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Trend story

As the coronavirus shutdowns have become more widespread, mental health professionals have shifted to providing teletherapy services online via video chat. Students have had to adjust to a new way of receiving mental health support.

While symptoms of mental health illnesses remain prevalent within college student populations, before and after the pandemic, students reported increased levels of depression in spring 2020 compared to fall 2019, according to a report from the Healthy Minds Network, in collaboration with the American College Health Association. HMK also reported that “Sixty percent of students indicate that the pandemic has made it more difficult to access mental health care.”

Stacy Kuwahara, deputy director of Kern County’s Behavioral Health and Recovery Services said her role has not changed much since the pandemic as she is still able to work virtually from home but the transition to remote-based services has been really big for her staff.

“We work for the county agency and we serve the Medicare population, she said. “So the people we’re serving are along the more severe spectrum of mental illness.”

The Kern County outpatient team has gone through massive changes in the majority of their services. They are now doing video sessions, phone sessions, and field visits where they go see patients at home while maintaining social distancing.

The staff who work with children and young adults reported that their patients love online therapy as they are very comfortable with the technology.

And the staff who were primarily working with adults reported that it has been difficult to connect with new clients.

“It’s especially harder to begin to build rapport outside of a face-to-face interaction,” she said.

Kuwahara also stated that there has been some struggle with clients who do not understand or have access to technology. Nearly 75 percent of Americans reported they either don’t have access or are unaware of their telehealth options, according to a study on telehealth by JD Power.

Another barrier that comes with teletherapy is clients’ reluctance to have online sessions due to the lack of privacy in their homes.

“They might not want their clinicians to see the environment that they’re living in,” Kuwahara said.

Dr. Karin Hodges, a member of the American Psychological Association, said telehealth and telepsychology have been a huge adjustment for many of her patients.

“Online sessions are more focused,” she said. “Patients can sometimes fatigue more easily.”

Hodges said teletherapy has been working well with adults and college-age students. She mentioned that one of the main benefits of online therapy is that her patients are able to enjoy the safety of their own homes.

“I’m where they want me to be,” Hodges said. “I’m on the screen and not actually in their homes.”

However, not every patient is content with this novel way of receiving mental health care. Hodges said that teletherapy has proven to be more difficult for patients who benefit from being in the presence of their therapists.

Sanjana Kumar, a rising senior at Boston University, said her transition from regular face-to-face therapy sessions to online therapy was difficult. She said she was unable to connect with her thoughts and express them properly as she normally would.

“Physical space matters a lot,” Kumar said. “I feel like online therapy is being used out of necessity and it’s much more beneficial to be there in person.”

Carina Lee, a rising senior at Boston University, said she installed a lock on her bedroom door so no one would be able to come in during her online therapy sessions.

Lee stated there wasn't much of a difference between remote and in-person therapy as her online therapist was the same therapist she had already been seeing throughout the year.

Because there weren't many adjustments Lee had to go through, her sessions have not been different at all.

"The only adjustment was the timezone difference," Lee said.

While teletherapy and telemedicine may be convenient, the most important thing is "figuring out safety plans and contingency plans," Hodges said.

"If you're with somebody who is in acute distress and they're threatening to harm themselves or someone else," she said. "This becomes very difficult when you're in a remote situation."