



Tele-Mental Health Care for Children (Ages 0-17) in California

Overview

This document reviews the results from a statewide survey administered to California (CA) caregivers of children 0- to 17-years-old about their child's engagement in tele-mental health services during and after the COVID-19 Pandemic. Tele-mental health represents a viable solution to CA's provider shortage, especially for youth who have unmet mental health needs.

What is Tele-Mental Health?

Tele-mental health is the use of telecommunication or videoconferencing to provide mental health services.¹ Evidence shows that tele-mental health can be an effective form of mental health support for children and adolescents.^{2,3} Similar to in-person care, providers deliver confidential, professional mental health support over the phone or through a live video on a phone or other device, eliminating the requirement to travel to receive care. Despite the growing need for mental health services for CA's youth, there continues to be a statewide shortage of mental health providers.⁴

Since the start of the COVID-19 Pandemic, tele-mental health care has become regarded as an effective method for youth to receive necessary services, and saw a 30-fold increase in usage from 2019-2022.⁵ Given provider shortages and the challenges in accessing services for many families, particularly in rural and underserved communities in CA, tele-mental health represents a promising method to increase access to vital mental health care and improve children's wellbeing.

Family Experiences During the COVID-19 Pandemic Survey

It is well established that there were many disruptions for families and children during the COVID-19 Pandemic which carried emotional and behavioral consequences for youth.⁶ Data were collected across the country, including in CA, to capture how families dealt with the abrupt discontinuation of pre-Pandemic healthcare services. The American Academy of Pediatrics and the Centers for Disease Control and Prevention (CDC), along with other national organizations, designed a survey to assess the Pandemic's impact on families and to produce resources for providers to better understand the unique challenges faced by caregivers of youth, specifically.

The [Family Experiences During the COVID-19 Pandemic questionnaire](#)⁷ surveyed nearly 1,600 CA caregivers of children between ages 0- to 17-years-old in June 2022 about their experiences with tele-health care for their children, including questions specific to tele-mental health. Of the caregivers who responded, over half identified as female, and 49% identified as Latino/Hispanic, 27% White, 11% Asian, and 5% African American/Black.



Caregivers answered questions about accessing tele-health care services, perceived adequacy of the services provided, and their overall rating of the quality of those services. Due to the limited sample size, those surveyed may not necessarily be representative of all caregivers across CA.

What Caregivers Reported About Tele-Health Care during the Pandemic

As depicted in Figures 1-5, these results represent CA caregivers' responses to questions concerning the use of tele-health during the COVID-19 Pandemic. Not all percentages will sum to 100% due to rounding.

Figure 1

Adequacy of Tele-health care for Children's Health Care During Pandemic

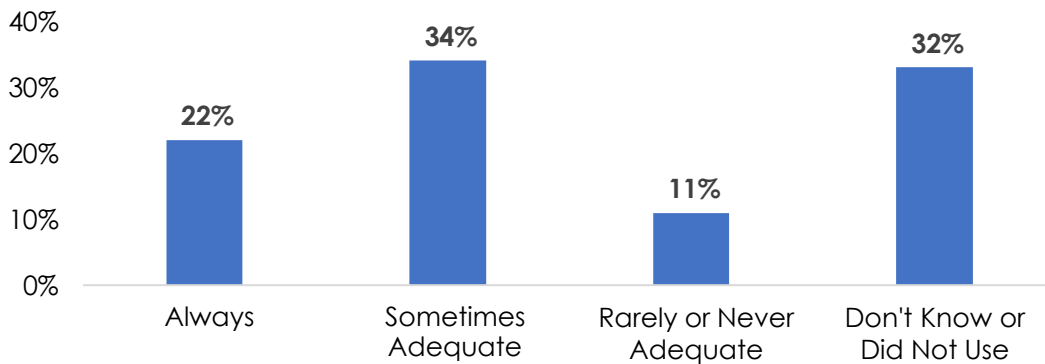


Figure 2

Availability of Tele-health for Mental Health Care

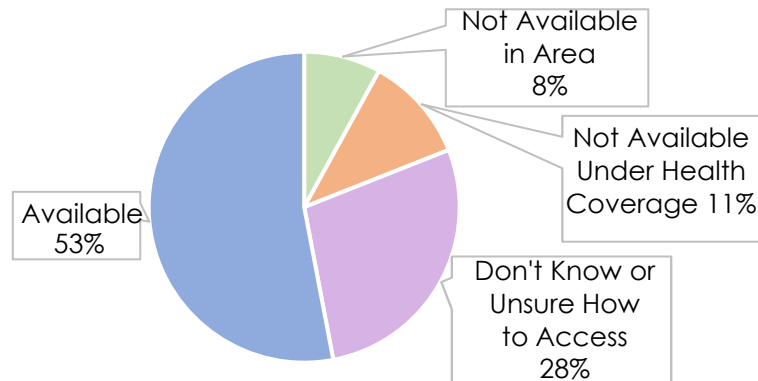




Figure 3

Use of Tele-health for Mental Health Care During Pandemic

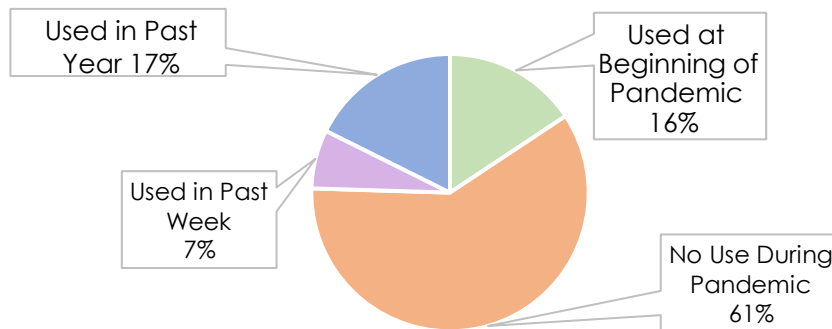


Figure 4

Effectiveness of Tele-health vs. In-Person Services for Mental Health Care During Pandemic

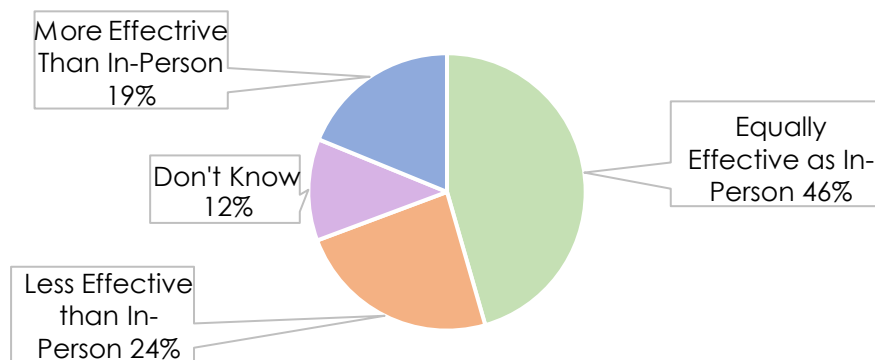
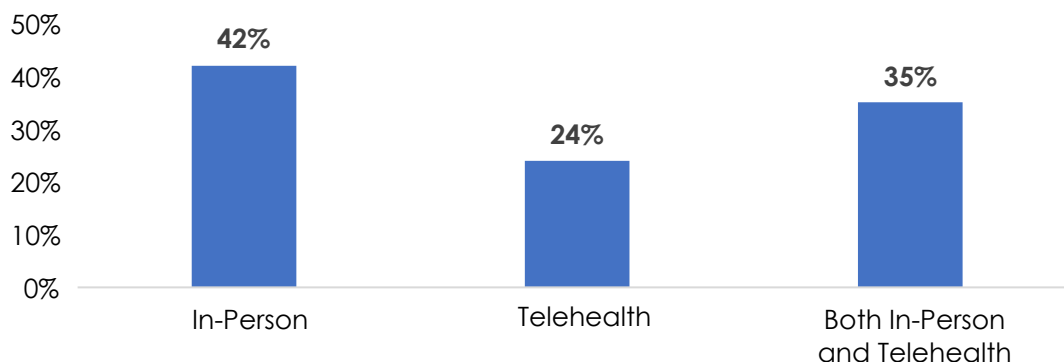


Figure 5

Caregiver Preferences for Tele-health vs. In-Person Mental Health Care





What this means for CA children?

Overall, the above findings show that many caregivers felt that tele-health care for their children was always or sometimes adequate; however, many caregivers did not know how to access tele-health care for their children (32%; Figure 1). Additionally, nearly half of the caregivers responded that tele-health for mental health care was unavailable in their area, was not covered by their health insurance, or they did not know how to access these services (Figure 2). When asked if they or their family members had accessed mental health care remotely via telehealth in the period after the COVID-19 outbreak in March 2020, only 40% reported use of tele-mental health care (i.e., either in the last week, the last year, or at the beginning of the pandemic; Figure 3). Of those who reported use of mental health care via telehealth, 64% responded that tele-mental health care was more than or equally effective as in-person care (Figure 4). Lastly, 59% of all caregivers surveyed were open to use of tele-health, or a combination of telehealth and in-person care, to meet the mental health care needs of their children (Figure 5).

These survey findings suggest that many CA caregivers have positive attitudes toward tele-mental health care and have used this method of healthcare successfully for their children. Providing greater access to tele-mental health services for youth and their families could help to address challenges related to provider shortages in CA. Increasing the number of providers who can offer tele-mental health care to children and adolescents and addressing barriers to such care may help to reduce the number of CA youth who struggle with mental health issues.⁸ Prioritizing access to mental health care and support is needed, as visits to emergency departments for adolescent mental health and substance use problems remain high.⁹ Increasing the number of providers who can offer high-quality tele-mental health care to children and adolescents and ensuring access to such care may help mitigate the youth mental health crisis in CA.¹⁰

For further details about this survey and other reports related to children's wellbeing in CA, visit [KidsData.org](https://kidsdata.org).

For more information, please contact: Suicide.Prevention@cdph.ca.gov.

¹ U.S. Department of Health and Human Services. (n.d.). *What is Telemental Health?* National Institute of Mental Health. <https://www.nimh.nih.gov/health/publications/what-is-telemental-health>

² Myers, K., Vander Stoep, A., Zhou, C., McCarty, C., & Katon, W. (2015). Effectiveness of a telehealth service delivery model for treating attention-deficit hyperactivity disorder: Results of a community-based randomized controlled trial. *Journal of the American Academy of Child and Adolescent Psychiatry*, 54, 263–274.

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³ Tse, Y.J., McCarty, C.A., Vander Stoep, A., & Myers, K.M. (2015). Teletherapy delivery of caregiver behavior training for children with attention-deficit hyperactivity disorder. *Telemedicine Journal and E-Health*, 21, 451–458.

⁴ Wiener, J. (2022, September 8). *Unanswered cries: Why CA faces a shortage of mental health workers*. CalMatters. <https://calmatters.org/health/2022/09/CA-shortage-mental-health-workers/>.

⁵ Kalmin, M. M., Cantor, J. H., Bravata, D. M., Ho, P. C., Whaley, C., & McBain, R. K. (2023). Utilization and spending on mental health services among children and youths with commercial insurance. *JAMA Network Open*, 6(10), e2336979-e2336979.

⁶ Samji, H., Wu, J., Ladak, A., Vossen, C., Stewart, E., Dove, N., ... & Snell, G. (2022). Mental health impacts of the COVID-19 pandemic on children and youth—A systematic review. *Child and Adolescent Mental Health*, 27(2), 173-189.

⁷ KidsData.org. (2022). *Child and family well-being during the COVID-19 pandemic*. <https://www.kidsdata.org/blog/?p=9530>

⁸ Centers for Disease Control and Prevention (CDC). (2023, April 27). *Youth risk behavior surveillance system*. CDC. <https://www.cdc.gov/healthyyouth/data/yrbs/index.htm>.

⁹ Anderson, K. N. (2023). Emergency department visits involving mental health conditions, suicide-related behaviors, and drug overdoses among adolescents—United States, January 2019–February 2023. *Morbidity and Mortality Weekly Report*, 72(19), 502–512.

¹⁰ Centers for Disease Control and Prevention (CDC). (2023, April 27). *Youth risk behavior surveillance system*. CDC. <https://www.cdc.gov/healthyyouth/data/yrbs/index.htm>.