Utilizing telemedicine for mental healthcare during COVID-19: Implications for post-pandemic policymaking

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Background

- The COVID-19 pandemic caused a dramatic shift in mental healthcare delivery.
- MOBILITY (Metformin for overweight and OBese children with bipolar spectrum disorders Treated with second-generation antipsYchotics) is a pragmatic clinical trial to assess the comparative effectiveness of MET plus a simple healthy lifestyle intervention (LIFE) vs. LIFE alone on patientcentered outcomes.
- MOBILITY-TEACH (Telemedicine Enhanced Access during COVID-19 to Healthcare) characterized the impact of the pandemic on families living with bipolar spectrum disorders.
- We hypothesized audio vs. video mental healthcare delivery would be associated with higher patient-reports of depression and anxiety.
- We also sought to describe barriers to telehealth.

Methods

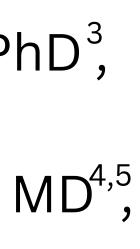
- Families enrolled in MOBILITY were invited to complete an online survey and telephone interview from 12/15/20-10/31/21 regarding the impact of and barriers to mental healthcare delivery during COVID-19.
- Respondents provided electronic informed consent or assent if <18 years old before completing study procedures.
- Patients (N=316) aged 8-23 (M=15.6, SD=3.3) identified 53% as boys, 42% as girls and 5% as other.

Telemedicine is essential to maintaining continuity of care during a pandemic.



 Patients who saw providers via telephone only reported higher depression, anxiety and neglect • Policymakers should continue reimbursement for telehealth services • Future research on policies to address disparities in access to technology is warranted











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• Due to the cross-sectional study design, we cannot make causual inferences.

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Barriers

Results

- Participants who saw therapists via telephone-only (9%, n=24) vs. video-only (47%, n=131) reported significantly higher depression (p=0.01) and anxiety (p=0.05) and had lower household income (p=0.002).
- Most patients (73%) and caregivers (82%) reported at least one barrier to receiving mental health services via telemedicine. The most common barrier was technological difficulties: patients (35%, n=89), caregivers (53%, n=145). Patients (25%, n=62) and caregivers (36%, n=97) reported they did not feel as close to provider.



Associations of Outcomes with Telehealth Modality						
oist	Telephone Only (M, SD)	Video Only (M, SD)	p-value	Effect Size		
ssion symptom score)-27)	11.5 (6.2)	8.0 (5.9)	0.01	0.60 [0.13, 1.06]		
y symptom score)-6)	3.0 (1.9)	2.1 (1.7)	0.05	0.46 [-0.01, 0.92]		
ation Provider	Telephone Only (%)	Video Only (%)	p-value	Effect Size		
t (i.e., too little love, on, or food)	14%	1%	0.006	0.07 [0.01, 0.46]		

t-test Results Comparing Household Income Category to Use of Phone and Video Telehealth Modality						
Telehealth Modality (n)	Mean [*] (SD)	t-value	df	p-value		
Telephone Only (22)	2.6 (1.6)	-3.11	132	0.0023		
Video Only (122)	3.8 (1.6)					

*1, Less than \$25,000 | 2, \$25,000-\$49,999 | 3, \$50,000-\$74,999 | 4, \$75,000-\$99,999 | 5, \$100,000-\$149,999 | 6, ≥ \$150K

Patient and Caregiver Reported Barriers to and Dislikes About Telehealth					
Barriers and Dislikes	Patient (n, %)	Caregiver (n, %)			
Technology needed/problems	89 (35%)	145 (53%)			
Don't feel as close to provider	62 (25%)	97 (36%)			
Not being in providers office	58 (23%)	54 (20%)			
Other (free response)	86 (34%)	76 (28%)			

• 262 patients and 281 caregivers completed the interview.

• Patients receiving medication management by telephone-only (9%, n=26) reported higher frequency of neglect (14% vs 1%, p=0.006) than those utilizing video-only (67%, n=189).

Limitations