

# East TN Rural Health Consortium Newsletter

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## Increasing Access to Behavioral Health Services with Telehealth

Su Chen Tan, Ph.D.

The incidence of deaths due to substance and alcohol use and suicide are at a disproportionately higher rate in rural areas; this highlights the disparities that exist in predisposing factors, care access, and treatment among rural people[1]. Many rural areas are located in mental healthcare Health Professional Shortage Areas (HPSAs), where there is less than one provider per 30,000 people [2]. Telehealth services are increasingly viewed as a viable option for improving access to care and leveraging scarce resources; nonetheless, the uptake of telehealth has been uneven and challenging [2].

### Telehealth & Social Media

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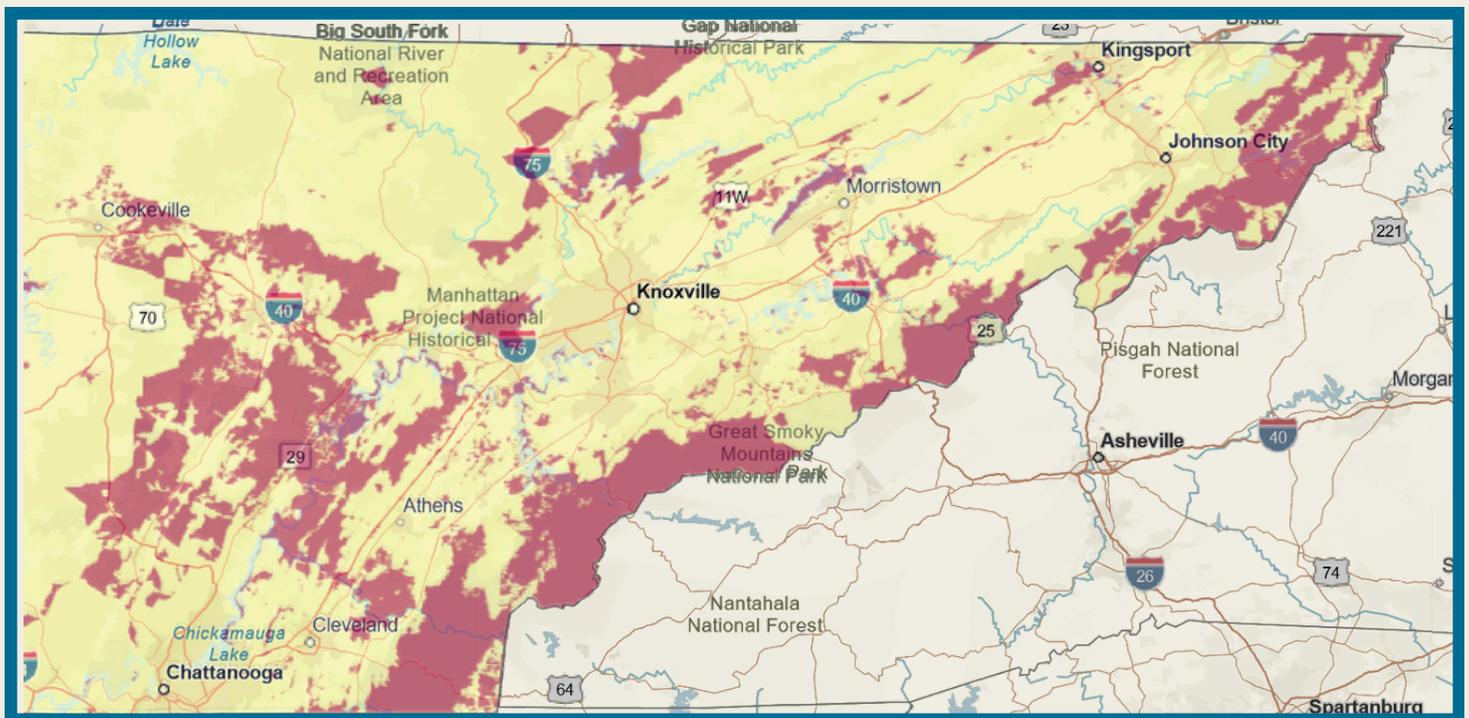
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## Barriers for telehealth in rural areas [3,4,5]

- *Limited high-speed internet access:* Broadband internet (25 megabits per second) is still out of reach for many rural communities in East TN (highlighted in red on the map [6]).
- *Limited smartphones access:* Rural people are less likely to own smartphones. In 2020, 80% of rural residents reported owning a smartphone, compared to 89% of urban residents.
- *Coverage and reimbursement for services:* The public and private sectors handle the coverage and reimbursement of telehealth services differently and vary from state to state.
- *Credentialing and licensing of providers:* Tennessee providers must be licensed in the state to see Tennessee patients.
- *Privacy and security issues:* HIPAA compliance cannot be ensured when telehealth occurs over personal devices such as telephones or personal computers. Low seeking help for behavioral health could be due to privacy or confidentiality concerns and stigma related to mental illness.



## Recommendations for overcoming telehealth service barriers in rural areas [4,5].

- *Offer text message services:* Provide counseling and other services through text messaging to address connectivity and smartphone access issues.
- *Offer telephone services:* Some rural patients have indicated a preference for receiving tele-mental health services over the telephone without video.
- *Allocate additional funds to purchase equipment:* (e.g., smartphones) for patients participating in mobile health interventions.
- *Partner with medical and graduate institutions:* To address healthcare coverage and workforce challenges; create telehealth partnerships with psychiatry and psychology programs at medical and graduate institutions. Future mental health providers can gain rural healthcare experience while completing clinical practice requirements.
- *Regulate mobile mental health apps:* Regulatory oversight is needed to expand HIPAA to cover the currently unregulated mobile mental health apps field.
- *Understand Individual patient needs:* Be aware of cultural differences when addressing clients' beliefs and practices, preferred languages, individual and family histories, and preferred approaches to treatment and intervention.
- *Access to Private and confidential spaces:* Ensure patients have private and confidential spaces if meeting with them remotely.

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# Youth Resilience & Social Media

Lucy Langley

Social media use is on the rise, with an estimated 6 billion people to use social media in 2027 [1]. Many current and future social media users are youth. For youth, social media skills are increasingly necessary. Frequent social media use has been associated with increased risk of social isolation, anxiety, depression, cyberbullying, and low self-esteem [2].

Many social media platforms are not well regulated and can increase exposure to problematic substance use. Repetitive exposure is associated with increased acceptance and use [2,3,4]. Bad actors often use social media as a marketing tool. Fines and explicit content bans slow, but do not stop the distribution of harmful content [3,5]. To support and protect youth, it is critical to facilitate social media resilience [2,3,4].

Early adolescents (10-14 years) are developing a sense of self and increasingly seek peer validation [2]. Offline, a sense of belonging can reduce substance use risk, but not all youth have enough offline support [6,7]. Expanded peer networks may also offer protective factors for youth [6].

Many youth develop online identities based on their interests. They seek communities that reinforce their current interests, identities, and level of substance use [4,6]. Often, youth are reluctant to accept information that conflicts with their beliefs. Peers with shared interests and identities are seen as more reliable than other online sources [4]. Social media education interventions could leverage informal networks to build peer relationships and resiliency [2,3,5,6].

*Living the Example (LTE)* is a peer-to-peer substance use prevention program. Youth ambassadors are trained in social media branding, influence, online engagement, advocacy, and use. Ambassadors provide support on campus and online through school activities and social media campaigns. They used program and personal accounts to reach peers. Use of youth personal accounts may be more useful than realized.

Evans et al [5] found that youth substance use had decreased significantly. Programs like LTE facilitate safer online spaces for youth and their peers.

Social media education should begin as early as elementary school to help youth develop strategies prior to engaging with potentially harmful content. Programing should address social media, substance use, and online safety skills [2,7].

Social media usage may differ between younger and older adolescents, it is important to understand the developmentally appropriate practices for adolescents [6]. The delivery of messaging matters. Youth are more receptive to gain-framed messaging for substance use prevention. Gain-framed approaches highlight cessation and its benefits as a “gain”.

YouTube, TikTok, and Instagram are some of the most popular social media platforms for youth [2]. It is critical to understand platforms differences. Since each platform prioritizes media types, adherence many impact efficacy of prevention media [2,4].

Public health, education, and government organizations are often underrepresented on social media platforms. This could lead to youth reliance on user-generated content [3]. Increasing presence and building a brand identity can also improve trust and engagement [5].

Vilifying social media does not protect youth, but fostering safe use does. Social media education and peer-to-peer programming builds youth confidence. Confident youth are more resilient to social media challenges.

**“Social media education interventions could leverage informal networks to build peer relationships and resiliency”**

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# Resources

Social media is difficult to navigate, even for adults.  
Here are some resources for navigating social media safely



*SafeSearchKids* offers helpful safety tips for teens and provides more information on social media platforms. It is important to know what social media youth are using to develop platform specific approaches.



**CYBERBULLYING**  
RESEARCH CENTER

## **Smart Social Networking** Fifteen Tips for Teens

Sameer Hinduja, Ph.D. and Justin W. Patchin, Ph.D.

*Cyberbully Research Center: Smart Social Networking* provides 15 tips for teens. It provides clear reasoning, actionable steps or alternatives. These tips ask youth to think of their futures, peer perceptions, and emotions when sharing online.



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## **Online Safety Tips for Teens**

*North Carolina Department of Information Technology* provides social media tips for teens, but also address privacy and malware. It is important for youth protect their devices too.

