

# Episode 63: Virtual mental health care

In this episode, we look at the Boynton Mental Health Clinic's coronavirus response and patients' reactions, speaking to providers at Boynton and students who have experienced virtual therapy.

## Ava Kian and Ethan Quezada

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MEGAN PALMER: Hey y'all, and welcome back to another week. As we settle into the semester, many University services are being offered differently than before the pandemic. Virtual services, such as therapy through the Boynton clinic, are presenting new benefits and challenges for patients and providers alike. Here's Ava and Ethan with the story.

AVA KIAN: Hi everyone, I'm Ava Kian.

ETHAN QUEZADA: I'm Ethan Quezada, I'm an intern reporter and I'm a recent transfer student here at the U —you're listening to In the Know, a podcast by the Minnesota Daily.

KIAN: Campus culture has already changed immensely, from students having a curfew to changes in student housing and class instruction formats. In today's episode, we'll be speaking to students about their telehealth experiences at Boynton Mental Health Clinic amid the pandemic. We'll also talk to interim director of the Mental Health Clinic at Boynton Health and a therapist at Boynton, to get a full look into the accessibility of telehealth.

AMBI: ZOOM RING

QUEZADA: The transition into telehealth in March was difficult for some students who had been used to in-person therapy. Margot Reddy has received therapy at Boynton – both during the pandemic and before.



MARGOT REDDY: And at first, it was really hard at first I was I like kind of stopped seeing my therapist because I didn't really want to have to deal with it, especially because I actually was in New York during the pandemic, because that's where I'm from. But then my therapist actually reached out to me. She messaged me, she's like, "Hey, we haven't spoken in a while, are you okay?" and I started seeing her again.

QUEZADA: Melissa Fellrath, another returning student to the Boynton Mental Health Clinic, expressed the differences between virtual therapy and in-person. In Mel's case, the cancelation of in-person sessions even led to a change in their therapy style.

MEL FELLRATH: I tend to do a lot with my hands and she can't really see that over to zoom. So that kind of makes like a barrier in her understanding, like what's going on. And then there was like a certain form of therapy that we were going to do. But that requires us to be in person. So we kind of had to switch what we were going to do.

AVA: A big critique of telehealth from students is the failure to capture body language.

REDDY: I feel like especially because I'm a psychology major. I feel like a lot of what therapists do is read body language and if you know I'm sitting behind my computer and you can only see my face like, they're missing pieces to it. So like they can't really read how I'm feeling based on how I'm acting so much.

QUEZADA: According to both Margot and Mel, an important detail in determining the efficacy of virtual therapy is the level of comfort they have with their therapist. They imagine that for students who are new this semester to Boynton's services, it may be more difficult to open up over Zoom.

FELLRATH: Yeah, I think I was lucky enough to have gone there and have met my therapist several times in person, but I feel like if I didn't have that chance it's really difficult to like have that connection with her.

REDDY: Because I've already known my psychiatrist and my therapist for a while. It wasn't as uncomfortable and they kind of knew me already. I feel like if you've never met a therapist before and then you're starting over, zoom, like that's a really, really uncomfortable situation.

KIAN: It seems that virtual therapy's efficacy greatly depends on the individual's preferences. Virtual therapy has proven effective for some, including Mel.

FELLRATH: I've actually found it a little bit easier. Just because you're not actually in the same room.

KIAN: While Margot actually prefers a less comfortable setting to express herself.

REDDY: I think that they probably have made it easier for me because it's like, oh, I don't have to go take the bus or go take a walk to have a therapy session. But I also feel like in some ways. I'm obviously more comfortable in my house. So if I'm struggling with something, I feel like I'm not able to really express the struggle that I'm feeling because I'm in a comfortable setting.

QUEZADA: The Mental Health Clinic's transition to using telehealth services happened back in March, upon the university implementing remote learning. We spoke to their interim director, Matthew Hanson, to see how the clinic responded to the sudden changes.

AMBI: BOYNTON PHONE LINE – "THANK YOU FOR CALLING"

MATTHEW HANSON: It was very rapid and during that time, we had to develop processes, procedures, policies around providing telehealth, effectively, safely confidentially to students.

KIAN: As students moved back to their hometowns last spring, Boynton's ability to use telehealth depended on the state regulation for healthcare licensing, which typically prevents providers from giving care across state lines.

HANSON: We have a lot of students who were not from Minnesota. And at that time, there was a number of conversations that we had about whether or not we could provide care for them. them being students that were across state lines, you know, in Wisconsin or Iowa or the Dakotas or Illinois or any of the states where students do come from when they attend the U of M.

With the pandemic came a series of executive orders across the country from each of the Governor's, many of whom provided latitude within their telehealth policies to be able to provide care for students because they knew that, you know, people should be staying home at that time

So we've been having to pay very close attention to each of those states to make sure that we're still in compliance with the state statutes and rules of those local governments.

QUEZADA: According to Matthew, therapists quickly familiarized themselves with new technology, and new ways of communicating behind a screen.

HANSON: So it took us a little while I think to get accustomed to the way of delivering services. By, you know, looking at a camera and modulating voices in a different way and, you know, attending to emotion and affect. It's a little bit different in the zoom space, but it's proven to be effective from our standpoint and students seem to get, get what they're needing from it too.

KIAN: Another roadblock towards implementing telehealth was the accessibility factor. Matthew says some students can more easily access healthcare now that it's remote, but for others it's hard due to slow internet or lack of service.

HANSON: I think in many ways for many students, accessibility will be increased. You know, people can Talk, they can, you know, have a session on their phone.

For other students, though, that accessibility probably has gone down. students that don't have good internet connection, you know, might not have reliable cell service, might not be in a safe environment where they can have a telehealth therapy session.

KIAN: Overall, accessibility depends on the individual's family situation and the level of support available when seeking help.

HANSON: You know, I've heard stories to have students that had to, you know, like, find their way to a closet in their house because they didn't really have a secure room or a safe room that they could go to, you know, family situations just differ a lot. And some families are very supportive of one another and some are less supportive of one another and creating space for somebody to receive mental health care just might not be acceptable or, or available. So it's a bit of a mix, I would say. On paper, it feels like it should be much more accessible, but that's one of the ones where the devil might be in the details.

KIAN: Following the university's decision to move classes to remote learning, Boynton saw a significant drop in appointments. The number of appointments nearly cut in half from 731 the week of March 2, to 371 during the first week of remote learning.

HANSON: We saw a big change in March. And a lot of that change early on came from the interstate limitations. So you know, we do see a lot of students from Wisconsin, fewer from the Dakotas and fewer from other states. So Wisconsin is our biggest pool for sure of non-Minnesota residents. So we saw a pretty significant drop at that time. So I think when a lot of students returned home, I think things made their needs may have changed a little bit.

QUEZADA: During the early stages of Boynton's telehealth implementation, the mental health clinic continued to offer some walk-in services for students in crisis. The number of therapists on staff remained the same, and the clinic continued to operate at nearly full capacity.

KIAN: During the transition to telehealth, Ana Zedginidze, a therapist at the Boynton Mental Health Clinic, said the biggest challenge to successfully using telehealth was...

ANA ZEDGINIDZE: I mean, technology, technology, technology is just. I can't emphasize that enough because we use an electronic healthcare record system, you know, there's a few different steps in terms of gaining access to that in a secure way. So just setting that up was just a huge challenge.

KIAN: While telehealth was a way to keep people apart, and keep them from getting sick, it's also been a way to keep seeing students who are sick.

ZEDGINIDZE: One of the things that surprised me, Like a benefit of telehealth popped up is we've been actually been able to see students who are like quarantining or showing symptoms or isolating and that's something we would have never even been able to do.

KIAN: Ana even said that telehealth actually allowed some students to overcome the stigma of seeking mental health help.

ZEDGINIDZE: And even since the pandemic. We've seen a lot of new students who are seeking services and have really used the pandemic as kind of an introduction or starting point to try therapy and mental health services. So really, it felt more of like it almost like with the stigma of seeking mental health kind of became a barrier that we've seen some students overcome and have used this pandemic as an intro.

QUEZADA: Matthew says that despite being virtual, Boynton provides a level of care similar to that of pre-COVID, unlike other fields of healthcare that heavily rely on seeing patients in person.

HANSON: I think that we've been able to do standard practice pretty effectively. I haven't noticed a big change in that. It does seem like mental health care is probably one of the vehicles for health care that's the most amenable to telehealth, you know, we have colleagues here in the, in the clinic in the larger clinic in Boynton, you know, an eye care or physical therapy, you know, the dental clinic was shut down for clear reasons when the pandemic happened.

ZEDGINIDZE: It was a hard experience. We have to still wear masks, make sure we're socially distant. I would say it's more difficult to see a student in person without seeing half their face than it is to meet with us over zoom. I rely a lot on your facial reactions and your smile or whatever it might be. And it's harder to see that. And it's harder to pick up on some of that when we're sitting far away as well. So to me as a provider. I appreciate that. I can see your face. I can't see your full body language maybe, but I am still in tune to at least your facial reactions as well. And that's important.

REDDY: I think that temporarily. It's fine. But I think that in the long term, more people are going to actually suffer from mental health issues.

KIAN: As a result of telehealth use during the pandemic, health care providers are planning for the use of telehealth technologies, even in a non-COVID world.

ZEDGINIDZE: So I actually think that Telehealth is here to stay, no matter what happens with COVID.

I think because it does reduce barriers for students to have to be here is a strong reason why we will continue it. Another piece is that a lot of our students leave for breaks and summer and often interrupts their care in terms of mental health. And just knowing that we might be able to see students through summer and through breaks. I think would be another reason why we would continue telehealth past COVID.

FADE UP & UNDER OUTRO MUSIC

PALMER: In other University of Minnesota news — campus's Weisman Art Museum is set to reopen on October 1st. The Minnesota Student Association has launched a task force in the wake of the pandemic to examine student food and housing insecurity. And as the window for completing the 2020 census draws to a close, the neighborhoods around the U remain the lowest reporting in the city of Minneapolis. We'll see you next week.