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THE NEW ENGLAND JOURNAL OF RELATIONAL AND SYSTEMIC PRACTICE: TELEHEALTH DURING THE PANDEMIC

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Amidst a global pandemic that has taken loved ones from their families, taken us away from our commuting routines and patients, and has literally encapsulated us in our homes, the opportunity to utter the words “post-pandemic” feels like a momentary relief. This relief is then followed by questions and reflections about what life will look like returning to our new “normal”, how we will continue to challenge historical inequities in mental health care, how to address worries about the health risks of returning while there is still a pandemic, what to do about vicarious trauma and clinician burnout, and simultaneously confronting a concurrent racial pandemic. As vaccines become more accessible to the public in the coming months, anxiety and relief seem to go hand-in-hand as clinicians and clients ponder on returning to in-person in the near future.

However, some therapists are apprehensive to return as they have realized how better they are able to meet the need for mental health services without added barriers of transportation. For some clients, the thought of returning to in-person therapy is appealing, while for others it feels like another wall they have to climb to get the help they need. Tele-therapy may remain the best option for some clients and even therapists in the long-run. Therapists may worry about safety precautions due to being immunocompromised or having immunocompromised family members, do not want to take a mandatory new vaccine, or perhaps question if they still remember how to be with clients in-person without the constant anxiety about whether they may catch covid-19. For those that want to return to in-person, they may be experiencing the effects of burnout from working more than they normally would at home due to the added layer of technology, lack of physical movement and more importantly, lack of social support or loss of previous outlets for stress.

Furthermore, tele-therapy has also shined a light on the communities that have been left to fend for themselves, evidenced by families or older adult clients dropping out of services due to lack of access or exposure to the virtual platform, if not for the help of community involvement such as individuals making it their interest to educate older adults on how to schedule appointments online as well as community fundraisers to increase access to technological devices for families and children in need. Currently, the rise in Anti-Asian hate has rightfully and urgently re-centered the Asian community as needing allyship and advocacy to decrease hate speech and crimes and de-stigmatize mental health by discussing the compounding negative mental health outcomes from being in a historically marginalized target group inaccurately blamed for the spread of the virus in addition to experiencing similar anxieties about catching the same virus.

Our hope for this second publication is to expand the conversation space and reflect on what we have learned about the practice of telehealth. Over this past year we have seen how quickly life as we know it can change. As systems therapist we know that this is the nature of change. What have we learned over this past year that might inform NEAFAST about cultivating a more responsive, inclusive, and supportive professional community? We look forward to the challenge, and the opportunity.