

TELEHEALTH'S POTENTIAL FOR EXPANDING BEHAVIORAL HEALTH CARE ACCESS

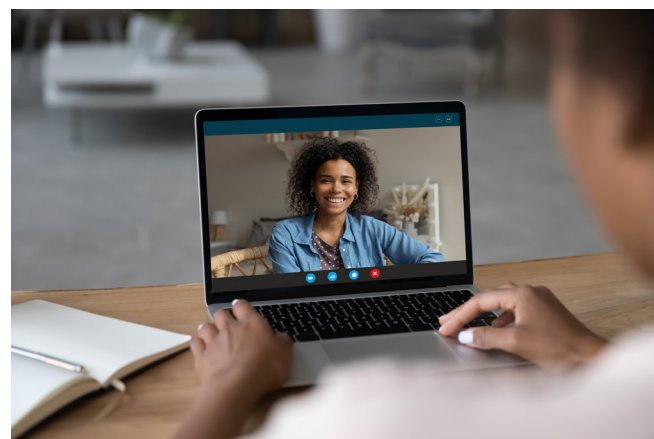


Telehealth's Potential for Expanding Behavioral Health Care Access

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Increased Demand for Mental Health Services

As the pandemic has progressed, more adults and youth are struggling with their mental health and well-being. According to a 2021 issue brief from the Kaiser Family Foundation (KFF), nearly 40 percent of adults in the United States reported symptoms of anxiety or depression during the pandemic, up from 10 percent reporting the same symptoms from January to June 2019 (Panchal et al. 2021). Other negative impacts on mental health and wellbeing have also been identified over the



course of the COVID-19 pandemic, including problems with sleep and eating, increased use of alcohol or other substances, and chronic conditions that became worse due to worry and stress about COVID-19 (Hamel et al., 2020).

Children and teens also have experienced declining mental health during the pandemic. In fact, this has been a concerning trend for several years. Since 2009, the Centers for Disease Control and Prevention (CDC) has tracked increased rates of depression, hopelessness, and suicidal thoughts and behaviors among children and teens (CDC, 2020). This trend is further evidenced by a 2021 study of nearly 81,000 youth across the world that found depression and anxiety symptoms had significantly increased during

the pandemic with 1 in 4 youth reporting depression symptoms and 1 in 5 reporting anxiety symptoms (Racine et al, 2021). These rates were double pre-pandemic rates of the same symptoms. In December 2021, the U.S. Surgeon General's Advisory on Protecting Youth Mental Health issued a call to action to address this growing mental health crisis among youth, which has especially affected youth from historically underserved and marginalized populations (Office of the Surgeon General, 2021).

Yet, access to mental health services and treatment have not kept pace with the demand. Mental health resources and services have been further strained by the pandemic. According to Mental Health America (MHA), nearly a quarter of adults with a mental illness were not able to receive treatment in 2021 (MHA, 2021). Systems' barriers to accessing treatment include insufficient mental health services or providers, limited or no insurance coverage, and a lack of coordination between primary and behavioral health care systems (Staglin & Herrman, 2021). In addition, individuals may be hesitant to seek treatment or resources for a mental illness due to stigma that they associate with mental illness or seeking help. Financial barriers—such as insufficient funds for copays, treatments that are not covered by insurance, or providers who don't take insurance—can also play a role (MHA, 2021).

Telehealth Expansion During the Pandemic

The demand for mental health services during the pandemic has helped fuel increased use of telehealth for mental health care. The U.S. Department of Health and Human Services (HHS) found that Medicare telehealth visits in 2020 increased 63-fold from 2019, and the largest increase was in behavioral health care (Samson et al., 2021). One third of behavioral health care visits in 2020 were telehealth, compared with 8 percent of primary care visits, and 3 percent of visits to other specialists. As overall telehealth usage started to drop a year and a half



into the pandemic, the 2021 rates for telehealth remained high for outpatient behavioral health care (Lo et al, 2022). Some mental health and business analysts predict that telehealth for behavioral health care is here to stay and likely to expand (Herzog, 2020; Mandriota, 2022)

Benefits of Telehealth

With the significant interest and growth in telehealth and other digital care options, there has been a surge in mental health apps. These range from mood trackers to artificial intelligent "chatbots" to apps that connect individuals with licensed therapists (Herzog, 2020). Some offer video therapy as well as text-based therapy.

Telehealth can be a convenient alternative to in person services. It provides the capacity to expand mental health care to communities that may have insufficient services and resources, such as in remote and rural areas. Several recent studies have found that telehealth has increased more equitable access to care, including in disadvantaged areas and among patients who historically have experienced disparities (Anastos-Wallen, 2022; Bose, et al, 2022).

It can also support individuals that have transportation issues or other challenges that make it difficult to attend in person services (Herzog, 2020; Staglin & Herrman, 2021). Providers seem to be embrac-

ing telehealth and the flexibility it provides (Siwiski, 2022). With this increase in telehealth services during the pandemic, many mental health professionals now have experience, training, and the resources to provide these services in an effective and ethical way (Mandriota, 2022).

Telehealth also may help minimize stigma that some individuals associate with seeking or receiving treatment for mental health care. Individuals can access care from the privacy of their home or a location that is convenient and comfortable for them. Nobody has to know that they are receiving mental health care (Herzog, 2020, Staglin & Herrman, 2021)

Considerations Moving Forward

During the pandemic, several federal and state initiatives facilitated telehealth, by expanding coverage for telehealth services and curbing telehealth restrictions (Herzog, 2020; Panchal et al., 2021). The Coronavirus Aid, Relief, and Economic Securi-



ty Act (CARES Act) was passed in March 2020 and provided funding for mental health and substance use services. There were provisions to expand coverage for telehealth for those covered by Medicare, private insurance, and other federally-funded programs. The CARES Act also included provisions for the Department of Veterans Affairs to provide

mental health telehealth services to isolated veterans. In addition, some states waived their licensing requirements so that therapists could practice telehealth across state lines.

The Centers for Medicare and Medicaid Services (CMS) also extended telehealth coverage for behavioral health visits in 2022 and in March, 2022, the



Consolidated Appropriations Act was signed into law (Ferrante et al, 2022; HRSA, 2022). This extended many telehealth provisions for an additional 151 days, including previous requirements for an in-person visit within six months of a first telehealth visit for mental health disorders and every 12 months after subsequent telehealth visits. These regulations provide greater flexibility and support for telehealth for behavioral health care. Many employer health insurance plans included coverage for telehealth services, even prior to the COVID-19 pandemic. While many experts expect that telehealth services will continue and expand beyond the COVID-19 pandemic, it is not yet clear what will be covered and how these will be structured and paid (Lo et al, 2022).

Although telehealth can offer an accessible strategy to expand mental health care capacity to remote and rural areas, there are still shortages in mental health providers (Staglin & Herrman, 2021). Innova-

tive solutions will need to be considered to address these shortages.

Many experts are calling attention to the need for oversight of telehealth to address concerns about quality of care, privacy, and sharing sensitive mental health information and data with third parties (Herzog, 2020). A 2021 HHS Office of Inspector General (OIG) issue brief indicated that in early 2020, many states were not monitoring or providing oversight of behavioral health telehealth; a few states did not distinguish telehealth from in-person services (Office of Inspector General, 2021). The OIG report recommended CMS conduct further evaluations and support state efforts to determine the impact of telehealth on access, cost, and quality of telehealth services for mental health care. These evaluations could provide useful information on what is working, as well as where telehealth delivery could be improved to ensure safe, ethical and quality telehealth care for mental health.

Additional Telehealth Resources

The Bizzell Group is poised to support federal, state, and local governments as well as assist other stakeholders navigate the growing demand for telebehavioral health services. Bizzell's [Behavioral Health Advancement Resource Center \(BHARC\)](#) is an ever-growing and trusted source for current behavioral health program development and research findings, examples of evidence-informed and promising practices, and emerging behavioral health policy and interventions. The BHARC Advisory Council consists of experts in substance use, mental health, clinical trials, pharmaceuticals, and healthcare standards and quality. For additional insights on telebehavioral health, this 2021 BHARC thought piece, [Telebehavioral Health: Technology-Enabled Behavioral Health](#), provides a review and commentary on recent literature and relevant resources.

About Bizzell

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The Behavioral Health Advancement Resource Center (BHARC) is an authoritative source for behavioral health information, insights, technical assistance, training, and innovative tools. BHARC is a mechanism to share evidence-based behavioral health interventions. The BHARC Advisory Council consists of experts who specialize in substance use disorders, mental health, clinical trials, pharmaceuticals, healthcare standards/quality across various sectors, communities, and special populations. The BHARC Advisory Council reviewed and approved this issue of the BHARC Behavioral Health Spotlight.

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