



# Recommendations for Conducting TeleMental Health Services with Sexual and Gender Minority (SGM) Youth and Youth Living with HIV

## AUTHORS

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## Summary



TeleMental Health (TMH), a subset of the broader and more commonly used term “telehealth,” is a term that will be used in this document to describe the provision of mental health services (including assessment, treatment, education, monitoring, and collaboration) remotely using telecommunications technology. TMH may include sessions and services that occur via audio only (phone), audio and video, secure text messaging, email, and/or web-based portals. Synchronous TMH requires the presence of both parties at the same time and a communication link between them that allows for real-time interaction, whereas asynchronous TMH involves sharing information between a client and provider during times that are most convenient for each person, and does not include real-time interaction.

## ETHICAL AND LEGAL REQUIREMENTS:



- Uphold all ethical and professional standards that would be present in an in-person meeting.
- Educate yourself on the different telecommunication technologies available, as well as consider the privacy and security for the client that each could provide.
- Different telecommunication options may work better for some clients and not others, so be willing to **be flexible**. For example, some clients may not have access to any sort of video camera, or may feel uncomfortable seeing themselves on their screen, and thus an audio-only (phone call) TMH session would be ideal. 
- Protect and maintain the confidentiality of information relating to the client, as well as **explain to them the risks** of loss of confidentiality involved in the use of technology. This involves using appropriate security measures such as password protection for video conferencing to protect data from unintended access, as well as proper disposal of data.
- Get into the habit of asking clients for their **current location** at the beginning of every TMH session, so that you can be aware of any safety or security concerns that may arise throughout the meeting. Collecting this information at the beginning of the session is especially important for clients with active suicidal ideation, to ensure that you are prepared to call emergency services on behalf of the client if necessary.
- Before conducting a TMH appointment, familiarize yourself with all laws and regulations related to providing such services. These may **vary state by state**, so be sure to familiarize yourself with legal/regulatory issues in the state where you reside, as well as the state where your clients reside. Specific legal and regulatory areas to explore include 1) licensure, 2) malpractice liability, 3) credentialing and privileging, 4) informed consent, 5) security and privacy, and 6) emergency 

management.

- The U.S. Centers for Medicare & Medicaid Services (CMS) has broadened access to telehealth services, including TeleMental Health, so that beneficiaries can receive a wider range of services without having to travel to a healthcare facility. CMS is expanding this benefit on a **temporary and emergency basis** under the 1135 waiver authority and Coronavirus Preparedness and Response Supplemental Appropriations Act.

### ISSUES UNIQUE TO TELEMENTAL HEALTH WITH CLIENTS WHO ARE SGM YOUTH AND CLIENTS WITH HIV:



- Recognize that the living situations of the client may not be safe and supportive of their identity(ies). Be careful with your use of language relating to a client's sensitive information that involves their serostatus or SGM identity when it is possible **you could be overheard** by family or roommates. Check in with the client regarding their comfort level with their surroundings at the beginning of each TMH appointment.
- Understand that it is **not always feasible for a client to move**—either permanently or temporarily—to a location that is private or around people who are affirming of who they are. Clients may have economic constraints that prevent them from moving out of their current place of residence, and may also depend on the Wi-Fi provided within the home to connect to TMH technologies (i.e., they cannot go to their car for privacy since it is out of their home's Wi-Fi range).
- Communicate with your client before the TMH meeting to problem-solve in the case of the aforementioned location privacy issues. This can be solved by having the TMH session at a time of day when others are not in the house, from another room of the house, or at a supportive friend's house. Discourage the use of cellular data or public Wi-Fi signals at a coffee shop or library, as these connections are not secure and should be avoided to protect the client's confidential data.



### BENEFITS UNIQUE TO TELEMENTAL HEALTH WITH CLIENTS WHO ARE SGM YOUTH AND CLIENTS WITH HIV:

- Understand that some clients will actually be more comfortable with TMH appointments than in-person meetings, and that this comfort level is often more important than your own decision regarding a meeting's location. Many clients have experienced stigma from healthcare environments in the past, or fear encountering stigma in the future, and thus **prefer TMH** appointments conducted in the comfort of their own home.



- Consider the benefits of TMH when it comes to scheduling meetings. Many clients may not be able to meet during regular business hours due to work or school. TMH provides an opportunity to meet with clients in need in a timely manner and in a way that is most accessible for them.
- Consider the cost of TMH meetings in comparison to in-person meetings. For clients who may be experiencing homelessness, are financially unstable, or do not have their own source of income aside from that of their parents, TMH can be a more reasonable option compared to in-person appointments. Eliminating the cost of transportation as well as any **lost pay from time off work** encourages many clients to consider TMH meetings rather than in-person meetings.
- Since arranging transportation may no longer be a constricting factor in when youth clients are able to schedule a TMH appointment, consider having **shorter but more frequent meetings**. Alternatively, consider meeting at different times of day or different days of the week. These new options that are more practical with TMH than standard in-person meetings can yield added insight into an adolescent's day-to-day life and experiences.

## RECOMMENDATIONS SPECIFIC TO TELEMENTAL HEALTH USE DURING THE COVID-19 PANDEMIC AND OTHER INSTANCES OF WIDESPREAD DISRUPTION:

- Take some time to answer any questions the client has regarding any **changes to their insurance**. Many people have lost their jobs or otherwise experienced changes in their employment over the course of the pandemic, and with that comes changes to insurance or loss of insurance. Additionally, changes from in-person to TMH meetings may have an effect on insurance coverage, so this is an issue that must be discussed with clients.



- To maintain a sense of **consistency**, refrain from changing locations from one appointment to the next. Similarly it is helpful to maintain an **uncluttered background**. This can be accomplished in a variety of ways, such as by turning your desk or workspace so that your back is to a wall, thereby limiting background distractions or interruptions. For clients who had formerly met with you in an office space, it can be comforting if you bring decorations from that office (such as a painting or a potted plant) to place in the background of your video.
- Discuss the **loss of social support and safe physical spaces** that has occurred throughout the pandemic. Especially for SGM clients who are not “out”, these spaces may have been very important in the past for their emotional well-being. Consider the differences between physical and online safe spaces, and how the lack of physical contact is affecting the client. Conversely, for clients who are beginning to socialize again in person, having a conversation around reacclimating to a social environment and large group gatherings may be beneficial.

- If the client is sexually active, talk with them about their current sexual behaviors and sexual health. Clients who are currently sexually active may be placing themselves at higher risk for contracting COVID-19 given rising variants and ease of transmission, this is especially so for clients who may not be living with their partner(s). In addition to this risk of contracting COVID-19, many young SGM people have been residing at home with their family during the pandemic, and thus may no longer be in a physical space where they are able to spend time with their sexual and romantic partners, especially if they are not “out” to their family. Acknowledge these risks involved with sex and relationships, but also try to approach the topic from a **harm-reduction perspective**, encouraging the client to be as safe as possible in whatever sex they choose to engage in during the pandemic.



- To further encourage the client to actively protect themselves during the pandemic it is valuable to discuss different public health measures that prevent the spread of COVID-19, including masking and vaccination. These options are useful harm reduction tools, and also provide opportunities for clients to have control over their own safety amid a world where they cannot control much of the stigma and discrimination that they face.



- For SGM clients who receive gender-affirming healthcare, work with them to **process the distress caused by any delay** or halting of this care due to the pandemic. These disruptions may include difficulty accessing hormones, refills, and lab draws, as well as surgeries being postponed.
- In addition to disruptions in gender-affirming healthcare, many clients may need help with any difficulties accessing medications such as Pre-Exposure Prophylaxis (PrEP) or antiretroviral (ART) HIV drugs. Even if you are not directly in a position to help them obtain these medications, it is important to work with the client on how to cope with these disruptions.
- Discuss with the client their experience of Pride month (June) over the course of the pandemic and how **fewer in-person Pride events** may have impacted them. In addition to their experiences of Pride month and the pandemic, it is important to talk with your clients about how the ongoing movement regarding **racism and police brutality** is affecting them. Discuss ways to cope, as well as ways to get involved and to have one's voice heard if that is something that the client wants to do. This can include protesting,

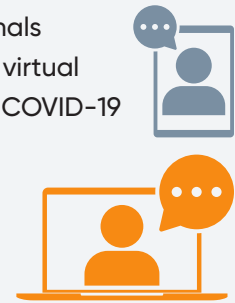
reading reputable works on the topic, having conversations with friends and family, reflecting on the client's own experiences with race and racism, and more.



- Recognize the **compounding impacts** of the pandemic and having an SGM or HIV positive identity on a client's mental health. SGM clients and clients living with HIV will likely need greater consideration from their mental health providers during the COVID-19 pandemic because 1) they are already at greater risk than the general population for experiencing mental health challenges, 2) the pandemic has led to a global experience of anxiety regardless of minority identity, and 3) this common anxiety regarding the pandemic is amplified by the experience of difficult life events during this time that are unique to their marginalized identities (for example, SGM clients and clients with HIV may be at risk of experiencing stigma if they are involved in COVID-19 contact tracing and are asked to identify their sexual partners).

## Conclusion

Ultimately, the opportunities provided by TeleMental Health services for SGM Youth and Youth Living With HIV outweigh the drawbacks, as long as professionals performing TMH are conscious of the added complexity that comes with virtual meetings. In preliminary U.S. studies regarding the use of TMH during the COVID-19 pandemic, TMH via video-call has been shown to be as effective as in-person meetings, has increased retention rates, and has decreased no-show rates among adolescents. Note that further research regarding audio-only TMH is needed before conclusions can be drawn as to its effectiveness, but researchers are optimistic about the future of TeleMental Health services in improving psychological outcomes.



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