Equitable Access to Telehealth Services in a Digital World

Although change is an inevitable, and often dreadful part of life, the COVID-19 pandemic has aggressively pushed the world into a state of innovation and transformation that no person could have predicted. The global pandemic led to the minimization of face-to-face contact, which caused communities to implement creative ways of fulfilling duties and services. Traditionally oriented in face-to-face techniques, counseling has seen many systematic changes since the 1900s, but this pandemic has caused a forceful change where most professionals had to switch to telehealth services – where a predominantly digital world can be expected by 2030. Telehealthcare is the provision of services via telephone, video conferencing, e-mail, text, and social media applications (Reay et al., 2020). Despite existing methods that closely replicate the face-to-face counseling experience, several challenges supervene this digitization of mental health care. As such, professional counseling organizations like Chi Sigma Iota (CSI) and The Council for Accreditation and Counseling and Related Educational Programs (CACREP) are now tasked with assessing the changes required and implementing sustainable development initiatives that provide for a smooth transition into a new, predominantly digital future.

First, the counseling profession needs to change the perspective on social justice, advocacy, and community engagement in mental health. The American Counseling Association (ACA) (2014) Code of Ethics lists advocacy as the promotion of well-being and removal of barriers that inhibit development. These efforts may include raising awareness, community collaborations, or program development. However, counselors are now required to understand the role of oppression and discrimination in telehealth and how it may affect the wellbeing of clients and the broader society. Intersectionality of oppression already results in decreased wellbeing, but now, the profession has to consider how moving to a digital world might not cater to some of these individuals and how this exclusion negatively influences mental health. The internet, a home, or even a cellphone are privileges that are often taken for granted, where many oppressed communities are denied access. Therefore, it would be harmful to move into a digital world without considering how counselors can advocate for these communities’ equitable access to health care. An alteration in the perspective of counseling advocacy
can include discussions on how to advocate digitally, multicultural competence in technology, and how counselors can implement social justice programs and initiatives digitally but still meet the needs of such clients.

As such, a major concern is how the field can continue to effectively serve vulnerable populations such as houseless, lower socioeconomic status, or differently-abled people. This also includes exclusion that may occur in the generational gaps, where some are not technologically literate. The concern lies in ensuring the clients’ safety when conducting these services. The ACA Code of Ethics (2014) lists confidentiality as a core ethical value that should always be enforced, but counseling via social media, email, or text makes this much more complicated due to the possibility of hackers, paper trails, or data leaks. This implies that privacy is another major concern. Some clients might not have access to a quiet, private place to discuss sensitive topics, which inhibits their ability to speak openly during their sessions. Counselors will then be tasked with creating ways to ensure the client’s wellness and safety from behind a screen – but there is only so much that can be done.

Nevertheless, the transition into a digital world with the use of telehealth services supports counselors working in interdisciplinary settings such as community agencies or hospitals. Telehealth services in these settings ease the process of navigating complex collaborations and communication while maintaining the best interests of the clients. The convenience removes the difficulties attached to the home visits, traveling, or even community interventions by providing a way to conduct the same services digitally, while still meeting the clients’ needs. Additionally, these digital services also promote ease of access, where clients who are working from home, differently-abled, or ill can still receive service from the comfort of their homes. This also allows the counselor to save time, money, and other resources that would usually be involved in catering to clients in these settings. CSI (1999) posited that exemplary leaders can preserve human and material resources, and telehealth services, therefore, provide the opportunity to do so. Also, telehealth services are convenient to counselors since they improve the timespan of referrals, reduce waitlists, and decrease screening and intake complexity that is quite common in interdisciplinary settings.

As such, organizations like CSI and CACREP can develop means to further promote equity in the provision of telehealth services. First, these organizations can implement workshops or training to improve client safety via telehealth services. These workshops can present updated research findings on the effectiveness of telehealth techniques in addition to the legal, ethical, and wellness considerations. Counseling skills, including assessment interviewing, and observing nonverbal communication can also be explored in these settings. As one of the main objectives of CSI is to promote counseling scholarship, such training meets the professional duties to empower with knowledge and improve competence.

Another way CSI and CACREP can promote equity is by encouraging students and professionals to be culturally sensitive – which should now include the ways vulnerable populations are systemically affected by digitization. CSI and CACREP can prompt students to raise their awareness of the new normal of telehealth and the multicultural
concerns that come with it. Through service-learning, volunteering, and seminars, CSI can help its members make connections between telehealth and these oppressive concepts, as well as develop a technologically inclined cultural lens. That is, students should learn the role of technology in culture and how a client’s background can influence how they respond to telehealth techniques.

Once students receive a foundation in awareness, they will be more competent to provide services in these types of settings.

To conclude, this transition into digitization requires the field to reconsider how social advocacy is understood since many issues arise from exclusion. Nevertheless, organizations like CSI and CACREP can promote equity in access to telehealth services by providing training and workshops as well as promoting raising awareness to students.

References