

Effect of Telehealth on Mental Health Therapy

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Abstract

Introduction: This literature review assesses if therapy delivered via telehealth is comparable to face-to-face therapy. Telehealth is on the rise due to the COVID-19 pandemic and continues to be used daily across the United States. Method: A literature search of articles focusing on how telehealth affects patient outcomes and satisfaction. Articles were found through UpToDate, Texas State University Library, and PubMed. Results: Telehealth was as successful as face-to-face therapy based on studies. Barriers and benefits were identified during the review. Barriers include connection issues, hearing/visual impairment, and impaired communication. Benefits of telehealth include accessibility, reduced commute time, and cost-effectiveness. Discussion: Therapy via telehealth is comparable to face-to-face in most circumstances. More research should be done on varying psychiatric illnesses and their severity. A training or certification course could be beneficial to educate providers on laws, techniques, and strategies to improve telehealth experiences for patients.

Keywords: Telehealth, Therapy, Mental Health, and Face-to-Face

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Introduction:

Before the pandemic, telehealth was mainly used in rural areas without specialized medical services such as mental health. The Center for Disease Control (CDC) found that the number of telehealth visits increased by 50% during the first quarter of 2020, with a 154% increase in week 13 of 2020 compared to 2019 (Koonin et al., 2020). Emergency policies put into place due to Covid have allowed more flexibility in providing telehealth services. The Centers for Medicare and Medicaid Services (CMS) and Drug Enforcement Administration (DEA) made it possible for patients to receive telemedicine in their home, allowed providers to practice across state lines, prescribe controlled substances, and for equitable reimbursement rates (Policy changes during COVID-19, n.d.).

The increased demand for telehealth services was a new practice area for many primary care providers, psychiatric mental health nurse practitioners (PMHNP), therapists, and other specialty service providers. Before the pandemic, many of these providers and their patients had never used telehealth. This literature review explores how the delivery method of therapy, telehealth vs. face-to-face, impacts patient satisfaction. This literature review will include all types of interventions labeled as therapy, psychotherapy, or counseling. This review will not include research related to a chatbot or computer-delivered therapy. The literature review will include ages 8-65, all mental health disorders, outpatient services, and inpatient services. This review will also follow the definition of health professionals based on Texas Insurance Code 1455.001 to include physicians, licensed or certified mental health professionals, nurse practitioners, physician assistants, dentists, and physical therapists.

Purpose/Conceptual Framework:

The purpose of this literature review is to review the difference between telehealth vs. face-to-face delivery of therapy. This review is relevant to psychiatric mental health nurse practitioners (PMHNPs), licensed professional counselors (LPCs), licensed clinical social workers (LCSW), psychologists, and psychiatrists.

PICOT: For patients receiving mental health interventions, how does the delivery method of therapy, telehealth vs. face-to-face, impact patient satisfaction?

Methods:

Searched Texas State Library, PubMed, and UpToDate for keywords: "Mental Health", "Therapy", "Counseling", "Telehealth", "Telemedicine", "Psychiatry", "Effect of Telehealth on mental health", "Telehealth vs. In-person", and "Telemedicine vs. face to face". Inclusion criteria: article written in the last five years, compares in-person to telehealth services, any therapy, and all mental health disorders. Exclusion criteria: articles older than five years, computer-based therapy, chatbot therapy, and psychoeducation. An evidence synthesis table was used to synthesize and review articles. The evidence of articles was level I-VII and A-C based on the American Association of Critical-Care Nurses (AACN).

Results:

The articles reviewed focused on the United States. The consensus of the articles is that more research is needed for the long-term effects of telehealth. Nearly half of the articles reviewed suggested that more research is needed to expand the diversity and sample size, identify patient preferences on treatments, and expand the studied mental health disorders. Challenges noted in these studies include providing access to rural areas, the ambivalence of providers and patients, and dropout among patients.

The literature review found that telehealth or teletherapy is as effective as face-to-face therapy. Two articles discussed there is a relationship between treatment success and the number of therapy sessions but did not find a correlation between successful treatment and delivery method of therapy.

Initially, more than 50 articles were found during researching therapy delivered via telehealth. The articles were narrowed down by the inclusion and exclusion criteria listed above in the methods section. After narrowing down the articles, 15 were found to meet the criteria. The results showed that telehealth is equal to face-to-face. Veterans receiving treatment for PTSD home-based telehealth vs. face-to-face therapy had equal success rates, and an increased number of treatments increased treatment response in both modalities (Acierno et al., 2021). Another study on veterans with PTSD found that less than 50% of patients preferred either telehealth or face-to-face and that older veterans preferred home-based telehealth (Morland et al., 2019). A survey on rural telehealth found that young adults and patients who face barriers are more interested in telehealth services for mental health (Weinzimmer et al., 2021). Telehealth has increased access to specialty providers in rural areas. Patel et al. (2020) suggest a targeted policy to extend telepsychiatry to underserved areas to help offset lowered face-to-face specialty services. A study of internet-derived cognitive-behavioral therapy (CBT) for pediatrics with obsessive-compulsive disorder (OCD) found it was non-inferior to in-person CBT in this patient population. The study found that after six months, the mean Children's Yale-Brown Obsessive-Compulsive Scale score was 11.57 in those treated with internet-delivered CBT vs. 10.57 in those treated with in-person CBT (Aspvall et al., 2021). One of the barriers found for telehealth in children and adolescents is psychosocial functioning (Hascasva et al., 2021). Hascasva et al. (2021) found that during the pandemic, the higher degree of psychosocial disability prior to

lockdown increased the patient's symptomology. Another study found that mobile health services and in-person services for patients with severe mental illness helped reduce the need for additional follow-up services (Ben-Zeev et al., 2019). Internet-derived intensive short-term dynamic psychotherapy (ISTDP) for treating medically unexplained pain found that internet-derived ISTDP effectively reduced pain and emotional symptoms such as depression, anxiety, and increased stress (Chavooshi et al., 2016). Participants also reported better emotional regulation, mindfulness, and quality of life after participating in internet-derived ISTDP (Chavooshi et al., 2016). ED efficiency and wait times were decreased with telepsychiatry for mood and anxiety disorders (Fairchild et al., 2019). Therapies via telephone were found to be as effective as face-to-face therapy regarding the therapeutic alliance, disclosure, empathy, attentiveness, or participation (Irvine et al., 2020). One difference that Irvine et al. (2020) found was that telephone sessions were significantly shorter than face-to-face. Humer et al. (2020) found that web-based video therapy was rated more positively than telephone-based therapy by therapists. Cognitive-behavioral therapy (CBT) was found to be equally effective for the treatment of insomnia when delivered via telehealth vs. face-to-face (Arnedt et al., 2019). Research regarding telehealth partial hospitalization programs (PHP) found that it was effective at symptom reduction, suicidal ideation reduction, and improved functioning (Zimmerman et al., 2021). Patients from the PHP reported that they would not have voluntarily entered the program if it had been face-to-face (Zimmerman et al., 2021). Behavioral activation teletherapy for the treatment of depression of underserved ethnically diverse patients effectively reduced symptoms of depression. The patients were initially and periodically assessed with the Patient Health Questionnaire (PHQ-9). The study found that the patients fell into one of two categories, slow responders or rapid responders (Trombello et al., 2020). The research showed that despite what

category the patient fell into, most had a 5-point drop in their PHQ-9 score (Trombello et al., 2020). Group therapy was successful when delivered by telehealth for first-episode psychosis (FEP) (Wood et al., 2020). Patients reported that they had opportunities to connect with others and participate in a large group (Wood et al., 2020). Patient satisfaction scores were not impacted by the method of delivery. Wood et al. (2020) found that in-person group therapy can induce anxiety, self-stigmatization, transportation issues, and schedule issues. Wood et al. (2020) did note that paranoia and increased difficulty with social cues could reduce the success of group teletherapy for patients with FEP.

Discussion/Recommendations:

Telehealth is a valuable tool for providing therapy and psychiatric treatment. It has drastically increased during the pandemic, which has allowed for more research opportunities. The literature review found that therapy via telehealth was as effective as face-to-face therapy. Disorders included in the research included OCD, medically unexplained pain, PTSD, and anxiety/mood disorders. The severity of the illness was not focused on but should be in the future. More severe illnesses typically demand more intensive treatment. More research is still needed to diversify the findings of these studies. More information on specific mental health disorders such as bipolar and schizophrenia is needed. Barriers to telehealth include internet connection, lack of tech abilities by either provider or patient, difficulty building rapport, hearing/visual impairment, clinical distraction, and privacy concerns. Benefits of telehealth include reduced commute time, increased availability to providers, decreased wait times, and increased access to specialty providers. While many of the studies researched showed a relationship between the number of therapy sessions and decreased symptoms in patients, if the current treatment is not working, the provider should assess to see if the delivery method is

affecting patient outcomes. Research in the future should include the average time spent with patients in therapy. During this literature review, the number of sessions of therapy was documented in the research studies. However, the time spent performing therapy was not documented. Since we know that the more therapy sessions a patient has, the better their outcome, future research on telehealth services should include the time spent in therapy. Since one of the studies reviewed found that therapy via telephone is typically shorter, it may be applicable to reduce the typical 50-minute therapy sessions when delivered via telehealth.

To help reduce barriers, one option is provider training on troubleshooting issues and techniques that can be used during telehealth appointments. Training programs should also provide education on the rules and regulations of telehealth. Many states have different rules and regulations regarding telehealth. A centralized regulatory body for telehealth practices could increase the ability of providers serving rural and underprivileged areas. Future literature reviews and studies should include laws and regulations of their primary search location. Research should also include a breakdown of billing procedures to help mainstream insurance billing for providers new to telehealth. A survey on insurance company perception and billing protocols of telehealth could be beneficial for practitioners and patients. More research or surveys on patient satisfaction, understanding, and barriers to telehealth should be done.

Based on this literature review, telehealth implementation is recommended for therapists, social workers, mid-level providers, and physicians. Specific considerations should be made regarding patient privacy, preference of service delivery, and understanding of telehealth should be reviewed prior to considering using telehealth services in the patient care setting. The provider should be confident in their technological skills and troubleshooting abilities. PMHNP's and psychiatrists can refer to the American Psychiatric Academy (APA) Telepsychiatry Toolkit

(<https://www.psychiatry.org/psychiatrists/practice/telepsychiatry/toolkit>) for further information on legal guidelines, training, and billing information. PMHNP's and psychiatrists specializing in child and adolescent psychiatry can refer to the American Academy of Child and Adolescent Psychiatry (AACAP) Telepsychiatry Toolkit

(https://www.aacap.org/AACAP/Clinical_Practice_Center/Business_of_Practice/Telepsychiatry/Telepsychiatry_Guide_and_Pol.aspx) for information on billing practices, guidelines and policies, and legal issues. Psychologists can refer to the American Psychological Association (<https://www.apa.org/members/your-growth/practice-management/telepsychology>) for information on telehealth practices. The American Psychological Association, The American Telemedicine Association, and the Telebehavioral Health Institute (TBHI) have certification and training programs for providers seeking more information on telehealth services.

Conclusions:

Telehealth can be a convenient option when treating patients with mental health disorders. Telehealth is a viable option for patients in rural areas who do not have the ability to access specialty services. Based on the research, therapy via telehealth is comparable to face-to-face treatment for many mental health disorders. Covid has helped increase the use of telehealth services which has shed light on the strengths and weaknesses of current research. Strengths of telehealth include increased access to specialty providers and decreased commute time.

Weaknesses of telehealth include the depth of technical knowledge of both provider and patient, connection issues, and privacy concerns. Research on different psychiatric illnesses and the severity of illness should be done to show if these play a role in the success of telehealth services. While more research would be beneficial, the current studies recommend continuing the use of telehealth services. Patient outcomes are consistent with either method of delivery and

should be based on provider and patient preference. Providers should continue to use clinical judgment to assess the appropriateness of using telehealth in their practice. A case-by-case scenario should be implemented rather than choosing one method of delivering therapy services. Patients should be empowered to voice their opinions on the delivery method of therapy. Providers should also closely monitor the laws and regulations of their state when including telehealth in their practice.

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