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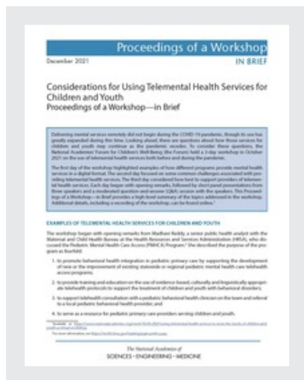

Considerations for Using Telemental Health Services for Children and Youth: Proceedings of a Workshop in Brief (2021)

DETAILS

10 pages | 8.5 x 11 | PDF
ISBN 978-0-309-27615-3 | DOI 10.17226/26442

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SUGGESTED CITATION

National Academies of Sciences, Engineering, and Medicine. 2021. *Considerations for Using Telemental Health Services for Children and Youth: Proceedings of a Workshop in Brief*. Washington, DC: The National Academies Press. https://doi.org/10.17226/26442.

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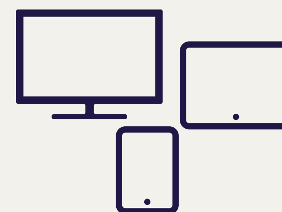

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Proceedings of a Workshop

December 2021

IN BRIEF

Considerations for Using Telemental Health Services for Children and Youth
Proceedings of a Workshop—in Brief

Delivering mental services remotely did not begin during the COVID-19 pandemic, though its use has greatly expanded during this time. Looking ahead, there are questions about how those services for children and youth may continue as the pandemic recedes. To consider these questions, the National Academies' Forum for Children's Well-Being (the Forum) held a 3-day workshop in October 2021 on the use of telemental health services both before and during the pandemic.

The first day of the workshop highlighted examples of how different programs provide mental health services in a digital format. The second day focused on some common challenges associated with providing telemental health services. The third day considered how best to support providers of telemental health services. Each day began with opening remarks, followed by short panel presentations from three speakers and a moderated question-and-answer (Q&A) session with the speakers. This Proceedings of a Workshop—in Brief provides a high-level summary of the topics addressed in the workshop. Additional details, including a recording of the workshop, can be found online.[1]

EXAMPLES OF TELEMENTAL HEALTH SERVICES FOR CHILDREN AND YOUTH

The workshop began with opening remarks from Madhavi Reddy, a senior public health analyst with the Maternal and Child Health Bureau at the Health Resources and Services Administration (HRSA), who discussed the Pediatric Mental Health Care Access (PMHCA) Program.[2] She described the purpose of the program as fourfold:

1. to promote behavioral health integration in pediatric primary care by supporting the development of new or the improvement of existing statewide or regional pediatric mental health care telehealth access programs;
2. to provide training and education on the use of evidence-based, culturally and linguistically appropriate telehealth protocols to support the treatment of children and youth with behavioral disorders;
3. to support telehealth consultation with a pediatric behavioral health clinician on the team and referral to a local pediatric behavioral health provider; and
4. to serve as a resource for pediatric primary care providers serving children and youth.

[1]Available at https://www.nationalacademies.org/event/10-05-2021/using-telemental-health-services-to-meet-the-needs-of-children-and-youth-a-virtual-workshop.

[2]For more information, see https://mchb.hrsa.gov/training/pgm-pmhca.asp.

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The overall goals of the PMHCA, said Reddy, are to increase the availability and accessibility of statewide or regional networks of pediatric mental health care teams who can provide teleconsultation and referral to primary care providers.

Reddy noted that one-third of the PMHCA programs have a sustainability plan, which often include identifying other funding sources, such as third-party reimbursement and nonfederal funds. Many of the programs have developed strong partnerships with stakeholders, including Medicaid, state departments of health, schools of public health, insurance companies, and professional organizations and associations.

In 2020, more than 4,500 primary care providers in 21 states were enrolled in PMHCA programs. These programs provided teleconsultations to approximately 3,000 children and youth and training to 3,400 primary care providers. Of the 3,000 children and youth who used the teleconsultation services, 2,000 were living in rural and underserved regions. Reddy reported that primary care providers have said that being part of these programs provides support they did not feel they had before, and it has increased their confidence in addressing pediatric behavioral health concerns. Reddy shared a quote from one participating provider: "I believe [this program] saves lives."

Following Reddy's opening remarks, three panelists highlighted examples of current tele- and digital health interventions targeting youth mental health. The first panelist, Lauren Daly, a telehealth coordinator, discussed the telehealth expansion carried out by the New Jersey Pediatric Psychiatry Collaborative (NJPPC).[3] The goal of this program is to address the shortage of child and adolescent psychiatrists (CAP) across the state. There are nine network hubs throughout New Jersey, where a CAP is available to pediatricians through a telephone line for diagnostic clarification, medication consultation, and face-to-face evaluation with a patient when needed. Staff at the hubs include social workers and licensed counselors who can facilitate referrals and address the specific needs of patients.

Under a 5-year grant from HRSA, NJPPC was able to expand its telehealth program to improve behavioral health integration in pediatric primary care settings. Daly said the program has increased the availability and access to NJPPC services and has strengthened working relationships between CAPs and pediatric providers. The use of telehealth services also ensured that there was no gap in care for patients during the COVID-19 pandemic.

The second panelist, Lori Stark, director of the Division of Behavioral Medicine and Clinical Psychology and co-director of the Mind-Brain Behavioral Collaborative at Cincinnati Children's Hospital Medical Center (CCHMC), discussed the CCHMC's work. At the start of the COVID-19 pandemic, the challenge was learning how to adopt existing programs to continue providing care to families that had previously been seen in person. For outpatient services, this meant first identifying platforms that were compliant with the Health Insurance Portability and Accountability Act (HIPAA) and that met the needs of both the providers and the patients. They also had to set rules for families on when and where telehealth services could be delivered, which included making sure the child or family had privacy while receiving the services and requiring that a responsible adult be in the home during a child's therapy session to keep the child safe.

Stark commented that while this shift to telehealth for outpatient services was initially a challenge for providers and families, it has been an overall success. Providers are able to observe factors in the home that could be addressed and make therapy more effective by providing in-the-moment coaching to patients and families. Providers were also able to continue services even if a family or child was quarantined after exposure to COVID-19. In addition, the telehealth approach reduced the burden on families who may have previously been coming into a clinic setting multiple times a week by limiting their need to arrange for transportation. Stark noted that as the country emerges from the pandemic, she sees an opportunity to learn from this transition to telehealth and reinvent a new normal practice that includes telehealth in everyday delivery of behavioral health services.

[3]For more information, see https://njaap.org/mental-health-ppcwelcome/.

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The third and final panelist for this workshop session was Eunetra Rutledge, director of distribution for Peer Health Exchange, a program that uses a near-peer model to build healthier communities. Since 2003, Peer Health Exchange has trained more than 15,000 college volunteers to provide quality health education to more than 168,000 high school students across the country. Initially, the program worked primarily with schools to reach youth. However, several years ago, many youth participants asked that the resources be made accessible to them even when they are not in school, a need that was accelerated by the COVID-19 pandemic. In collaboration with a youth design group, Peer Health Exchange created selfsea, an app that offers support, resources, and stories in conversations about mental health, centered on identity.[4]

Throughout the process of building selfsea, Rutledge said, the youth development team wanted to make sure the app would be accessible to everyone. They also recognized that lived experience and personal connections are crucial in destigmatizing health-related challenges for youth. At the time of Rutledge's presentation, selfsea had 58 videos and 193 additional identity-affirming health resources. To demonstrate the reach and impact of selfsea, Rutledge shared a video of a young woman discussing her own experiences with the app. This young woman said that she found selfsea through TikTok, and she found the app to be helpful in dealing with some of her own mental health concerns. She also shares it with her friends when they express feelings of stress, anxiety, or sadness.

Following the panel presentations, David Willis, co-chair of the Forum, led a Q&A session with the speakers. Willis first asked the speakers about how these programs are specifically addressing early childhood well-being. Daly said that in training primary care providers, she hopes the NJPCC program will prepare more pediatricians to address questions about well-being and mental health during early childhood visits. Stark explained that CCHMC collaborates with community agencies to deliver a universal parenting program—available via Zoom—that provides supports to all parents with children aged 2–5. She also mentioned Moving Beyond Depression, a home-based cognitive behavioral therapy program for new moms struggling with postpartum depression, also available on a telehealth basis.

Willis asked Rutledge to discuss her work in engaging youth and how that has influenced Peer Health Exchange. Rutledge commented that youth are "the experts on their own experiences" and that youths' lived experiences matter. She noted that they are more likely to respond to their peers than to adults when they are seeking help for mental health struggles. Daly added that she thinks youth today are much more comfortable talking about mental health than previous generations; she noted that she has seen parents seeking mental health services because their child specifically asked for them. Reddy noted that all PMHCA awardees are encouraged to include youth in their advisory committees and to consult youth for feedback on program effectiveness.

Considering the new shift to increased telehealth services, Willis asked the panelists to reflect on what they have found most surprising and exciting. Daly said that although there were initial reservations, she has been surprised by the positive feedback from patients, including that they feel more comfortable receiving mental health services in their own space. Reddy added that telehealth has increased accessibility and flexibility for many patients. Stark said she hopes telehealth continues post-pandemic because it works so well for so many families. She also said that while she and her coworkers were initially concerned they may lose some families who might not have access to internet, they actually were able to maintain care with more families who may have previously had trouble finding time for and transportation to in-person services. Rutledge concluded the session by saying she saw hope in the resiliency of youth and their ability to act as leaders.

TELEMENTAL HEALTH CHALLENGES

The second day of the workshop began with opening remarks from Arpan Waghray, chief medical officer of Well Being Trust and executive medical director for behavioral health at Swedish Health Ser-

[4]For more information, see https://www.selfsea.org/.

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vices in Seattle, Washington. Waghray shared stories from child psychiatrists, psychologists, patients, and families about the challenges they encountered with telemedicine during the pandemic. He noted that his health care system already had some infrastructure and training in place for telehealth, yet still struggled to provide adequate telehealth services for all of their patients.

One primary concern in the expansion of telehealth services was the need for privacy. Patients receiving behavioral health services through virtual visits may be sharing their physical space with other family members. Some child psychologists reported to Waghray that parents would interrupt their children's sessions, or remain within earshot of the session, making the child less likely to speak openly with the provider. In one instance, a provider had a patient who did virtual visits in the car to have some privacy from the rest of their family, which hindered building a strong patient–provider relationship.

A second concern was access to reliable high-speed internet. Waghray pointed out that just 28 percent of all behavioral health visits for Medicaid beneficiaries have used a telehealth option during the pandemic, compared with 75 percent for commercially insured patients, and he noted that these disparities were not only related to rural communities. He shared a story from one provider who was working to establish telehealth care with a 15-year-old girl during the pandemic. While the provider was trying to build rapport with the girl, the Wi-Fi disconnected several times. By the time the provider and the patient agreed to switch to a phone visit, the patient was less comfortable in speaking openly. The provider saw this as a missed opportunity for helping the girl.

Despite these concerns, Waghray added that providers in general reported overall positive effects of telehealth. One provider said that telehealth allowed her to virtually visit patients' homes and learn more about their living situations, which created stronger therapeutic relationships. Providers and patients both highlighted improved access to care, better engagement, and a decrease in no-show rates for visits. Waghray said that this highlights the need to learn from the challenges during the pandemic in order to take advantage of telehealth opportunities.

Following Waghray's opening remarks, a panel of three speakers shared their own experiences in overcoming telemental health challenges. The first panelist was Helen Hughes, associate medical director for Johns Hopkins Medicine Office of Telemedicine and medical director of pediatric telemedicine for the Johns Hopkins Children's Center. Prior to the pandemic, she said, the telemedicine office at Johns Hopkins was relatively small, with fewer than 600 visits between July 2019 and February 2020. Hughes noted that this was largely because Medicaid and Medicare, which are the largest payers for Johns Hopkins, required patients and providers to be at specific sites for telehealth services. In response to the pandemic, temporary regulatory changes allowed Johns Hopkins to increase telehealth visits hugely, to almost 100,000 in May 2020.

Hughes noted that telehealth is not a one-size-fits-all solution across different specialties in medicine. While specialties such as dermatology and ophthalmology were less successful in transitioning to telehealth, psychiatry reached 86 percent of visits as telehealth at its peak during the pandemic. For child psychiatry specifically, 85 percent of visits since March 2020 have been remote. Hughes attributed this transition to large-scale telepsychiatry to pandemic-related policy changes. For example, Medicare at the federal level and Medicaid at the state level introduced waivers that allowed patients to receive telemedicine visits in their homes, and allowed providers to provide telemedicine visits from their homes or other locations.

In Maryland, as well as in other states, licensure requirements were also loosened so that providers were able to see patients in other states. In addition, before the pandemic telemedicine was required to include both an audio and a visual component; during the pandemic, a policy change allowed for audio-only or telephone visits to qualify as telehealth services. The State of Maryland passed the Preserve Telehealth Access Act of 2021, which maintains the removal of some of the previous patient and provider site restrictions, as well as coverage for telephone-based care. Hughes said there is a need for similar legislation nationwide to support increased access to telehealth services.

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Despite the increased opportunity to provide telehealth services, Hughes noted several complications. First, she said, there are no clear plans that define when telemedicine should be used instead of in-person care. She added that, as Waghray discussed, her organization has been unable to address patient needs, such as internet access and privacy concerns, as well as provider needs, including adequate training and education. Hughes also commented that it is difficult for her system to know how much to invest in telemedicine, given the changing landscape and the temporary nature of the waivers that were put in place for the pandemic.

The second panelist was Rebecca Shaffer, an associate professor of pediatrics at Cincinnati Children's Hospital, who specializes in both clinical care of and research with children with autism spectrum disorder (ASD) and fragile X syndrome. She focused her presentation specifically on providing telehealth services to the ASD population. Prior to the pandemic, telehealth was not widely used for children with ASD. When clinics were forced to shift to a telehealth format, they saw very low rates of no-show visits in comparison to in-person visits before the pandemic. Shaffer said this demonstrated the possibility of providing widespread telemental health services to children with ASD.

Next, they had to consider whether families liked the new telemental health visits. Based on a survey conducted with families at Cincinnati Children's Hospital, satisfaction was quite high. Families responded that their privacy was maintained, and by the end of services expressed a preference for having a telehealth or a hybrid model in the future. Shaffer also noted that transportation barriers were reduced with the telehealth model, especially for children with particular behavior problems, such as irritability or anxiety.

However, Shaffer also noted several challenges in providing these services. First, families were more likely to want to wait for an in-person visit for a diagnostic evaluation, which may delay care for children who need it. Second, finding translators for telehealth visits has proven difficult. Families of younger children with more ASD characteristics also reported that in-person services were more beneficial than telehealth services. Shaffer commented that more data are needed before they can determine whether telehealth services really work for all children with ASD or if telehealth works better for specific subpopulations of children with ASD.

The third panelist for this workshop session was Susan Griffin, a licensed clinical social worker and director for the Pediatric Access to Telemental Health Services (PATHS) Program at Children's Hospital of Alabama.[5] In the PATHS model, the clinical team consists of child psychiatrists, clinical psychologists, psychiatric nurse practitioners, licensed independent social workers, and licensed professional counselors. This team develops connections with pediatric rural primary care providers so they are better able to support the behavioral health needs of their patients. There are three primary components to the program: (1) behavioral health training and telementoring for primary care providers using the Project ECHO [Extension for Community Health Outcomes] model;[6] (2) providing same-day teleconsultation to providers with the PATHS clinical team; and (3) providing direct mental health services to patients with complex needs in primary care offices via telemedicine. All three of these components were in place by January 2020, prior to the pandemic.

The PATHS program specifically targets rural communities with a lack of child behavioral and mental health providers. In the past year, provider-to-provider consultations have tripled, which Griffin said indicated more children were getting the help they need. Direct telemedicine visits through PATHS have also increased significantly in the past year. Most of these visits were with therapists and psychologists, particularly for children in rural communities who may not have access to therapists locally.

Children's Hospital of Alabama partnered with the University of Alabama at Birmingham School of Public Health to evaluate the PATHS program. Initial results from summer 2021 found that parents were initially skeptical of using the telemental health services, but trusted their pediatricians enough to try

[5]For more information, see https://www.childrensal.org/paths.

[6]See https://hsc.unm.edu/echo/; also see below.

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it. Eventually, the parents became comfortable with the PATHS providers and reported improvements for their children.

Following the panel presentations, Tyler Norris, chief executive officer of Well Being Trust and a member of the Forum, led a Q&A session. He first asked the speakers how they think the field can take some of these lessons and apply them to expanding access to quality care for children. Griffin commented that telemedicine services are likely to be curtailed if coverage is rolled back after the pandemic. Hughes agreed and added that it will be crucial to convey to policy makers that expanding insurance coverage of telehealth services is a way to improve access to care. Waghray suggested that screening for social determinants of health as part of a primary care visit can include assessing access to technology for telehealth services. He also said that patient-reported outcomes should be a key component in evaluating the effectiveness of any telehealth services. Shaffer added that she hopes the lessons learned during the pandemic teach people to be more flexible in future approaches to providing behavioral health services to children and families. She said that different patients will be more responsive to different types of services, and it should be a goal to create the best possible treatment plan for each child.

Building on this idea of learning from the pandemic, Hughes discussed temporary waivers that allowed for increased telehealth services during the pandemic. For example, providers who live in Maryland or Virginia but typically see patients in Washington, DC, were able to provide telemental health services to their patients from their homes. Hughes noted that the waivers varied by state, but they generally served to expand access for patients. Shaffer added that there is a new licensure initiative called the Psychology Interjurisdictional Compact, which is meant to facilitate providing telepsychology services across state lines. Wahgray commented that allowing providers to meet with patients in different states is an important component of addressing child psychiatry needs.

Norris then asked the speakers to reflect on how working with external partners helped overcome some of the challenges associated with providing telehealth services. Shaffer responded that they have been able to have teachers join clinicians and families in sessions with children, which creates opportunity for more coordination in care for children across systems. Griffin said that Children's of Alabama has worked with both the American Academy of Pediatrics and the state department of public health to spread awareness of their programs across the state and noted that these partnerships have been especially useful in connecting with rural communities. Waghray commented that through the pandemic, community partnerships have grown stronger in many places, and it is important that those partnerships continue.

Lastly, with an understanding that COVID-19 has had a disproportionate impact on communities of color, Norris asked the speakers how telehealth services could help address issues of equity. Hughes said there should be changes in reimbursement, quality, and safety structures around telehealth services. Waghray commented that this question should be central in determining how to use telemental health effectively in a post-pandemic world. Shaffer added that mentoring and supporting researchers and clinicians from communities of color would help, especially given the research that shows children of color have better outcomes when they have clinicians that look like them. Griffin agreed, and noted that in Alabama, there are scholarship opportunities to encourage people of color to enter this field.

SUPPORTING TELEMENTAL HEALTH PROVIDERS

The final day of the workshop began with comments from Ujjwal Ramtekkar of the Nationwide Children's Hospital in Columbus, Ohio. The COVID-19 pandemic, Ramtekkar said, created an opportunity to test the feasibility and effectiveness of telemental health programs. When hospital patient volumes decreased as a result of pandemic-related stay-at-home orders, Nationwide Children's Hospital was able to use telehealth services to get back to full capacity within 6 weeks. Ramtekkar also noted that no-show rates decreased by about 20 percent, and satisfaction data showed that patients were pleased with telehealth services.

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However, Ramtekkar said, too often telehealth is seen as just another method of providing services, which does not require additional training or supports for providers. Instead, Ramtekkar said it is important to treat telemental health as a new venue of care and to set new technical, relational, and clinical standards for it.

Ramtekkar described Project ECHO, a program that uses telementoring to equip primary care providers in rural areas with additional knowledge to treat patients with complex health needs, including mental illness. Project ECHO uses a hub-and-spoke model, in which a hub of multidisciplinary experts connect with spoke providers across different regions to answer questions and provide additional knowledge. In its first 1–1/2 years of participating in Project ECHO, Nationwide Children's Hospital was able to train more than 100 practices across the state of Ohio.

Nationwide Children's Hospital also created a video consultation program that serves as a virtual behavioral health consultation program for community-based primary care providers. Ramtekkar noted that this program attempts to mitigate long wait times for behavioral health care by improving access in primary care settings. Using this program, they are able to connect with multiple locations simultaneously and provide support to providers across the state. This connection, Ramtekkar said, was made possible with the telemental health approach.

Ramtekkar closed by emphasizing the opportunity telemental health provides to support children's mental health in multiple settings. Moving forward, he called for a system-wide approach focused on the core components of appropriate technology, provider training, sustainability, and equity.

Following Ramtekkar's opening remarks, three panelists discussed their own efforts to support telemental health providers. The first panelist was Mya Sendak, a pediatrician and researcher at Duke University School of Medicine. Sendak works with the North Carolina Psychiatry Access Line (NC-PAL) to expand access to behavioral health services via telehealth across the state.[7] NC-PAL is a telephone consultation and education program for clinicians serving pediatric and perinatal patients across North Carolina. The goal of NC-PAL is for patients to be able to remain in the care of their current providers. The program does not prescribe medications or provide ongoing care; rather, it offers a one-time psychiatric assessment for patients who might need further evaluation. If the current provider is not able to treat the needs of the patient adequately, the NC-PAL team can help identify resources for the patient.

Sendak noted that calls to the NC-PAL have steadily increased during the pandemic. Surveys show that providers are satisfied with NC-PAL, and they report that they feel more confident in addressing behavioral health concerns for their patients. Providers also report a decreased need for further psychiatric evaluation following NC-PAL support. Sendak shared a comment from one provider: "You have already had a measurable impact on the health and well-being of children in this region. . . . This is a behavioral health initiative that makes sense."

In addition to NC-PAL, Sendak's team provides formal training in evidence-based pediatric mental health guidelines for primary care providers across the state. The training is free of charge; it takes place over 3 days, coupled with 6 months of biweekly didactics that support providers learning through their own patients. NC-PAL psychiatrists also provide individualized practice-focused didactic sessions by request. Additionally, the NC-PAL child psychiatrists have developed a training for pediatric residents in behavioral health care.

The second panelist was Nicole Klaus, a child psychologist and associate professor at the University of Kansas School of Medicine-Wichita. Klaus focused her presentation on the Kansas Pediatric Mental Health Care Access program, known as KSKidsMAP, a HRSA-funded program that uses telehealth technology to support primary care providers in delivering mental health care in primary care settings.[8] The

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[7]For more information, see https://ncpal.org/.

[8]For more information, see https://www.kumc.edu/school-of-medicine/campuses/wichita/academics/psychiatry-and-behavioral-sciences-wichita/research/kskidsmap.html.

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program offers a consultation line similar to NC-PAL and hosts tele-ECHO clinics. However, Klaus added, the program also recognizes that addressing mental health concerns of patients also has an emotional impact on providers. At the start of the program, they knew that the program would need to address clinicians' wellness.

Klaus shared data from a survey of physicians in fall 2002 that showed 20 percent of physicians who reported suffering from depression qualified as having clinical depression and 13 percent had thoughts of suicide, adding that the suicide rate among physicians is two times higher than among the general public. She noted that 76 percent of health care workers reported exhaustion and burnout in September 2020, and they are leaving their jobs at high rates, creating an urgent need to address clinician wellness. KidsMAP addresses this in several different ways. First, when primary care providers enroll in the program, they are asked to indicate their interest in receiving wellness information. To date, 46 percent selected yes, and were then contacted by a social worker care coordinator with resources that may be useful. KidsMAP also advertises its consultation line as a resource for wellness support and incorporates clinician wellness themes into some of its tele-ECHO sessions.

KidsMAP also collaborated with several partners to provide clinician wellness supports. Through WorkWell Kansas, six health care clinics participated in workshops, assessments, and technical assistance to implement worksite wellness programs. The Institute for Physician Wellness offered a daylong wellness retreat for primary care providers, as well as hour-long weekly wellness coaching calls. KidsMAP also created wellness boxes with a variety of resources to encourage providers to think about their own self-care and wellness, and sent handwritten cards to all enrollees in honor of Physician Suicide Awareness Day. Klaus commented that they have received positive comments from participants, which underscores the need for and importance of focusing on clinician wellness.

The third speaker on this panel was Mary Alvord, a child psychologist. Alvord has trained more than 10,000 mental health professionals in using telehealth since the start of the pandemic. The main components of her training include cultural and contextual considerations for providing telehealth, technology and security features, ethics and legal considerations, and engagement and therapeutic techniques for children and teens. Some trainings also discuss how to provide group therapy in a telehealth format. Alvord said that providing adequate and appropriate training is essential to ensuring providers are equipped to deliver telemental health services.

Alvord expanded on some of the technical aspects of her trainings. She reinforced the need to reassure patients of their privacy and to follow HIPAA regulations. Her trainings also touch on licensure requirements related to providing telehealth services. She emphasized that working with children and youth via telehealth has all the same ethical considerations as working with adults, but with the added need to consider family dynamics.

Following the panel presentations, Cheryl Polk, co-chair of the Forum, moderated a Q&A session with the speakers. She commented that everyone is experiencing higher levels of stress because of the pandemic and asked how best to support clinicians as they cope with this stress both at work and at home. Alvord responded that she has increased the frequency of staff meetings and really uses those meetings as time to provide support and resources for clinicians. Klaus agreed that decreasing the sense of isolation, especially for providers in rural areas, is important. Sendak commented that half of primary care visits are mental-health related, so it is crucial to ensure that those providers have the training and support to deal with those visits. Building on the need for adequate training, Ramtekkar said that the creation of learning communities helps provide some of that support, while also mitigating isolation of providers.

Next, Polk asked the speakers to discuss how they incorporate health care workforce training into their telemental health programs. Sendak explained that when providers call NC-PAL for consultation, they rarely are given just the basic answer to their question. Instead, the NC-PAL consultant will have a thor-

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ough discussion and explain the answer to the provider so they are better prepared to deal with similar questions from future patients.

Polk commented that the pandemic has increased the number of crisis calls from parents and youth regarding mental health concerns and asked how the speakers' different programs have responded to those concerns. Ramtekkar said that the Children's Hospital program is working with providers to create contingency and crisis intervention plans for patients. Sendak added that her program is also training primary care providers to do more safety planning with families so they know next steps if there is a mental health crisis.

Lastly, Polk asked the speakers to reflect on the future of telemental health after the pandemic. Alvord commented that she hopes telemental health becomes more common and is used to expand services to more populations of children in need. She noted that this will depend on whether states keep the temporary waivers that loosened regulations on providing telehealth services. Ramtekkar noted that prior to the pandemic there were questions about whether telemental health was feasible and effective. When practices were forced into telemental health models, in many cases they proved it works, which indicates it should remain as an option for families in the future. Klaus added that as telemental health continues to expand, providers need to continue to pay attention to patients' access to adequate technology to access these services.

CLOSING NOTES

In closing, Polk emphasized the notion that there should be more emphasis on prevention, rather than just treatment for mental health illness. She also highlighted the collaborative efforts mentioned by all of the speakers and expressed the hope that these partnerships continue even as the pandemic recedes.

Throughout this workshop, the various speakers noted that although there was initial hesitation by both providers and families, over the course of the pandemic telemental health services became widely accepted. Initial barriers to providing telemental health services were overcome in a variety of ways, including increased policy support, provider training, and support for families and patients. Many of the speakers highlighted the increased access to behavioral health services as a result of the expansion of telehealth services and noted that this increased access will be critical in combating the current pediatric mental health crisis. While there are still some challenges that need to be addressed, the speakers expressed the hope that telemental health services will continue to be part of the strategy for providing behavioral and mental health services to children and youth.

PLANNING COMMITTEE FOR A WORKSHOP ON USING TELEMENTAL HEALTH SERVICES TO MEET THE NEEDS OF CHILDREN AND YOUTH

Tina Cheng, Cincinnati Children's Hospital; **Kinkini Banerjee,** Chan Zuckerberg Initiative; **Cheryl Polk**, Safe & Sound; **David Willis**, Center for the Study of Social Policy; and **Erin Kellogg**, *Director.*

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REVIEWERS: To ensure that it meets institutional standards for quality and objectivity, this Proceedings of a Workshop—in Brief was reviewed by Jennifer Graves, Well-Being Trust. We also thank staff member Anne Styka for reading and providing helpful comments. Kirsten Sampson Snyder, National Academies of Sciences, Engineering, and Medicine, served as review coordinator.

SPONSORS: The workshop was supported supported by contracts between the National Academy of Sciences and the American Board of Pediatrics, the Centers for Disease Control and Prevention, and the Health Resources and Services Administration of the U.S. Department of Health and Human Services. Additional support came from the American Academy of Pediatrics, Children's Hospital Association, Family Voices, the Global Alliance for Behavioral Health and Social Justice, the Society for Child and Family Policy and Practice, the Society of Clinical Child and Adolescent Psychology, Well Being Trust, and ZERO TO THREE. Any opinions, findings, conclusions, or recommendations expressed in this publication do not necessarily reflect the views of any organization or agency that provided support for the project.

For additional information regarding the workshop, visit https://www.nationalacademies.org/event/10-05-2021/using-telemental-health-services-to-meet-the-needs-of-children-and-youth-a-virtual-workshop.

Suggested citation: National Academies of Sciences, Engineering, and Medicine. (2021). *Considerations for Using Telemental Health Services for Children and Youth: Proceedings of a Workshop—in-Brief.* Washington, DC: The National Academies Press. https://doi.org/10.17226/26442.

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