



Effects of Telehealth on Mental Health During COVID-19

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BACKGROUND/SIGNIFICANCE

Since COVID-19 started in March of 2020, the percentage of adolescents and young adults having symptoms of anxiety and depressive disorder have increased. The National Center for Health Statistics (2020) states that from January to June of 2019, only 11% of people 18 years and older had anxiety or depression symptoms. In another survey from National Center for Health Statistics (NCHS) and U.S. Census Bureau (2021), from April 23 to May 5 of 2020, the percentage for 18 to 29-year-olds presenting with symptoms of anxiety or depressive disorder rose to 46.8%. February of 2021, numbers have steadily increased to 55.7%. With COVID-19 creating barriers, such as social isolation, receiving in-person care for a mental health disorder has become increasingly more difficult.

PICO Question

Does the implementation of telehealth therapy visits since the beginning of the COVID-19 pandemic affect the mental health of people aged 13-25?

METHODS

This review examines if the use of telehealth affects an individual's mental health symptoms. Research terms included COVID, adolescent, young adult, telehealth, telemedicine, lockdown, social isolation, and COVID 19 utilizing the CINAHL database through Cumberland University Vise Library. For the purpose of this review, five studies were found in peer reviewed journals, were written in English and were published within the past five years to be appropriate to answer the proposed PICO question.

Roy's Theory of Adaptation focuses on the individual as a biopsychosocial adaptive system and emphasized a person's ability to cope or adapt. Her work focuses on adaptation, or adaptive behavior, which is produced by altering the environment (Black, 2019). The COVID-19 pandemic has led to increased social isolation as well as deprivation of many essential mental and physical health resources in the adolescent population. Current adolescents have had to adapt to the new guidelines, restrictive environments, and find helpful resources within themselves. By implementing mental health services via telehealth, providers can ensure their patients are receiving adequate care to adapt to anxiety, depression, and other stressors that may have developed or worsened since the beginning of the pandemic.



RESULTS

- Lei et al. (2020) conducted a cross-sectional study to assess and compare the prevalence and associated factors of anxiety and depression among people affected by quarantine and those unaffected during the COVID-19 outbreak in southwestern China. Data was collected from a convenience sample through internet surveys (n=1593) using a self-rating anxiety scale and the self-rating depression scale. Respondents were grouped as affected group and unaffected group based on whether or not they had been quarantined. The authors found the prevalence of anxiety and depression were approximately 8.3% and 14.6%, respectively. The prevalence of the affected group (12.9%, 22.4%) was significantly higher than the unaffected group (6.7%, 11.9%). The authors acknowledge self-reporting of the data and biases with the sampling design as limitations.
- Falcone (2020) conducted a systematic review to evaluate the mental health impact of COVID-19 and review current standards of practice in primary care, psychiatric, and child psychiatry clinics after the adaption of telepsychiatry necessitated by the stay-at-home orders. Participants found they were able to identify with tele-behavioral health practices, including an algorithm used to screen for suicidal ideation. Practices saw an increase of telemedicine by 1700% since March 2020. The author concluded tele-behavioral health has been implemented as a successful therapy during COVID-19 to provide care and outreach to high-risk populations.
- Chen, Guan, Li & Li (2017) conducted a meta-analysis on breast cancer patients (n=2190) on quality of life (QOL), depression, and distress levels. QOL showed that "telehealth intervention could significantly increase the QOL score related to breast cancer (SMD=0.60, 95% CI 0.18-1.01, p=0.005)". For depression, a random-effects model showed that telehealth was linked to less depression symptoms (SMD=-1.29, 95% CI -2.28 to -0.30, p=0.01). In seven studies, a fixed-effects model displayed that distress was less evident with the telehealth intervention group than the control group (SMD=-0.25, 95% CI -0.40 to -0.10, p=0.001). Compared to usual care, telehealth interventions were associated with high QOL and self-efficacy scores with less depression, distress, and perceived stress symptoms.
- Wu et al. (2018) conducted a meta-analysis to examine the significance of telehealth implementation in the management of 6294 diabetics. Telehealth intervention reduced HbA1c by a mean of 0.5%. HbA1c level in the telehealth group was lower than the control group. Benefits of telehealth included reminding patients about medications, adjusting doses as needed, further prompting health-eating habits, and appropriate exercises. Ongoing research is needed to assess the benefits of telehealth in controlling other chronic diseases and conditions.
- Bate and colleagues (2021) examined user and clinician satisfaction during COVID-19 at a large tertiary hospital using a pre-COVID cohort utilizing questionnaires. 5,053 telehealth consultations occurred in the COVID period with 1757 questionnaires completed vs 1917 consultations in the pre-COVID period with 215 questionnaires completed. All participant groups reported a good level of engagement and felt they responded well to having the consultation through video compared to face-to-face consultation. All respondents reported they were strongly willing to use telehealth again. Continued research is needed to determine the impact on using telehealth post COVID-19.

PRACTICE IMPLICATIONS

"The psychological impact of the coronavirus disease 2019 (COVID-19) pandemic must be recognized alongside the physical symptoms for all those affected. Telehealth, or more specifically telemental health services, are practically feasible and appropriate for the support of patients, family members, and health service providers during this pandemic" (Zhou et al., 2020, paras. 1) Telehealth may be able to play a vital role in the care of mental health patients while we continue to push through this ongoing pandemic and lockdown. With individuals unable to have in-person interaction with healthcare providers and nurses, it may be that the use of telehealth can provide a therapeutic solution. While nurses may not be able to provide the level of health care needed, they can encourage patients to participate and stress the importance of using telehealth as an alternative to get much needed healthcare.

CONCLUSIONS

Due to the COVID-19 pandemic limiting social interaction and in-person visits, maintaining continuity of care for mental health patients is important. With COVID-19, there have been reported increases in anxiety, depression, and health risk behaviors in people aged 13-25 (National Center for Health Statistics & U.S. Census Bureau, 2021). Medical providers have the use of telehealth, since it can provide accurate diagnosis, efficient treatment, and ongoing care and it has become a necessity for improving mental health symptoms during the COVID-19 pandemic (Haque, 2020). The implementation of telehealth into mental health is also reducing the risk of transmission of the virus. Patients using telehealth have been satisfied overall with the efficiency and quality of this online consultation method; therefore, providing telehealth as an option for mental health treatment could change short-term and long-term outcomes remarkably. Since Roy's adaptation model focuses on an individual's ability to cope and adapt to a changing environment, this becomes relevant to adolescents and young adults adapting to the new social isolation rules. Having the opportunity to continue treatment via online video, phone, or chat allows these patients to minimize their symptoms of anxiety and depression. Ongoing research to understand the full impact of telehealth on patient outcomes during the pandemic is needed.

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