Teletherapy Effectiveness in 2021

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Introduction

Before the pandemic, telehealth was mainly used in rural areas that did not have access to specialized medical services such as mental health. The 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 DEA made it possible for patients to receive telemedicine in their home, allowed providers to practice across state lines, prescribe controlled substances, and allowed providers to be paid at the same rate as in-person visits (Policy changes during COVID-19, n.d.).

Aim

- Explore how the delivery method of therapy, telehealth vs. face-to-face, impacts patient satisfaction.
- Provide mental health providers the knowledge on if telehealth/teletherapy can be beneficial for their patient population.
- Provide recommendations for future research opportunities.
- Provide recommendations for implementing telehealth into future practice.

Literature Review

.Mental health services are some of the most sought-after services in healthcare. Many times, rural areas are limited by the health services provided. Telehealth has been used to bridge the gap. The pandemic caused most people to remain quarantined for long periods. The pandemic helped optimize telehealth services. This literature review found that therapy delivered via telehealth is as successful as face-to-face therapy. Some of the articles reviewed focused on specific modalities of therapy, but finding teletherapy methods for a specific condition was found to be easily accessible.

Methods

Searched Texas State Library, PubMed, and UpToDate for key words: “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. Level of evidence of articles were level I-VII and A-C based off the American Association of Critical-Care Nurses (AACN).

Strategies to address common barriers to successful conversations over telephone or video

Key elements of serious illness communication	Barriers during telephone or video visits	Strategies to address barriers during telephone and video visits
Preparing	Unclear communication preferences or language discordance	Assess the patient's ability to participate, preferred language, prior documentation on legal proxies and wishes, and which loved ones to include
	Poor internet connection or inexperience with technology	Engage volunteers to help set up technology in the hospital; invite family members to join a few minutes before the meeting; if there are several family members, designate 1 or 2 as primary spokespeople; participants should mute if not talking, or leader should mute others
	Hearing impairment	Speak slowly, start sentences with the person's name, silence hospital devices, use hearing aids, use pocket talkers if available, and avoid yelling or exaggerating one's voice
	Vision impairment	Ensure the patient's use of glasses and good lighting
	Mask obscuring clinician's face	Clinicians and participants can call from private locations with masks removed
	Clinical distractions	Take a deep breath before starting conversations, and silence cellphones or pagers
Building rapport and trust	Difficulty in building rapport or trust when interactions are remote	Communicate early and often, and encourage storytelling by patients and families to build connection (eg, "Tell me about life before coronavirus." "I'm glad you have pictures in your room, can you tell me about them?")
	Lack of continuity due to transitions in clinical providers or shift work	Include staff who regularly work with or have a previously established relationship with the patients (eg, nurses, primary care physician, or clinical liaisons)
	Disappointment with telecommunication	Use "I wish" statements (eg, "I wish I could be there in person to support you.")
	Clinicians may appear distracted	Look at the camera (rather than the screen) and give brief verbal responses ("Yes." "Go on.")
Having the conversation	Conversations can be disorganized or difficult to initiate over the telephone or video	Consider the agenda and limit meetings to 1 or 2 top priorities
		Consider a communication framework (eg, CALMER [Check in, Ask about COVID, Lay out issues, Motivate to talk about what matters, Expect emotion, Record conversation]); keep the framework on a separate screen as a reference during conversations
		Ask permission to discuss difficult topics or to transition to a new topic
		Check for understanding by referring to persons by name, using summarizing statements, or orienting back to patients
Responding to emotion	Limited nonverbal emotional support, such as touch or silence	Listen and watch for verbal and physical signs of distress (eg, crying, long pauses, repeated questions); pause frequently to check for understanding or permission to go on; when using silence, indicate you are present and listening by nodding
	Impression of being cold or robotic	Acknowledge that these are extraordinary times and use NURSE (Name, Understand, Respect, Support, Explore) statements

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UpToDate®

.Flint & Kotwal, 2020)

Results

The consensus of the articles is that more research is needed for 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 that there was 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 criteria. The results showed that telehealth is equal to face-to-face.

- Group teletherapy was as successful as face-to-face for first episode psychosis.
- Partial hospitalization programs (PHP) delivered by telehealth were successful at stabilizing and decreasing patient symptoms.
- Telepsychiatry when used in ER settings help decrease ER wait times.
- Young adults and patients with barriers to receiving mental health services were most interested in telehealth.

Limitations

- Only data on specific mental health illnesses.
- Treatment was based on specific therapies in many studies.
- No common way to provide therapy via telehealth was studied.
- Provider’s level of experience was provided.
- Provider/Patient’s prior experiences with telehealth were not discussed in studies.

Discussion

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. 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.

Recommendations

- More research on different types of psychiatric/mental health illnesses being treated via telehealth.
- More research specifically related to age and the use of telehealth.
- Research on how current laws are affecting telehealth in different states.
- Training or certification programs for providers who would like to offer telehealth.

Conclusion

Covid has helped increase the use of telehealth services which has shed light on the strengths and weakness of current research. Strengths of telehealth include increased access to specialty providers and decreased commute time. Weaknesses of telehealth include depth of technical knowledge of both provider and patient, connection issues, and privacy concerns. Providers should continue to use clinical judgement to assess the appropriateness of using telehealth in their practice. Patients should be empowered to voice their opinions on delivery method of therapy. Providers should also closely monitor their states laws and regulations when including telehealth in their practice.

References

References are available upon request.

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