

About Online Mental Health Assistance for Students: Discussing the Pros and Cons from a School Perspective

In an October, 2024 edition of the Center's Community of Practice *Practitioner*, we noted:

Personal computer technology has become a multifaceted intervention tool. Advanced technology offers resources for improving almost every facet of efforts to address barriers to learning and promote healthy development. Technology is expanding, exponentially.

One rapidly growing arena is "telehealth" (e.g., using online or phone interactions to teach, consult, and provide health information and care). And as AI takes hold, the possibilities for telehealth seem endless. But serious concerns have to be addressed.

As examples of what schools are doing, we included reference to several items.

One was the following letter from a district Superintendent to Parents/Guardians of students in grades 6-12. a

From time to time, everyone experiences situations that affect their general well-being. Our district recognizes this and, as a result, has introduced a new Student Assistance Program to help all students be more successful at meeting their responsibilities at home and school.

Through the Student Assistance Program, which is available effective 01-01-2023, access to coaching/counseling on various topics will be available to your 6-12 grade child. You can launch services by phone and access information via a mobile app or by using the program website.

The key benefits include the following:

- >No cost to the student. The service is paid for by the district.
- >Available 24 hours a day, 7 days a week, 365 days a year. At any time of the day or night, weekends, and over holidays, you will be able to speak with one of our professionals.
- >You have access to coaching sessions in whichever modality you prefer (virtual or telephonic).
- >Confidential. Although the district will receive utilization statistics on the number of people using the service, no personal, identifying information will be disclosed. No one at the district will know that you have called unless you choose to disclose this.
- >Independent, impartial source of support. Your Student Assistance Program is completely independent and does not represent any organization, including the district.

The Student Assistance Program can support a wide range of school and personal issues. Some examples include: Test Anxiety, Managing stress, Grief/loss, Dealing with academic performance, Improving esteem and confidence'

We hope that you will find the Student Assistance Program to be helpful."

The second item was the following program information from a school district website:

"Our Student Assistance Program (SAP) is a voluntary, short-term, bridge counseling service offered free to students in grades 6-12 for help with personal, family, or school-related concerns. We highly encourage you to seek the help of your school counselor or community counselor during the day.

Need help at night or on the weekend? The SAP is available 24/7/365. Textcoach® is also available for non-pressing issues that may need common sense counseling. This is a text-based app that allows you to text with a life coach or counselor. For more on TextCoach, click [here](#)."

*This document was produced by the national Center for MH in Schools & Student/Learning Supports at UCLA in 2024. The center is co-directed by Howard Adelman and Linda Taylor and operates under the auspices of the School Mental Health Project, Dept. of Psychology, UCLA. Website: <http://smhp.psych.ucla.edu>

The above school described Textcoach® as follows:

“Textcoach® is like having a ‘Coach’ in your pocket to help you stay emotionally fit and healthy. Designed to address issues such as stress, anxiety, and depression– or to proactively build resiliency and enhance coping skills– Textcoach® allows you to work with a licensed counselor from your mobile or desktop device. Start exchanging texts today by downloading the mobile app or visiting the [Textcoach...](#)”

For a research perspective, we included excerpts from a couple of articles:

From an online counseling organization: *[Loneliness from the Adolescent Perspective: A Qualitative Analysis of Conversations About Loneliness Between Adolescents and Childline Counselors](#)*

“...Online counseling provides a feeling of privacy and safety for young people that is conducive to a more open and forthcoming conversation about their issues than that of face to face or telephone counseling. The anonymity and ease of access of online counseling is likely to appeal to individuals who would be reluctant to engage with traditional counseling services....”

From: *[Overview of School-Based Telehealth Network Grant Program Services Delivered to Students in Rural Schools](#)*

“...Recognizing that school-based health care is still not reaching many students, the Health Resources and Services Administration (HRSA) funded the School Based Telehealth Network Grant Program to expand telehealth in rural school-based settings to help to increase the availability and use of these services. The 19 grantees delivered telehealth to over 200 schools across 17 states, choosing which services they would deliver and how. Looking across the services, these fell into three categories – primary/urgent care, behavioral health, and other more specialized services. The majority of grantees offered multiple telehealth services with the combination of behavioral health and primary/urgent care the most common. The current study adds to the literature by elucidating that telehealth in schools can address multiple clinical conditions through separate services even though doing so involves using various combinations of clinicians providing different services.”

And, finally, we included links to some discussions of the pros and cons,

>[Virtual Therapy vs. In-Person Therapy](#)

>[Pros And Cons Of Online Therapy: Is It Effective?](#)

>[Understanding the Pros and Cons of Online Counseling](#)

>[The pros and cons of virtual therapy vs. in-person therapy](#)

as well as this excerpt from *[Ethical Issues in Online Psychotherapy: A Narrative Review](#)*.

“... the top five ethical arguments in favor of online psychotherapy were (1) increased access to psychotherapy and service availability and flexibility; (2) therapy benefits and enhanced communication; (3) advantages related to specific client characteristics (e.g. remote location); (4) convenience, satisfaction, acceptance, and increased demand; and (5) economic advantages. The top five ethical arguments against engagement in online psychotherapy were (1) privacy, confidentiality, and security issues; (2) therapist competence and need for special training; (3) communication issues specific to technology; (4) research gaps; and (5) emergency issues....”

We then outreached to elicit experiences and views from the field

We began our outreach to colleagues with the following message:

“We are amazed at this fast growing movement by schools to pay for online therapy for their students:

“...Now at least 16 of the 20 largest U.S. public school districts are offering online therapy sessions to reach millions of students, according to an analysis by The Associated Press. In those districts alone, schools have signed provider contracts worth more than \$70 million...”

We asked: Do you have

Any concerns about consent issues for children?

Any concerns about the quality of services provided?

Any concerns about the impact on district/school student services staff?

Anything else you think about this fast growing field of online counseling?"

We immediately received the following comments from a distinguished colleague (a university professor) who has a long history related to mental health and schools.

"The first thing to note is that it is overall very positive that schools are taking these mental health issues seriously. Of course, as always, the details matter but given the sorry state of youth mental health services in our country it is overall positive that there are efforts to get students the support they need. Sadly, schools may have learned not to rely on community-based services given the dearth of providers and overall mixed quality. I'll take a stab at responding to your probes

Any concerns about consent issues for children? I would assume that parents would need to consent for services for children under the age of consent which of course differs by state <https://worldpopulationreview.com/state-rankings/age-of-consent-for-mental-health-treatment-by-state>. If over the age of consent, then student consent would be required. But even with parental consent I would expect that the schools arrange for child assent.

Any concerns about the quality of services provided? Yes of course this is a major concern with all types of mental health services and online services especially as they are often less well scrutinized. The primary concern would be the type and quality of the service (e.g., self-administered, group sessions, face-to-face) and the degree of quality monitoring. As you know, in many (if not most) cases, school counselors are answerable to principals who have little or no ability to judge the quality of services. Online is probably even less scrutinized. That said, the literature suggests that these services can be as effective as in-person and it is just now becoming clear what some of those criteria are that contribute to positive outcomes.

Here are links to a couple of articles that could be helpful.

<https://journals.sagepub.com/doi/full/10.1177/1357633X211047285>

<https://psycnet.apa.org/record/2019-54232-001>

Any concerns about the impact on district/school student services staff? My main concern with school based mental health overall is that it ignores the school context and the importance of relationships that bind kids to school. Also, depending on the type of concern, these services will not contribute to helping teachers know how to support their students. This is especially true for disruptive behavior which simply cannot be outsourced to therapy without also addressing classroom issues. But even with anxiety and depression it is important that teachers know how best to support these students. I doubt that online services address these issues.

Anything else you think about this fast growing field of online counseling? Two other issues that comes to mind are the role of parents and the need to establish confidentiality of notes and the degree to which youth have a safe and secure place to receive services. The degree to which parents should be involved in services is correlated with age of student age. But even parents of high school kids often benefit from learning how best to support their child. Regarding confidentiality, these services should be monitored as I note above but it should also be clear that youth have a say in who and how these issues are reported to the school. These are standard issues with clinic-based services but may be less clear when school districts contract with an online provider. Also where students access services is important. Many students will not have full access to computers and therefore maybe using school computers or a centralized family computer. Of if they are accessing by cell phone, are they provided a confidential and safe setting either at home or school?

Let me know if you'd like to discuss this more. Your center is a tremendous resource for schools and families, and I'm happy to play a small part in addressing these issues."

Here are some responses from our outreach to a few other colleagues

1. “Well we got this for our state and it has been a help, but for the cost effectiveness. I really think its a rip off. In 3 years we serviced 48 of 10,000 students. My SBBH program services about 1000 each year for mental heath. Those 48 accessed at home and tend to appeal to internalizers rather than externalizers. The same program offers support in schools as well, but our experience is that they need a proctor and some supervision which made this almost impossible at the schools.”
2. “It seems like a good option as students can access by phone at any place. It would be especially good for rural areas that don’t have mental health professionals and service.”
3. “I believe many school districts will eventually support online counseling. For instance, Baltimore City Public Schools has a partnership Hazel Health as a in school or at home resource for tele-mental health services K-12. Parents, school based clinicians, or School leaders are able to make referrals for short term care. Parents or guardians receive notice and move forward with intake, if applicable. Hazel offers their service model in 15 different languages which supports the diversity of our students/families.”
4. “Recently, I was asked by a regional education service agency to provide them with some information about text "counseling" because some school counselors wanted to know if it was effective (or even advisable). Below is part of what I shared with them.

There are several text counseling options now: Talkspace; BetterHelp; Calmery; ReGain; TextCoach; 7 Cups; Teen Counseling, etc., some of which have an associated cost (for example, BetterHelp is \$75 per week). Only a few insurance companies cover the cost of text counseling and don't or won't reimburse the costs. The Crisis Text Line is free but it's more appropriate for help in an immediate mental health crisis and isn't a replacement for ongoing text counseling.

There is some research that indicates that two-way texting can be effective, but a lot of the research is with adults. One study from 2020 found that, "Remission of depression and anxiety symptoms was observed during delivery of psychotherapy through messaging. Improvement rates were consistent with face-to-face therapy, suggesting the suitability of two-way messaging psychotherapy delivery." (Two-way messaging therapy for depression and anxiety: longitudinal response trajectories - PMC (nih.gov)

Another study considered text-type of therapy for PTSD and concluded that, "Multimedia message delivery for PTSD treatment showed symptom-reduction rates similar to traditional forms of treatment delivery, suggesting further study of messaging as a treatment medium. ("Message Delivery for the Treatment of Posttraumatic Stress Disorder: Longitudinal Observational Study of Symptom Trajectories" - PubMed nih.gov)

Related to children ("Texting at a Child Helpline: How Text Volume, Session length and Duration, Response Latency, and Waiting Time Are Associated with Counseling Impact | Cyberpsychology, Behavior, and Social Networking" - liebertpub.com) a study found that, "The results showed that sessions characterized by more text volume from the counselor in each message, but with fewer messages from beginning to end, were more effective than sessions without these characteristics. Furthermore, session duration was associated with a positive impact, whereas counselor response latency was not. This indicates that clients might benefit from the asynchronous affordance of texting as long as the counselor responds promptly and with dense messages." Another study about children found the texting technology itself was less important than the quality of the interaction between the child and the counselor ("Children's experiences texting with a child helpline" - British Journal of Guidance & Counselling: Vol 48, No 2).

On the plus side, text counseling can make a school-aged child feel connected to someone, which can give them a sense of security; it might be effective in helping children to manage temporary or minor stress to keep it from becoming an anxiety issue; it can help children feel less isolated; it can give children a sense of self-control and management by internalizing the text mechanism as his/her own communication device; some children feel like they have some control in a world where so much seems out of control; children can learn how to identify and focus on what's important in their lives; and some children with underdeveloped expressive language or pragmatic (ability to use

language appropriately in social situations) language skills can better express themselves through texting.

Some things to consider that are not so positive. Texting is just not conducive for relationship building, so there can be a false sense of bidirectional communication because there is no visual context of person to person like in-person or with telemental health with a screen. Mood and tone don't always come across clearly in text written formats, and of course body language doesn't come through at all. Plus, some children have difficulty putting feelings into words and some children who then use the voice feature can create extremely long messages that make it difficult for bidirectional exchange. In addition to the writing challenges, some children have difficulty reading text messages and decoding the meanings, depending on the level of complex language used by the counselor.

Also, there can be a delay between messages while texting, because it's very likely that the counselor is texting with other children at the same time. The length of delays can vary even within the same text encounter, which can heighten the stress level of children.

Sometimes it can be challenging for the text counselor to establish guidelines for the use of the text. Additionally, parent permission for use of some text counselor can be fairly easily bypassed by children. With the growing popularity of text therapy and few safeguards, not all providers are reliable, and privacy issues may be a concern."

5. "On one hand, mental health/counseling services are often over-extended and difficult to access, especially in more rural areas of the country. Having an online Student Assistance Program could reach more youth in a timely manner. Plus, young folks are typically comfortable with online communication and may be more likely to access help online than try to set an appointment at school during the day. With the little information from this district website, it appears that the SAP may be a "bridge" to more intensive assistance and support. This could be helpful if counselors are well-trained and up-to-date on the programs and supports that are available to students that may contact them. Placing a traditionally trained counselor in such a problem by virtue of their credentials would be a mistake. A traditionally trained professional is taught to read a student's body language, voice, or mannerisms that could provide context for working with that student. The online format doesn't allow for that. The most effective programs employ counselors with strong interpersonal skills, training in the use of text-based communication and the ability to support a student in an age-appropriate fashion. 'Age appropriate' means using professionals trained to work with that specific age group - not just using professionals trained in adult-based design principles and interaction styles and simply tailoring reading levels for younger children and adolescents. Limited research available has shown that effective online programs must:
 - > Be age appropriate (as mentioned above, designed for younger children/ adolescents - not simply adjusting reading levels)
 - > Employ professionals specifically trained in online counseling communications
 - > Use professionals who understand and are proficient in securing 'post counseling' support services for students so there are adults in their lives to help beyond the initial contact
 - > Provide timely responses to service requests, and
 - > Be based on behavior change principles underlying empirically-supported treatments.These programs can fill a gap in services and support students when they are well-designed and have the resources they need to run effectively. However, I would caution any district considering such services to think about 'opening the floodgates'. One of the worst things that could happen is that students reach out and don't hear back. Not only does that create additional stress for students, but potentially opens the district up to litigation should the student decide to take drastic action when their request goes unanswered. Like anything else, if it's worth doing, it's worth doing well - and based on the best research available."

General requests were then made to those on the Center's listserv

We asked:

What issues arise when referring students to outside resources, especially virtual help?

(We notice more and more schools are indicating on their websites a referral resource for mental health assistance that may include appointments with a community therapist, a video chat, email, and/or phone contacts. In particular, we are seeing districts contracting with commercial entities to provide students with access to online therapy.)

If you have information or views about this, here are two questions about which we would like to hear from you so we can share with those on this listserv.

(1) *What is your district/school doing or considering doing along these lines?*

(2) *What issues have been discussed about doing or not doing this?*

Let us hear your views and experiences. Send to ltaylor@ucla.edu

Here are some responses we received:

1. "I think that online/telephone counseling should be possible although in person counseling has to be part of the support process, meaning by phone/online only for the first two contacts and after good therapeutic relation is established student could agree with some counseling by phone/online. Kind regards and impressed by your work for the mental health of students and many more."
2. "...The primary concern would be the type and quality of the service (e.g., self-administered, group sessions, face-to-face) and the degree of quality monitoring.... My main concern with school based mental health overall is that it ignores the school context and the importance of relationships that bind kids to school. Also, depending on the type of concern, these services will not contribute to helping teachers know how to support their students. This is especially true for disruptive behavior which simply cannot be outsourced to therapy without also addressing classroom issues. But even with anxiety and depression it is important that teachers know how best to support these students. I doubt that online services address these issues.... Two other issues that comes to mind are the role of parents and the need to establish confidentiality of notes and the degree to which youth have a safe and secure place to receive services..."
- (3) "Over the years I have learned that very few of the referrals from the base of the school to mental health providers/agencies ever get to the point of actually engaging in therapy. I have heard some numbers but not sure how accurate they are? The numbers referred to are of 50 attempts to refer a student and/or his/her family for mental health "therapy", only 3 follow through with contacting the agency or provider, and only one (1) actually get engaged in the process. These dismal statistics, even if they are even close to being accurate, reflect very poor outcomes. Some of the failure factors include: access, affordability, cultural sensitivity, how sensitive and supportive the first person who answers the phone is, and how skilled the person at the school who is trying to encourage the student/family to seek out therapy. A skilled student services worker would need to try to discuss and try to overcome the "resistance issues" with the student/family. Some of the "resistance issues" might include their fears about what this person or place might look like or be, their hesitation and/or general ambivalence, denial that there is actually a "problem", will they think they are "crazy", will they think we are bad "parents/guardians", "will it cost more than we can afford", etc.
One way to lessen the numbers of those who probably won't follow through on their own is what I call "bridging"....In this case, "bridging" refers to bringing an agency representative, or possibly a therapist, into the school to meet with the student and family and the student services professional trying to effect this referral. This gives the student/family a chance to actually connect the "face, feeling tone, and empathy level" of the agency/person with what was only a blank idea or possible distorted view before they met. It gives them an opportunity to ask questions, etc. Of course the student/family would have to agree to such a meeting.

Regarding a comment in your newsletter from today, I am totally against school districts "contracting" with commercial entities to provide access to online therapy". This presents tons of potential liability issues, where the district is not providing the traditional three names or places for consideration, or trying to bridge them to a known agency or provider, but telling people "this is where you should go for the help you need". This is usually a for profit agency that may contract with, or have on their staff, "therapists" who may or may not be qualified, or trained to address the type of diagnostic categories and presenting issues they are being referred there for. I am aware that the number of students "of concern" is great, but I see this as total neglect on the part of a district to need to re-think their student support services, and school pro health and mental health services that are provided by their schools.

- (4) "CareSolace has been providing "connection/referral" services for us and many school districts across the state. They are not a direct mental health provider. What they do is support our district by providing very persistent help in navigating third-party licensed mental health referrals based on the current health insurance provider for the student/family. Their referral lists are generated from local preferred providers, to insurance qualification lists, to vetted regional provider lists.

For telehealth care, we have used Hazel Health since January 2024. This provider has been generally satisfactory, however, we have only referred 20 or so students to date, so the sample size is small. This service is limited to a short duration of services for up to 8 sessions and is not intended for crisis stabilization. For consent, we have parents provide informed consent for this service, which is more restrictive than the law. I think telehealth services meet a specific need, but are not a panacea for the array of student needs that we see on a regular basis. ..."

- (5) "Some of the issues that arise is there is little follow thru on parent side to connect with outside services. It's understandable that parents want it all to be done at school but the bandwidth to do it 'all' with the school setting is not reasonable. With that said, many referrals are made but little follow thru on parent side possibly due to work schedules, cost, transportation or other factors."

To further pursue this matter, the Center is circulating the following memo.

Re: Online Therapy and Schools

FYI and also a request

Our Center is starting to gather more information from sources across the country about what rapidly is becoming a tidal wave of change related to how schools are responding to what many across the country have labeled a "mental health crisis."

We are finding that more and more schools are contracting with commercial entities to provide students with access to online therapy. There are many reasons underlying this trend.

And there are concerns (e.g., about over-commercialization, personnel training and quality of service, lack of connection with school-based interventions, parental consent, privacy, impact on district/school student support staff).

We think this is a matter you would want to be aware of and may have views to share.

If that is the case, please send to adelman@psych.ucla.edu or Ltaylor@ucla.edu .

*See, for example, the following:

>[LA County Invests Big in Free Virtual Mental Health Therapy for K-12 Students](#)

>[Lacking counselors, US schools turn to the booming business of online therapy](#)

Appendix

A Sample of Providers

Increasingly, districts are contracting with and referring to outside providers for a range of services (e.g., therapy/counseling, multitier interventions, special education services). The business is growing so fast that Forbes has published a list of *The Best Online Therapy For Kids of 2024*

Below we provide a sample of providers along with a brief note excerpted from their websites:

1. **BrightLife Kids** – [They state] “Everything BrightLife Kids offers is fully paid for by the State of California. Together, we are working to ensure all California families can find the behavioral health support they need, when they need it. If you have a California zip code and a child ages 0–12, you’re qualified.... [They offer] expert coaching for sleep issues, worry, social skills, and more. Live, 1:1 video sessions, secure chat, on-demand content, and more. Clinical services are provided by licensed physicians and clinicians practicing within independently owned and operated professional practices.”
2. **TalkSpace** – “School stress, relationships, friend drama—teen life can be a lot. So, your city is stepping up to give you mental health support. Now anyone 13-17 living in New York City has access to a Talkspace therapist at no cost....”
3. **Hazel Health** – “Our on-staff therapists specialize in delivering clinically significant improvement across a wide range of students' needs...”. <https://www.hazel.co/>
4. **eLuma** – “eLuma empowers you to reach every student by providing unparalleled mental health services, MTSS consultation, staff professional development and caregiver support. We’ve earned a reputation as unwavering champions in teletherapy for special education by empowering nearly 500 districts through our tailored services aligned with IEP and 504 plans. ...”
5. **Care Solace** – “to support the well-being of students, staff, and their family members. Care Solace is a complimentary and confidential care coordination service that can help you quickly find mental health or substance use treatment options matched to your needs regardless of circumstance..”
6. **Tiny eye** – “By tapping into our large pool of qualified online therapists, you can access an experienced therapist who is ideally suited to your program with the assurance of consistent, quality sessions for your students. Our vast team of therapists offers specialized skills to match your student needs.... We only contract the very best therapist to serve your students....”
7. **Lighthouse therapy** – “ Online Behavioral & Mental Health Services for Schools. Support your students with social and emotional tools to thrive....”
8. **Presence** – “We provide support for assessments, case management and IEP meetings, our award-winning platform, teletherapy hardware and tech support....”
9. **Uwill** – “provides students immediacy and choice with no barriers to tap into our community of licensed therapists. Uwill offers an immediate appointment with a licensed therapist based on student needs and preferences, a direct crisis connection, wellness events...”
10. **Gaggle** – “The school identifies which individuals need additional support... Each weekly session takes place over a secure, HIPAA compliant video call, making it safe and secure to meet with their therapist....”
9. **Electronic therapy** – “E-Therapy ready to be your trusted partner in providing comprehensive therapeutic support for PreK-12 grade students with IEPs....”