



Invited Commentary | Psychiatry

Building the Evidence on Mental Telehealth Care and Health Outcomes

Jean Yoon, PhD, MHS

Suicide is one of the leading causes of death in the US, and the risk for suicide is especially high among veterans transitioning to civilian life.¹ Concerningly, only one-half of adults at risk for suicide receive mental health care,² but virtual care offers some promise of reaching individuals at risk. This study by Tenso et al³ examined the use of mental health services delivered through videoconferencing (ie, mental telehealth care) and subsequent suicide-related events for veterans with depression, posttraumatic stress disorder, and substance use disorders.³ This study included 16 236 veterans who were diagnosed with mental health conditions as active duty servicemembers and received care after transitioning to the Veterans Health Administration. Tenso et al³ documented a 2.5% lower probability of suicide-related events for every 1% increase in proportion of mental health care utilization received through telehealth. Notably, the study by Tenso et al³ used an instrumental variables approach to addressing potential endogeneity from reverse causality and omitted variables bias when examining the association between mental telehealth care utilization and mental health outcomes, with veterans' broadband access used as an instrument for mental telehealth care utilization.

These findings highlight the potential for telehealth to improve access to mental health care and health outcomes among veterans at risk of suicide or other adverse outcomes. Of note, however, is the study's focus on the quantity of care for patients already receiving some mental health care (ie, on the intensive margin) rather than on patients who may or may not access any mental health care (ie, on the extensive margin). Therefore, many questions remain regarding the benefits and risks of mental telehealth care.

While innovations in virtual modalities led to increased delivery of health care services through videoconferencing and telephone technologies in recent years, widespread use of telehealth did not take off until the COVID-19 pandemic, when many health systems, including the Veterans Health Administration, shifted in-person services to virtual services due to public health safety measures. Use of mental telehealth care nationally was low prior to the pandemic, estimated at 1% of visits covered by Medicare in 2019, but later equal to the number of visits provided in-person by late 2020.⁴ This rapid growth can be attributed to the adaptability of mental health treatment to virtual modalities, due to infrequent need for physical evaluation and intervention. Despite the pervasive use of mental telehealth care, the evidence on comparative effectiveness of mental telehealth care vs in-person care has not been fully established. A state-of-the-art review of meta-analyses on the effectiveness of mental telehealth care concluded that while many studies found that treatment from mental telehealth care was as effective as treatment in person, some of the evidence was low quality.⁵

An ongoing challenge in observational studies comparing mental health outcomes for in-person vs telehealth care involves ensuring that the patients who use different modalities are similar with respect to both observed and unobserved characteristics. Outside of a randomized trial, this is very difficult. For example, patients with lesser (or greater) condition severity may be more likely to be referred to telehealth, and patients with mobility problems or low incomes may experience travel burdens for in-person care, leading to greater reliance on telehealth. These patient differences, when not fully measurable, may account for some of the differences in health outcomes between telehealth care and in-person care and bias results on comparative effectiveness. If studies consistently underestimate the effectiveness of mental telehealth care, then this may lead to less adoption of mental telehealth care by practitioners and some patients unable to access any mental

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health care. On the other hand, if studies overestimate the effectiveness of mental telehealth care, then broad use of mental telehealth care may put certain patients' mental health outcomes at risk. Therefore, more research is needed on the comparative effectiveness of telehealth care that uses quasi-experimental methods, similar to the study by Tenso et al,³ when randomization is not possible.

While some evidence suggests comparable, or, more rarely, better outcomes with mental telehealth care, the mechanisms behind this association need to be better understood. Telehealth may potentially improve access to mental health care by enabling more frequent visits with practitioners, reducing wait times for appointments, eliminating long travel times to clinics, or addressing other barriers to in-person care.⁶ Telehealth may also help remove some of the stigma associated with receiving mental health care or provide an additional level of privacy when treatment occurs online.⁷ Without more information on the specific mechanisms driving the relationship between telehealth and outcomes, it is unclear whether further expansion of mental telehealth care or other health system changes are needed to improve mental health care overall. One thing is clear, that mental telehealth care is now deeply embedded in the delivery of mental health care.

ARTICLE INFORMATION

Published: November 5, 2024. doi:[10.1001/jamanetworkopen.2024.43330](https://doi.org/10.1001/jamanetworkopen.2024.43330)

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Corresponding Author: Jean Yoon, PhD, MHS, Health Economics Resource Center, VA Palo Alto Health Care System Menlo Park Division, 795 Willow Rd (152 MPD), Menlo Park, CA 94025 (jean.yoon@va.gov).

Author Affiliations: Health Economics Resource Center, VA Palo Alto Health Care System, Menlo Park, California; Department of General Internal Medicine, UCSF School of Medicine, San Francisco, California.

Conflict of Interest Disclosures: None reported.

Additional Contributions: I wish to thank Josephine Jacobs, PhD, and Daniel Blonigen, PhD (VA Palo Alto Health Care System Menlo Park Division), for helpful comments on an earlier draft. They were not compensated for this work.

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