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Letter

Title - Trends in mental health service access and recent implementation of telehealth and online services for mental health

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Trends in mental health service access and recent implementation of telehealth and online services for mental health

As we inevitably approach the third year of the SARS-CoV-2 (COVID-19) pandemic, the total extent of the impact remains partially an enigma. With increased encouragement to socially distance from one another and limit physical contact, the distribution of healthcare via telehealth has increased in popularity. This letter intends to discuss recent implementation of healthcare provided via telehealth, focussing on changes in mental health related services [1].

Before the pandemic, mental health related disorders such as depression, anxiety, and substance-use disorders accounted for the 77% of resources attributed to mental health within Australia [2], resulting in an excess spending of $12.9 billion dollars to the health care system annually in 2013-2014 [3]. During the pandemic, an increased need for mental health services brought about an increased expenditure of $2.3 billion dollars (12% increase per annum) [4]. This increased funding (3.3 times greater than previous years) was successfully allocated in part to the distribution of telehealth services [5]. In our personal experience thus far, this funding towards telehealth services has proved to be valuable in terms of limiting physical contact with multiple patients per day. Moreover, research shows that there is no statistical difference in consultation effectiveness between face-to-face and telehealth consultations in a mental health-related setting [6].

In general, access to mental health services and medical prescriptions have changed during the pandemic. From March 2019 to March 2020, there was an increase of prescriptions dispensed for a mental health-related disorder in a given week, from 744,072 to 860,307 the following year [4]. Another year later, prescriptions dispensed remained elevated [4]. The authors believe that this increased number of prescriptions dispensed in a given month is a reliable measure of worsening mental health outcomes during that period of time.

Overall, usage of online mental health-related service has increased since the start of the pandemic [4]. This can be seen, for example, by analysing the usage of the online platform named “HeadtoHealth.” In 2019, 1,028 people used the online platform per day, as compared to 9,309 daily users the following year. This represents an 8.97 times increase in daily users (4). However, in 2021, the online daily users [4].normalised partially back down to 1,688. It is possible that the increasing numbers of mental health related prescriptions and online mental health services delivered may relate to peaking COVID-19 infections with worse mental health outcomes across the country [7]. The feasibility of logging onto a website with a phone or computer may also partially contribute to the increased online health service usage [8]. The authors suspect that some people may feel uncomfortable with discussing their emotions and mental health with another person due to stigma and prefer to gaining information and services anonymously online.

Other notable changes during the pandemic regard Medicare Benefits Schedule (MBS) mental health-related services accessed (seeing a GP, psychiatrist or psychologist). In March 2019, 260,680 MBS mental health-related services were delivered [4]. This number initially dropped to 238,044 (8.7%) MBS in 2020, but in 2021, the MBS related services rose to 292,339 (23%). This may be due to the fact that telehealth conferencing was added to the MBS subsidised list in March 2020 [4].

Table 1: Changes in Mental Health Service Access

Another mental health platform "Lifeline", had 82,000 mental health related calls in April 2020, an increase of 20% compared to the previous year [4]. Differing months of data collection leading to different active cases in COVID-19 in community may be the reason for the discrepancy between "Lifeline" and "HeadtoHealth" usage. The suicide mortality rate in Australia, however, has remained unchanged at 13.2 since 2018 [7, 9]. A sense of connectedness in the community and people "pulling together" during turbulent times can act as protective factors [10].

New forms of technological advancement improving the accessibility of health care have emerged in recent years due to social distancing rules and a lack of available mental health resources [13]. People can now use telephones (via telehealth) to contact healthcare providers and can use computers and smart phones to access online health services. These types of online platforms serve as a quick way for people to access information and encourage people to seek help if needed. In fact, younger people feel more incline to access mental health care services via mobile applications and online resources than in person [11,12]. Support for these new forms of healthcare have been implemented, and the Australian government announced that $106 million dollars over four years will be dedicated for these telehealth services [13]. This was in addition to the reclassification of telehealth to be included by MBS-subsidised coverage [4]. These new changes to the healthcare system have all fostered an increased usage of telehealth services over the past two years [5,13].

As the sixth largest country in the world and with a relatively low population, many Australians live in regions where it is difficult for them to access health services. Telehealth has proven itself as an invaluable tool in providing healthcare to Australians living in rural and remote regions [14]. Access to internet and a computer screen allow Australians living in remote areas to use healthcare services when they are needed. Other findings of t elehealth consultations can be seen in the clinical management of older Australians. Studies show that there was no significant difference in usage of telehealth as compared to services in person [15]. In certain fields of medicine, difficulties can emerge in telehealth consultations due to difficulty in adequately completing physical exams, however that is not the case for mental health [15]. Regarding telepsychiatry, a wide range of psychiatric signs and symptoms have been successfully elicited online such as affect changes, changes to speech rate and tonicity and changes to cognition [17]. A further benefit includes ease of monitoring patient adherence to treatments [18]. However, it was shown that patient education was not found to be better online than in person, and a cohort of people felt unfavourably towards receiving healthcare via a screen [18].

This letter has addressed the new implementation of telehealth medicine, and highlighted recent trends in mental health services and prescriptions dispensed throughout the pandemic. Throughout the COVID-19 pandemic, there have been varying frequencies in mental health consultations, prescriptions dispensed and online platform usage. This demonstrates that the population's need for mental health services is consistently evolving, as are varying COVID-19 case numbers in the community. As large government investment indicates that telehealth and online services are likely to be used in the long term, it is important that medical students and doctors be aware of the unique challenges imposed by this new form of healthcare.

3 Learning Points

1. Mental health services and prescriptions appear to be obtained more frequently and coincide with peaking COVID-19 cases in the community.
2. There has been significant government funding and promotion of telehealth and online services, particularly for mental health consultations.
3. Telehealth and online services do have some benefits when providing mental health care, however further research is needed to determine efficacy.

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