The Controversial Place of Telehealth in Mental Healthcare in the United States

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Owen T. Petito

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On my honor as a University student, I have neither given nor received unauthorized aid on this assignment as defined by the Honor Guidelines for Thesis-Related Assignments.

Owen T. Petito

STS Advisor: Peter Norton

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The coronavirus pandemic strained mental healthcare services in the United States. In conventional psychotherapy, or "talk therapy," professionals treat a willing patient's mental health disorders (Caplan & Caplan, 1999, p. 3). In 2018, 10.3 percent of US adults reported seeking treatment from a mental health professional in the previous year; 3.9 percent reported serious psychological distress (CDC, 2020). Prior to the pandemic, talk therapy services were largely conducted in-person; however, following the World Health Organization's pandemic declaration of March 11, 2020, lockdowns prevented most such appointments (Onyeaka et al., 2021). Social distancing measures left individuals isolated and therefore at greater risk of anxiety and depressive symptoms (Zhou et al., 2020). Within a month of lockdown, 13.6 percent of US adults reported psychological distress, nearly a 10 percent increase in under two years (McGinty et al., 2020). Scarce remote care services compelled patients and caregivers to innovate, leading to the rise of telehealth. According to Lucas and Villarroel (2022), by 2021, 37 percent of American adults had used telehealth services.

Telehealth services have since become permanent. In telemental healthcare, mental health services are provided remotely through audio or audiovisual means. From January to December 2020, the number of American adults seeking mental health services for anxiety disorders rose 14 percent overall; telehealth services rose 1495 percent (McBain et al., 2023). In December 2022, telehealth claims accounted for 5.5 percent of all medical claims, most of them (63 percent) for mental health (Fair Health, 2023).

Telemental health is a controversial topic. Some argue that telehealth is both effective and ethical, offering both accessibility and convenience improvements. Others warn of risks: impaired care, misdiagnosis, and ethical hazards. How are social groups competing to draw the

line between ethical and unethical use of telemental health? Patients, providers, and digital health companies hold stake in telemental healthcare's success. While some primarily value the integrity of healthcare, too often proponents of teletherapy that stand to benefit from the trend promote it in ways that compromise quality of care, worsen healthcare access disparities, and take unjust advantage of mental health resources.

Review of Published Research

For treating serious mental illness (SMI), telehealth generates ethical questions. As an accepted standard of care, telemental healthcare must be as effective as in-person care, equally accessible, and promote appropriate use of healthcare resources. The American Counseling Association (ACA) Code of Ethics, updated in 2014, establish standards for the ethical counseling; its authors emphasize the importance of informed consent, confidentiality, boundaries, crisis management, and competence of the caregiver (ACA, 2014). Many researchers, notably Keenan et al. (2021), Solimini et al. (2021), and Young et al. (2018), echo the importance of ethics in mental healthcare.

Researchers use qualitative and quantitative analysis techniques, including patient and provider surveys, to assess telemental healthcare benefits and to guide improvement efforts (Hilty et al., 2013). But these benefits are debatable. According to Langarizadeh et al. (2017), telehealth is effective in treating SMI and is both adaptable and inexpensive to implement. Mohr et al. (2012) state that treating Cognitive Behavioral Therapy (CBT) with telehealth increases patient retention rates compared to in-person treatments, with no significant difference in symptom reduction. Similarly, Tuerk et al. (2010) report higher patient retention rates for Prolonged Exposure (PE) therapy, with comparable symptom reduction to face-to-face care.

According to Bera et al. (2022), however, there are quality-of-care concerns, specifically misdiagnosis and overprescription.

Widespread acceptance of telemental health services is also controversial. According to Schriger et al. (2022), some mental health clinicians embrace it as a convenient method of treating SMI, despite noticeable changes in care. Additionally, Harkey et al. (2020) assert that some believe telehealth is a suitable replacement for in-person treatment. Palmer et al. (2022) speak to the benefits of telemental health for providers; for example, schedule flexibility, lack of commute, and reduced burnout risk are notable advantages. Békés et al. (2021) dissent, pointing to emotional connection barriers, distractions, and patient privacy concerns as inherent issues with telehealth platforms. As for patients, Sugarman et al. (2021) report that telehealth care is very satisfactory, whereas Stoll et al. (2020) find the opposite: patients feel it is less sufficient than face-to-face services.

Accessibility is another concern. According to Mohr et al. (2010), many patients face barriers likE stigma and resource insufficiencies that make regularly attending therapy extremely difficult. Arafat et al. (2021) say telehealth addresses these issues, allowing patients to get care from their homes, thereby avoiding stigma. Barbosa et al. (2021) state that better provider utilization and more timely provision of care are additional advantages. Abraham et al. (2021) claim that telemental healthcare could be beneficial but fails to alleviate resource insufficiencies for underserved populations and marginalized communities. Pierce & Stevermer (2020) elaborate on these worsened healthcare disparities for minority groups, those below the poverty line, and the elderly.

Compromised Quality of Care

Telemental health services purportedly maintain the quality of care in comparison to in-person treatment (Langarizadeh et al., 2017; Mohr et al., 2012; Tuerk et al., 2010); in actuality, mental healthcare is severely compromised via telehealth.

Misdiagnosis is a problem in the treatment of SMI, even in in-person visits, and telehealth services exacerbate challenges to accurate detection and diagnosis. Vermani et al., (2011) find that misidentification rates—representing patients who appear to show symptoms of SMI but do not have corresponding medical records—are high across the board. Major depressive disorder (65.9 percent) and generalized anxiety disorder (71.0 percent) foster lower rates of misidentification; bipolar disorder (92.7 percent) and social anxiety disorder (97.8 percent) beget much higher. And according to Taubman-Ben-Ari et al. (2001) and Liebschutz et al. (2007), the rate for post-traumatic stress disorder is exceedingly high, ranging from 89 percent to 98 percent. If clinicians are unable to accurately diagnose patients' SMI, they are unable to properly treatment patients' needs.

And yet, telehealth services introduce limitations to crucial information about a patient's mental state, specifically nonverbal cues. According to Dr. Albert Mehrabian (1981), nonverbal behavior accounts for 55 percent of communication, which renders psychotherapists who are unable to evaluate nonverbal behavior at a serious disadvantage. Psychotherapists continually express concerns about the lack of nonverbal cues in telehealth therapy; one provider explains that "[it's] challenging not seeing body language," and another misses "having nonverbal cues" to help "gauge [an] individual's reactions" (qtd. in Disney et al., 2021). Colleen Stiles-Shields, PhD—clinical psychologist and assistant professor at Rush University Medical Center in Chicago—explains, "when you don't have the person in front of you, you pay attention to

different things—the tone of their voice, the tempo of words and the breaths they're taking" (qtd. in Abrams, 2020). Telehealth forces changes to the standard of care. Compared to face-to-face services, psychotherapists are inhibited by an absence of information. As such, Bera et al. (2020) find that nearly 20 percent of professionals using video services and 30 percent using phone-only services report an inability to detect certain signs of SMI. Consequently, providers cannot understand a patient's reactions to different types of treatments. Without access to this information, counselors are powerless in assessing a patient's level of engagement, making it challenging to make adjustments and tailor their interventions to a specific patient's needs.

Since the transition to telemental services was so rapid, psychotherapists were under-trained and incapable of maintaining a high level of care. Abrams (2020) conducted interviews to determine clinician sentiment about the COVID-19-induced shift. Clinical psychologist Adam Haim, PhD—head of the Treatment and Preventive Intervention Research Branch at the National Institute of Mental Health (NIMH)—explains that the pandemic changed the landscape of counseling services. He says, "the whole paradigm of sitting in a room with a clinician… has essentially been flipped on its head." In 2020, psychiatry went from almost entirely face-to-face to entirely face-to-screen in mere weeks. Tim Heckman, PhD—senior associate dean for research and faculty affairs at the University of Georgia's College of Public Health—notes advantages of telehealth, but says clinicians were "completely caught off guard in terms of… implementing telehealth on a large scale." Marlene Maheu, PhD, the founder and executive director of the Telebehavioral Health Institute, elaborates:

> It's as if the entire workforce was trained to drive automobiles and switched to 18-wheelers overnight… You may understand the rules of the road, but you don't know how that applies to the technology you're now using. (qtd. in Abrams, 2020)

This suggests that worsening care was inevitable due to the rapid transition to telemental health because of widespread preparation deficiencies. In 2022, Schriger et al. conducted another survey of mental health clinicians. They find that many clinicians still emphasize the need for more guidance as ongoing challenges for telehealth providers. They call for improved didactic trainings, supervision, and consultation. Teletherapy as a concept is not new, but the sudden shift to virtual platforms during the pandemic showed a major lack of preparation and precluded the implementation of adequate occupational training.

Telehealth platforms also inhibit therapists' capacity to handle emergency crisis situations, particularly in cases of suicidal ideation—which are even more common in telehealth patients. Among older telemental health patients in the US, 63 percent report feelings of isolation due to their treatment (Howe et al., 2023). Isolated and lonely patients have been proven to show suicidal ideations; a study of mental health patients shows that 62 percent self-identify as "lonely" or "socially isolated," 40 percent of whom report anxiety and suicidal ideation (Beutel et al., 2017). This drops to 6 percent in patients who do not feel isolated. While involuntary commitment of patients who express suicidal intent over videoconference is legal, providers worry about the ability to accurately assess suicidality. Allegra Saunders-Sawicky, a registered clinical social worker intern at Wellspring Counseling in Miami, Florida, says a struggle of telehealth platforms is assessing patients for physical signs of suicidal ideations, such as cutting and burning:

> When it comes to picking up on some of those cues, you know there is a deficit. I can't really see someone's arms if they're not showing me. I can't see how they're posturing. I can't see beyond their faces. (qtd. in Smith, 2020)

According to Saunders-Sawicky, several determinants of suicidal ideation are absent in telemental sessions. In the same article, Christopher Solomon, a recovery coach who worked for Halcyon Health, explains that in comparison to in-person care, providers "don't build that same connection" and "it's very hard to feel someone's emotion through a screen," making detection of suicidal intent even more difficult.

Worsening of Healthcare Access Disparities

Telehealth platforms allegedly increase accessibility to mental health care (Barbosa et al., 2021; Gajarawala & Pelkowski, 2021; Hoffman, 2020); in reality, telemental services only benefit certain groups of Americans, exacerbating healthcare disparities.

In many cases, the beneficiaries of increased accessibility granted by telemental services already have ample access to healthcare, whereas minority ethnic groups are further marginalized. In 2020, 31.6 million people (9.7 percent of Americans) were uninsured (Cha & Cohen, 2022). Of the Non-Hispanic White-only population of Americans, only 0.2 percent are uninsured, compared to 0.8 percent and 5.2 percent of Black-only and Hispanic Americans, respectively. White-only Americans comprise 59.3 percent of the American population, or just under 20 million people (UNCB, 2023). Comparatively, 13.6 percent and 18.9 percent of Americans are Black-only or Hispanic, respectively. This population—just under 70 million Americans—are much more likely to experience healthcare disparities. Samantha Artiga, the Director the Disparities for The Henry J. Kaiser Family Foundation, explains the severity of the healthcare gap:

Today, many groups face significant disparities in their health and health care. People

> of color and low-income individuals face large disparities in access to and use of health care… As our nation becomes increasingly diverse, it is increasingly important to address disparities. (Ndugga & Artiga, 2021)

If telehealth is meant to alleviate this problem, it therefore must provide ample access to marginalized groups. However, the usage of telehealth requires access to a computer, smartphone, or tablet with internet capabilities. Of White-only households in America, 92.2 percent have a computer and 86.5 percent have a broadband internet subscription, which is required for stable videoconferencing (Martin, 2021). In stark contrast, only 87.7 percent and of Black-only households have a computer and 77.7 percent have broadband internet. 92.0 percent of Hispanic households have computers, but only 82.3 percent have reliable Internet subscriptions. As such, telehealth only stands to benefit only a portion of marginalized ethnic groups, who are already statistically less likely to have healthcare coverage.

Telemental healthcare also precludes large groups of Americans due to a lack of competence in technology use, specifically in older populations. Many researchers have expressed the benefits of technology use for elderly patients, notably Orpwood et al. (2009) and Sixsmith (2013). However, technology in healthcare continues to be a struggle for older Americans. In a survey conducted by Vaportzis et al. (2017), older Americans detail many reservations regarding technology. They cite distinct barriers, including "lack of instructions and guidance," "lack of knowledge and confidence," and "health issues" which render telehealth much more difficult to adopt. They also touch on disadvantages of healthcare noting "feelings of inadequacy and comparison with younger generations" and "lack of social interaction and communication," which has already been explained as a distinct drawback of telemental health services. For this population, advantages of telehealth accessibility are insignificant.

In general, technological ineptitudes render telemental health services, which can greatly benefit older individuals (Doraiswamy et al. 2021), much less worthy of utilization. As such, there have been studies that show elderly Americans detest telehealth practices. In a survey by Cimperman et al. (2013), one participant expressed anxiety over using a computer for telehealth, saying that "it is different with… young people," older individuals "are not so keen on using computers." Others expressed concerns over privacy and data security, explaining that "it is important to be able to control who gets permission" to use an individual's personal data. In a different survey, one participant explains a preference to in-person care over telehealth, stating, "I just think the communication is better [in-person]. On the telephone, I probably don't [ask] any questions anyway. I just listen" (qtd. in Ladin et al., 2021). Evidently, technology presents a significant barrier to entry for older patients. For many, telemental health, and telehealth in general, in less accessible than in-person care.

Misuse of Mental Health Resources

Telemental health is considered by some to be a justified application of mental health resources (Gajarawala & Pelkowski, 2021; Langarizadeh et al., 2017; Pierce et al. 2021); however, individuals and organizations continue to take advantage of telemental health platforms for financial gain.

In recent years, multiple digital health companies have profited from the unjust sale of user data; one such case concerns BetterHelp. Respondent BetterHelp, Inc. ("BetterHelp") is an online counseling platform that connects clients with licensed mental health professionals. The company was founded in 2013 and self-identifies as the world's largest counseling organization, with over 23,000 licensed therapists serving more than 3.8 million people (BetterHelp, n.d.). In a

2022 complain to the Federal Trade Commission (FTC), BetterHelp was alleged to have violated the provisions of the Federal Trade Commission Act by continually breaking promises of privacy by monetizing consumers' health information to target customers and others with advertisements for the service (FTC, 2022). From 2013 to 2020, BetterHelp repeatedly sold customers' health information to Facebook, Pinterest, Snapchat, and Criteo, often permitting these companies to use the information for their own research and product development. For example, between November 2018 to March 2020, BetterHelp disclosed to Facebook over 1.5 million users' previous therapy histories—gathered through their responses to an intake questionnaire. In 2023, the FTC fined BetterHelp $7.8 million and officially banned the company from disclosing user data for targeted advertisement (FTC, 2023). But for years, BetterHelp took advantage of its users through misleading privacy policies, thereby violating HIPAA agreements and diminishing the integrity of telemental health services.

Talkspace, another private company offering online and mobile therapy services, has also damaged the reputation of telemental health due to concern over its own questionable strategies. In June of 2022, Sens. Elizabeth Warren, Cory Booker, and Ron Wyden issued a letter to Talkspace asking the company to provide information about its privacy practices and how it handles user data. The letter claims that a lack of transparency in dealings with "Big Tech giants like Google and Facebook" raises significant concerns that "patients and regulators alike may not understand the full extent" of the company's true relationship with the businesses (Warren et al. 2022). In response, Talkspace's general counsel, John Reilly, affirms the company's stated policy:

> Once a therapist/client relationship is established, no personally identifiable information is disclosed to third-party service providers about that user, unless the third party has signed a business associate agreement. (qtd. in Germaine, 2021)

However, the validity of this statement is under considerable scrutiny. Ricardo Lori, a former user and employee of Talkspace, has given extensive insight to the unethical practices of the company. In an interview from 2020, Lori and other unnamed former employees spoke of Talkspace's "questionable marketing practices," and said that the company "regards treatment transcripts as another data resource to be mined" (qtd. in Hill & Krolik, 2020) The claims were unsubstantiated at the time, but in 2021, Consumer Reports found that Talkspace has been actively sending user data to Facebook, despite denying reports of such wrongdoings (Germaine, 2021). Evidently, some telemental health companies fail to maintain the confidentiality that is required for effective mental health treatment. Through dubious marketing strategies and operational ambiguity, companies like BetterHelp and Talkspace make the of telemental health platforms more untrustworthy.

Rather than profiting off of user data, some digital mental health companies employ strategies to overprescribe medication to patients, thereby misusing mental health resources for financial gain. One such company is Cerebral Inc. which, according to its website, is a "mental health subscription that provides clients with ongoing, comprehensive access to online care" (Cerebral, n.d.). The controversy over Cerebral Inc. stems from a lawsuit by former Cerebral vice president of product and engineering, Matthew Truebe, against his former employer, as reported by Allsup (2022) of Bloomberg Law. In the suit, Truebe claims to have witnessed "what he reasonably believed to be unlawful business practices." He alleges the CEO of Cerebral asked employees to track the retention rates of patients who were being prescribed the stimulant

Adderall as a treatment for ADHD. When it was discovered that patients who were prescribed stimulants were more likely to remain customers, the CEO allegedly told employees to find ways to prescribe stimulants to all patients to increase retention. Truebe also claims he was wrongfully terminated after less than a year as a punishment for objecting to the company's plans to "egregiously put profits and growth before patient safety." The lawsuit is ongoing, but the validation of Treube's claims will prove that Cerebral was consciously putting patients' care at risk by intentionally overprescribing stimulants. In response to the lawsuit, a spokesperson from Cerebral said that "the allegations in the complaint are not true" and Cerebral "denies them in all respects" (qtd. in Jennings, 2022). However, on May 4th, 2022, Insider reported that the Drug Enforcement Agency (DEA) began to investigate the company on potential wrongdoing; U.S. DEA agents interviewed former Cerebral employees about allegations that Cerebral consciously allowed some patients to set up multiple accounts to obtain more drugs (Livingston & Dodge, 2022a). On May 7th, a separate Business Insider report states that a subpoena was issued by the Department of Justice (DOJ) as part of an investigation into possible violations of federal criminal laws including the Controlled Substances Act (Livingston & Dodge, 2022b). With multiple investigations and lawsuits into the prescribing practices of Cerebral, telemental health platforms once again negatively impact the integrity of telemental healthcare. Cerebral, like BetterHelp and Talkspace, seemingly put financial motivations over the health and privacy of patients. Despite efforts by the United States government to detect malintent, millions of patients and providers have already been subjected to unethical standards of care via these platforms.

Conclusion

Proponents of telemental healthcare argue that it maintains quality of care and provides greater access to mental health services, but the trend is repeatedly promoted in ways that compromise the integrity of healthcare. The nature of virtual psychotherapy itself can decrease the quality of care provided. For example, counselors may have a harder time establishing rapport with their patients, and there may be technological difficulties that can interrupt a psychotherapy session. Furthermore, the proliferation of teletherapy services can exacerbate existing disparities in access to mental health resources. For example, individuals without access to a computer or internet may not be able to utilize telemental health services. This disproportionately affects marginalized communities who already have limited access to mental health services. Also, patients lacking the technical skills or equipment to access teletherapy, including older Americans, are also excluded from care. Additionally, some individuals or organizations promote teletherapy in ways that prioritize financial gain over the quality of care provided. These unethical practices lead to severe consequences for patients, such as having personal information disseminated to data-mining companies or being prescribed unnecessary medication. Providers are also at a disadvantage by being forced into ethical dilemmas over having to overprescribe medication. Overall, while teletherapy has the potential to be a valuable tool for mental health services, it has yet to be implemented in an ethical manner that prioritizes the quality of care provided, ensures equitable access to mental health resources, and regulates telemental health companies to prevent the misuse of services. For telemental health services to become a suitable standard of care, the United States must implement strict regulatory standards and extend support to the development of effective and accessible technology.

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