

Use of Telemental Health Services during the COVID-19 Pandemic

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Background

Prior to the COVID-19 pandemic, mental illness was a significant health problem for countless Americans with nearly one in five U.S. adults (approximately 47 million) reporting a diagnosis of a mental illness in the last year. Over 11 million of these individuals reported a serious mental illness resulting in functional impairment impacting daily life activities¹. Since the onset of the current pandemic, reports of mental health problems among Americans are significantly increasing with nearly half of U.S. citizens surveyed reporting the pandemic is negatively impacting their mental health². Federal emergency lines aimed to assist individuals with emotional distress experienced a 1000% increase in calls during the initial stages of the pandemic³. With mandatory and/or self-imposed quarantines, social distancing, and self-isolation, experts anticipate mental health needs will continue to increase, as will the increased need for treatment⁴.

With restrictions on face-to-face interactions, mental health providers pivoted service provision quickly at the onset of the pandemic. Many providers moved exclusively to telemental health treatment. Telehealth generally refers to the use of telecommunication systems to facilitate the delivery of health information and services, and it includes a wide range of service modalities such as two-way voice or video virtual visits⁵. Recently, telehealth was seen as an emerging tool with great potential to improve access to care, reduce costs, and enhance patient satisfaction, and evidence supporting telehealth services is strongest for individuals with chronic conditions⁵. In the last several months, this emerging tool evolved into the standard of care in the mental health field. This report will highlight current use of telemental health services, specific mental health disorders being reported and treated using telemental services during the pandemic, comorbid mental health concerns among individuals with other disabilities, and accessibility to telemental health services.

Pandemic Use of Telemental Health Services

Even with only limited evidence in the early stages of the pandemic, there is a strong, positive relationship between increases in COVID-19 cases and interest in telehealth services, indicating use of these services is significantly increasing as a result of the COVID-19 crisis⁶. While telemental health services are not new, they have until recently only been used by a small subset of mental health providers⁷. Problems with reimbursement is cited as the primary barrier to telemental health services. In many cases, insurance benefits failed to be reimbursed or were reimbursed at lower rates for telemental health services, which hindered many professionals from adopting this service modality⁸. With the passage of the CARES Act, additional funding and access to reimbursement was provided for telemental health services, bridging a potentially critical gap in service provision⁸. In addition, both Medicare and Medicaid

temporarily allowed mental health professionals to be reimbursed for telemental health services with individuals across the nation, within individual's homes, and at the same rate as in-person visits, which were all previously restricted by both Medicare and Medicaid⁹. The Department of Health and Human Services also temporarily waived HIPAA security and privacy requirements, which allows telemental health services to be provided using communication technology such as FaceTime and Skype¹⁰. The provisional elimination of these long-standing barriers to telemental health services facilitated increased use at the onset of the pandemic.

As restrictions are pulled back on telemental health services and use increases, current evidence supports benefits of this type of mental health service provision. Certain barriers that typically hinder in-person mental health visits are greatly reduced using telemental health services. For example, difficulties associated with transportation provision and distance is quickly remedied with telemental health services, and individuals in rural communities experience increased access to mental health care as a result^{5; 11}. Concerns related to stigma of mental health disorders are also eased, as individuals can obtain treatment in the privacy of their own homes¹². Numerous evidence-based practices used by mental health professionals (e.g., cognitive behavioral therapy (CBT), dialectical behavioral therapy (DBT), and acceptance and commitment therapy (ACT)) have also been effectively implemented using telehealth modalities¹³. Numerous clients indicate preference for this treatment modality with satisfaction rates reported as high as 95%, prompting mental health professionals to quickly adopt telehealth as an ongoing treatment modality^{3; 14}.

Not surprisingly, mental health professionals argue telemental health services should remain widely available following the COVID-19 crisis⁸. Recently, the leadership of the American Psychological Association (APA), along with other mental health advocacy organizations, testified before Congress in support of the Telemental Health Expansion Act, which would permanently remove geographic limitations on Medicare coverage of telemental health services¹⁵. The APA is also encouraging the removal of coverage restrictions based on the location of the individual receiving services, which would permanently improve access to mental health services for individuals in rural communities¹⁵.

Pandemic Impact on Specific Mental Health Disorders

The unprecedented increase in the use of telemental health services is crucial to meet the growing demand for mental health treatment during the COVID-19 crisis. The pandemic is leading to an increase in various mental health disorders including depression, anxiety, and substance use¹⁶. The number of screenings for anxiety and depression in the U.S. increased by 70% and 64%, respectively, from January to April of 2020¹⁴. Experts also expect suicide rates to increase significantly based on previous suicide trends during periods of high unemployment¹⁷. For example, during the Great Recession of 2007, for every percentage point increase in unemployment, the suicide rate rose by 1.6%, which could lead to an increase of 32% in suicide rates if unemployment rises to levels recorded during the Great Depression¹⁷. With attention to substance use, communities have reported alcohol sales rates as much as 500% higher than rates in previous years, which could lead to additional mental health concerns related to

excessive substance use¹⁶. Telemental health is an excellent tool to treat depression, anxiety, and substance use, and current evidence exists to support the use of various treatments (e.g. CBT, DBT, and ACT) through telemental health means.

In addition to new cases of mental health disorders as discussed above, individuals with pre-existing mental health disorders are susceptible to an increase in symptoms as a result of the COVID-19 crisis⁷. Individuals with severe mental illness (SMI) such as schizophrenia, major depression, or bipolar disorder may experience an increase in mental health symptoms, along with an increased risk of a severe case of COVID-19 if exposed, as high blood pressure, hypertension, and diabetes are often present in individuals with SMI¹⁶. Similarly, individuals with trauma disorders, including post-traumatic stress disorder (PTSD), are more likely to experience an increase in symptoms associated with their disorder during the COVID-19 crisis. Evidence indicates that telemental health can be effectively used to treat trauma disorders⁷. Evidence-based treatments such as cognitive processing therapy have proven effective using a telehealth modality⁷.

Comorbid Mental Health Concerns

Individuals diagnosed with chronic illness and disability, outside of many of the mental health concerns previously discussed, experience significant mental health disparities as compared to individuals without disabilities, and these disparities are magnified during the current pandemic^{4; 18}. For example, individuals with chronic illnesses including lung disease, asthma, serious heart conditions, and diabetes are not only at higher risk for developing serious symptoms of COVID-19 if exposed, but they are also more likely to experience comorbid mental health disorders¹. Recent research also highlights increased risk for mental health problems (i.e., depression and anxiety) among individuals with various forms of muscular dystrophies, which are compounded during the pandemic¹⁹. The ongoing stress of the pandemic not only increases the likelihood of experiencing symptoms of anxiety and depression, but continued social isolation, physical distancing, and difficulty accessing necessary support and services adds to the intensity of psychological stress²⁰. Mental health treatment and support via telehealth services is crucial to address these additional areas of need during the COVID-19 crisis.

Individuals with substance use concerns also face an increased risk of additional mental health problems. More specifically, people with opioid use disorder (OUD) experience a higher rate of suicide, trauma, and other related mental health concerns as compared to the general population²¹. Individuals with OUD are also at high risk for a severe COVID-19 infection if exposed, and pandemic control measures including isolation and limited healthcare resources and staff strains the most effective treatment for OUD²¹. Opioid agonist treatment (OAT) uses methadone or buprenorphine to treat OUD, and limited access to treatment services can lead to discontinuation of OAT, which, in turn, can result in opioid withdrawal and unstable mental health status²¹. This combination of factors can ultimately lead to relapse in order to relieve withdrawal symptoms and self-medicate mental health symptoms²¹. Access to mental health treatment using telehealth services is an initial line of defense to this potential crisis for

individuals with OUD, and one that can extend beyond the pandemic timeframe and ultimately improve treatment for this population.

Accessible Telemental Health Services

With a temporary elimination of barriers to telemental health services and an increased need for mental health treatment across the nation during the COVID-19 crisis, the accessibility of telemental health services is another important piece of this topic that requires investigation. While current research documents the increased rates of telemental health use and the growing demand for mental health treatment during the pandemic, recent research does not address the accessibility of telehealth services for individuals with disabilities.

Historically, medical and mental health professionals fail to provide adequate access to mental and behavioral health care due to the lack of awareness of the needs of individuals with disabilities¹⁹. Individuals with hearing disabilities report significant limitations in the receipt of mental health services²². Telemental health services represent an effective option for delivering mental health treatment to individuals with hearing disabilities, but accessibility concerns still remain^{9, 22}. As the pandemic accelerates the use of telemental health services, accessibility features in video-based platforms are crucial in assuring individuals with hearing disabilities have access to quality mental health care, and accessibility is also a legal obligation under the Americans with Disabilities Act²³.

Requirements for accessible telehealth service are detailed with attention to video remote interpreting and video remote captioning services. Telehealth services offering interpreting or captioning must provide real-time, full motion video without lags, blurry, or grainy images or pauses in communication²³. Training is also required to ensure all individuals can quickly and easily operate the technology²³. When interpreting services are used for telemental health, the image must be large enough to display the interpreter's face, arms, hands, and fingers, along with the client's face, arms, hands, and fingers. When captioning services are provided, mental health providers and clients must be able to see each other, and the captioning must be provided in a clearly marked space²³. These requirements have been in place prior to the onset of the COVID-19 pandemic, but with increased need and usage of telemental health services, attention to accessibility requirements is essential in order to meet the needs of all individuals with disabilities who seek mental health treatment.

Summary

Since the onset of the COVID-19 pandemic, telemental health evolved into the standard of care in the mental health field. With eased restrictions on provision and reimbursement for telemental health services, the rates of use increased substantially, and current evidence supports benefits for this type of mental health service provision^{6, 14}. With dramatic increases in depression, suicidality, anxiety, and substance use since the onset of the pandemic, the need for consistent and reliable mental health services during the pandemic is essential^{16, 17}. In addition, individuals with chronic illness and disability experience mental health disorders at

higher rates than individuals without disabilities, and this disparity is magnified during the current pandemic, which intensifies the need of telemental health services during the COVID-19 crisis^{18, 4}. Increased need and use also highlights the importance of accessibility to telemental health services for all individuals with disabilities. While accessibility requirements have existed for many years, mental health professionals using telehealth services for the first time will need to ensure their provision of telemental health services adheres to necessary requirements²³.

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