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Perspective

Overcoming telemental health disparities during the COVID-19 pandemic

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Responding to the coronavirus disease-19 (COVID-19) pandemic health protective strategies has triggered an unprecedented surge in the use of telemental health services globally [1, 2]. An explosive growth in telemental health services has emerged due to remarkable policy and regulatory changes in reimbursements and licensure requirements. However, little is known about disparities related to telemental health services in real-world settings. We aim to present the most recent literature on telemental health disparities in the USA and propose strategies to improve equity in telemental health services during the pandemic.

The steady rise in mental health conditions such as depressive disorder, trauma- or stressor-related disorder, and substance use related to the pandemic has been recorded in national surveys [3]. Ignoring how individuals in vulnerable populations process, understand and use telehealth-related information will likely compound existing health disparities. The racial/ethnic minority groups, under-served communities and older adults are more likely to encounter practical barriers due to the absence of required technologies, telephone and internet connectivity, language and communication skills, cultural competence, and digital literacy [4–7]. African Americans and Hispanic Americans have much higher rates of untreated adult mental illness, serious mental illness and major depression. Furthermore, they have limited access to prevention, treatment and recovery services for substance use disorders. Using the electronic health record data from a large multi-specialty health-care system in Massachusetts, Yang *et al*. reported that there were racial/ethnic disparities for non-Hispanic African Americans and Hispanic Americans in accessing telemental care from January 2020 through June 2020. The authors posited that such racial/ethnic disparities in telemental health were likely because of structural inequalities and social determinants of health (SDOH) [7]. Other minority groups are also likely to encounter difficulties in access and usage of telemental health care. For example, mental health services have largely failed to reach Asian Americans in need of assistance. More importantly, Asian Americans are faced with a sharp increase in racism, harassment and attack. They have barriers to mental health-care seeking due to stigma and shame over using services, non-Western conceptions of mental wellness and treatment, use of alternative resources, and lack of language-proficient providers. Also, rural–urban disparities, low social economic status or SDOH-related disparities, older patients and refugees' disparities in access to and use of telemental health services have been reported before and during the pandemic [8]. Therefore, people of color and underprivileged individuals are not only more likely to have mental health issues due to the pandemic but also encounter more barriers to accessing and using telemental health services.

These findings suggest several inadequacies in the current mental health delivery system: (i) an absence of a solid research literature base to offer guidance to providers and other health-care stakeholders regarding how to consider all the major emotional aspects of pandemic relief; (ii) an inadequate ability of the mental health system to supply well-trained physicians and multidisciplinary teams for providing culturally and linguistically appropriate treatment and (iii) lag in planning for addressing access to mental health care among persons of color and residents in underserved communities.

To reduce telemental health disparities, we think that actions need to be taken from national and state levels as well as community and patient levels. First, regulatory and reimbursement policies that encourage racial/ethnic minority and under-privileged individuals to seek telemental care should be enforced [9]. All federally and state-funded primary, mental health and behavioral health-care systems should consider completely integrating telemental health services to reduce inequities in mental care access, utilization and outcomes. Second, underlying issues of telemental health disparities need to be addressed by engaging the community and community-based organizations (CBOs) to combat issues of device, equipment, internet connectivity and basic training related to telemental care use. Working with the community and CBOs will hopefully identify optimal and sustainable solutions to fundamental structural and SDOH problems. Third, culturally sensitive and linguistically adapted telemental health services should be offered to racial/ethnic minority and other needed patients. Understanding cultural stigma and social norm surrounding mental illness for people of color is crucial, and

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diversifying the professional workforce is critical in providing patient-centered telemental health services. Fourth, patient privacy and data security should be well protected in telemental care provision. Fifth, selecting the model of telemental care and allocating mental care resources should be based on a good understanding of the clinical, technical and administrative challenges to the existing workflow. Sixth, telemental care implementation, operation and maintenance can have direct and indirect impacts on patient experience and satisfaction [10]. Details such as using high bandwidth for continuity of conversation and appropriate camera placement for the therapist to observe patient's body cues should be considered. To conclude, we believe that a multi-pronged approach by mobilizing resources at various levels (national, state, community and individual) and establishing an effective and sustainable learning telemental health system are poised to mitigate the telemental health divide during the global pandemic.

Conflict of interest statement

Dr. Feng Qian serves on the advisory board and have option of AiDANT Intelligent Technology. Dr. Julia F. Hastings and Dr. Rukhsana Ahmed have nothing to disclose.

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