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RESEARCH

University clinicians continue providing accessible virtual mental health services despite relaxed COVID-19 restrictions

by Michal Ruprecht
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Ann Arbor resident Donna Babcock joins her therapy group every week with the click of a button.

"When the screen goes on, we're all sitting there in the Zoom meeting," Babcock said. "Some people are rushing from work, and sometimes your dog comes in and photobombs you, but we're all laughing. You really get to know people better (online)."

Babcock's therapy group, facilitated by Michigan Medicine, shifted to online meetings last March when the COVID-19 pandemic first **hit** the state. Since the transition, her group has remained online, even after widespread **vaccine rollout**.

Allison Lin, an addiction psychiatrist at Michigan Medicine, said she notices a preference for **telehealth** among patients with fewer resources or who live in rural areas.

"If you don't have a car and it takes you three bus transfers to get to a clinic appointment and you have to do this once a week, that's just not going to be feasible," Lin said.

Though Babcock's therapy group began in person, she said a personalized dynamic continued during the virtual meetings. According to her, even members who have only experienced the virtual therapy sessions have been able to experience that same support.

"When a person says it's been a bad week and they start crying, you can just see everybody sort of almost reaching through their screen to comfort them — you can just feel that," Babcock said. "As the group has gone on, we've added new people who we've only met online and luckily they seem to come right in and just become accepted right away into the group."

Medical student Mary Martin grew up in a rural area. She thinks telehealth could improve access to mental health resources in towns like hers because many U.S. counties **don't have** mental health professionals.

"I do look forward to using telehealth in the future, given that research suggests it improves access for patients in low-resource communities," Martin said. "For some patients, (telehealth) is their only option to receive mental health services. For others, the convenience of being in their home promotes participation in mental health services."

LSA senior Nick Brdar, executive director of Wolverine Support Network, said he uses telehealth with his therapist. He agrees with Martin and said clinicians could use telehealth as a tool to expand accessibility to mental health care.

"For a lot of people, there are a lot of barriers to accessing mental health care," Brdar said. "I see some of those barriers being overcome with telehealth. I see a therapist whose office isn't located in Ann Arbor and … telehealth allowed me to find a provider who was a good fit for me."

LSA junior Nabeel Mohammad, incoming president of Phi Delta Epsilon, a U-M medical fraternity, said physicians could use telehealth as a tool to expand accessibility to mental health care.

"I've seen it firsthand at the doctor's office I work at — accessibility (to mental health services) is a huge problem," Mohammad said. "I think that telehealth gives a lot of opportunity to patients that live in rural areas or don't have access to transportation."

As a result of the stigma associated with mental health, Lin said mental health-related conditions **tend** to be the most untreated health care conditions. According to the Surgeon General, only about 10% of patients with a substance-use disorder **seek** care; some of that discrepancy is **attributed** to this stigma.

Lin said she believes telehealth may be a tool clinicians could use to reduce this stigma. Physically entering a doctor's office may be a barrier for some, Lin said, so offering telehealth is important.

"It's really hard sometimes for our folks to even pick up the phone and call for help because there's a stigma," Lin said. "Someone that attends a treatment visit on their lunch break and is able to call in and talk to their therapist about a pretty sensitive topic … may reduce some of the stigma, which we know is a barrier for treatment."

Although mental health services via telehealth became more accessible during the pandemic, experts saw a **rise** in substance use and overdose rates. University President Mark Schlissel also **noted** an increase in mental health and alcohol-related hospital visits in an Oct. 29 University-wide email.

"This past week, a higher percentage of student emergency department visits were related to mental health and alcohol than in prior weeks," Schlissel wrote. "So please reach out and ask for help if you need it."

Lin emphasized that individuals with mental health conditions were disproportionately impacted during the pandemic. She said that developing new models of telehealth can help clinicians combat the rise in mental health and substance abuse issues.

"Folks with mental health and substance use disorders I think had greater struggles (during the pandemic), and (the pandemic) likely exacerbated their symptoms and their substance abuse," Lin said. "We really need to think about how to improve the way we deliver care for all of these folks. How do we actually better reach people, make care more accessible, less stigmatizing so that we could shift the needle on how many people are seeking help."

One issue that **remains** in telehealth is internet access, according to Martin. She said many individuals in her rural community **relied** on public internet hotspots to tune into therapy sessions.

"I grew up in a rural Appalachian area with scattered Wi-Fi deserts," Martin said. "While I do have access to Wi-Fi at home, the Wi-Fi is unreliable. I have taken meetings and even appointments from a McDonald's parking lot … some students completed their entire primary school curriculum during the pandemic in a McDonald's parking lot."

Although Babcock would like to see her therapy group in person, she said she still looks forward to virtual meetings.

"I think telehealth is here to stay," Babcock said. "We were sort of hoping to (be in person) just so we have a chance to give a hug. But I think it's going to be some telehealth and some in person."

Brdar said he believes telehealth will remain, but he suggested that mental health care may be delivered via a hybrid model in the future. He added that some issues with telehealth need to be addressed, like patient confidentiality for those who attend telehealth visits in a shared living space.

"It's tough to find spaces to take telehealth appointments," Brdar said. "A lot of students in Ann Arbor don't live alone. Even if you're in your bedroom taking those therapy or psychiatry calls, I think there's the fear of breaking confidentiality with roommates around."

Lin said she is also hopeful that telehealth will remain as an option for patients, but is worried that as pandemic restrictions ease, telehealth may be rolled back. Lin said that more research into the effectiveness of telehealth is needed.

"I'm hoping that the policy will continue to be evidence-based because one of the problems is that there hasn't been enough research (into telehealth)," Lin said. "A lot of patients are now used to telehealth. No matter what we do, we just have to make sure that there's a lot of flexibility and meeting people where they're at."

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