



## BRIEF

# TEXTING FOR BEHAVIORAL HEALTH:

## The case for texting as a distinct telehealth modality in California

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### INTRODUCTION

Behavioral health needs have surged in the context of the COVID-19 pandemic and the many other stressors that individuals and communities have weathered.<sup>1</sup> At the same time, states and the federal government alike enacted pandemic flexibilities to support telehealth access out of necessity.<sup>2,3,4</sup> Providers and staff in multiple settings innovated to ensure patients could still access care, creating new work streams or greatly increasing their capacity to provide telehealth services.

Still, texting is an additional telehealth modality which has largely not been expanded during the pandemic. Most states and Medicaid programs do not define texting as a telehealth modality, do not widely offer coverage for texting, and did not enact coverage of texting as a pandemic flexibility.<sup>5,6</sup> As a care modality, texting has the potential to increase access to behavioral health services and to help address unmet behavioral health needs.

Mental health conditions are one of the most common health issues that Californians face, impacting almost 1 in 7 adults in 2019, with many Californians unable to access needed mental health treatments or services.<sup>7</sup> Texting can be leveraged both as a therapeutic modality and for care coordination. This brief focuses primarily on texting's potential as a therapeutic option. As states continue to update their telehealth policies and regulations, the State of California and the Department of Health Care Services should closely consider texting as a distinct telehealth modality.

1 Innovations in telehealth in mental health and substance use during COVID-19. July 2022. National Council for Mental Wellbeing. [https://www.thenationalcouncil.org/wp-content/uploads/2022/07/11.07.22\\_Innovations-In-Telebehavioral-Health-Paper\\_V5.pdf](https://www.thenationalcouncil.org/wp-content/uploads/2022/07/11.07.22_Innovations-In-Telebehavioral-Health-Paper_V5.pdf)

2 J. Volk, et al. States' Actions to Expand Telemedicine Access During COVID-19 and Future Policy Considerations. 2021. <https://www.commonwealthfund.org/publications/issue-briefs/2021/jun/states-actions-expand-telemedicine-access-covid-19>

3 L. Uscher-Pines, et al. Experiences of Health Centers in Implementing Telehealth Visits for Underserved Patients During the COVID-19 Pandemic. 2022. [https://www.rand.org/pubs/research\\_reports/RRA1840-1.html](https://www.rand.org/pubs/research_reports/RRA1840-1.html)

4 Telehealth During COVID-19 Ensured Patients Were Not Left Behind. National Association of Community Health Centers. 2021. <https://www.nachc.org/wp-content/uploads/2021/07/Audio-Only-Report-Final.pdf>

5 Text-based Mental Health in Medicaid: An Advocacy Explainer. Center for Law and Social Policy. 2020. <https://www.clasp.org/publications/fact-sheet/text-based-mental-health-medicare-advocacy-explainer/>

6 Definitions of Telehealth. Center for Connected Health Policy. 2023. <https://www.cchpca.org/topic/definitions-medicare-medicare/>

7 W. Holt. 2022 Edition — Mental Health in California. California Health Care Foundation. 2022. <https://www.chcf.org/publication/2022-edition-mental-health-california/>

## POLICY CONTEXT IN CALIFORNIA

California law defines telehealth as “The mode of delivering health care services and public health via information and communication technologies to facilitate the diagnosis, consultation, treatment, education, care management, and self-management of a patient’s health care. Telehealth facilitates patient self-management and caregiver support for patients and includes synchronous interactions and asynchronous store and forward transfers.”<sup>8</sup>

Though past efforts to amend the state’s definition to specifically include texting have not been successful, the state has signaled its support for a growing variety of telehealth modalities, including remote patient monitoring.<sup>9</sup> California also has recognized the key role of texting and chatting in other areas. For example, the state chose to include text and/or chat in its Family Urgent Response System hotline and in various mental health crisis warmlines,<sup>10</sup> including CalHOPE and the 988 Suicide and Crisis Lifeline. SAMHSA also recognizes texting as a best practice in regional crisis call centers.<sup>11</sup>

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**“A messaging-based intervention is an incredibly scalable, cost-effective way to help manage the enormous shortage of mental health capability in the US.”<sup>12</sup>**



**- William Hudenko**

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## HOW WE DEFINE TEXTING FOR BEHAVIORAL HEALTH

For the purposes of this brief, we use an adjusted definition of texting for behavioral health by the Center for Law and Social Policy as “the use of a mobile platform or app that allows a user to chat via text message with a [behavioral] health provider.” This could occur through phone (i.e., SMS) or mobile app.

Artificial intelligence (AI) and chatbots have been leveraged to support behavioral health and this area will rapidly evolve, meriting close consideration. However, this brief is concerned with texting with a provider/person. Notably, health plans face regulatory prohibitions for “robo-calls” or “robo-texts.”

8 Business and Professions Code - BPC. California Legislative Information. 2023. [https://leginfo.ca.gov/faces/codes\\_displaySection.xhtml?lawCode=BPC&sectionNum=2290.5](https://leginfo.ca.gov/faces/codes_displaySection.xhtml?lawCode=BPC&sectionNum=2290.5)

9 Telehealth Frequently Asked Questions. California Department of Health Care Services. 2023. <https://www.dhcs.ca.gov/provgovpart/Pages/TelehealthFAQ.aspx>

10 Current Services. CalHOPE. 2021. [https://www.calhope.org/pages/current-services.aspx#:~:text=Call%20the%20CalHOPE%20Warm%20Line,%20317%2DHOPE%20\(4673\)&text=The%20peer%20counselors%20listen%20with,hope%20and%20help%20them%20cope](https://www.calhope.org/pages/current-services.aspx#:~:text=Call%20the%20CalHOPE%20Warm%20Line,%20317%2DHOPE%20(4673)&text=The%20peer%20counselors%20listen%20with,hope%20and%20help%20them%20cope)

11 National Guidelines for Behavioral Health Crisis Care Best Practice Toolkit. Substance Abuse and Mental Health Services Administration. 2020. <https://www.samhsa.gov/sites/default/files/national-guidelines-for-behavioral-health-crisis-care-02242020.pdf>

12 Text Messaging Is the Next Gen of Therapy in Mental Health, Says New Study. PsychReg. 2020. <https://www.psychreg.org/text-messaging-therapy/>

## TEXTING COULD ADDRESS BOTH SYSTEM AND INDIVIDUAL PATIENT NEEDS IN CALIFORNIA

There are many potential uses of texting in behavioral health including counseling and therapy, medication management, case management, crisis response, and substance use disorder (SUD) recovery. California should consider texting for behavioral health services for many reasons, including:

- **Convenience for the patient:** Like other forms of telehealth, it is a convenient option that doesn't require transportation or time away from work/school.
- **Lower barrier option:** Texting can be a lower barrier option, particularly for individuals who may be hesitant to access behavioral health services due to stigma.
- **Familiar for youth:** Texting is a widespread and comfortable option for youth.<sup>13,14</sup>
- **Patient preference:** Texting could be preferable for some, including for people who do not have a private space to access other forms of telehealth care, people who may find video telehealth overwhelming (e.g., some people with social anxiety), and people experiencing domestic violence.
- **More accessible given digital divide:** Texting is more accessible compared to live video, because texting doesn't depend on a strong internet connection or having a smartphone or laptop.
- **Feasible in context of the provider shortage:** Texting could support people in areas with a behavioral health provider shortage.<sup>15</sup> Providers can "see" more patients via text than via other types of visits including in-person or live video. Additionally, providers in areas without provider shortages can provide texting services to patients in shortage areas.

13 Text Messaging Is the Next Gen of Therapy in Mental Health, Says New Study. PsychReg. 2020. <https://www.psychreg.org/text-messaging-therapy/>

14 Text-based Mental Health in Medicaid: An Advocacy Explainer. Center for Law and Social Policy. 2020. <https://www.clasp.org/publications/fact-sheet/text-based-mental-health-medicaid-advocacy-explainer/>

15 Ibid.

## OTHER STATE ACTIVITY IN TEXTING AND TELEHEALTH

**California practitioners and policy makers can learn from other states that have enacted texting expansions in telehealth.**

**WASHINGTON:** In 2020, Washington obtained an 1135 waiver allowing the state to cover texting during the pandemic to "provide assessment, diagnosis, intervention, consultation, supervision and information in lieu of an in-person visit."<sup>1</sup> The flexibility was temporary and expired with the state's public health emergency (PHE) in 2023.

**MARYLAND:** In 2020, Maryland expanded its definition of telehealth to include more modes of electronic communication (allowing reimbursement for texting and chat).<sup>2</sup> Notably, this broader telehealth definition does not expire after the PHE ends.

**COLORADO:** In 2020, Colorado declared an emergency rule to expand telehealth to include live chat. Colorado submitted a state plan amendment and enacted a bill to allow live chat and phone to be covered telehealth modalities and to require that telemedicine be reimbursed at parity with in-person services.<sup>3,4,5,6</sup>

1 Apple Health (Medicaid) clinical policy and billing for COVID-19 (includes telemedicine/telehealth). Washington State Health Care Authority. 2022. <https://www.hca.wa.gov/assets/billers-and-providers/apple-health-clinical-policy-and-billing-COVID19-faq-20220201.pdf>

2 S. Hickey. Maryland's Medicaid telehealth law opens new opportunities for young people. Center for Law and Social Policy. <https://www.clasp.org/blog/marylands-medicaid-telehealth-law-opens-new-opportunities-young-people/>

3 A. Coursolle. California should take steps to allow text- or chat-based telehealth services. 2021. <https://healthlaw.org/california-should-take-steps-to-allow-text-or-chat-based-telehealth-services/>

4 <https://hcpf.colorado.gov/provider-telemedicine>

5 Colorado Senate Bill 20-012. Colorado State Senate. 2020. [https://leg.colorado.gov/sites/default/files/2020a\\_212\\_signed.pdf](https://leg.colorado.gov/sites/default/files/2020a_212_signed.pdf)

6 Colorado State Plan Amendment (SPA) #: 20-0012. Centers for Medicare & Medicaid Services. 2020. <https://www.medicaid.gov/State-resource-center/Medicaid-State-Plan-Amendments/Downloads/CO/CO-20-0012.pdf>

- **Less expensive than more traditional mental health services:** Text-based platforms tend to be less expensive than other options, with one estimate reporting that text therapy is 40% of the cost of face-to-face services.<sup>16,17</sup>

While there are clearly many uses for texting, as with any form of telehealth, clinical appropriateness and patient choice are paramount. Additionally, while texting could replace an alternative service, texting could also be used in combination with other types of care (including other forms of telehealth or in-person care). For example, texting could be useful to promote ongoing communication between in-person visits, such as texting with a mental health counselor or therapist in between video or in-person visits.<sup>18</sup>

## RESEARCH ON TEXTING IN BEHAVIORAL HEALTH

Existing research indicates that text messaging is effective for a variety of conditions, including medication adherence for antiretroviral therapy, self-management for diabetes, and certain health behaviors (e.g., physical activity, weight loss, and smoking cessation).<sup>19</sup> However, research on texting effectiveness for behavioral health is still nascent. Most evidence to date either reports a benefit to patients or is inconclusive. While the research evidence is early and still growing, texting may be particularly promising for certain types of health needs (like behavioral health) or for certain patient populations (like youth). The Appendix describes findings from some key reviews and studies on texting for behavioral health.

<sup>16</sup>Text-based Mental Health in Medicaid: An Advocacy Explainer. Center for Law and Social Policy. 2020. <https://www.clasp.org/publications/fact-sheet/text-based-mental-health-medicaid-advocacy-explainer/>

<sup>17</sup>D. Crosse, et al. The Effect of Messaging Therapy for Depression and Anxiety on Employee Productivity. Journal of Technology in Behavioral Science. 2019. <https://link.springer.com/article/10.1007/s41347-018-0064-4>

<sup>18</sup>Substance Abuse and Mental Health Services Administration (SAMHSA). Telehealth for the Treatment of Serious Mental Illness and Substance Use Disorders. SAMHSA Publication No. PEP21-06-02-001 Rockville, MD: National Mental Health and Substance Use Policy Laboratory. Substance Abuse and Mental Health Services Administration, 2021. <https://store.samhsa.gov/sites/default/files/pep21-06-02-001.pdf>

<sup>19</sup>A.K. Hall et al. Mobile text messaging for health: a systematic review of reviews. Annual Review of Public Health. 2015. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4406229/>

## RECOMMENDATIONS

As the state signals increasing support for texting in behavioral health (e.g., crisis hotlines and warmlines), it's important for California to also consider texting as a reimbursable benefit in Medi-Cal. The State of California could pursue different options to cover texting as a reimbursable benefit including:

- **Adjust the state's definition of telehealth to include texting:** State legislators could introduce and enact legislation to adjust the state's definition of telehealth to specifically include texting.
- **Pursue a waiver or demonstration to cover texting for behavioral health through a pilot program:** The Department of Health Care Services could consider a pilot program, potentially with a limited number of counties, to implement a texting benefit. Pilot counties could be prioritized based on behavioral health need, plan readiness to support a texting benefit, and behavioral health provider shortages.

*Delta Center California is an initiative that brings together behavioral health and primary care leaders to accelerate care improvement and integration through policy and practice change. One arm of this initiative, the State Policy & Partnership Roundtable, convenes state-wide behavioral health and primary care associations and organizations to support collaborative policy solutions.*

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<https://deltacentercalifornia.jsi.com/>

## **Appendix: Results Of Key Studies On Texting In Mental And Behavioral Health**

### **Text Messages in the Field of Mental Health: Rapid Review of the Reviews**

Focus: Text message services in mental health treatment (including effectiveness and feasibility)

Study setting: Rapid review of text messaging for mental health (published up until 2021)

Sample size: 60 review articles met inclusion criteria

Main finding: Texting services were effective for psychotic disorders and SUD; mixed results for depression and anxiety. Most reviews noted a “considerably high risk of bias” among reviewed studies. Reviews reported high satisfaction with texting services among patients with a variety of mental health conditions, including severe mental illness.

### **Efficacy of synchronous telepsychology interventions for people with anxiety, depression, posttraumatic stress disorder, and adjustment disorder: A rapid evidence assessment**

Focus: Synchronous telepsychology for depression, anxiety, posttraumatic stress disorder, and adjustment disorder

Study setting: Review of randomized controlled trials (published 2005 - 2016) focused on synchronous telepsychology (phone, video, “internet delivered text based”)

Sample size: 24 randomized controlled trials (RCTs)

Main finding: Study ranked evidence for synchronous internet-delivered text-based interventions as “unknown.”

### **Effectiveness of text messaging interventions for the management of depression: A systematic review and meta-analysis**

Focus: Texting for depression management

Study setting: Review of randomized controlled trials (published 2000 - 2019) comparing text messaging interventions to a control group for patients with depression

Sample size: 9 RCTs; 5 RCTs used texting alone as the intervention, others combined texting with another treatment (like cognitive behavioral therapy)

Main finding: Marginal evidence indicates that text messaging interventions are an effective treatment modality for people with clinical depression. Additional research needed to understand how to best use text interventions alongside other more traditional services.

## Suitability of Text-Based Communications for the Delivery of Psychological Therapeutic Services to Rural and Remote Communities: Scoping Review

Focus: Text-based e-mental health counseling services

Study setting: Review of systematic reviews and meta-analyses (global, not limited to US)

Sample size: 70 studies met inclusion criteria

Main finding: Real-time text-based communication with a therapist was found to be an effective form of mental health service delivery, particularly for those concerned with confidentiality or stigma. 18 studies found “text-based e-mental health services” were effective in treating mental health conditions.

## The Effect of Messaging Therapy for Depression and Anxiety on Employee Productivity

Focus: Text therapy for depression and anxiety

Study: Retrospective within-study design (no control group)

Sample size: 51 (mean age 34 years, 67% female)

Main finding: Clinically significant reduction in depression among 84% of participants (31 of 38) with depression and anxiety among 67% of participants with anxiety (25 of 39) after text therapy