

Telehealth for Mental Health Care

Statement of the International Society for Psychiatric Mental Health Nurses

Introduction

The International Society of Psychiatric-Mental Health Nurses (ISPN), an organization of advanced practice nurses, is committed to the mental health and wellbeing of children, families, and communities. Our mission is to support advanced-practice psychiatric-mental health nurses in promoting mental health care, literacy, and policy worldwide. In addition, we address the limitations of current mental health delivery systems, highlighting disparities in delivering services that promote mental health and wellbeing across the lifespan.

Problem Statement

For the last few decades, virtual psychiatric health care (telehealth) has been an accepted validated and effective alternative to in-person psychiatric service. Hubley and colleagues (2016) reviewed the available research and concluded that a large evidence base supports telehealth as a delivery method for mental health services. However, while the implementation of telehealth steadily increased, barriers to widespread use remained. The two primary barriers were government regulatory burdens and reimbursement issues (Keesara et al., 2020). In spring 2020, the COVID-19 pandemic necessitated virtual care, and insurers (government and private) rapidly removed these barriers. The pandemic prompted a shift in outpatient psychiatric mental health services from primarily face-to-face to virtual visits. By some statistics, telehealth visits went from 11-19% of all mental health visits before March 2020 to 90-94% in April 2020. Given the swiftness and unprecedented nature of this shift in delivery systems, literature from the pre-COVID-19 era has lost some degree of relevance. Nevertheless, a wealth of research on telehealth since March 2020 is becoming available.

Chen et al. (2018) described early telehealth experiences, reviewed fundamental regulatory changes enabling widespread telehealth, and provided clinical insights and guidance for clinicians utilizing telehealth in their practices. Yellowlees and colleagues (2020) detailed anecdotal positive telehealth encounters experienced by patients and providers at the University of California, Davis Health. Finally, Tse et al. (2021) conducted a multisite survey on patient attitudes, demonstrating that patients overwhelmingly favored telehealth use.

In a retrospective study of nearly 39,000 patient surveys, Ramaswamy et al. (2020) found satisfaction with video visits significantly higher than satisfaction with in-person visits. Serhal, Lazor, and colleagues (2020) conducted a survey on patient satisfaction, finding access, timeliness, and safety predictors. Lastly, a review of patient satisfaction with telehealth showed the main factors to be convenience and cost (Serhal, Kirvan, et al., 2020). There is overwhelming agreement that telehealth provides benefits associated with access, timeliness, safety, convenience, and cost, and current research indicate a patient preference for virtual health care visits.

There are shortages of psychiatric mental health providers and prescribers in almost all geographic areas, particularly rural areas. In the absence of telehealth services, COVID-19 and the ensuing lockdown vastly contributed to limited access to high-quality psychiatric care in urban and rural settings. Telehealth using video platforms and telephonic communication became essential to providing and increasing access to psychiatric care during the pandemic.

Patient and clinician satisfaction and increased access to psychiatric care were drivers for the Center for Medicare and Medicaid (CMS) and private insurance to lift restrictions on telehealth services in March 2020. In response, CMS and private insurers lifted restrictions on telehealth services regarding provider and patient location, HIPAA-compliant telehealth platforms, and initial in-person visit requirements. Additionally, the payment for telehealth was consistent with in-person services. Over the last year, these changes allowed many more individuals to access mental health services and demonstrated a positive impact in reducing health disparities related to access to care.

Since vaccination rates have increased, more patients are comfortable returning to in-person psychiatric mental health services, but the demand for telehealth services continues. CMS's new proposals look to retain telehealth services post-pandemic. Still, they include a reduction in the telehealth fee schedule and a mandatory initial or six-month in-person visit requirement (Muchmore, 2021).

Summary

The COVID-19 crisis has had far-reaching implications for the advanced psychiatric mental health nursing practice. As a result, the role of telehealth has become increasingly important as an adaptation in professional practice (Schroeder, 2020). ISPN supports mitigating all barriers and disparities to accessing mental health services via telehealth.

Recommendations

Telehealth services reduce barriers and increase mental health care and awareness. Using video conferencing, telehealth in psychiatric mental health services is a validated and effective practice that increases access to care. The International Society for Psychiatric Mental Health Nurses (ISPN) supports:

1. Using telehealth as a legitimate component of a mental health delivery system when used in the patient's best interest, protecting autonomy, confidentiality, and privacy.
2. Retaining the current fee schedule for the equal reimbursement rate of telehealth and in-person psychiatric mental health services through CMS and private insurance. While we acknowledge the importance of an every six-month in-person visit, we do not support establishing this requirement for telehealth services.
3. Revising nursing education curricula to reflect a practice environment that increasingly incorporates telehealth connections and technology as a hallmark of quality care.

4. Continuing research in quality, effectiveness, best practices, cost, and disparities in the delivery and utilization of telehealth for mental health services.
5. Enacting federal legislation, e.g., Telehealth Improvement for Kids' Essential Services (TIKES) Act (S. 1798), to promote access to telehealth services for children through Medicaid and CHIP and study children's utilization of telehealth to identify barriers, opportunities, and outcomes.
6. Expanding technology access and delivery of telehealth care across the lifespan, especially to children and older adult populations.

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