

Jessica Boland is talking to her computer. "Well, how about the stairway?" she asks. "Will that work?"

Boland is actually talking via her laptop to Rhonda, one of her long-standing patients, who's wandering around her apartment with Boland on her phone's screen. The two are trying to get a telecounseling session started, but Rhonda lives with her husband and her adult daughter in a tight two-bedroom in Chicago's south suburbs. Everyone's at home, sheltering in place. Unless she goes in a closet and speaks in a whisper, privacy here is not an option.

DAY 37 APRIL 14, 2020

Total # of SARS-COV-2, NAA Ordered to Date

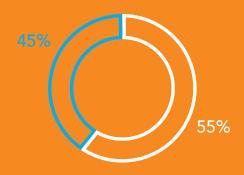
553

Tested Negative to Date

300

of Confirmed Cases to Date

251





No, the stairway's no good. Rhonda doesn't want the people who live across the hall to overhear. She'll go out in the back yard. That should work, assuming her next-door neighbors aren't sitting out on their back patio.

They're not. The session gets underway.

Rhonda's predicament is hardly unique among Boland's patients. "We have a lot of big families, extended families, living in small apartments," Boland explains. "So where can you be by yourself for 30 minutes or an hour? It's an issue. More than a few of my patients have done sessions from their cars."

Thanks in part to Rhonda's ingenuity in carving out a private space for herself where none seems to exist, remote mental health counseling has been a great boon to her, according to Boland. "She sees me and also psychiatry," she explains, "She really has a lot going on. She's always had a lot of trouble coming to her regular visits in the clinics, even though she's really committed to her treatment, really likes coming to her sessions. But she always has to borrow a car. So of course she has to cancel a lot."

Now Rhonda doesn't need a car to see her therapist – or a bus or a train, for that matter. She hasn't missed a session in three weeks. The change in her is unmistakable. "Her voice, her affect is so different," says Boland with a warm smile. "In the past she was usually very guarded, very withdrawn. Now she's brighter, talking about positive things, rather than this went wrong, this went wrong. She's the best I've ever seen. I'm not saying it's all the result of our sessions, but clearly she's feeling very supported right now."

Part of that change may be due to the ease

with which telecounseling allows Boland to try innovative approaches to Rhonda's therapy. "She has a lot of conflict with her daughter, lots of arguing about family allegiances," Boland explains. "It has a big impact on her mental health. For a long time I've wanted to do a session with both of them, but it's been hard enough for just Rhonda to get here. Coordinating an appointment when her daughter's working and going to school, that was never going to work. But last week, Rhonda was brave enough to invite her daughter to join her in the session. She just invited her into the room. So simple."

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As frightening headlines about COVID-19 stream every hour from every direction, Boland has not been surprised by the spike in anxiety among many of her patients. "They're worried about getting the virus," she says. "They're worried about their family members. They're worried about losing their jobs. They're worried about paying their rent. It all cascades."

While the pandemic has exacerbated long-standing mental health problems for some, for others the pandemic *is* the mental health problem. "We've had a number of new patients who've come to us just because they need help dealing with the stress and fear they're experiencing with the epidemic," Boland explains. "I shouldn't say 'just'. These are huge issues. We're going to see a lot of PTSD in the wake of this thing, as we always do with any wide-scale disaster."

Counterintuitively, the drastic shelter-in-place order has been therapeutic for some of Esperanza's behavioral health patients. "Teenagers with social anxiety issues, everything at school triggers them," Boland explains. "Well, now they have to stay home, they can't go to school. They're doing incredibly well."

Boland also sees how some patients feel a greater willingness to share difficult personal information when they're sitting at home rather than in a clinician's office. One of her patients, Camila, is a 15-year-old high school sophomore who's been working with Boland for about a year. Camila has always been quite shy and reserved, so it didn't surprised Boland that she opted for a phone-only session with no video. "And as we're talking, she began opening up about the fact that she's starting to be attracted to girls," Boland explains. "She's dating a classmate, in fact. Her family is very traditional, very conservative Mexican-American, and she's heard them say some not-so-supportive things about same-sex relationships. We had this really robust, really in-depth conversation. A huge step forward for her. And I honestly think not sitting there in my office and having me looking at her, I think that let her open up a lot more."

From Boland's point of view, the two frantic days spent creating Esperanza's telehealth system may have an enormous payoff. "Our no-show rate has dropped significantly," she says. "Patients don't have to coordinate getting out of work, getting out of school, finding childcare, finding transportation. If our mission is to make health care as accessible as possible to folks who face a lot of barriers, well, here we are."

The pandemic gave community health centers a unique opportunity to develop a truly effective telehealth system, but the regulatory changes that allowed this innovation are, for now, temporary. "There's a lot of bureaucratic red tape that has made telehealth unuseful to a community health center for a long time," she says with sudden force. "But now that we see how well it works, how it serves the interests of patients, of health care providers, of the city, of the state, of *everyone*, they will have to find a way to keep this going. They can't walk this back."



