

POLICY SPOTLIGHT:

Ensuring Access to Mental Health & Substance Use Disorder Care

Telehealth

NOVEMBER 2020



The COVID-19 pandemic has upended lives and caused worldwide social and economic disruption. The impact has been particularly harmful to people's mental health and their [ability to access](#) the care they need. In recent months, [communities across the United States](#) have seen rising rates of suicides and overdoses, and Americans have experienced drastically elevated levels of stress, anxiety, depression, and trauma. [Black and Latino communities](#) have been particularly hard hit, being disproportionately impacted by the virus and facing especially acute challenges to accessing needed treatment for *mental health and substance use disorders* (MH/SUD).

As a result, the use of telehealth as a means to accessing MH/SUD care has grown exponentially and, despite the broader backdrop of hardship wrought by the pandemic, the results have been overwhelmingly positive. Telehealth has helped maintain access to care during the pandemic, and [Americans](#) of all demographics have expressed desire to continue to use telehealth as a means to access care post-pandemic.

As we enter a post-pandemic world, we must make permanent the gains made in telehealth policy to increase access to and equity in MH/SUD care in the future.

Lack of Access to MH/SUD Care

While COVID-19 has undoubtedly exacerbated inequities in our healthcare system and created additional barriers to accessing MH/SUD care, these problems are not new. Access to MH/SUD care is highly inequitable and largely depends on the community where you live.

Over [one-third](#) of Americans — including [60%](#) of those in rural communities — live in areas designated by the federal government as having a shortage of mental health professionals. In communities of color, people face the added barrier of lack of access to culturally competent care — i.e. access to providers who either share a patient’s racial, ethnic, or linguistic background or who perhaps specialize in delivering care that is sensitive and empathetic to particular cultural and lived experiences.

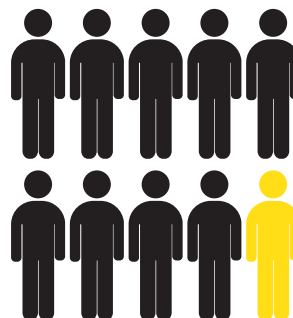
The consequence of such disparities in access means that people in these communities often go without medically necessary care. Amongst Black Americans and Latinos in particular, over [two-thirds](#) with a mental illness and nearly [90%](#) with a substance use disorder do not receive treatment. The result of unmet needs is made tragically concrete in the disproportionate impact of the [opioid crisis](#) in Black communities and the rise in [suicides](#) amongst Black youth.



Over half of Americans with a mental illness do not receive treatment.*



Two-thirds of Black and Hispanic Americans with a mental illness do not receive treatment. †



Nearly 9 in 10 Black and Hispanic Americans with substance use disorder do not receive treatment. †

* [Mental Health America](#)
† [SAMHSA](#)

Telehealth Increases Access to MH/SUD Care

The central benefit of telehealth is that it makes it easier for people to access healthcare. As such, ensuring telehealth is available as an *option* to receive care can mitigate inequities and barriers to accessing care.

Telehealth offers many advantages that make it easier for people to access care, first and foremost of which is *flexibility*. It eliminates long commutes on public transportation or in the car and reduces burdens like taking extra time off of work or needing to find additional childcare.

It can help address difficulties in accessing culturally competent care by increasing the number of providers a patient has access to by easing geographic restrictions. There is still a need to increase diversity in the mental health workforce, but this will take time. Telehealth will make it easier in the immediate future for patients to get connected to a provider with whom they feel comfortable and better fits their needs.

Benefits and Advantages of Telehealth

- Increases flexibility for patients
- Increases number of provider options and access to culturally competent care
- Reduces barrier of stigma
- Creates opportunities for innovation in how we receive care
- Effective and leads to positive health outcomes
- Results in high patient engagement and satisfaction



We must meet people where they are. Especially in the context of MH/SUD care, stigma often prevents people from seeking care. By not having to sit in a waiting room or having to explain to family or friends where one is going, telehealth allows people to receive care in an environment that might be more comfortable and protects their privacy. Additionally, in a society where we increasingly live our lives digitally and online, telehealth brings MH/SUD care into the future and has the potential to create additional entryways to care.

Lastly, quality of care is *not* sacrificed when receiving care via telehealth. The [evidence](#) is overwhelming that telehealth is effective, leads to positive health outcomes, and that patient satisfaction with care is high.

Ensuring Telehealth is an Option

We must make telehealth a permanent and accessible *option* for delivery of healthcare.

This means we must have in place the necessary public policies to facilitate people's ability to use telehealth as a means to accessing care if we truly want to increase access and decrease inequity in our MH/SUD system.

- **Parity.** If we are to expect providers to deliver care using telehealth and for patients to afford that care, we must have parity in how insurers cover and pay for services delivered via telehealth. This means that insurers must adopt equitable payment and coverage policies that reimburse care delivered via telehealth at the same rate and on the same basis as that same care when delivered in-person.
- **Location.** One of the primary benefits of telehealth is the ability to receive care regardless of physical location. Coverage and payment cannot be conditioned on the physical location of the patient and/or provider during care delivery. Patients in particular must be allowed to receive care from the location where they are comfortable and feel safe (e.g. their home, public library, or any location that is convenient and appropriate to receive care via telehealth).
- **Technology.** The digital divide is real. Millions of Americans lack reliable access to the internet and have varying levels of technological literacy and proficiency. We must meet people where they are at and recognize that, unfortunately, many do not have regular access to a computer, tablet, or smart phone or might have limited minutes or data. This means that as long as privacy is respected and health and safety are ensured, policies must allow for maximum flexibility in the type of technology used for telehealth and that payment and coverage determinations cannot be conditioned on the type of technology that is used.
- **Patient Choice.** Again, telehealth is meant as an *option*. It should never be required or mandated if a patient prefers to receive care in-person. Determining the appropriate environment in which an individual receives care should always be a conversation between a patient and their provider.