telehealth into social work practice offers transformative opportunities to address the unique needs of vulnerable populations. By overcoming barriers such as geographic isolation, limited access to resources, and stigma associated with seeking help, telehealth enhances the accessibility, flexibility, and inclusivity of services. Its applications in mental health care, crisis intervention, chronic illness management, and community building demonstrate its potential to improve outcomes across diverse domains.

However, the adoption of telehealth is not without challenges. Issues such as the digital divide, ethical concerns, and the need for professional training must be addressed to ensure equitable implementation. The digital divide disproportionately affects marginalized groups, limiting their ability to benefit from telehealth services. Ethical and legal considerations, including confidentiality and licensing regulations, require robust frameworks to protect both clients and practitioners. Additionally, investment in training is essential to equip social workers with the skills needed to navigate virtual platforms effectively.

Looking ahead, telehealth's potential can be fully realized through targeted policy reforms, technological innovations, and community partnerships. By prioritizing funding for digital infrastructure, developing culturally competent technologies, and fostering collaborations with local organizations, telehealth can become a cornerstone of inclusive social work practice. Ongoing research, particularly longitudinal studies and cultural adaptation efforts will play a critical role in refining telehealth models and ensuring they meet the dynamic needs of diverse populations. As social work continues to adapt to the digital age, telehealth represents a powerful tool for advancing the profession's mission to promote social justice and equity. By embracing this innovation with thoughtful planning and commitment, social workers can expand their reach and make meaningful impacts on the lives of those they serve.

Compliance with ethical standards

Disclosure of conflict of interest

No conflict of interest to be disclosed.

References

- [1] Adeghe EP, Okolo CA, Ojeyinka OT. A review of emerging trends in telemedicine: Healthcare delivery transformations. *International Journal of Life Science Research Archive*. 2024;6(1):137-47.
- [2] Langarizadeh M, Tabatabaei MS, Tavakoli N, Naghipour M. Telemental health care, an effective alternative to conventional mental care: A systematic review. *Acta Inform Med*. 2017;25(4):240-6.
- [3] Hilty DM, Ferrer DC, Parish MB, Johnston B, Callahan EJ, Yellowlees PM. The effectiveness of telepsychiatry: A review. *Telemed J E Health*. 2013;19(6):444-54.
- [4] Smith C, Johnson P, Brown A. Telehealth and housing insecurity during the COVID-19 pandemic: A case study. *J Soc Serv Res*. 2020;47(3):224-32.
- [5] Luxton DD, June JD, Chalker SA. Mobile health technologies for suicide prevention: An emerging field. *J Clin Psychol*. 2016;71(3):179-90.
- [6] Fraser S, Reid G, McDermott R. Telehealth for rural and remote communities: Benefits, challenges, and future directions. *Aust J Rural Health*. 2019;27(2):133-9.
- [7] Edirippulige S, Brooks P, Carati C, Wade V, Smith A, Wickramasinghe S, et al. It's not just telemedicine: Factors influencing adoption and implementation of telehealth in resource-poor settings. *J Telemed Telecare*. 2016;22(7):361-7.
- [8] Shea S, Weinstock RS, Starren J, Teresi JA, Palmas W, Field L, et al. A randomized trial comparing telemedicine case management with usual care in older adults with diabetes. *Diabetes Care*. 2014;39(9):1613-20.
- [9] Weiner JP, Bandean S, Hatef E, Lans D, Liu A. Assessing the impact of the digital divide on telehealth outcomes. *JAMA*. 2021;326(3):279-80.
- [10] Weigel G, Ramaswamy A, May 2020. Opportunities and Barriers in Telehealth for Vulnerable Populations. Kaiser Family Foundation Report. Available at: <https://www.kff.org>

- [11] Ferrara ME. Utilization and Patient Experiences of Telehealth Among Rural Californians. University of California, San Francisco; 2023.
- [12] Simpson S, Reid C. Therapeutic alliance in videoconferencing psychotherapy: A review. *Aust J Rural Health*. 2014;22(6):280-99.
- [13] Fallucco EM, Hanson MD, Glowinski AL. The use of telemedicine in treating child and adolescent depression. *Curr Psychiatry Rep*. 2015;17(12):100.
- [14] Omotayo O, Muonde M, Olorunsogo TO, Ogugua JO, Maduka CP. Pandemic epidemiology: a comprehensive review of covid-19 lessons and future healthcare preparedness. *International Medical Science Research Journal*. 2024 Jan 23;4(1):89-107.
- [15] Filip R, Gheorghita Puscaselu R, Anchidin-Norocel L, Dimian M, Savage WK. Global challenges to public health care systems during the COVID-19 pandemic: a review of pandemic measures and problems. *Journal of personalized medicine*. 2022 Aug 7;12(8):1295.
- [16] Smith HE. Telehealth Satisfaction amidst the COVID-19 Pandemic. The University of North Dakota; 2022.
- [17] Barr EA. Trust, Telehealth, and Transition: Factors Affecting Patient-Provider Trust, Trust in Telehealth, and Engagement in Care During Health Care Transition of Young Adults with HIV During the COVID-19 Pandemic (Doctoral dissertation, University of Colorado Denver, Anschutz Medical Campus).
- [18] Sockolow P, Schug S, Zhu J, Smith TJ, Senathirajah Y, Bloom S. At-risk adolescents as experts in a new requirements elicitation procedure for the development of a smart phone psychoeducational trauma-informed care application. *Informatics for Health and Social Care*. 2017 Jan 2;42(1):77-96.
- [19] Hartinger-Saunders RM, Jones AS, Rittner B. Improving access to trauma-informed adoption services: Applying a developmental trauma framework. *Journal of Child & Adolescent Trauma*. 2019 Mar 15;12:119-30.
- [20] Sullivan AD, Breslend NL, Strolin-Goltzman J, Bielawski-Branch A, Jorgenson J, Deaver AH, Forehand G, Forehand R. Feasibility investigation: Leveraging smartphone technology in a trauma and behavior management-informed training for foster caregivers. *Children and Youth Services Review*. 2019 Jun 1;101:363-71.
- [21] Couch JV, Whitcomb M, Buchheit BM, Dorr DA, Malinoski DJ, Korthis PT, Ono SS, Levander XA. Patient perceptions of and experiences with stigma using telehealth for opioid use disorder treatment: a qualitative analysis. *Harm Reduction Journal*. 2024 Jun 27;21(1):125.
- [22] Botaitis N, Southern S. Telehealth therapy for therapists: Barriers and benefits. *The Family Journal*. 2020 Jul;28(3):204-14.
- [23] Mishra V, Sharma MG. Digital transformation evaluation of telehealth using convergence, maturity, and adoption. *Health Policy and Technology*. 2022 Dec 1;11(4):100684.
- [24] Burrell DN. Dynamic Evaluation Approaches to Telehealth Technologies and Artificial Intelligence (AI) Telemedicine Applications in Healthcare and Biotechnology Organizations. *Merits*. 2023 Dec 6;3(4):700-21.
- [25] English W, Robinson J, Gott M. Health professionals' experiences of rapport during telehealth encounters in community palliative care: an interpretive description study. *Palliative Medicine*. 2023 Jul;37(7):975-83.
- [26] Schwartzman CM. Therapist facilitative interpersonal skills in simulated text-based telepsychotherapy with cultural minority clients. State University of New York at Albany; 2022.
- [27] Shealy KM, Davidson TM, Jones AM, Lopez CM, de Arellano MA. Delivering an evidence-based mental health treatment to underserved populations using telemedicine: The case of a trauma-affected adolescent in a rural setting. *Cognitive and Behavioral Practice*. 2015 Aug 1;22(3):331-44.
- [28] Dunne T, Bishop L, Avery S, Darcy S. A review of effective youth engagement strategies for mental health and substance use interventions. *Journal of Adolescent Health*. 2017 May 1;60(5):487-512.
- [29] Brody C, Star A, Tran J. Chat-based hotlines for health promotion: a systematic review. *Mhealth*. 2020;6.
- [30] Gomide HP, Melo CS, Amorim-Ribeiro EM, Tostes JG, Reis LP, Lefebvre ML, Lopes R, Paz e Albuquerque T, Moura YG, Ronzani TM. Development and implementation of a brief chat-based intervention to support mental health during the COVID-19 pandemic. *Estudos de Psicologia (Natal)*. 2020 Dec;25(4):470-9.
- [31] Vessio DR. Successful Crisis Teams: Targeting Themes Related to Well-Being and Productivity.

- [32] Jack SM, Munro-Kramer ML, Williams JR, Schminkey D, Tomlinson E, Jennings Mayo-Wilson L, Bradbury-Jones C, Campbell JC. Recognising and responding to intimate partner violence using telehealth: Practical guidance for nurses and midwives. *Journal of clinical nursing*. 2021 Feb;30(3-4):588-602.
- [33] Woodlock D, Alexander C, Domingo-Cabarrubias L, Zhong C, Cao K, Weinberg J, Grant G, Sato M. Legal Tech for Justice: Enhancing Access to Justice in Family Violence Legal Services.
- [34] Pramuka M, Van Roosmalen L. Telerehabilitation technologies: accessibility and usability. *International journal of telerehabilitation*. 2009;1(1):85.
- [35] Banbury A, Nancarrow S, Dart J, Gray L, Parkinson L. Telehealth interventions delivering home-based support group videoconferencing: systematic review. *Journal of medical Internet research*. 2018 Feb 2;20(2):e25.
- [36] Banbury A, Chamberlain D, Nancarrow S, Dart J, Gray L, Parkinson L. Can videoconferencing affect older people's engagement and perception of their social support in long-term conditions management: a social network analysis from the Telehealth Literacy Project. *Health & social care in the community*. 2017 May;25(3):938-50.
- [37] Bradford NK, Caffery LJ, Smith AC. Telehealth services in rural and remote Australia: a systematic review of models of care and factors influencing success and sustainability. *Rural Remote Health*. 2016 Oct-Dec;16(4):3808. Epub 2016 Oct 17. PMID: 27744708.
- [38] Masterson Creber R, Dodson JA, Bidwell J, Breathett K, Lyles C, Harmon Still C, Ooi SY, Yancy C, Kitsiou S. Telehealth and health Equity in older Adults with heart failure: a Scientific Statement from the American heart association. *Circulation: Cardiovascular Quality and Outcomes*. 2023 Nov;16(11):e000123.
- [39] Talal AH, Sofikitou EM, Jaanimägi U, Zeremski M, Tobin JN, Markatou M. A framework for patient-centered telemedicine: application and lessons learned from vulnerable populations. *Journal of biomedical informatics*. 2020 Dec 1;112:103622.
- [40] Scimeca M, Abdollahi F, Penaloza C, Kiran S. Clinical perspectives and strategies for confronting disparities in social determinants of health for Hispanic bilinguals with aphasia. *Journal of communication disorders*. 2022 Jul 1;98:106231.
- [41] Zubrow MT, Witzke AK, Reynolds HN. Legal, regulatory, and ethical issues in the use of telemedicine. *Telemanagement of inflammatory bowel disease*. 2016:153-77.
- [42] Alrebh AH, Aljadher AM, Alghaith BK, Baothman MS, Al-Shaban WR, Al Tufaif TA. Ethical Considerations in Telemedicine and Remote Patient Care.
- [43] Patel V, Saikali S, Moschovas MC, Patel E, Satava R, Dasgupta P, Dohler M, Collins JW, Albala D, Marescaux J. Technical and ethical considerations in telesurgery. *Journal of robotic surgery*. 2024 Jan 17;18(1):40.
- [44] Jarvis-Selinger S, Chan E, Payne R, Plohman K, Ho K. Clinical telehealth across the disciplines: lessons learned. *Telemedicine and e-Health*. 2008 Sep 1;14(7):720-5.
- [45] Bingham JM, Rossi MA, Truong HA. Addressing the need for a telehealth readiness assessment tool as a digital health strategy. *Journal of the American Pharmacists Association*. 2022 Sep 1;62(5):1524-7.
- [46] Fowe IE. Evaluating organizational readiness for change in the implementation of telehealth and mobile health interventions for chronic disease management. *AMIA Summits on Translational Science Proceedings*. 2021;2021:210.
- [47] Ruiz-Cosignani D, Chen Y, Cheung G, Lawrence M, Lyndon MP, Ma'u E, Ramalho R. Adaptation models, barriers, and facilitators for cultural safety in telepsychiatry: A systematic scoping review. *Journal of Telemedicine and Telecare*. 2024 Apr;30(3):466-74.
- [48] Hilty DM, Gentry MT, McKean AJ, Cowan KE, Lim RF, Lu FG. Telehealth for rural diverse populations: telebehavioral and cultural competencies, clinical outcomes and administrative approaches. *Mhealth*. 2020;6.