Evaluating the Effects of the COVID-19 Pandemic and Telehealth on University Student Use of Mental Health Resources

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Presenter Disclosures

1. The following personal financial relationships with commercial interests relevant to this presentation existed during the past 24 months:

No relationships to disclose

Background

- Prior to the COVID-19 pandemic, university students were identified as a vulnerable population at risk for mental health issues.

- Early surveys reported significantly higher incidences of:
  - anxiety
  - depression
  - other mental health issues

- Approximately 70% of student body felt that stress and anxiety had increased due to the COVID-19 pandemic.

Background

- Prior to pandemic, telehealth had been gaining traction
  - improve healthcare access and patient retention
  - reducing costs
  - achieving similar outcomes to in-person visits
- The state of emergency declaration for COVID-19 permitted regulating agencies to ease restrictions to allow for virtual visits.
- In spring 2020, due to increasing numbers of COVID-19 cases, many universities stopped in-person services and shifted medical and counseling appointments entirely online.

Study Objectives

- To examine key changes in student demographics and appointment attendance at a large public university's counseling and psychological services program (CAPS) during the COVID-19 pandemic.

- To identify disparities in access to mental health resources as a result of telehealth.

Methods

Retrospective study of students attending a large, public university

- <u>Population</u>: students utilizing the university student health and wellness center's counseling and psychological services (CAPS)

- <u>Time frame</u>: fall 2019 (pre-COVID) and fall 2020 (during COVID) academic semesters

- <u>Data source</u>: de-identified data obtained from the Student Health Research Database

  - an institutional review board approved comprehensive university student dataset linking medical, counseling, disability access services and academic registration data

Methods

Data analysis to examine potential trends between pre-COVID and during COVID semesters:

- Demographic characteristics (age, gender, academic status)

- Number of appointments and visit reasons

- Chi-square and two sample t-tests were performed at a significance level of 0.05

Results – Table 1

Student characteristics	Fall 2019 (N=1840)		Fall 2020 (N=1231)		X^2	p
	N	%	N	%		
Number of Appointments per student (mean ± sd)	4.02 ± 4.22		4.44 ± 3.94		T=-2.84, df=2758.1	**<.01**
Age (mean ± sd)	21.96 ± 4.02		22.26 ± 4.16		T=-2.00, df = 3069	**0.045**
Student status					7.23	**<.01**
Graduate	572	31.09	438	35.58		
Undergraduate	1263	68.64	784	63.69		

Results – Table 1 continued

Student characteristics	Fall 2019 (N=1840)		Fall 2020 (N=1231)		X^2	p
	N	%	N	%		
Gender					6.77	**<.01**
Male	645	35.05	376	30.54		
Female	1192	64.78	853	69.29		
Citizenship Status					8.71	**<.01**
US citizen	1604	87.17	1113	90.41		
International	236	12.83	115	9.34		
Race/Ethnicity					16.97	**<.01**
Asian	221	12.01	148	12.02		
Black or African American	158	8.59	88	7.15		
Hispanic	124	6.74	99	8.04		
Multi-Race	104	5.65	70	5.69		
International	194	10.54	85	6.9		
White	968	52.61	682	55.4		

Figure 1: Appointment Reasons by Semester
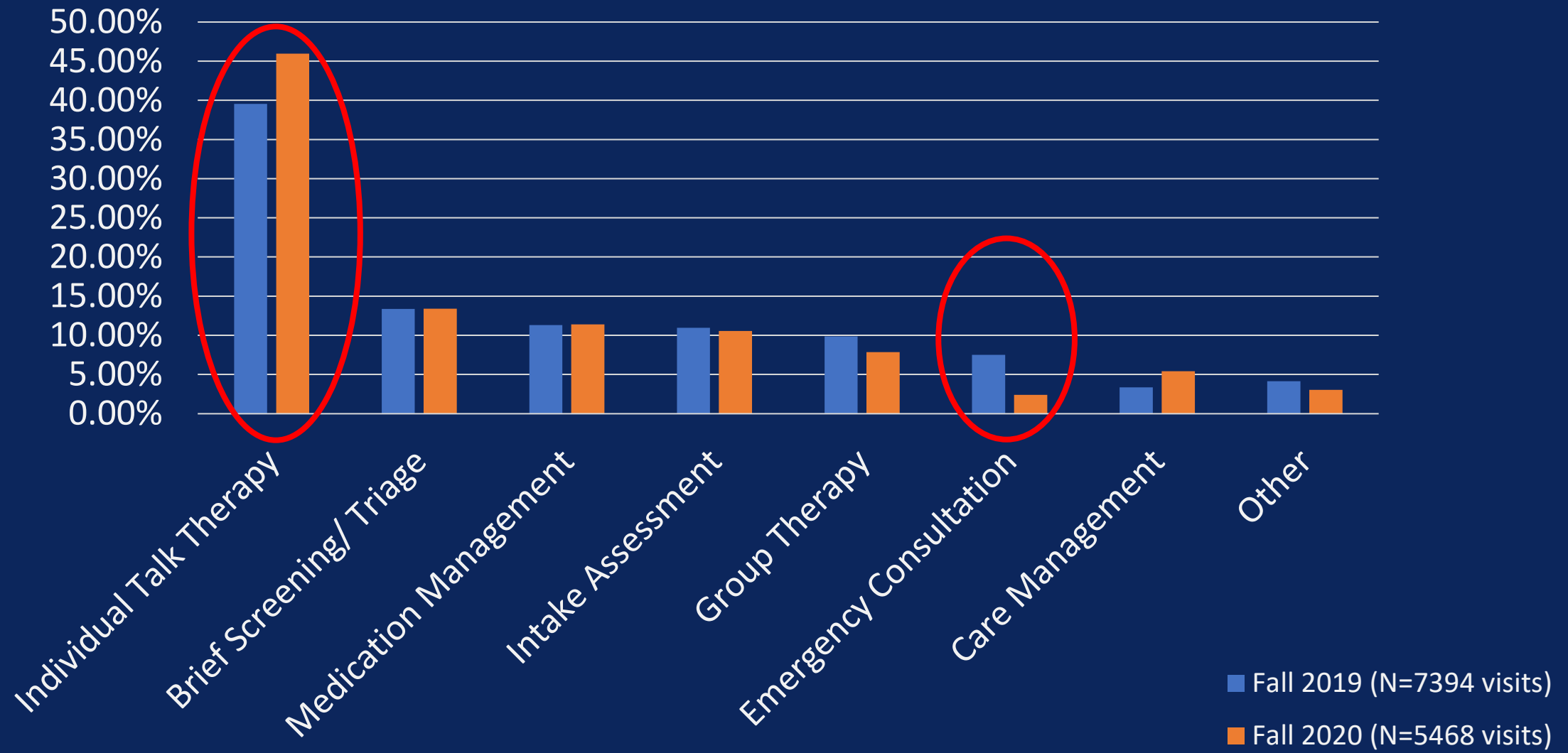
Discussion

- CAPS continued to serve large student population throughout the pandemic using telehealth
- Decrease in international student utilization due to travel restrictions

- Graduate students were more likely to remain in the University area
- Consistent with literature that shows that women seek psychological services more frequently than men

Discussion

- The increase in the number of appointments attended per student and an increase in individual talk therapy visits is a positive indicator demonstrating the shift towards a psychotherapy model and away from an emergency intervention model.

- Telehealth visits may improve access and visit attendance, however, the decline in emergency/crisis visits is concerning

    - Prior to the COVID-19 pandemic, the CAPS crisis service was a walk-in service but with telehealth, students had to make an appointment for a telephone consultation

    - Does telehealth pose a barrier to emergency or crisis intervention care?

    - Where are these individuals getting care?

Limitations & Strengths

Limitations

➢Conducted at a single large, public university and results may not be generalizable.

➢Regulations restricted the practice of medicine across some state lines so some students couldn't see CAPS counselors directly and had to rely on referral services.

Strengths

➢Data is consistent with the literature that found that with telehealth, the shift has been towards more talk therapy visits and fewer emergency visits.

➢This study utilized a unique IRB-approved de-identified dataset that linked clinical, counseling and academic data.

Conclusions

- Mental health, particularly during a pandemic, is a major public health concern.

- Linking student academic, socio-demographic and clinical data highlights students not adequately reached by telehealth services : men, younger students, some minority groups and those in crisis situations.

- Colleges and universities should be proactive in supporting mental health needs of students.

- Further research should be conducted on the utilization of telehealth and barriers to access.

- Efforts should be made to ensure equitable access.

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thank you

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Thank you!