Lei et al. (2020) conducted a cross-sectional study to assess and compare the prevalence and associated factors of anxiety and depression among people affected by quarantine and those unaffected during the COVID-19 outbreak in southwestern China. Data was collected from a convenience sample through internet surveys (n=1593) using a self-rating anxiety scale and the self-rating depression scale. Respondents were grouped as affected group and unaffected group based on whether or not they had been quarantined. The authors found the prevalence of anxiety and depression were approximately 8.3% and 14.6%, respectively. The prevalence of the affected group (12.9%, 22.4%) was significantly higher than the unaffected group (6.7%, 11.9%). The authors acknowledge self-reporting of the data and biases with the sampling design as limitations.

Falcone (2020) conducted a systematic review to evaluate the mental health impact of COVID-19 and review current standards of practice in primary care, psychiatric, and child psychiatry clinics after the adoption of telepsychiatry necessitated by the stay-at-home orders. Participants found they were able to identify with tele-behavioral health practices, including an algorithm used to screen for suicide ideation. Practices saw an increase of telemedicine by 1700% since March 2020. The author concluded tele-behavioral health has been implemented as a successful therapy during COVID-19 to provide care and outreach to high-risk populations.

Chen, Guan, Li & Li (2017) conducted a meta-analysis on breast cancer patients (n=2190) on quality of life (QOL), depression, and distress levels. QOL showed that “telehealth intervention could significantly increase the QOL score related to breast cancer (SMD=0.60, 95% CI 1.18-1.01, p<0.005)”. For depression, a random-effects model showed that telehealth was linked to less depression symptoms (SMD=1.29, 95% CI 2.28 to 0.30, p=0.01). In seven studies, a fixed-effects model displayed that distress was less evident with the telehealth intervention group than the control group (SMD=0.25, 95% CI -0.40 to -0.10, p=0.001). Compared to usual care, telehealth interventions were associated with high QOL and self-efficacy scores with less depression, distress, and perceived stress symptoms.

Wu et al. (2018) conducted a meta-analysis to examine the significance of telehealth implementation in the management of 6249 diabetics. Telehealth intervention reduced HbA1c by a mean of 0.5% (95% CI: -0.6% to 0.0%) compared to usual care. In three studies, a fixed-effects model displayed that HbA1c level in the telehealth group was lower than the control group. Benefits of telehealth included improved glycemic control and easier access to healthcare providers.

Bate and colleagues (2021) examined user and clinician satisfaction during COVID-19 at a large tertiary hospital using a pre-COVID cohort utilizing questionnaires. 5,053 telehealth consultations occurred in the COVID-19 period with 1757 questionnaires completed vs 1917 consultations in the pre-COVID period with 215 questionnaires completed. All participant groups reported a good level of engagement and felt they responded well to having the consultation through video compared to face-to-face consultation. All respondents reported they were strongly willing to use telehealth again.

Continued research is needed to determine the impact on using telehealth post COVID-19.

METHODS

This review examines if the use of telehealth affects an individual’s mental health symptoms. Research terms included COVID, adolescent, young adult, telehealth, telemedicine, lockdown, social isolation, and COVID 19 utilizing the CINAHL database through Cumberland University VisE Library. For the purpose of this review, five studies were found in peer-reviewed journals, were written in English and were published within the past five years to be appropriate to answer the proposed PICO question.

Roy’s Theory of Adaptation focuses on the individual as a biopsychosocial adaptive system and emphasized a person’s ability to cope or adapt. Her work focuses on adaptation, or adaptive behavior, which are produced by altering the environment (Black, 2019). The COVID-19 pandemic has led to increased social isolation as well as deprivation of many essential mental and physical health resources in the adolescent population. Current adolescents have had to adapt to the new guidelines, restrictive environments, and find helpful resources within themselves. By implementing mental health services, healthcare providers can ensure their patients are receiving adequate care to adapt to anxiety, depression, and other stressors that may have developed or worsened since the beginning of the pandemic.