


Mental Health and COVID-19: Implications for the Future of Telehealth

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Emily Pfender, MA, RBT¹ 

Abstract

This article uses mental health trends during the COVID-19 pandemic to question how we can leverage current technologies such as telehealth to provide better mental health care. Based on this compilation of literature, an increase in suicide rates, suicidal ideation, and mental health disorders is possible as a result of the impact of COVID-19. By increasing the use of telehealth and investigating best practices for its use, the outcome is 3-fold. We can provide preventative measures after the COVID-19 pandemic subsides, more effective care to patients during future pandemics and global crises, and reduce mental health care disparities by reaching rural Americans.

Keywords

COVID-19, telehealth, mental health, suicide prevention

Mental Health and COVID-19: Implications for the Future of Telehealth

Suicide trends in the United States have continued to grow at an alarming rate in the past 10 years. In fact, since 1999, suicide rates have increased by more than 30% making it the 10th leading cause of death since 2017 (1). From 1999 to 2016, suicide rates increased between 6% and 58% in every state except Nevada (1). With this increasing trend in mind, one can only question if the consequences of the COVID-19 pandemic will result in even greater suicide rates. This article uses mental health trends during the COVID-19 pandemic to question how we can leverage current technologies such as telehealth to provide preventative measures during and after pandemics or global crises. Furthermore, the increased use of technology during COVID-19 can help improve future uses of telehealth, particularly for reaching rural communities with limited access to mental health care.

As states across the country closed and enforced stay-at-home orders, many mental health care facilities stopped taking new patients. For individuals who didn't have an established relationship with a therapist or psychologist before the pandemic, virtual crisis hotlines were the only option. Crisis Text Line, a New York-based nonprofit organization, connects people in need with a counselor via text message. Although their crisis counselors cannot replace long-term therapy, they are a short-term service and will dispatch emergency services in some situations. It is

important to note that Crisis Text Line services are only available to people living in the United States, Canada, United Kingdom, Ireland, and New Zealand, primarily reaching English-speaking and more privileged groups.

Since March 2020, conversations with essential and front-line workers at Crisis Text Line have increased 4-fold. Among conversations that discuss quarantine as a source of pain, 35% of texters mentioned feeling isolated and lonely. However, even though texters reported more symptoms of anxiety and depression in March 2020, only 22% of texters expressed suicidal ideation in comparison to a 28% average in 2019 (2). Despite failed attempts to gather data from other mental health hotlines, a reduction in talk about suicidal ideation during COVID-19 still warrants further investigation.

Taking preventative measures to boost mental health is particularly important during pandemics because it is still unclear how traumatic events affect suicidal ideation and behavior. For the purpose of this article, traumatic events can be understood as natural disasters, terrorism, and public health crises such as COVID-19. Many studies report

¹ Department of Communication, University of Delaware, Pearson Hall, Newark, DE, USA

Corresponding Author:

Emily Pfender, Department of Communication, University of Delaware, 250 Pearson Hall, Newark, DE 19716, USA.
Email: epfender@udel.edu



delayed increases in suicidal ideation or mental illness immediately following traumatic events (3). For example, following a heat wave in France in August 2003 and Hurricane Katrina in 2005 in the United States, suicidal ideation decreased; however, “overall rates of psychiatric disorders doubled in both cases” (3).

Zunin and Myers’ (2000) theoretical Phases of Disaster Model explains an inconsistency in suicidal behavior following traumatic events (4). The Phases of Disaster Model highlights individual and community response during the 6 phases of disaster (5). Individuals first experience a honeymoon or pulling together phase in which they have increased community cohesion. Consequently, suicide trends drop. Emotional lows occur during the proceeding disillusionment phase, which “occurs in the second half of the year after the disaster” and is often triggered by a “slower-than-expected pace of disaster recovery” (5). During the disillusionment phases of Hurricane Katrina and the Nantou earthquake in Taiwan, suicidal ideation and behavior increased (4). Although this article equates the pandemic to a traumatic and stressful event, COVID-19 is not directly equated to a natural disaster. However, no literature was found that recorded or analyzed suicidal ideation or behavior in relation to a pandemic or public health crisis. Further research is needed to identify how pandemics affect mental health.

Based on this evidence and our current global state, it is important that we take preventative measures to reduce the likelihood of increased suicidal behaviors in post-event phases. One way to boost mental health is the use of telehealth. Telehealth includes “a wide range of care options utilizing online capabilities to replace or supplement traditional care, which has required providers and clients to be in the same location at the same time” (6). In the context of mental health, providers can offer patients counseling and support, or teletherapy, over the Internet through e-mail, video conferencing, online chat, or through phone calls.

Telehealth and teletherapy are being used more than ever before due to the COVID-19 pandemic. Based on previous research, teletherapy has been effectively used in both synchronous and asynchronous formats (6). For example, some health care providers in Pennsylvania, Delaware, and New Jersey are using telehealth to connect health care teams to clients in their homes when treating children. Children with mental and behavioral disabilities often receive services in schools, but with school closed, services and therapies now occur in their homes. Rather than sending the child’s entire team into the home, telehealth is being used to reduce the amount of contact patients and clients incur. Additionally, providers connect with parents using telehealth to help educate them on current treatment plans and tactics for reducing problematic behaviors or symptoms.

Previous studies support the use of telehealth for mental health care, all of which report positive outcomes for depressive symptoms (7). With a recent increase in depression and anxiety during COVID-19, we can certainly benefit from increasing the use of and access to telehealth. More

importantly, telehealth is accessible to individuals in rural areas that have limited mental health resources. In fact, less than 20% of people who need mental health care have access to services (6). Many Americans living in rural areas cannot access mental health care services because “more than 90% of all psychologists and psychiatrists and 80% of Masters of Social work, work exclusively in metropolitan areas” (8). With the introduction and more prevalent use of telehealth, patients no longer need to live within close proximity to providers.

The COVID-19 pandemic introduces a unique situation for mental health care providers. We have the opportunity to demonstrate the versatility of telehealth in rural areas so that we can lessen mental health care disparities. With increased use of telehealth during COVID-19, particularly with people who have consistent access to mental health care, we can study current teletherapeutic practices to improve services for patients in rural America. At the same time, increasing the use of telehealth in both rural and metropolitan areas provides preventative measures during pandemics or global crises. Furthermore, if patients discontinue services during the pandemics or global crises, it is even more crucial that they resume services once the event subsides, and particularly once we reach the disillusionment phase.

As we continue to navigate the phases of the COVID-19 pandemic event, we must consider implications for the future, specifically in terms of mental health. Based on this compilation of literature, an increase in suicide rates, suicidal ideation, and mental health disorders is possible as a result of the impact of COVID-19. By increasing the use of telehealth and investigating best practices for its use, the outcome is 3-fold. We can provide preventative measures after the COVID-19 pandemic subsides, more effective care to patients during future pandemics and global crises, and reduce mental health care disparities by reaching rural Americans.


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ORCID iD

Emily Pfender  <https://orcid.org/0000-0001-9374-3521>

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Author Biography

Emily Pfender is a PhD student at the University of Delaware studying Health Communication with an emphasis on mental health. She also works in behavioral health care as a Registered Behavior Technician.