Quick Facts on Telehealth in Schools

The coronavirus pandemic has been hard on students everywhere — especially those who were already dealing with mental health challenges.

Amid all this stress and uncertainty, telehealth (which uses technology to deliver healthcare remotely) has emerged as a promising treatment option for children's mental health. The use of telehealth has expanded rapidly since the start of the pandemic, and laws and regulations have already shifted to make it more accessible to kids and families around the country.

Research shows that telehealth can be an effective way for school-based health centers (SBHCs) to support students’ mental health needs.

- **A BIG OPPORTUNITY:** 48% of adolescents who get mental health treatment get it via school counseling and research indicates that minority adolescents, those enrolled in Medicaid, and those from low-income households are most likely to use school-based services as their primary source of healthcare. Telemedicine has a promising role to play in bringing outside experts to consult with school professionals and students themselves to increase access to care. Currently, almost 16% of rural SBHCs use telemedicine services.

- **REDUCING INEQUALITY:** Telepsychiatry programs (including assessment and medication as well as psychotherapy referrals) in Appalachian SBHCs have been shown to reduce overall mental health disparities.

- **ACCESSIBLE TO EVERYONE:** SBHCs are not only for rural settings. Providers in a 2020 study of telepsychiatry at 25 urban public schools found that telehealth and in-person treatments were equally effective.

Telehealth has the potential to be especially beneficial for students in rural, marginalized or low-income communities.

- **RURAL RESIDENTS:** Telehealth removes some of the practical barriers to care (like transportation issues and lack of local specialists) that rural communities often experience. And data shows that it is effective. There are high fidelity and satisfaction ratings from rural telehealth users, and the CDC reports that the number of telemedicine visits among rural Medicare recipients increased from just over 7,000 in 2004 to nearly 108,000 in 2013.

- **YOUTH OF COLOR:** Racial health disparities are well documented regardless of location. For instance, Latinx youth (particularly girls) experience far more trauma than their white peers but have much less access to care. Telehealth has been shown to be effective in removing barriers and providing effective, quality care to marginalized groups that typically have less access to care.

**About School-Based Health Centers**

SBHCs provide on-site care through an interdisciplinary team of health professionals who screen for health conditions as well as depression, anxiety, social skills challenges and ADHD. In 2013-2014, there were an estimated 2,315 SBHCs located across the U.S., a third of which were in rural areas with limited access to mental health care.
**HOMELESS YOUTH:** Nearly 2 million youth experience homelessness every year in the U.S. They have a higher prevalence of mental health conditions than their peers, including depression, conduct disorders, post-traumatic stress disorder, suicide attempts and ideation, and substance abuse. A majority of homeless youth today have a mobile device and frequent internet access (which they report using often to search for health-related information), which makes telehealth a promising possibility.

**INCARCERATED YOUTH:** Telehealth and telepsychiatry have been shown to increase treatment time and efficacy for youth in juvenile detention. Telehealth in schools is still a relatively new practice, but early research indicates that it may be a valuable resource for students.

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**Parent Perspectives on Telehealth**

A new Child Mind Institute/Ipsos poll on parents’ experiences using telehealth for their children’s mental health treatment provides a unique perspective on this rapidly changing field. This survey was conducted in September 2020 with a representative sample of 351 American parents who have recently used/sought out mental health treatment for their child, and you can access the full results at: www.ipsos.com/en-us/parents-children-telehealth

**Here are just a few of the key insights from the survey:**

- **POSITIVE EXPERIENCES:** Among parents who have used telehealth services since the start of the pandemic, 83% say they are likely to continue using these services during the pandemic — and 78% say that they are likely to continue using telehealth services after the coronavirus pandemic ends.

- **BENEFITS FOR KIDS:** 85% of parents who have used telehealth since the start of the pandemic say that their child has benefitted from these services and 84% say that the experience of participating in telehealth sessions has been positive for their child. More than three quarters (78%) also report seeing a significant improvement in their child’s symptoms since starting telehealth treatment.

- **RECOMMENDED BY PARENTS:** Nearly nine in ten parents (87%) would recommend using telehealth services for children with mental health or learning challenges.

- **BARRIERS REMAIN:** Among parents who have not used nor tried to use telehealth since the pandemic, a third (34%) have considered seeking telehealth treatment for their child’s mental health since the start of the coronavirus pandemic. Among those who have considered treatment, 44% say that their child’s lack of cooperation stopped them from following through. One in four also mentioned concerns about costs (26%) and inability to find appropriate professionals (26%) as reasons for not seeking treatment.

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**FOR MORE DETAILS ON TELEHEALTH AND CHILDREN’S MENTAL HEALTH,** check out our 2020 Children’s Mental Health Report (childmind.org/2020report).

The Child Mind Institute is an independent, national nonprofit dedicated to transforming the lives of children and families struggling with mental health and learning disorders. Our teams work every day to deliver the highest standards of care, advance the science of the developing brain and empower parents, professionals and policymakers to support children when and where they need it most.