VIRTUALLY CARING FOR BEHAVIORAL HEALTH

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Creating a Telebehavioral Health Strategy

Telehealth Today

Telebehavioral health has been accepted as a proven medium for increasing access to psychiatric, mental and behavioral healthcare by connecting individuals to providers through video calls. Today, in-home, mobile, outpatient and primary care models of telebehavioral health allow for community-based care that addresses behavioral health issues before they reach critical levels. On-demand models of care offer timely services to individuals in the emergency department (ED), psychiatric crisis centers or in the community through mobile crisis teams. There are more patients, employers, health systems and payers employing telehealth, as well as more providers becoming involved in telehealth work in a range of fields, like psychiatry.[1,2]

Health Information and Management Systems (HIMSS) Analytics released two Telemedicine Essential Brief studies of the inpatient and outpatient healthcare markets' trending telehealth data from 2014 to 2017, and current and future adoption rates of telehealth solutions. The findings stated that 71% of providers use telehealth or telemedicine tools to connect with patients. The hub-and-spoke telehealth models (platforms that rely on audio and visual contact within a singular site) are the most popular, specifically through inpatient services rather than outpatient, and specifically practice types like telepsychiatry, made up 21% of telehealth use.[3] Practice types that focus on counseling and communicative disciplines had a higher use than general practice. Psychiatry made up 21% of telehealth use, with pediatrics following at 20%. General practice consisted of 13%.[4]

Telepsychiatry Today

According to the National Council for Behavioral Health, 55% of counties in the continental U.S. do not have any psychiatrists and 77% of U.S. counties have "severe shortages" of psychiatrists and other behavioral health providers.

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[1] *Telemental/Telebehavioral Health*, Epstein Becker Green.

[2] Chase Larson, *The State of Telemedicine 2018*, eVisit Telemedicine Solution, 2018.

[3] Thomas Beaton, *71% of Healthcare Providers Use Telehealth, Telemedicine Tools*, mHealth Intelligence, April 28, 2017.

[4] Ibid.

[5] *The Psychiatric Shortage: Causes and Solutions*, National Council Medical Director Institute, March 28, 2017.

The reduced supply of psychiatrists and the unbalanced concentration in different regions have resulted in a limited workforce in many geographic areas.[5] Today, telepsychiatry is helping to combat this workforce challenge by making psychiatric services available to anyone, anywhere.

Telepsychiatry is currently practiced mostly in clinics and hospitals, but its reach is expanding. For example, research shows that telebehavioral health programs are currently being utilized in the following settings:

- Emergency Departments
- Inpatient Units
- Residential Programs
- Outpatient Clinics
- Universities
- In-Home
- Corrections
- Nursing Homes
- Primary Care Offices
- Mobile Crisis Units
- Substance Use
- Treatment Centers
- Accountable Care
- Organizations (ACOs)
- Cruise Ships
- Federally Qualified Health Centers (FQHCs)
- Military

Telebehavioral health's delivery model of care is associated with cost savings, through reduced travel for both patients and mental health professionals, especially in rural areas,[6] but it also has the potential to improve current models of care.[7] A single provider or a small team of providers can serve multiple locations, where they can have set hours at several clinics or care settings within a health system.

Besides cost savings, patients appreciate the convenience and effectiveness of telehealth consultations. One study found the average in-person medical visit takes two hours, which includes travel time, office paperwork, wait time, and then finally a 20-minute one-on-one meeting with a doctor. Many people would prefer to connect with care through their computer or mobile device, particularly if the consult is conducted via online video. With the ability to provide direct-to-consumer care, for therapy sessions or in-home health monitoring,[8] new residential or outpatient programs have expanded treatment options.

Telepsychiatry is also helping reduce the revolving door of individuals moving back and forth between the community and emergency departments. In primarily rural states like Iowa, which, according to the Treatment Advocacy Center, ranks second worst in the country for number of inpatient psychiatric beds (64 in the entire state), patients often have limited or no access to timely, affordable and quality psychiatric care. With telepsychiatry, emergency departments can efficiently address each patient that comes in, reduce admissions and decrease patient wait times. Having access to telepsychiatry can also help reduce psychiatric boarding and help make sure that those admitted to psychiatric beds actually need them.[9]

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[6] Carolyn Lauckner and Pamela Whitten, *The State and Sustainability of Telepsychiatry Programs*, J Behav Health Serv Res, 43(2): 305-318, April 2016.

[7] Michael Harris, *How Telehealth is Transforming Healthcare*, Spectrum Enterprise, 2017.

[8] Ibid.

[9] *Going, Going, Gone: Trends and Consequences of Eliminating State Psychiatric Beds*, Treatment Advocacy Center, June 2016.

Key Facts About Telehealth

- A Frost and Sullivan report found that the "COVID-19 pandemic has increased the demand for telehealth, which is anticipated to rise 64.3% in 2020," according to Becker's Hospital Review.[10]

- The Center for Connected Health Policy reports that as of 2020, 42 of the 50 United States have requirements for parity laws regarding telehealth reimbursement.[11]

- As of March 2020, 78% of companies offer an Employee Assistance Program (EAP) with mental health resources, according to the Society for Human Resource Management.[12]

- According to CNBC, U.S. telehealth visits could top 1 billion by the end of 2020, a "massive expansion" in comparison with pre-pandemic visits.[13]

- As of May 1, 2020, the APA released an updated page of telepsychiatry guidelines in response to the COVID-19 crisis.[14]

- In March 2020, the Drug Enforcement Administration indicated it is suspending the Ryan Haight Act, which requires a patient to see a psychiatrist in-person for prescription medications, before medications can be filled electronically by the physician. This suspension is in response to the COVID-19 crisis.[15]

Parity Law in Place
None
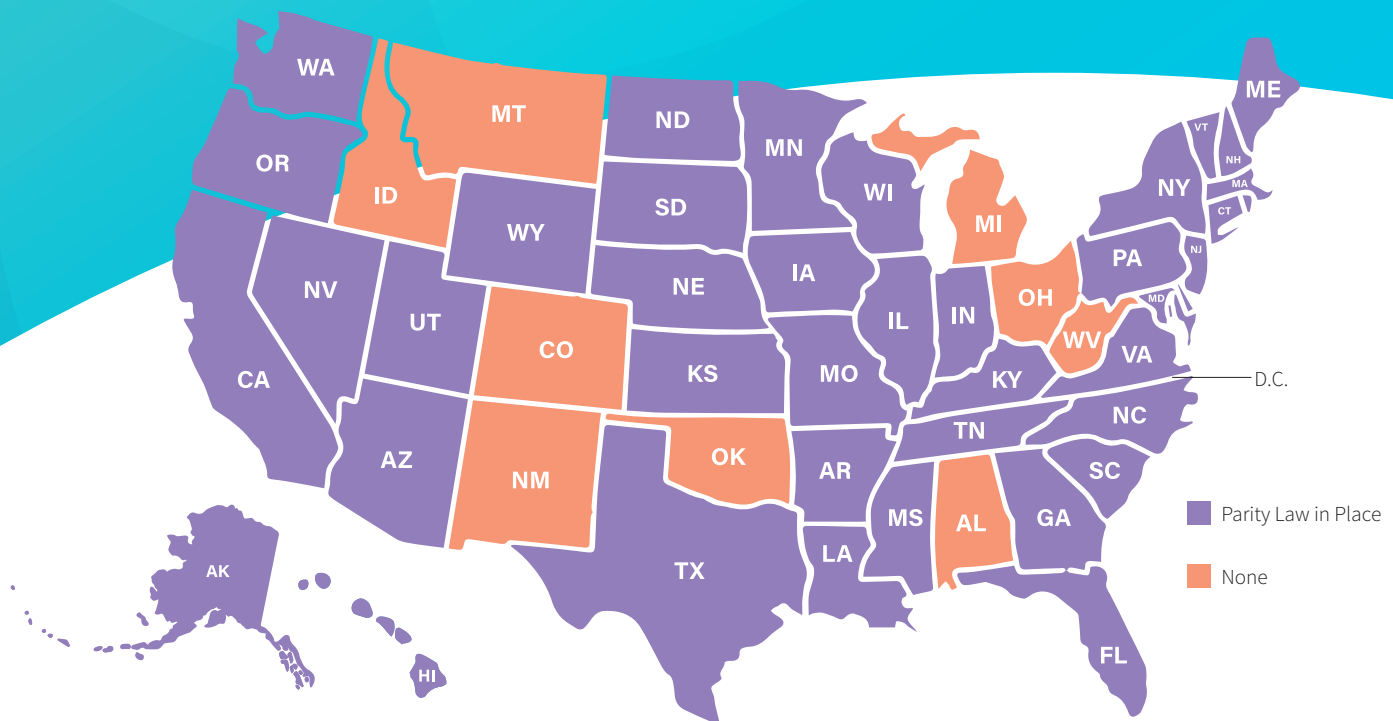
[10] Jackie Drees, _Telehealth to grow nearly 65% in 2020, report finds_. Becker's Hospital Review, May 19, 2020.

[11] https://www.cchpca.org/telehealth-policy/current-state-laws-and-reimbursement-policies?jurisdiction=All&category=All&topic=10

[12] Alyssa Place, _Mental health and telehealth apps come of age amid coronavirus crisis_. Employee Benefits Network, March 24, 2020.

[13] Bertha Coombs, _Telehealth visits are booming as doctors and patients embrace distancing amid the coronavirus crisis_. CNBC, April 4, 2020.

[14] _Telepsychiatry and COVID-19_. APA, May 1, 2020.

[15] Ibid.

Thinking of Telepsychiatry as Part of Your Long-Term Strategy

Telepsychiatry has made its impact on the healthcare market, but often it can be thought of as a "band-aid" for the immediate psychiatry needs of an organization. It is now time to think of telepsychiatry, with its trend of increased usage across the care continuum, as a long-term strategy that can help an organization meet both its immediate needs, as well as help address and add value to many strategic priority areas one, three, five or even 10 years down the line.

How Do You Create a Telepsychiatry Strategy?

The first thing to ask yourself may be, "What are my organization's overall strategic priorities?" Example questions may include:

- What is my vision for the next [x] number of years?
- How do I evaluate progress toward that goal?
- How does telehealth already fit in or how could it?
- Who is responsible for tracking the telehealth industry within my organization?
- How do I share and apply that information across my organization?

The goal of this white paper is to help organizations and their leadership develop key questions like these, and contemplate ways in which they can expertly plan a telebehavioral health strategy in the short term.

Organizations like the American Telemedicine Association (ATA) regularly discuss news, media and policy around telehealth.[16]

OPEN MINDS is also an organization that offers daily market intelligence, industry analysis and management solutions for executives in behavioral health, mental health and social services.[17] Nonprofit, nonpartisan organizations, like the Center for Connected Health Policy, work on telehealth policy solutions to promote improvement in health and healthcare systems.[18] There are also many regional telehealth resource centers to check out along with the other organizations mentioned, and they can all act as great brainstorming resources.

[16] www.americantelemed.org/home

[17] www.openminds.com/

[18] www.cchpca.org/about-cchp

Areas Where Telepsychiatry Can Help

Telepsychiatry services can add value to nearly any setting across the continuum of care, including community mental health clinics, federally qualified health centers, outpatient centers, skilled nursing facilities (SNFs), primary care, universities, correctional facilities, and Assertive Community Treatment (ACT) and mobile crisis teams. Despite telepsychiatry being able to potentially address psychiatric shortages in all of these settings, most organizations currently only use it in one or two of these areas. There is a significant opportunity to expand telepsychiatry programs and a network of telepsychiatry providers across a complex organization, or across an entire community.

Expansion Within Your Organization

Collaborating with a telepsychiatry organization can help expand your organization's business opportunities, as well as increase access to care for your community. With a telepsychiatry partner, your organization could consider opportunities you would not have otherwise, because you do not have the challenge of recruiting and retaining your own local psychiatry providers.

For example, an organization that utilizes telepsychiatry in an outpatient setting could have a five-year plan to expand in the community and open up a crisis stabilization unit. Rather than relying on local resources to staff that unit, an organization could work with their existing telepsychiatry partner and discuss adding additional hours with the same provider they already work with, or with another provider who better fits the specific needs of that new program.

In addition to organically growing with telepsychiatry, partnership with a telepsychiatry organization can assist with plans for growth and expansion in high need or high opportunity areas. Organizations can consider responding to requests for proposals (RFPs) and other identified needs for psychiatry within a community by using their telepsychiatry partner as a subcontractor for further expansion opportunities.

Leveraging Economies of Scale for Telepsychiatry

If your organization already uses telepsychiatry, is it being used in every location where it could be beneficial? It may be an opportune time to consider bringing telepsychiatry to other settings or sites that are not yet using it. Often when working with a telepsychiatry partner, it is easier and more affordable to roll out telepsychiatry to a new setting within the same organization. Additionally, usually the same provider or small group of providers can serve multiple sites or settings and can help with continuity of care for patients, which also builds strong relationships with partner staff. Organizations can have each clinic or site that participates in telepsychiatry have a regularly scheduled block of time with the designated provider per week, or each site could directly book the provider for a window of time they may need that week, allowing the provider to switch appointments between multiple sites easily, with no travel time needed.

Considering Telepsychiatry During Consolidation

Nearly everywhere, healthcare practices are actively being consolidated. If this is happening at your organization, consider how telepsychiatry fits in. Are any of the other sites within a health system or network using telepsychiatry that you could layer into your location?

Do you have a telepsychiatry program already that could be expanded to new sites? Are there lessons learned on either side that may be of use? Does your telepsychiatry partner have options to evolve alongside your organization? Communicate with your telepsychiatry partner and keep telepsychiatry front of mind during transitional periods, so you can potentially meet the mental health needs of additional individuals.

Expanding Into the Community

If you are an organization already using telepsychiatry, you are probably setting a trend within the community. Your telepsychiatry program is likely providing needed psychiatric care at your location or locations, but is it addressing the needs of the community overall? It is likely that other organizations in your community could follow your organization's lead and benefit from telepsychiatry.

Look for opportunities to facilitate discussions about telepsychiatry during community conversations, meetings and forums. Are there clinics, schools, correctional facilities, ACT teams, mobile crisis teams or other community resources that are constantly referring to your organization or strained for psychiatric care? It could be that a telepsychiatry partner could assist other organizations within the community with psychiatric capacity from the same provider or team of providers that is serving your organization. This would aid in alleviating mental health and psychiatric crises across the community and allow for consumers to potentially see the same provider or group of telepsychiatry providers across multiple care settings, thus improving continuity of care.

Multiple locations and organizations within a community buying into telepsychiatry also opens the door to conversations about improved data tracking and information sharing across organizations. A community that fully embraces telepsychiatry and its different models across multiple settings and organizations will be able to significantly improve mental healthcare for the entire local community population.

Use Telepsychiatry to Refine Your Reach or Further Specialize Your Practice

Reaching Underserved Populations through Telepsychiatry

Telepsychiatry and telebehavioral health, particularly when it is delivered directly to consumers, has great potential to allow organizations or even private practice providers to further specialize their care to reach socially disadvantaged and underserved populations. According to the Health Resources and Services Administration (HRSA), this includes:

- African Americans
- American Indians/Alaskan Natives
- Asian Americans
- Hispanics/Latinos
- Lesbian, Gay, Bisexual and Transgender (LGBT)
- Native Hawaiians or Other Pacific Islanders
- Rural Health Communities

Asian Americans comprise dozens of national origins from Asia, the Caribbean, Europe, the U.S. and other parts of the world, and speak hundreds of languages, with different faiths and socioeconomic statuses, contrary to model minority stereotypes and myths. African Americans comprise the second largest minority group in the U.S. and are greatly in need of partnership and collaboration among stakeholders to reduce the burden of their medical conditions, including behavioral health. The LGBT community often suffers from social and structural inequities, such as stigma and discrimination,[19] and stigma is considered one of the greatest barriers,[20] preventing individuals from seeking behavioral and mental healthcare.

Telebehavioral healthcare is key to transforming access to quality behavioral healthcare for all of these groups.

Direct-to-consumer telepsychiatry allows consumers to have additional choice when finding a provider, which means they are no longer limited to local providers. This can be great for individuals who are looking for a behavioral healthcare provider within a particular specialty or area of expertise.

Direct-to-consumer telebehavioral health also helps to combat stigma by allowing individuals to schedule and seek care in the privacy of their homes, on secure, HIPAA-compliant video technology. Individuals no longer have to deal with the potential stress of explaining or attending an appointment in person, and it can reduce their concerns about a breach or lack of confidentiality.

Telebehavioral health allows providers to treat consumers who are located anywhere, as long as that provider is licensed in the state where the individual seeking treatment is physically located. This vastly improves the landscape of psychiatry and behavioral health provider workforce challenges because providers,

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[19] Health Equity for Diverse Populations, HRSA, August 2019.

[20] Amy Novotney, A new emphasis on telehealth: How can psychologists stay ahead of the curve — and keep patients safe?, American Psychological Association, Vol 42, No.6, June 2011.

who often live in populated, urban or suburban areas, can suddenly serve patients who live in rural or underserved areas without having to live or commute to that location.

Direct-to-consumer telebehavioral health also combats this shortage by reducing wait times for therapy, counseling or psychiatric appointments. Since telebehavioral health is still new, many telebehavioral providers have available windows of time that they are waiting to fill with appointments, often making it easier to find a session with a telehealth provider rather than a local provider.

Use Telehealth to Offer New, Flexible Work Options for Existing Providers

If your organization already employs behavioral health providers, it may make strategic sense to offer them options to see consumers, at least sometimes, via telehealth. The flexibility of telehealth allows many telebehavioral health providers to stay in the workforce during periods in their life when they may otherwise have left, such as when they decide to start a family or retire to a vacation home, in addition to the ability to work hours that may be more convenient to their lifestyles.

For example, providers can supplement their existing in-person practice by offering telebehavioral health services part-time or during off-hours, allowing them to work with more consumers in a cost-effective way. Allowing your providers to offer night and weekend appointments through telehealth also increases the billable hours an organization can potentially collect and helps with provider work satisfaction. Providers can split their time throughout the year in different locations without changing their work schedule, as long as they have proper licensure and follow any other applicable regulations.

Telebehavioral health providers are also able to work remotely from any location where they have reliable internet and a private, quiet space. Teleworking in general is becoming increasingly popular and common among employers,[21] and telehealth is a natural extension of this trend.

Offer Home-Based Telehealth to Set Your Organization Apart

Home-based telehealth can be layered into existing community mental health settings. The outpatient behavioral healthcare landscape has evolved significantly in the last several years, and there have been hurdles with outpatient and mental health clinics keeping up with the pace of demand for outpatient behavioral healthcare services. Offering home-based telebehavioral or telepsychiatry services to existing or new consumers can set your organization apart while also creatively expanding billable hours.

Do You Offer Telehealth to Your Employees?

Demand for virtual health services is rising rapidly in the workplace, with the number of employees who have used telehealth nearly tripling to 47% in 2020, from 17% in 2019.[22] If your organization uses telehealth within its facility-based services, it's a natural extension to both offer and encourage utilization of direct-to-consumer telehealth benefits that are becoming increasingly common.

Many employers are evaluating telehealth to offset the increasing costs of providing healthcare to employees. The total cost of health benefits is expected to rise 5.3% in 2021, although the pandemic is fueling uncertainty about overall costs. Over half (52%) will offer more virtual care options this year.[23]

Employer benefits programs that offer mental and behavioral health services are proven to provide significant return on investment and help employers raise the productivity of a workforce, lower absenteeism rates and help resolve workplace conflicts and complaints.[24] Increased access to mental healthcare providers can only serve to further empower individuals to comprehensively manage their own physical and mental wellness.

This can be particularly important for professionals working in the mental health field whose high stress and demanding jobs can take a toll on a person's wellness. Telebehavioral healthcare is a perfect way for employers to enhance their benefits programs and show their employees that they value their mental well-being at work. Employers need to not let this vital benefit go to waste by encouraging their employees to take advantage of it through education and increased awareness.

A few options to accomplish this are to:

- Develop educational materials
- Send out regular email blasts to employees informing them of their telebehavioral health benefit
- Host webinars or events where people can have their questions heard and answered

> " *The total cost of health benefits is expected to rise 5.3% in 2021, although the pandemic is fueling uncertainty about overall costs.* "

[22] *Spotlight on telehealth: 2021 Global Medical Trends Survey Report*. Willis Towers Watson, Nov 23, 2020.

[23] *Large U.S. Employers Accelerating Adoption of Virtual Care, Mental Health Services for 2021, Business Group on Health Survey Finds*. Business Group on Health, Aug 18, 2020.

[24] Ron Z. Goetzel et al., *Mental Health in the Workplace: A Call to Action Proceedings from the Mental Health in the Workplace: Public Health Summit*, J Occup Environ Med, 60(4): 322–330, April 2018.

A Center for Family Guidance pilot program in New Jersey showed that telebehavioral health can help meet demand by allowing more providers to work for the organization, through the opportunities to work from home, as well as decreased transportation costs and flexible clinical hours during nights and weekends. Consumers who participated in the program had the flexibility to choose times for their sessions, decreased wait times and decreased transportation costs through sessions from the comfort of their own homes, where they could worry less about childcare and other demands.

A consumer satisfaction survey afterward revealed:

Experience using telebehavioral health

- Excellent: 65%
- Above average: 24%

Session comparable to in-person

- Strongly agree: 54%
- Agree: 29%

Session more convenient than in-person

- Strongly agree: 83%

Feel engaged in care

- Strongly agree: 69%
- Agree: 23%

Would use telebehavioral health again

- Strongly agree: 77%
- Agree: 20%

Behavioral Health Integration Using Telehealth

Telebehavioral healthcare can help integrate behavioral health services into primary care settings through several models of care.

Ad Hoc Consult Model
In this model, psychiatrists are available via telehealth to primary care providers, case managers and others within the collaborative care team for consult on patients who are not meeting their clinical goals or are exhibiting other mental health-related symptoms. An available telepsychiatry provider offers perspective on any consumers that the care team would like to discuss.

Ongoing Consult Model
In this model, a designated telepsychiatry provider with an ongoing relationship with the care team reviews diagnostic information for the care team's consumer caseload at routine intervals. The telepsychiatry provider offers consult on specific cases geared toward enhancing the care team's comfort level with diagnosing and treating their consumer population.

Care Team Member Model
In this model, a telepsychiatry or telebehavioral health provider is an active part of the collaborative care team and is available for the purpose of conducting direct consumer assessments and facilitating access to relevant resources, therapies or evidence-based care modalities.

Enhanced Referrals to Telepsychiatry Model
In this model, primary care providers or other members of the collaborative care team can refer consumers who are appropriate for telebehavioral health or telepsychiatry,

Benefits of Behavioral Health

- Integration via telepsychiatry

- Identify mental and behavioral health problems early and manage consumer behavioral health on an ongoing basis

- Improve primary care teams' comfort with addressing behavioral health conditions

- Embrace consumer-centered care with multiple access points and options

- Attend to social and environmental issues that impact mental and physical health

to a preferred telehealth provider organization. The preferred telehealth provider organization will then share consumer information with the collaborative care team on an ongoing basis to inform treatment (with patient consent).

Population Health through Collaborative Models of Telepsychiatry

In the traditional telepsychiatry model, a psychiatrist can only treat one patient at a time. When high levels of clinical resources are devoted to an individual patient, fewer numbers of patients can be treated.[25]

If organizations want to get the most out of psychiatric resources, they may want to focus on treating populations rather than individual patients.

The goal of the population health model of care is to move the needle on health outcomes of a group of individuals from a particular organization, which can include communities, employers, ethnic groups or correctional facilities.[26]

Three randomized, controlled trials of telepsychiatry collaborative care have shown the collaborative care model to be clinically effective and cost-effective:

1

The first focused on pharmacotherapy for depression in VA community-based outpatient clinics, and showed rural veterans were more likely to adhere to their medications, respond to treatment and achieve remission.

2

The second focused on pharmacotherapy and psychotherapy for post-traumatic stress disorder (PTSD) in VA community-based outpatient clinics, and showed they were more likely to engage in evidence-based psychotherapy and experience clinically meaningful reductions in PTSD symptom severity.

3

The third focused on pharmacotherapy and psychotherapy for depression in Federally Qualified Health Centers, and showed modestly higher engagement in both psychotherapy and pharmacotherapy.[27]

It is recommended to have telepsychiatry integrated into care models that place mental health specialists in consultative, support roles within the content of primary care, where they can make a much larger impact at the population level. Integrated care models can increase the reach and thereby the impact of behavioral healthcare.[28]

Precision Medicine, Preventative Health and Telepsychiatry

Over the last few years, with the increasing interest in precision medicine for non-communicable diseases like cancer, the question has also been asked, "What does precision medicine mean for mental health?"

[25] John Fortney, *Telepsychiatry: Promise, Potential, and Population Health*, Psychiatric News, October 2015.

[26] Ibid.

[27] Ibid.

[28] Ibid.

A former director of the National Institute of Mental Health (NIMH) says that for the mental health world, their version of precision medicine is the Research Domain Criteria (RDoC) project, which aims to develop more precise diagnostic categories based on biological, psychological and socio-cultural variables.[29]

Precision medicine for mental disorders will not come from a single genomic glitch, like many other areas of medicine, but RDoC assumes the need for many kinds of data to reach precision.[30]

The benefits of precision medicine have been predicted to allow physicians to select the "right drug, for the right patient, at the right time, every time" and this could easily be applied to behavioral health patients, where psychotropic medications are often trial and error.[31]

As discussed, telebehavioral medicine increases the ability to reach more of these patients in need of the right dosages at the right time. Direct-to-consumer models of telehealth make care more convenient and easier to fit into the busy lifestyles of both providers and patients. It will allow mental health care workers to reach patients "before stage 4," the same way you do not want to wait until a patient has stage 4 cancer, which is often terminal. Stage 4 mental illness is when as person's symptoms have now become both persistent and severe, and have often jeopardized their lives. Stage 4 also results in crisis events like unemployment, hospitalization, homelessness or incarceration. Untreated mental illness can also lead to an average lifespan reduction of 25 years.[32]

Personalized Medicine and Telepsychiatry

Trends in healthcare stress the importance of personalizing treatment for each individual and telepsychiatry allows for providers to do this in new ways. For example, with direct-to consumer telepsychiatry, where an individual accesses sessions from home, the provider collects new clinical information by being able to see into that person's living space. They may notice telling cleanliness habits or coping mechanisms that would not be observable in an office setting. This information can then be used to personalize care.

Another example that is common with direct-to-consumer telepsychiatry is that online practice sessions will assess a person's comfort level with technology and health literacy early on. The support resources and user experiences can then be customized accordingly. Innovations like these allow for telepsychiatry providers to deliver care that is not only equivalent to, but sometimes even better, than face-to-face care.
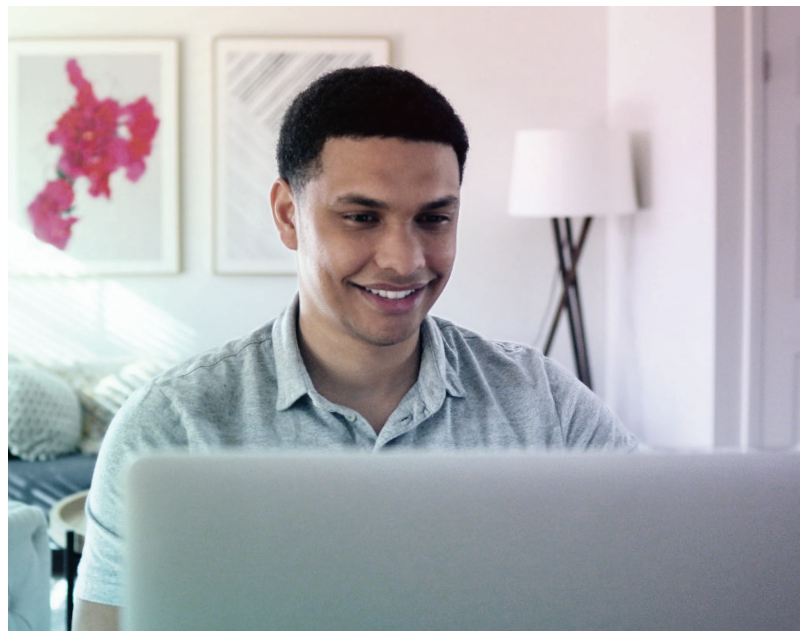
[29] Thomas Insel, *Precision Medicine for Mental Disorders*, NIMH, February 2, 2015.
[30] Ibid.
[31] Tori Utley, The Importance Of Precision Medicine In Mental Health, Forbes, Jul 27, 2016.
[32] *B4Stage4: Changing The Way We Think About Mental Health*, Mental Health America, 2018.

Crisis Care: Taking it Out of the ED Setting

Today, people in need of psychiatric care are regularly seen in the ED. This has been considered a part of the many effects of deinstitutionalization since the mid-1950s, which has been helpful for many, but a failure for others. Evidence of its failings have included the increasing readmittance of individuals with severe mental illness to hospitals. There has been evidence of individuals being hospitalized 20 times over a 10-year period and there are more people with mental illness in jails and prisons than there are in state hospitals.[33]

Individuals with severe mental illness often are dealing with frequent transitions and stuck going in and out of hospitals, when stability and consistency are considered requirements of quality care for the severely mentally ill population.[34]

Telepsychiatry provides the opportunity to take crisis care out of the emergency department setting and provides the opportunity to meet patients where they are for care, and help reduce the backlog of patients in the emergency department.

Mental Health Mobile Crisis Response Teams
Mobile crisis telepsychiatry programs are enhancing consumer care through their ability to allow mental health mobile crisis response teams to meet individuals at their homes, school, work, or wherever a crisis occurs. Mobile Crisis Teams are mental health professionals and practitioners who can effectively and appropriately intervene in a mental health crisis anytime, anywhere. They are designed for accessibility to anyone at any time, and like all emergency services (fire, police, EMT),

1 in 8 emergency room visits involves a mental health and/or substance abuse condition.

People who go to the emergency room with psychiatric conditions have longer wait times than people who go for other health concerns, and if they need inpatient treatment, they may end up waiting for days:[35]

- Mood disorders are the most common mental health reason for ED visits, accounting for more than 40%, followed by anxiety disorders and alcohol-related conditions

- Psychiatric patients admitted for observation waited an average of more than an hour longer

- Psychiatric patients who were transferred waited an average of nearly three hours longer

- Psychiatric patients who were discharged from the ED waited an average of just over an hour longer [36]

[33] Curtis Flory and Rose Marie Friedrich, *Half a Million Mental Patients Liberated from Institutions to Community Settings Without Provision for Long-Term Care*, Mental Illness Policy Org., 1999.
[34] Ibid.
[35] *Emergency Room Visits for Mental Health Conditions: Expect Long Waits*, American Psychiatric Association, November 10, 2016.
[36] Ibid.

> *"In 2009, there were more than 5,000 mobile crisis interventions for adults and over 3,000 for children."*

crisis teams are available to anyone, regardless of their ability to pay and must be ready to respond to any mental health emergency.[37] A psychiatrist or psychiatric nurse practitioner on the mobile crisis team allows for a person in crisis to be fully assessed in the moment; however, having this level of resource traveling within thecommunity is often cost prohibitive. With telepsychiatry however, mobile crisis teams can have access to a psychiatrist on demand. Many of the families who use crisis teams are parents of children and adolescents. In 2009, there were more than 5,000 mobile crisis interventions for adults and over 3,000 for children. Only 11% of those adults and 28% of those children were referred to a hospital ED or inpatient treatment. This is an example of how early intervention, by meeting the patients where they are in crisis, can help prevent costly and unnecessary stays in hospitals and jails.[38]

For example, Access Services of the Southeastern Pennsylvania region launched two mobile crisis programs. The 24/7 Adult Mobile Crisis Program and 24/7 Children's Crisis Support Program in collaboration with Array were the first mobile crisis programs to incorporate telepsychiatry in the country. Children's Crisis Support Director Eric Smith noted great improvements in hospital diversions, with over 90% of crises stabilized without using an inpatient stay since the launch of the mobile crisis telepsychiatry programs.[39]

Empowering Law Enforcement and First Responders with Telehealth

Mental health first aid is also being transformed through technology like iPads. A March 2018 article from The Crime Report discussed how a Harris County Sheriff's Office in Houston, Texas, began equipping deputies with iPads as part of a pilot program aimed at developing new forms of intervention for mentally ill individuals who become involved with law enforcement. The first phase of implementation was considered a success by the participating deputies.[40] A clinician or first responder can still refer a person to a psychiatric hospital if needed, and can use an app to locate a facility with an available bed, which further cuts down on the time needed to get the person the right care, because officers do not have to do the searching.[41]

Telebehavioral healthcare is an excellent chance for collaboration between law enforcement agencies and mental health services providers to help individuals in need of proper mental healthcare get treatment. It is also a great educational tool for law enforcement and the wider public on how to properly identify, reach and treat someone experiencing a psychiatric crisis.

[37] *Mental Health Mobile Crisis Response Teams*, NAMI Minnesota, April 2017.

[38] Ibid.

[39] *Pennsylvania OMHSAS Approves Innovative Mobile Crisis Telepsychiatry Program*, Insight + Regroup, January 21, 2015.

[40] John Ramsey, *How iPads Changed a Police Force's Response to Mental Illness*, Center on Media Crime and Justice at John Jay College, March 6, 2018.

[41] Ibid.

Engaging Consumers Through Technology

A key part of telebehavioral health care is its ability to reach patients where they are through technology. There are more technology options than ever to achieve this.

Mobile Applications

There is a wide range of applications that psychiatry and behavioral healthcare providers, including those who practice via telehealth, can leverage to further enhance treatment for consumers. Popular apps include mood trackers, online journals, meditation tools, virtual coaching, education modules and more. The Anxiety and Depression Society of America has a large catalog of available mental health applications, each with ratings and reviews.[42] Since the telehealth consumer is usually engaged with technology, providers and organizations have an opportunity to augment services and collect data in order to enhance treatment.

Predictive Analytics and Telehealth

Predictive analytics is becoming a new way for organizations and providers to anticipate patient care needs and practice preventative health through technology. In the realm of telepsychiatry, telehealth organizations often collect data on the type and frequency of requests they may receive from organizational partners, especially hospital emergency departments. These analytics can then be used to predict and anticipate periods of time where psychiatric resources would be most utilized, enabling organizations to staff and plan accordingly.

The trend of behavioral health is increasingly being recognized as a key part of treatment plans when it comes to treating other medical conditions, and should also be equally incorporated when it comes to utilizing predictive analytics to assist with the prevention and treatment of other medical issues.
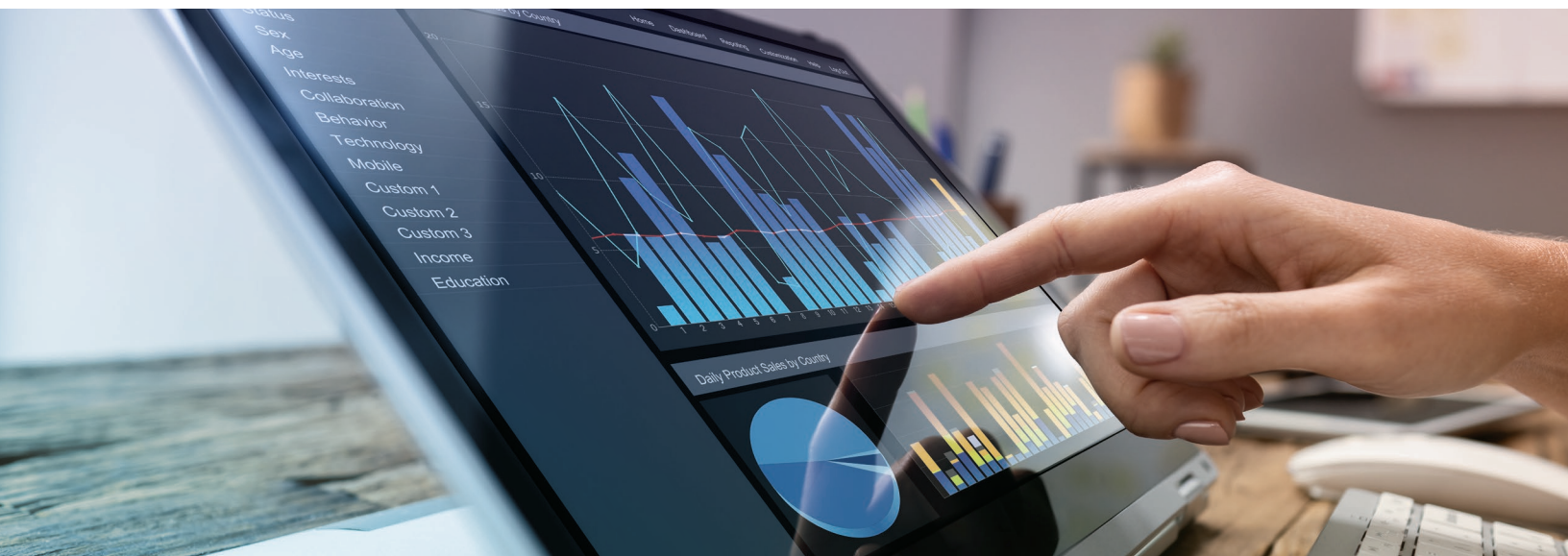
[42] _ADAA Reviewed Mental Health Apps_, ADAA, 2018.

The Center for Disease Control and Prevention cites that more than one-quarter of adults in the U.S. experience some type of behavioral health disorder in a given year. While 29% of adults with a medical condition also have some type of mental health disorder, close to 70% of behavioral health patients have a medical comorbidity. Both conditions are often considered a driver for the other, as there is a heightened risk that a person with a chronic disease will develop a mental health disorder and vice versa.[43]

New York City is the nation's largest public health information exchange (HIE) and it is helping behavioral healthcare providers transform the notion that a patient's mental health exists in a vacuum, emphasizing that care coordination is important.[44] Health information exchange organizations are using a combination of predictive analytics, standardized alerts, risk stratification and other important population health management techniques to connect primary care providers, hospitals and other clinical organizations with behavioral health providers.[45]

Virtual Reality

There is an increasing amount of evidence indicating that virtual reality (VR) technology can be effective in the treatment plan for phobias, PTSD and other mental health conditions.

In February 2020, virtual reality pioneer Oxford VR secured $12.5 million in Series A funding for VR therapy. According to Forbes, "this investment will enable next-level growth of pioneering immersive VR therapy for depression, anxiety and other mental health conditions".[46]

> *While 29% of adults with a medical condition also have some type of mental health disorder, close to 70% of behavioral health patients have a medical comorbidity."*

[43] Steven Ross Johnson, *Addressing behavioral health to improve all health*, Modern Healthcare, May 27, 2017.
[44] *Why HIE Data Analytics Are Critical for Behavioral Healthcare*, Health IT Analytics, June 7, 2016.
[45] Ibid.
[46] Sol Rogers, *Automated Virtual Reality Therapy Pioneer Oxford VR Secures Record $12.5 Million Investment*. Forbes, February 12, 2020.

# Five Ways to Apply Artificial Intelligence to Telebehavioral Health

1
Making better diagnoses

You can combine remote monitoring with machine learning for a better diagnosis and less specialty labor.

2
Recommending treatments

Technology can recommend treatment plans using machine learning algorithms that can track treatments and incorporate data from how long it took a patient to get better, and then adapt future recommended treatments.
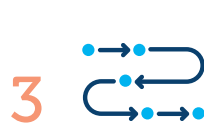
3
Solving logistical challenges

It can also help reduce long wait times in the hospital. Organizations like GE Healthcare and Johns Hopkins Hospital are already using predictive analytics to reduce bottlenecks and improve patient flow.

4
Helping with eldercare

Robots are already being developed to help the elderly with walking, waste disposal, bathing and monitoring.

5
Preventing burnout

It can be used to identify signals that indicate imminent burnout through predicting how many patients a physician can see before burning out.[47]

Stay Current to Keep Your Strategy Current

Organizations should keep their finger on the pulse of where telehealth is going today. They can stay informed of telebehavioral health trends and changes to stay ahead of the curve and innovate their businesses. Organizational strategies should be looked at as ever-evolving, just like telehealth.

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[47] Cathy Reisenwitz, *5 Ways Artificial Intelligence Is Impacting Telehealth*, Capterra, June 19, 2017.

Modern behavioral care, from hospital to home.

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For more information, please visit arraybc.com

Array is the leading and largest telepsychiatry service provider in the U.S. with a mission to transform access to quality behavioral healthcare. Its size, diversity of services and extensive experience and expertise have helped establish it as an industry thought leader that has helped to shape the field, define the standard of care and advocate for improved telepsychiatry-friendly regulations. To learn how Array can help your organization deliver quality behavioral healthcare, visit **arraybc.com**.