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Commentary

Commentary: Patient satisfaction with and use of telemental health services in the perinatal period: a survey study

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We conducted a survey study assessing patient's utilization of and satisfaction with telemental health (TMH) in the perinatal period. Our survey was conducted from March 2018 to June 2019, notably before the start of the COVID-19 pandemic. Participants in our study used TMH services, with both audio and video, across the second and third trimester of pregnancy and the first year postpartum. Nearly half of our study participants used TMH to see their provider within the first two weeks post-partum. A majority of participants agreed that TMH improved their access to healthcare services; saved them time traveling to a hospital or clinic; was easy to use and to learn; and provided a satisfying means of accessing mental healthcare. In sum, our study illustrated that even prior to the COVID-19 pandemic, TMH was a highly accepted and satisfactory method of delivering mental health care to peri-partum women when offered as an alternative to in-person or telephone sessions [1].

The pandemic has further demonstrated that TMH can serve as a mainstream modality for outpatient psychiatric treatment. A McKinsey COVID-19 consumer survey in 2021 noted that overall telehealth use was approximately 78 times higher during spring 2020 and the onset of the pandemic. Since then, telehealth utilization has stabilized at levels 38 times higher than before the pandemic [2]. Mental health providers are uniquely able to utilize tele at a significantly higher level (30-50%) as compared to other specialties (up to 17%) [2]. Since providers and patients have had the opportunity to engage in tele services on such a wide scale for the past year and a half, much of the patient population has adjusted to this modality as an ongoing method to engage in treatment, and providers have developed core competencies in delivering care via tele. A nationwide multisite survey in 2020 showed that the majority of patients had an overall positive experience with video or phone modalities (82%) and found the tele sessions just as helpful as in person sessions (63.6%). Noted benefits included the lack of commute and increased flexibility; whereas the downsides included feeling less connected to the provider and missing the in-person environment. Most patients (64.2%) would consider continuing with tele treatment post-pandemic [3].

TMH provides the additional benefit of improving treatment engagement. A cross-sectional study of outpatient adult telepsychiatry appointments showed that the rate of attending a telepsychiatry visit was 6.68 times higher than an in-person visit during the pandemic. In contrast, the rate of completing a telepsychiatry visit pre-pandemic was three times the odds of completing an in person visit [4]. This is particularly pertinent for perinatal patients and their newborns who are identified as high risk for SARS-COV2 infection. TMH offers continuity of care within the patient's home environment. Additionally, many obstetricians are using telemedicine to provide at-home antenatal care including fetal monitoring; to deliver childbirth and lactation-related education; and specialist consults [5].

Since the pandemic began, regulations and licensure restrictions have eased to allow for continued treatment of patients via TMH. One international survey of telepsychiatry experts highlighted the liberalization of regulations during the pandemic on an international scale which vary widely but generally eased restrictions on prescribing practices and allowed for greater parity with insurance reimbursement for tele treatment [6]. Advocacy is ongoing to reduce roadblocks to TMH post-pandemic to preserve continuity of care. In the United States, as of May 2021 at least 25

telehealth bills have been introduced in Congress including licensing requirement changes [7]. And in July 2021, 430 organizations sent letters to Congress emphasizing the importance of permanent telehealth reform. These reforms include removing restrictions on TMH services [8].

Since our pre-pandemic survey study on TMH in the perinatal population, the role and use of TMH has burgeoned to meet the demand for mental health treatment during a global health crisis [9]. The threat of infection and necessity of social distancing practices has reduced access to social support, particularly for high risk pregnant women. Increased depressive and anxiety symptoms have been reported in pregnant women during the COVID-19 pandemic [10-12]. In this setting, virtual resources [13]; increased social connections and networks, [14]; and TMH treatment have emerged as possible antidotes. Studies have now demonstrated successful use of TMH in rural peripartum populations [15] as well as to connect patients and obstetric providers to perinatal mental health experts [16]. An ongoing study seeks to compare non-specialist and specialist providers, as well as in-person and telemedicine treatment of depression and anxiety in the perinatal population [17]. These advances offer promise for increasing access and delivery of mental health treatment to perinatal women worldwide.

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