

Introduction

In simple terms, policies are plans determined to assist with creating rules and procedures which direct decision making and guide outcomes. This can be at organizational, local, state, or government levels. Policies are important to the social work profession as they limit and impact the ability to provide effective services to clients. Because of this, social workers are accountable for advocating for clients through policy practice. This can be achieved by contacting policy makers through meetings, calls, and letters to represent marginalized and disempowered populations. This Mental Health Policy Analysis and Advocacy Letter (Appendix A) will provide information on the Post- COVID-19 Telehealth Act of 2021 or H.R.-366 and advocate for its passing.

Policy and Social Issue

The Post-COVID-19 Telehealth Act was introduced in July 2020, and called to protect virtual access to medical care, including mental health treatment. This was a result of the worldwide pandemic and the concern that clients could face an abrupt end to telehealth services once the pandemic was declared over. This is even true after telehealth was proven beneficial and cost-effective for clients and providers. After concerns of the original act, which resulted in its inability to be passed, the founder, Representative Mike Thompson, revised and reintroduced the act in January 2021. The Post- COVID-19 Telehealth Act of 2021 focuses on eliminating restrictions on providing telehealth services (Shatzkes, et. al., 2021). Specifically, the act provides clearance for the Secretary of Health and Human Services to waive requirements during emergency situations, such as a pandemic. Importantly, with the passing of this act, telehealth will permanently expand coverage for services during and after the COVID-19 pandemic. Next, the act eliminates geographical restrictions and allows clients to receive telehealth services in

their homes. Another important aspect of this act requires the use of telehealth during the COVID-19 Pandemic to be studied for efficiency. This includes the costs, uptake rates, measurable health outcomes, and racial and geographic disparities. This will further promote the expansion of telehealth services beyond the pandemic.

Prior to COVID-19, the prevalence of mental health issues was high, and many Americans left their issues untreated. According to the U.S. Department of Health and Human Services (2021), one in five adults in the United States have a mental health illness, while the American Academy of Family Physicians (2016) reports that one in six children live with a mental illness. These statistics represent the extensiveness of mental health issues among all ages. Young (2015) suggests that more than half of people experiencing mental health issues do not get the needed treatment. COVID-19 has only exacerbated these numbers as mental health issues continue to increase. Through the pandemic, it has been apparent that accessibility to mental health services has been limited.

The Post-COVID-19 Telehealth Act of 2021 directly impacts the American population that has been or will be affected by issues surrounding mental health. Through its approval, the Post-COVID-19 Telehealth Act allows American's to have the accessibility to services they may otherwise not have access to. For instance, issues surrounding health, geographical location, transportation, socioeconomic status, and the negative stigma associated with mental health impact a client's ability to receive treatment (Young, 2015). Accessibility to treatment is critical as untreated mental health issues can lead to increased risk for health/medical issues, substance abuse, and suicide. With additional access to telehealth services throughout the pandemic and beyond, clients facing these issues have more convenience and an increased possibility to access and comply with mental health treatment.

Analysis

With any government policy comes strengths and limitations. A strength of the Post-COVID-19 Telehealth Act of 2021 includes the increased accessibility to services regardless of health, geographical location, transportation, socioeconomic status, and the negative stigma associated with mental health. This will help reduce untreated mental illness in America which will result in a decrease of health/medical issues, substance abuse, and suicide. Furthermore, this act will ensure that services offered to clients via telehealth will not be abruptly discontinued with the end of the pandemic. Instead, through the passing of the Post-COVID-19 Telehealth Act of 2021, telehealth services will remain as they have been proven effective.

While there are many strengths, limitations of the Post-COVID-Telehealth Act of 2021 include not addressing payment parity, interstate licensing requirements, and quality of care provided by telehealth services (Shatzkes, et. al., 2021). The act does not address payment parity which refers to laws assisting with payment for telehealth services. Additionally, the act does not address interstate licensing which refers to services being provided out of state. Another limitation is that the act does not address quality of care being provided through telehealth services. To include these aspects in the Post-COVID-19 Telehealth Act of 2021, could improve the act and be critical in its effectiveness.

Conclusion

In the social work profession, policy practice provides the ability to advocate for marginalized and disempowered populations. The population facing mental health issues fall in this category, therefore advocating for the approval of the Post-COVID-19 Act of 2021 is imperative. Without the passing of this act, this population will continue to lack accessibility to

adequate treatment which ultimately leaves the population vulnerable and at-risk. Through this analysis, it is apparent that the strengths of the Post-COVID-19 Telehealth Act outweigh the limitations and can address longstanding issues surrounding accessibility to mental health treatment.

References

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Appendix A

6/1/2021

Erin Bennett
116 Jones Ave
Calhoun, GA 30701

Representative Marjorie Greene
1023 Longworth House Office Building
Washington, DC 20515

Dear Representative Greene,

My name is Erin Bennett, and I am a graduate student at Southern Adventist University. As a constituent and a Master of Social Work student, I urge you to support the Post-COVID- 19 Telehealth Act of 2021. This act ultimately provides those suffering from mental health issues in America, with needed access to effective treatment throughout the pandemic and beyond.

The prevalence of mental health issues is longstanding but has only increased as a result of COVID -19. According to the U.S. Department of Health and Human Services (2021), one in five adults in the United States have a mental health illness, while the American Academy of Family Physicians (2016) reports that one in six children live with a mental illness in America. While the prevalence of mental health issues is high in America, Young (2015) suggests that more than half of people experiencing mental health issues do not get the needed treatment due to issues surrounding health, geographical location, transportation, socioeconomic status, and the negative stigma associated with mental health.

Untreated mental health issues cannot be resolved without effective treatment. This is critical to the United States, as untreated mental health issues can lead to an increased risk of health/medical issues, substance abuse, and suicide.

Several representatives have shown support for the Post-COVID-19 Telehealth Act of 2021 including those in California, Arizona, Vermont, and Ohio. The act is also supported by AdvaMed, Alliance for Connected Care, American Psychological Association, College of Healthcare Information Management Executives (CHIME), Healthcare Information and Management Systems Society (HIMSS), and The eHealth Initiative.

I strongly urge you to aid Americans in need of accessible mental health treatment services by supporting the Post-COVID-19 Telehealth Act of 2021.

Sincerely,

Erin Bennett