

Telebehavioral Health: Tech to Connect with Youth & Families

According to the [Substance Abuse and Mental Health Services Administration](#) (SAMHSA), in 2014, approximately 43 million American adults — one in every five — had a mental illness; 50% begin by age 14 and 75% before age 24. Despite the high prevalence of behavioral health disorders, there is a significant shortage of mental health professionals across the United States. A [2013 report to Congress](#) found that over half of all rural counties have no practicing psychiatrists, psychologists, or social workers.

As of early 2018, 95% of Americans had a cellphone and 77%, a dramatic increase since the [Pew Research Center's](#) first survey of smartphone ownership was conducted in 2011. The widespread adoption of mobile technology has created opportunities to engage children and families in therapy and facilitate peer connections, extending the reach of services and supports that were previously only available in-person



Recent research ([1,2,3](#)) has shown that telehealth might improve help-seeking behavior in adolescents and that telebehavioral health treatment can be effective or even more effective than traditional, office-based therapies. The availability via mobile services is critical because [many counties across the United States lack access to broadband internet](#).

Increasingly states have recognized the benefit of telebehavioral health and today:

- Forty-eight states and Washington, D.C. permit Medicaid reimbursement for real-time video.
- Fifteen states permit Medicaid reimbursement for store-and-forward, including Maryland and Oklahoma, which passed legislation in 2017.
- Thirty-four states have parity laws requiring private insurance coverage of telemedicine.



Apart from traditional office-based therapy, telehealth models today are connected more children, families, and providers to needed care. For example:

- [Massachusetts Child Psychiatry Access Program](#) (MCPAP) began in 2003 as a pilot program developed at the University of Massachusetts Medical School in Worcester, and expanded statewide in 2004. MCPAP helps pediatric primary care providers obtain immediate telephonic consultation regarding the mental health needs of children. Similar models exist in Seattle, Washington with the [Partnership Access Line](#), in Maryland with the [Behavioral Health Integration in Pediatric Primary Care](#), and elsewhere.
- Project ECHO began in 2004 as the Hepatitis C TeleECHO Clinic in New Mexico and renamed Project ECHO in 2009, the model allows physicians, nurse practitioners, and other clinicians to jointly manage complex illness, including behavioral health. Today it is used at
 - [University of Montana Center for Children, Families and Workforce Development](#) to discuss and collaborate on complex child welfare cases submitted by child protection specialists.
 - [Children's Specialized Hospital in New Jersey](#) to meet the needs of children with autism, attention deficit hyperactivity disorder, and mental health needs within primary care settings.
 - [Oregon Health Authority and Oregon Health & Science University](#) to boost the capacity of primary care providers to diagnose and treat children's mental health issues.
- [Nevada's TextToday pilot program](#) was the nation's first crisis line with the capacity to accept text messages. An [evaluation](#) of the text line demonstrated an increase in help-seeking behaviors by youth. In addition, youth noted that a text-based line was a preferred method of communication among their age cohort.

See below for additional resources on innovation in telebehavioral health:

- American Academy of Child and Adolescent Psychiatry, [Clinical Update: Telepsychiatry With Children and Adolescents](#)
- American Psychiatric Association, [App Evaluation Model](#)
- American Psychological Association [Guidelines for the Practice of Telepsychology](#)
- Anxiety and Depression Association of America, [Reviewed Mental Health Apps](#)
- Center for Connected Health Policy, [State Telehealth Laws and Reimbursement Policies](#)
- Health Resources and Services Administration, [National Consortium of Telehealth Resource Centers](#)
- [National Association of Social Workers Standards for Technology and Social Work Practice](#)
- National Institute of Mental Health, [Opportunities and Challenges of Developing Information Technologies on Behavioral and Social Science Clinical Research](#)
- [Project ECHO](#)
 - Center for Health Care Strategies, [Financing Project ECHO: Options for State Medicaid Programs](#)