

**SCHOOL-BASED TELEBEHAVIORAL HEALTH: THE EVIDENCE BASE**

**INTRODUCTION**

Healthy students are better learners. Yet one in five young people (ages 9-17) in the United States have diagnosable psychiatric disorders and many others experience sub-threshold symptoms, stress, and grief reactions that benefit from intervention (USDH, 1999). What is more, over 30% of children live with chronic medical conditions that can benefit from behavioral health strategies. However, 80% of young people with these needs do not receive any therapy, let alone evidence-based treatments delivered by behavioral health specialists (Kataoka, Zhang, & Wells, 2002). Children and adolescents of minority racial/ethnic groups and those living in poverty are at greater risk of exposure to trauma and are even less likely to have access to mental health services.

School-based tele-behavioral health represents an effective strategy for ensuring these children and adolescents receive high-quality mental health care services in a location that’s safe, non-stigmatizing, convenient, and accessible. This briefing presents the empirical evidence from peer-reviewed research on the effectiveness of tele-behavioral health, especially in its application in the school setting.

**TELEMEDICINE AND TELEBEHAVIORAL HEALTH**

Telemedicine is defined as “the use of medical information exchanged from one site to another via electronic communications to improve patients’ health status” (American Telemedicine Association, 2018). Under the umbrella of telemedicine, telebehavioral health includes all behavioral and mental health services provided via synchronous telecommunications technologies, including video conferencing (Luxton, Nelson, & Maheu, 2016). Due to the chronic and worsening shortage of pediatric behavioral health specialists, especially in rural areas, and limited access to evidence-based interventions, telebehavioral health is becoming more widely adopted (Goldstein & Myers, 2014; Burke & Hall, 2015).

**SCHOOL-BASED TELEBEHAVIORAL HEALTH**

The American Federation of Teachers, the American Psychological Association, and Mental Health America have all recognized that school-based telehealth is an important part of a comprehensive service delivery system to address shortages and gaps in specialty child and adolescent mental healthcare. Research shows that school-based telehealth increases the number of students using mental health services and lowers the costs compared to other community settings (Guo, Wade, & Keller, 2008), as well as reducing health disparities among young people with public insurance or no insurance (Larson, Chapman, Spetz, & Brindis, 2017; Amaral, Geierstanger, Soleimanpour, & Brindis, 2011).

The types of services that are typically provided in school-based telebehavioral health include but are not limited to:

✓ <b>Crisis intervention</b>	✓ <b>Case management</b>
✓ <b>Comprehensive evaluation/treatment</b>	✓ <b>Classroom behavior/learning support</b>
✓ <b>Substance abuse counseling</b>	✓ <b>Evaluation of learning problems</b>
✓ <b>Peer mediation</b>	✓ <b>Prescribe/manage mental health meds</b>
✓ <b>Health promotion</b> , including healthy eating, active living, weight management, emotional well-being, suicide prevention, violence and bullying prevention, tobacco prevention, sexual assault prevention, alcohol and drug use prevention, and drop out prevention.	

## THE EVIDENCE FOR EFFECTIVENESS OF SCHOOL-BASED TELEHEALTH

Empirical evidence from peer reviewed research clearly supports the efficacy of telebehavioral health with children and adolescents, as well as youth and family satisfaction with its use (Myers, Valentine, & Melzer, 2008; Hilty, Ferrer, Parish, Johnston, Callahan, & Yellowlees, 2013). Some studies have even shown that clients prefer and share more information with the use of technology than they do in person (Grealish, Hunter, Glaze, & Potter, 2005; Hilty et al. 2013). School-based telehealth also offers distinct practical advantages to students and their families:

Advantages for	
<u>Students</u>	<u>Families</u>
✓ Increased appointment compliance	✓ Reduced travel time and costs
✓ Seamless coordination with school counselors	✓ Reduced time lost from work
✓ Improved communication with teachers & administrators	✓ Increased opportunity to participate in counseling sessions through remote links
✓ Reduced stigma of receiving services	✓ Increased engagement in child's treatment

In conclusion, schools are a natural environment for children to receive mental healthcare, with evidence suggesting that telebehavioral health provides a flexible and effective option for receiving services by enabling increased follow through and access to care especially among underserved youth. Given that shortages of pediatric mental and behavioral health specialists are likely to continue unabated in underserved communities, telehealth will continue to grow in school settings (Stephan, Lever, Bernstein, Edwards, & Pruitt, 2016).

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