The Role of Telehealth in Reducing the Mental Health Burden from COVID-19

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T he psychological impact of the coronavirus disease 2019 (COVID-19) pandemic must be recognized alongside the physical symptoms for all those affected.[1,2] Telehealth, or more specifically telemental health services, are practically feasible and appropriate for the support of patients, family members, and health service providers during this pandemic.[3] As of March 18, 2020, there were >198,000 COVID-19 infections recorded globally, and 7,900 deaths. Psychological symptoms relating to COVID-19 have already been observed on a population level including anxiety-driven panic buying[4] and paranoia about attending community events. Students, workers, and tourists who have been prevented from accessing their training institutions, workplaces, homes, respectively, are expected to have developed psychological symptoms due to stress and reduced autonomy and concerns about income, job, security, and so on.[5] The Chinese, Singaporean, and Australian governments have highlighted the psychological side effects of COVID-19, and have voiced concerns regarding the long-term impacts of isolation and that the fear and panic in the community could cause more harm than COVID-19.[6–8]

In the absence of a medical cure for COVID-19, the global response is a simple public health strategy of isolation for those infected or at risk, reduced social contact to slow the spread of the virus, and simple hygiene such as hand washing to reduce the risk of infection. While the primary intervention of isolation may well achieve its goals, it leads to reduced access to support from family and friends, and degrades normal social support systems and causes loneliness, and is a risk for worsening anxiety and depressive symptoms.[9] If left untreated, these psychological symptoms may have long-term health effects on patients and require treatment adding to the cost burden of managing the illness. Clinical and nonclinical staff are also at risk of psychological distress as they are expected to work longer hours with a high risk of exposure to the virus. This may also lead to stress, anxiety, burnout, depressive symptoms, and the need for sick or stress leave, which would have a negative impact on the capacity of the health system to provide services during the crisis.[10]

Treatment protocols for people with COVID-19 should address both the physiological and psychological needs of the patients and health service providers. Providing psychological treatment and support may reduce the burden of comorbid mental health conditions and ensure the wellbeing of those affected. Our challenge is to provide mental health services in the context of patient isolation, which highlights the role of telehealth (through videoconference, e-mail, telephone, or smartphone apps). The provision of mental health support (especially through telehealth) will likely help patients maintain psychological well-being and cope with acute and postacute health requirements more favorably.

Examples of and evidence to support the effectiveness of telemental health are fairly diverse, especially in the context of depression,[11] anxiety,[12] and PTSD.[13] Videoconferencing,[14] online forums,[15] smartphone apps,[16] text-messaging,[15] and e-mails[17] have been shown to be useful communication methods for the delivery of mental health services.

China is actively providing various telemental health services during the outbreak of COVID-19. These services are from government and academic agencies and include counseling, supervision, training, as well as psychoeducation through online platforms (e.g., hotline, WeChat, and Tencent QQ).[18,19] Telemental health services have been prioritized for people at higher risk of exposure to COVID-19, including clinicians on the frontline, patients diagnosed with COVID-19 and their families, policemen, and security guards. Early reports also showed how people in isolation actively sought online support to address mental health needs, which demonstrated both a population interest and acceptance of this medium.[20]

Additional telehealth services have been previously funded by the Australian Government (Better Access Initiative

Table 1. Examples of Community Online Mental Health Services Available in Australia

TELEMENTAL HEALTH SERVICES	TARGET MENTAL HEALTH PROBLEMS	TELEHEALTH MODALITIES
Betterhelp https://www.betterhelp.com/	Depression, stress, anxiety, anger, grief, etc.	Text messaging, chat, telephone, videoconferencing, etc.
Black Dog Institute https://www.blackdoginstitute.org.au/	Depression, bipolar disorder, anxiety, suicide and self-harm, post-traumatic stress disorder, etc.	Websites, mobile apps
Moodgym https://moodgym.com.au/	Depression and anxiety	Online self-help platform
E-couch https://ecouch.anu.edu.au/welcome	Emotional problems	Online self-help platform
Beyond Blue https://www.beyondblue.org.au/	Anxiety, depression, and suicide	Online forum
Headspace https://headspace.org.au/	Anxiety, depression, eating disorders, trauma, etc.	Online group chat, e-mail, telephone
RUOK https://www.ruok.org.au/	Suicide	Psychoeducation about how to ask each other about ups and downs

program), to address mental health needs of rural and remote patients during emergency situations,[21] such as long-term drought and bushfires. In response to COVID-19, the Australian Government has responded with additional funded services through the Medicare Benefits Schedule, enabling a greater range of telehealth services to be delivered, including telehealth consultations with general practitioners and specialists. However, the expanded telehealth program is restricted to special needs groups and the wider population does not have access to the program. A major benefit of expanding telehealth, including mental health, with no restrictions would reduce person-to-person contact between health service providers and COVID-19 and reduce the risk of exposure of noninfected but susceptible patients in waiting room areas. To date, most of the Australian Government's focus has been on managing medical needs of people during the epidemic, rather than providing resources to meet short- and long-term mental health implications. An expansion of access to telemental health support services with a focused public education campaign to promote these services would begin to address this need (*Table 1*).[22–24]

Communication of all health needs is important when patients are having to be isolated. We support the use of telehealth as a valuable way of supporting both physical and psychosocial needs of all patients irrespective of geographical location. Simple communication methods such as e-mail and text messaging should be used more extensively to share information about symptoms of burnout, depression, anxiety, and PTSD during COVID-19, to offer cognitive and/or relaxation skills to deal with minor symptoms, and to encourage access to online self-help programs. For people with COVID-19, telehealth can be used to monitor symptoms and also to provide support when needed.

While there is growing awareness of mortality rates associated with COVID-19, we should also be cognizant of the impact on mental health—both on a short- and a long-term basis. Telemental health services are perfectly suited to this pandemic situation—giving people in remote locations access to important services without increasing risk of infection.

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