

APA Committee on Telepsychiatry & APA College Mental Health Caucus:  
College Mental Health, Telepsychiatry: Best Practices, Policy Considerations & COVID-19  
**Final Approval: August 2020**

As a result of the COVID-19 crisis, college students were abruptly displaced from their campuses to locations around the country and world. State legislation poses logistical challenges to maintaining continuity in care, while local treatment options are often not viable for a variety of reasons.

One of the major challenges in treating college students is providing continuity of care, since most college students spend a significant time away from campus over the course of a calendar year. Access to psychiatric care in many parts of the country is limited due to a variety of factors, among them long wait times, high out-of-pocket costs, insufficient insurance coverage, and a lack of psychiatrists in rural areas [1]. Campus psychiatrists may have difficulty connecting students to psychiatric care in their hometowns. Students are very familiar with the use of technology and are eager to use it to improve their mental health [2]. The use of telepsychiatry in college students has not been studied extensively in student populations. However, there has been at least one study supporting its effectiveness [3] and there is evidence about its efficacy in general psychiatric care [4].

The COVID-19 pandemic brought prominent attention to continuity of care and access to psychiatric treatment for college students. Students were abruptly dispersed around the country and, as a result, their psychiatric care was disrupted, leaving little time for psychiatrists to make appropriate referrals. In many cases, telepsychiatry could provide students with continuous psychiatric care. According to the APA/ATA guidelines for telemental health providers of telemental health services, providers should comply with state licensure laws, which typically entail holding an active professional license issued by the state in which the patient is physically located, and appropriate malpractice coverage [5]. State licensure restrictions and malpractice limitations hampers the ability to treat students who are out-of-state.

**Telemental health services during the COVID-19 pandemic have been essential and almost every state has implemented regulatory changes:**

- Licensure requirements were loosened [7], however, policies for these adjustments were far from uniform. Some states granted temporary permission to practice to anyone licensed in a different state. Others required application for and granting of a temporary license. A few required sponsorship by an in-state entity in order to grant a temporary license. As a result, college psychiatrists were left in the challenging situation of following a myriad of regulations. At the same time, psychiatrists were faced with the possibility that their malpractice insurance would not cover them treating students across state lines. Campus psychiatrists thus faced a difficult choice between practicing outside of their license and malpractice coverage or being unable to provide good continuity of care for their patients.
- Many states and insurance carriers also allow for billing by out-of-state providers, but these regulations vary. While this is not an issue for most campus psychiatrists, private practitioners that treat college students are impacted.
- The prescribing of controlled substances by out-of-state providers is possible in many states during the current crisis without an in-person evaluation. During the current crisis, providers are able to prescribe controlled substances across state lines to a variety of states [8].

These regulatory solutions are time-limited. Once the COVID-19 pandemic is resolved, we will revert back to the old regulations governing licensure, malpractice, and prescription of controlled substances.

## **Best Practice Recommendations and Special Consideration for College Student Populations during the COVID:-19 pandemic.**

Psychiatrists treating students via telepsychiatry during the COVID 19 pandemic should follow the guidelines by the American Psychiatric Association [2] and the Higher Education Mental Health Alliance (HEMHA) [9] about best practice for telemental health. The following require special consideration:

- Campus psychiatrists should practice within their scope of competence and scope of service as they would when conducting in-person visits. For example, if a psychiatrist does not have the qualifications or competence to provide substance abuse treatment or treatment of severe eating disorders, they would not assume such treatment via telepsychiatry. Students should be referred to an appropriate specialty service if clinically indicated. The standard of care should remain the same regardless of mode of service.
- Some college students are still minors upon matriculation. In these cases, the psychiatrist may need to obtain parental permission for treatment of the student via telepsychiatry, depending on the state laws governing mental health treatment of a minor.
- For students who are located in a state where the psychiatrist is not licensed, the psychiatrist should research licensing requirements and follow the procedures outlined by the out-of-state medical board.
- If clinically appropriate, the psychiatrist may assist the student in finding local care and provide the student sufficient medication to bridge the time until the student can be connected to that care. The psychiatrist would need to balance providing adequate support for referrals to local care without establishing treatment in the other state without the appropriate waivers and liability protections.
  - Further, psychiatrists should be clear when establishing a treatment relationship with a student who is known to be moving in and out of state. The psychiatrist must be clear with the patient about the boundaries and limitations around continuity of care for this treatment paradigm, and must consistently follow-up as student moves between locations.
- The psychiatrist should be attentive to the acute need for active case management for this population, in partnership with patients. This may include advanced scheduling (when student is home on vacation) for psychiatrists maintaining a primary relationship with a student out of state in college, encouraging patients to update the psychiatrist their status, and educating patients when to seek additional levels of care when the primary treating psychiatrist is unavailable.
- College students may live with their families during the pandemic, so an awareness of creating private space to conduct sessions remains essential.
- International students may be in the country on visas with have specific regulations. If there are unexpected closures of a school or prolonged breaks, the students may want, or be required, to leave the United States. Furthermore, many international students do not have family in the United States. Unexpected closure of schools can be particularly taxing on them due to financial limitations and financial strain. International students may not be able to obtain the same medicine or same quality of medicine in their home country. It is recommended to assist the student with obtaining enough medication to last until their return, or to verify that they can obtain the same medication in the country of origin. Furthermore, it is best to choose a medication that is available in the student's home country, if a return to that country is likely.
- Telepsychiatry services may not be appropriate for a subset of students. These may be due to the acuity and severity of symptoms, the nature of the disorder, the need for specialized care or the ability of the student to utilize telemental health services. It may also be challenging from a

legal perspective to provide telepsychiatry services to students who are studying abroad or to international students who return to their home country due to a lack of consistent or clear legal frameworks working across national borders.

- Psychiatrists and psychiatric organizations should:
  - Support APA and local efforts to advocate for more robust policy changes to support these challenges. These policies should align with current established APA policies and priorities.
  - Begin planning how best to support College Mental Health during the next phase of the COVID-19 situation, which may include colleges that remain predominantly virtual, those that return to in-person classes, colleges that blend virtual and in-person instruction, and the possibility of needing to move back and forth between these models during the school year.

#### References:

1. America's Mental Health 2018 report on Oct 10th, 2018. From the Cohen Veterans Network and the National Council for Behavioral Health. Accessed on April 5, 2020, available from: <https://www.cohenveteransnetwork.org/wp-content/uploads/2018/10/Research-Summary-10-10-2018.pdf>
2. [Montagni I, Tzourio C, Cousin T, Sagara JA, Bada-Alonzi J, Horgan A. Mental Health-Related Digital Use by University Students: A Systematic Review. \*Telemed J E Health\*. 2020 Feb;26\(2\):131-146.](#)
3. [Khasanshina EV, Wolfe WL, Emerson EN, Stachura ME. Counseling center-based tele-mental health for students at a rural university: \*Telemed J E Health\*. 2020 Feb;26\(2\):131-146.](#)
4. [Shore JH. Telepsychiatry: Videoconferencing in the Delivery of Psychiatric Care: \*Am J Psychiatry\*. 2013 Mar;170\(3\):256-62.](#)
5. [The American Psychiatric Association and The American Telehealth Association: Best Practices in Videoconferencing-Based Telemental Health \(April 2018\), accessed on May 9, 2020, available from: \[apa-and-ata-release-new-telemental-health-guide\]\(#\)](#)
6. [Whaibeh E, Mahmoud H, Naal H. Telemental Health in the Context of a Pandemic: the COVID-19 Experience. \*Curr Treat Options Psychiatry\* 2020 Apr 2 : 1–5](#)
7. [FSMB: US States and Territories Modifying Requirements for Telehealth in Response to COVID-19. Accessed May 9, 2020. Available at: <https://www.fsmb.org/siteassets/advocacy/pdf/states-waiving-licensure-requirements-for-telehealth-in-response-to-covid-19.pdf>](#)
8. How to Prescribe Controlled Substances to Patients During the COVID-19 Public Health Emergency: Accessed on May 9, 2020, available from: [https://www.deadiversion.usdoj.gov/GDP/\(DEA-DC-023\)\(DEA075\)Decision\\_Tree\\_\(Final\)\\_33120\\_2007.pdf](https://www.deadiversion.usdoj.gov/GDP/(DEA-DC-023)(DEA075)Decision_Tree_(Final)_33120_2007.pdf)
9. HEMHA Guide: College Counseling from a Distance: Accessed on May 9, 2020, available from: [http://hemha.org/wp-content/uploads/2019/01/HEMHA-Distance-Counseling\\_FINAL2019.pdf](http://hemha.org/wp-content/uploads/2019/01/HEMHA-Distance-Counseling_FINAL2019.pdf)