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TRANSITIONING FROM ONSITE TO ONLINE PSYCHOTHERAPY VISITS
DURING THE COVID-19 CRISIS

UNIVERSITY OF SAN DIEGO
Hahn School of Nursing and Health Science
Beyster Institute of Nursing

DOCTOR OF NURSING PRACTICE PORTFOLIO

by

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A portfolio presented to the

FACULTY OF THE HAHN SCHOOL OF NURSING AND HEALTH SCIENCE
UNIVERSITY OF SAN DIEGO

In partial fulfillment of the
requirements for the degree

DOCTOR OF NURSING PRACTICE

May 2021

Abstract

Background: On March 19, 2020, the governor of the State of California, Gavin Newsom, issued executive stay at home order due to the coronavirus disease (COVID-19) pandemic (State of California, 2020). In a private psychiatric practice in southern California treating patients with anxiety and depression, psychotherapy treatment was abruptly affected by that order. The purpose of this project was to transition from onsite to online psychotherapy visits to ensure the continuity of care and facilitate patients' progress in dealing with mental illnesses during the COVID-19 crisis.

Aims: The proposed solution to the problem of decreased access to care during the pandemic was to continue psychotherapy in patients with anxiety or depression via telepsychiatry, thus contributing to reduced symptomatology.

Methods: Eight patients participated in the project. Outcome data were collected to assess symptoms changes and overall quality of life in patients who received psychotherapy treatment for anxiety and/or depression via telepsychiatry. The results across patients were assessed after the sixth and twelfth telepsychotherapy sessions.

Results: Mean patient health questionnaire scores (PHQ-9) decreased 58.5% at midterm and 75.5% at final tests and mean general anxiety disorder questionnaire (GAD-7) scores decreased 61.3% at midterm and 85.7% at final tests. Mean health related quality of life questionnaire (HRQoL-14) scores for unhealthy days decreased 79.7% at final tests.

Conclusions: This project calls for the need for a practice change by promoting telepsychiatry treatment as the gold standard of care for patients with mental illnesses during epidemics and other traumatic events restricting access to care.

Keywords: Telepsychiatry, telemental health, telehealth, telemedicine, telepsychology, telepsychotherapy, videoconferencing, psychotherapy, depression, anxiety, mental illness, pandemic

Word count: 250

Transitioning from Onsite to Online Psychotherapy Visits during the COVID-19 Crisis

Description of the Clinical Problem

Mental illness is a medical problem involving changes in emotions, thoughts, and behaviors; which may influence an individual's ability to function effectively and may present in many forms with mild to severe symptoms (American Psychiatric Association [APA], 2018b). In 2019, the National Alliance on Mental Illness (NAMI) reported that millions of people in the United States were affected by mental illness each year and estimated that one in five American adults experience mental illness, with one in 25 experiencing serious mental illness (NAMI, n.d.). According to the World Health Organization (WHO), "Mental health conditions are increasing worldwide with a 13% rise in the last decade and two of the most common mental health conditions, depression and anxiety, cost the global economy \$1 trillion each year." (WHO, n.d.).

Unfortunately, those with mental illness face multiple challenges including those posed by the coronavirus disease (COVID-19) pandemic. On March 4, 2020, the governor of the State of California, Gavin Newsom, proclaimed a state of emergency to exist in California as a result of COVID-19, and on March 19, 2020, he consequently issued executive stay at home order N-33-20 to protect the public health and safety (State of California, 2020). The stay-at-home order limited access to mental health care because many services had to be stopped abruptly and many practices even had to close their doors due to the restrictions generated by the order.

The COVID-19 pandemic resulted in stress and uncertainty for the entire population. For those with mental illness, lack of access to care in this time of stress increased their vulnerability and put them at higher risk for deteriorating mental health

and other comorbidities, leading, in the worst-case scenario, to suicide. The Centers for Disease Control and Prevention (CDC) announced that during a crisis like a pandemic, feelings of isolation, depression, anxiety, and other emotional or financial stresses are known to increase the risk for suicide, and recommended that people with preexisting mental health conditions should continue with their treatment and be aware of new or worsening symptoms (CDC, n.d.).

In a private psychiatric practice in southern California treating patients with different types of mental illnesses including anxiety and depression, psychotherapy treatment was abruptly affected by the stay-at-home order. Current evidence-based (EB) treatments for people with mental illness include psychotherapy or counseling, medication, or a combination of both. These are the treatment modalities that have been effectively provided in the practice for the management and amelioration of patients' mental health conditions. Therefore, transitioning from onsite to online psychotherapy visits was an important strategy to ensure the continuity of care and facilitate patients' progress in dealing with mental illnesses during the COVID-19 crisis.

Proposed Evidence-based Solutions

A literature review was conducted using the following nursing and health sciences databases: CINAHL, Cochrane Central Register of Controlled Trials, PsycARTICLES, PsycINFO, and PubMed. Keywords used for the initial search were telepsychiatry, telemental health, telehealth, telemedicine, telepsychology, telepsychotherapy, videoconferencing, psychotherapy, depression, anxiety, mental illness, and pandemic. The initial search resulted in 14,634 articles. Those articles were then narrowed down to full-text articles, published in English in the past 10 years, with a human population,

resulting in 1,159 articles reviewed. A total of 7 articles were selected because they demonstrated evidence-based solutions that resulted in increased access to care and improved patient outcomes. The levels and types of evidence of the articles were rated using John Hopkin's Appendix D evidence level and quality guide (Dang & Dearholt, 2017). Six articles were rated as level I-A - randomized controlled trials, systematic reviews or meta-analyses, and one was rated as level V-A - literature reviews or opinions of nationally recognized experts based on scientific evidence.

The proposed solution to the problem of decreased access to care during the pandemic was to continue psychotherapy in patients with anxiety or depression during the COVID-19 crisis via telepsychiatry, thus contributing to reduced symptomatology. In their study, Bashshur, Shannon, Bashshur, and Yellowlees (2016) conducted a literature review on the effects of telemental health in the treatment of mental illnesses, in which they analyzed 25 studies (23 randomized controlled trials [RCTs], one survey, and one prospective cohort study). All of the studies focused on health outcomes including symptoms and quality of life improvement. Generally, the studies indicated that telemental health was an effective treatment for depression and anxiety disorders, improved mental healthcare in primary care settings, and improved outcomes when patients had comorbid medical conditions. In addition, the studies demonstrated that telemental health provided a useful link for patients with special needs and made care accessible in areas with limited or no professional mental health resources (Bashshur et al., 2016).

Another study that included 65 reviews and meta-analyses evaluating the efficacy of guided and unguided eHealth approaches to psychotherapy, concluded that either

guided or unguided eHealth was acceptable to patients and effective in improving depression, anxiety, alcohol-related problems, and general mental health compared to being on a waitlist for care. In addition, the studies demonstrated that either guided or unguided eHealth enhanced traditional psychotherapy treatment by being an adjunctive component to it (Bennett, Ruggero, Sever, & Yanouri, 2020). Similarly, a systematic review by Harerimana, Forchuk, and O'Regan (2019) analyzed nine studies that examined the effects of telehealth provided to older adults with depressive symptoms. They concluded that telehealth had a significant impact on health outcomes, including reduced depressive symptoms, hospital admissions, and emergency visits, as well as improved access to care and better cognitive functioning.

In another study, Choi et al. (2014) completed an RCT analyzing depression and disability outcomes of telehealth problem-solving therapy (PST) provided via skype video call compared to in-person PST and telephone care calls for 158 low-income homebound older adults. They found both tele-PST and in-person PST were efficacious treatments, however, the effects of tele-PST on both depression and disability outcomes were sustained significantly longer than those of in-person PST over a six-month period following therapy. Effect sizes for the Hamilton rating scale for depression (HAM-D) score changes at 36 weeks were 0.68 for tele-PST and 0.20 for in-person PST, and effect sizes for the World Health Organization disability assessment schedule (WHODAS) score changes at 36 weeks were 0.47 for tele-PST and 0.25 for in-person PST (Choi et al., 2014).

In another RCT study, Morriss et al. (2019) investigated whether clinical and economic outcomes were improved by providing remote cognitive behavioral therapy

(RCBT) via videoconferencing or telephone to 156 repeat users of unscheduled care with severe health anxiety compared to treatment as usual (TAU). RCBT significantly reduced health anxiety scores at 6, 9, and 12 months compared to the TAU group (mean change difference HAI = -2.81 , 95% confidence interval [CI] = -5.11 to -0.50 , $P = 0.017$). In addition, the RCBT group showed significantly greater reductions in generalized anxiety at 6 and 12 months and depression at 12 months, and improved overall health at 12 months (Morriss et al., 2019).

Finally, the Behavior Therapy Journal published two RCT studies in 2015 that evaluated clinical and cost-effectiveness of therapist-guided internet-delivered cognitive behavior therapy for older adults with symptoms of anxiety and depression. These studies indicated that the treatment groups had significantly lower general anxiety disorder questionnaire (GAD-7) and patient health questionnaire (PHQ-9) scores than the waitlist control groups ($p < .001$) at the end of treatment. In addition, the GAD-7 and PHQ-9 scores of the treatment groups post-treatment and at 3 and 12 months were all significantly lower than their pretreatment scores ($p < .001$) (Dear et al., 2015; Titov et al., 2015).

Methods

EBP Model

The Iowa model of evidence-based practice (EBP) is a practice model that guides clinicians in the use of evidence to improve health care outcomes (Rycroft-Malone & Bucknall, 2010). This model has been validated as a practical tool for the EBP process across diverse settings. It links practice changes within the system and promotes excellence in health care (Buckwalter et al., 2017). The Iowa model has the major

strengths of guiding the process of applying evidence in practice, addressing how to select priority EBP topics, and facilitating project implementation and evaluation of resulting changes in patient and/or staff outcomes. Decision points in the model assist in driving the process forward (Bliss-Holtz, 2007). The Iowa model is appropriate for various health care disciplines including physicians, nurses, physical therapists, and allied health personnel (Rycroft-Malone & Bucknall, 2010).

The Iowa model was chosen because it provided valuable tools that guided implementation of the project, beginning with identification of a clinical problem and generation of a practice question that led to piloting a practice change and evaluation of its effects on patient outcomes. The main goals of the project were to maintain access to mental health care services and to decrease levels of anxiety and/or depression experienced by clients by providing online EB psychotherapy treatment during the COVID-19 crisis.

Project Approval

The project proposal was presented by the project leader to the lead psychiatrist of a private psychiatric practice and the project leader's faculty advisor via remote technology to discuss the identification of the problem, background information, data found in literature reviews, the purpose of the study, its importance, its design, and the process for the implementation. Consequently, the project was approved by both of them, whose letters of approval were then obtained. As a result, an application letter for approval was then submitted to the University of San Diego (USD) Institutional Review Board (IRB) entity. The application letter would have preferably been submitted in person, but due to the COVID-19 restrictions, the letter was submitted via email. The

project leader submitted the application letter for approval and received guidance from USD faculty advisor. Once the project was approved by the IRB, the project was implemented.

Stakeholder Identification

This EBP project consisted of two types of stakeholders; process stakeholders and outcome stakeholders. The process stakeholders are the ones who would want updates of the project and, thus, received updates on a weekly or monthly basis. The outcome stakeholders are the ones who would be interested in the results of the project and, thus, were informed of the results at the end of the project after its six-month timeframe. The person responsible for communicating all updates and results of the project to all stakeholders was the project leader.

Process stakeholders consisted of USD IRB entity, lead psychiatrist, and project leader's faculty advisor. The lead psychiatrist received weekly email updates regarding the project and met with the project leader via monthly videoconference or telephone meetings at which updates and recommendations were discussed. The project leader's faculty advisor received electronic weekly updates on the project and also met with the project leader on a monthly or bi-monthly basis via videoconference. Outcome stakeholders consisted of patients receiving telepsychotherapy, the USD IRB, practice providers, and other mental health professionals. The final results were presented at a stakeholders' presentation at the practice and at the USD Doctor of Nursing Practice (DNP) project presentation day.

Description of EBP Project, Facilitators & Barriers

The objective of this EBP project was to transition the utilization of onsite psychotherapy treatment into online psychotherapy to help maintain access to mental health care services and to continue reducing the severity of symptoms for patients with a diagnosis of anxiety and/or depression at a private psychiatric practice during the COVID-19 Crisis. The project leader provided EB psychotherapy treatments, such as cognitive behavioral therapy (CBT), supportive psychotherapy, and counseling, via telepsychiatry. Telepsychiatry, also known as telemedicine, telehealth, telemental health, and telepsychology, is a general term referring to the delivery of mental health care services at a distance via videoconferencing or telephone. According to the APA (2018a), telepsychiatry using video conferencing is a validated and effective practice of psychiatric medicine that increases access to care. Therefore, for the purpose of this project, telepsychiatry was provided via video using Zoom technology by means of which the patient and the project leader were able to see each other for individual psychotherapy using their own computers or cellphone devices.

The EBP project took place over 6 months from June to November of 2020. Patients with a diagnosis of anxiety and/or depression and in need to start CBT treatment, were initially informed by lead psychiatrist that psychotherapy treatment was going to continue to be available to them via telepsychiatry in order to maintain continuity of care and achievement of desired clinical outcome. During the timeframe of the project, lead psychiatrist recommended eight patients to participate in the project, and thus, all eight were selected. Therefore, patients' severity of depression and/or anxiety was assessed using the PHQ-9 questionnaire or the GAD-7 questionnaire, respectively, before the

initial telepsychotherapy session, at midterm after their sixth session, and at the end after their 12th session. In addition, patients' quality of life was evaluated using the health-related quality of life questionnaire (HRQOL-14), before their initial telepsychotherapy session and after the twelfth session. All data were gathered by the project leader who compared them across the three time periods.

Facilitators for this project included the lead psychiatrist who is also the project leader's mentor, the support of the University of San Diego (USD) Hahn School of Nursing and Health Science, and the project leader's faculty advisor. Besides, increasing the knowledge of patients and their families by educating them about the positive results of EB psychotherapy treatments via telepsychiatry would add them also as key facilitators for this project. Barriers include patients' resistance to change, resistance due to the stigma of mental illness, and patients' noncompliance. To overcome these barriers, studies resulting in improved patients' outcomes by the use of EB psychotherapy treatments were presented and explained to patients via Zoom technology. In addition, weekly emails and video calls were provided to patients to encourage their participation and compliance.

Process Indicator Data Monitoring

This EBP project consisted of different process indicators that were monitored during the implementation of the project. Initially, educating about telepsychotherapy for the treatment of anxiety and/or depression was provided to patients; before and during the implementation of the project. This was achieved by providing educational handouts via email and Zoom technology. One process indicator included the number of weekly emails sent to patients to remind them of the tools and skills learned in the psychotherapy

sessions and to motivate their participation. A second process indicator was the number of weekly or biweekly telepsychotherapy sessions conducted. In addition, psychotherapy sessions were monitored by the lead psychiatrist for quality of practice. Finally, patients' follow-up appointments were monitored for no-shows or cancelations to ensure patients got rescheduled and, thus, were able to continue receiving consistent treatments. These data were monitored daily to facilitate rescheduling as needed.

Outcome Indicator Data Monitoring

This EBP project additionally consisted of outcome indicators that are known to be used for monitoring the results of interventions used in a project. Project outcome indicators included patients' anxiety or depression scores; collected monthly using the GAD-7 and PHQ-9 questionnaires, respectively. These questionnaires were collected via email after they were completed by patients prior to their initial psychotherapy session and after their sixth and twelfth session. Initial data were collected at the beginning of the project and were compared to data collected after to assess symptom changes.

HRQoL-14 questionnaires were used as another outcome indicator to assess the effect of telepsychotherapy on patients' functionality and quality of life. These data were also collected before receiving telepsychotherapy and after patients' twelfth psychotherapy sessions, when patients described their overall health when compared to their health before participating in this project.

Data Analysis and Results

Data Analysis

Outcome data were collected to assess symptoms changes and overall quality of life in patients who received psychotherapy treatment for anxiety and/or depression via

telepsychiatry. The results were analyzed for each patient after the sixth and twelfth telepsychotherapy sessions, and the final results across patients were assessed at the end of the project's six-month timeframe.

Project Participation

A total of eight patients participated in the project - seven Hispanic females and one Hispanic male between the ages of 31 and 58. Four patients were being treated for depression and all had a diagnosis of anxiety. Telepsychotherapy sessions were conducted in Spanish and English, as per patients' preferences, and all patients completed the 12 psychotherapy sessions via telepsychiatry.

Project Outcomes

At the midterm and final telepsychotherapy, there were significant improvements noted across all outcome measures. Mean PHQ-9 scores for the four patients with depression demonstrated a 58.5% decrease from the initial tests ($M = 13.25$) to midterm tests ($M = 5.5$), and a 75.5% decrease in mean scores from the initial tests to the final tests ($M = 3.25$); indicating significant improvements from moderate and moderately severe depression to mild and minimal depression across all subjects (Figure 1).

Across all patients, mean GAD-7 scores for anxiety demonstrated a 61.3% decrease in mean scores from the initial tests ($M = 14.87$) to midterm tests ($M = 5.75$), and an 85.7% decrease in mean scores from the initial tests to the final tests ($M = 2.12$) also indicating significant improvements from moderate and severe anxiety to mild and minimal anxiety across all subjects (Figure 2).

Furthermore, significant improvements in the number of reported unhealthy days were seen across all subjects after evaluating and comparing the HRQoL scores from

their initial and final questionnaires (Figure 3). Across all patients, mean HRQoL scores for unhealthy days demonstrated a 79.7% decrease from the initial tests ($M = 19.75$) to the final tests ($M = 4$).

Figure 1

Patient Health Questionnaire (PHQ-9) Scores for Depression

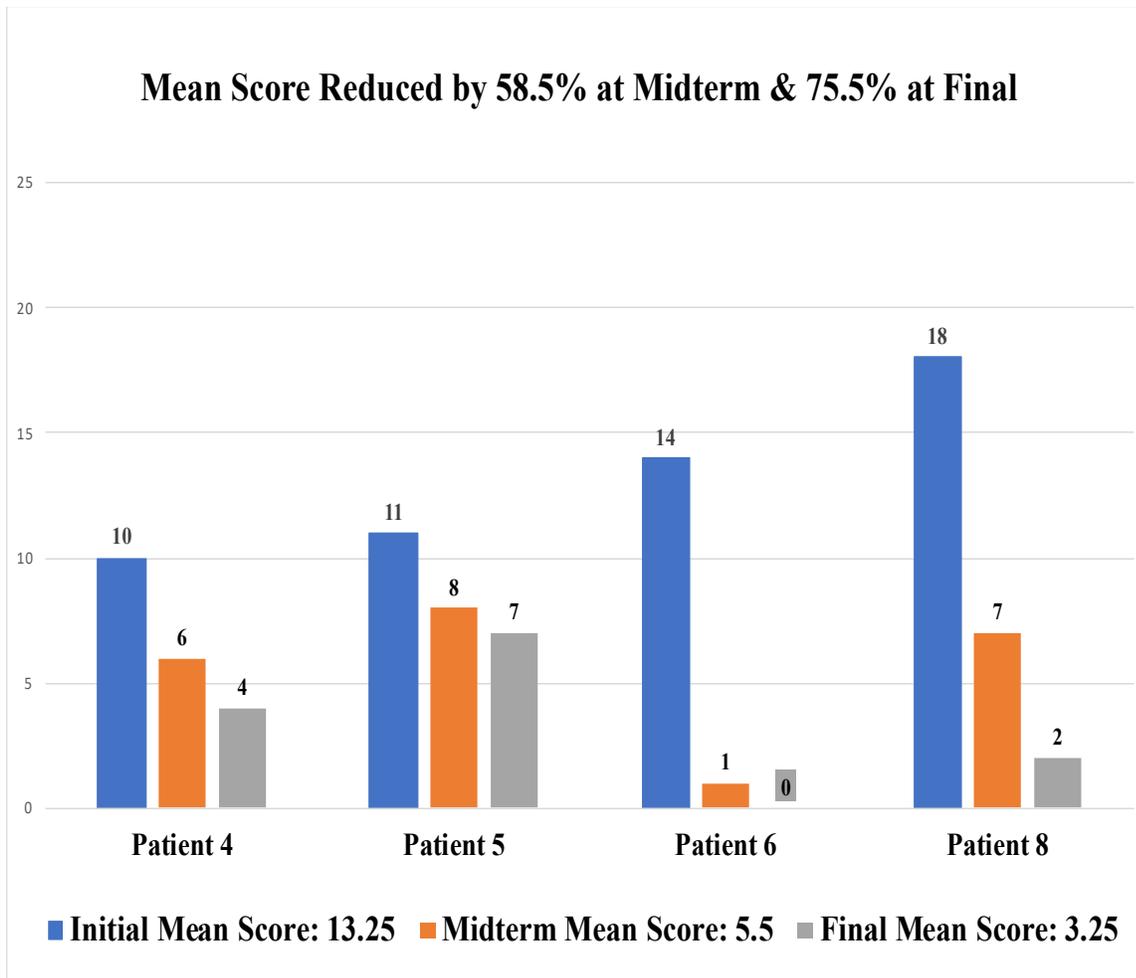


Figure 2

General Anxiety Disorder Questionnaire (GAD-7) Scores for Anxiety

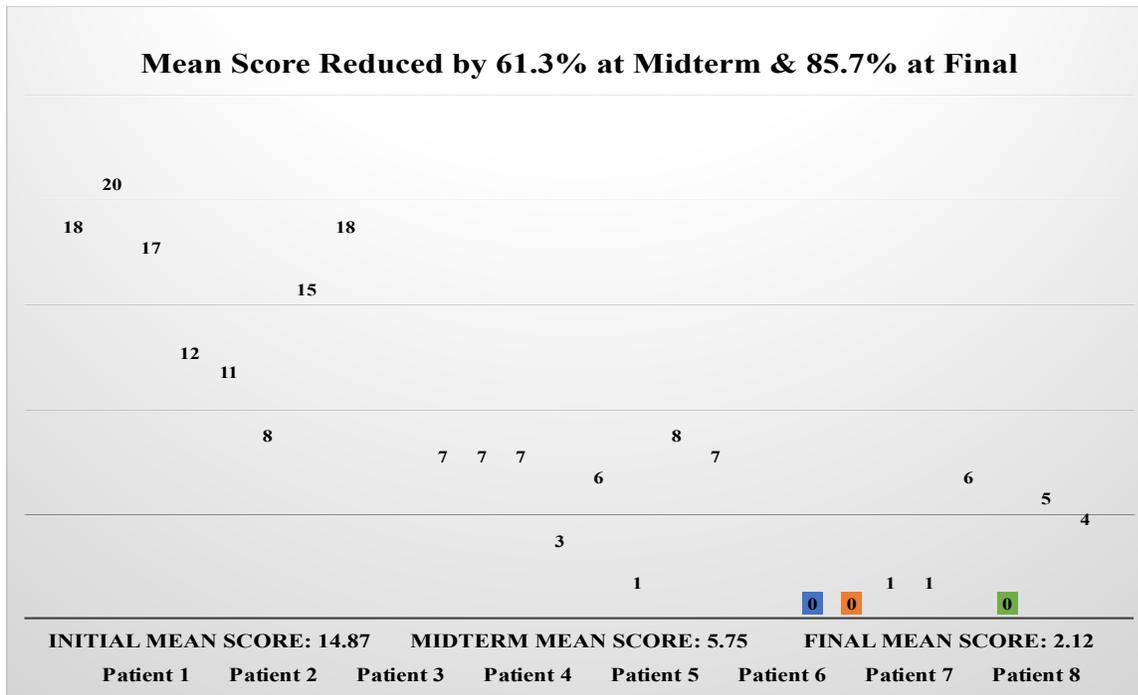
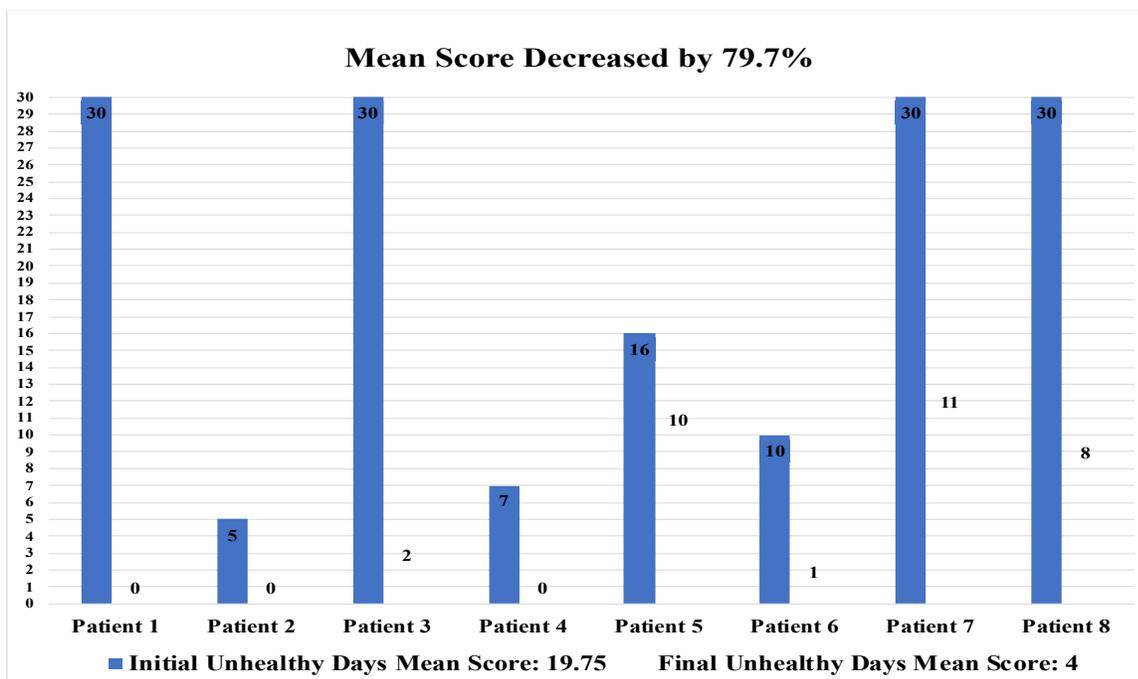


Figure 3

Health Related Quality of Life Questionnaire Scores for Unhealthy Days



Cost/Benefit Analysis

There were no costs associated with this EBP project. The project leader, who is a Doctor of nursing practice (DNP) psychiatric mental health nurse practitioner (PMHNP) student, volunteered his time as a therapist to provide therapy sessions to all patients included in this project. The cost to deliver therapy includes the cost of using the Zoom application plus the therapist's time. There was no cost for the use of the Zoom application as this was a free application, and the cost for the therapist's time would have been \$65 per hour. He provided a total of 77 hours of therapy; equating to a total cost of \$5,005 for the therapist's time. However, since this was a volunteered time, the cost was considered as savings instead. Copies of the CBT worksheets, PHQ-9, GAD-7, and HRQoL-14 forms did not create any cost either as they all were sent and filled out electronically.

In the United States in 2010, 15,446,771 people were estimated to have major depressive disorder (MDD) and the financial hardship of this disorder was calculated to be \$210.5 billion (Greenberg, Fournier, Sisitsky, Pike, & Kessler, 2015). In addition, WHO (2016) calculated that the number of people suffering from depression and/or anxiety increased by almost 50% from \$416 million to \$615 million between 1990 and 2013, and also estimated that, during emergencies, such as the COVID-19 pandemic, as many as 1 in 5 people are affected by depression and/or anxiety. Failure to provide effective treatment of mental illnesses such as depression and anxiety is known to increase the risk for other comorbidities, thus resulting in a more costly financial burden. Therefore, implementing this EBP project not only reduced the costs caused by these disorders but also resulted in attaining higher-quality, longer lives free of preventable

disability, which is one of the goals of Healthy People 2020. Estimates of the costs and benefits of the project are provided in Table 1.

Table 1

DNP Project – Cost-Benefit Analysis

Resources	Cost	Rationale
Cost to deliver therapy: Cost of Zoom application plus therapist's time (\$65/hour)	Cost of Zoom: \$0.00 Therapist time: \$65.00 x 77 hours = (\$5,005)	Considered instead as cost savings since this was volunteered time
PHQ-9, GAD-7, and HRQoL-14 Questionnaires, and CBT worksheets: 128 copies	\$0.00	Forms sent and filled out electronically
Benefits	Cost	Rationale
15,446,771 MDD cases x \$13,627.44 in treatment cost per case	\$210.5 billion	This DNP project helped reduce the yearly cost of depression
People suffering from depression and/or anxiety between the years 1990 and 2013	Increased by almost 50% from \$416 million to \$615 million	This DNP project helped reduce the yearly cost of depression and anxiety
Invaluable benefits	Improved severity of symptoms of depression and anxiety Improved functionality and quality of life Improved access to mental health care during the COVID- 19 pandemic	

Implications for Research and Practice

Project Impact

Telepsychiatry treatment is fundamental for the continued management of mental illnesses during the COVID-19 crisis. This project improved patient outcomes.

Continuity of care was maintained, while patients and families acquired increased knowledge of the EB treatments available to them. In addition, patients exhibited

improved symptoms, functionality, and quality of life as measured by the HRQoL, PHQ-9, and GAD-7 screening tools.

Sustainability

As the main goal of this EBP project was to improve patient outcomes and access to mental health care, the new practice change must remain sustained until it is possible to return to in-person care. The first step to ensure the sustainability of this project is to continue seeing patients via telepsychiatry during the COVID-19 restrictions and to continue collecting HRQoL-14, GAD-7, and PHQ-9 questionnaires monthly and compare them every 6 months. This should be done to continue access to mental health care and to continue monitoring symptom severity and quality of life. The second step to ensure sustainability is to standardize access to mental health care during the COVID-19 restrictions and other similar events via telepsychiatry. This should be accomplished by having an accessibly written guideline to telepsychiatry for all clinicians, with a list of all the different types of psychiatric-mental health treatments that can be provided to patients via telepsychiatry. Continued monitoring of outcome measures and standardizing the treatment of mental illness via telepsychiatry during the similar catastrophic events can improve mental health care and its effectiveness.

Conclusions

Abrupt discontinuation of access to mental health care services presents various clinical problems in the management of mental illnesses, including worsening of symptoms and poor long-term outcomes. The telepsychiatry intervention used in this project demonstrated that mental illnesses can be managed efficiently and effectively via distance mechanisms. It can also be concluded that providing psychotherapy via

telepsychiatry has been successful not only in decreasing symptomatology, but also in improving functionality and quality of life in patients with depression and/or anxiety.

This EBP project calls for the need for a practice change by promoting telepsychiatry treatment as the gold standard of care for patients with mental illnesses during epidemics and other traumatic events restricting access to care.

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