Predictions for mental health practice after COVID-19

Can we make any predictions about what mental health practice will look like after COVID-19?

By now, practice owners have made their initial adjustments. Teletherapy and billing/collecting challenges are the new normal. But we need to see what is coming. How can we decide whether to go forward with expansion plans we were formulating before the Coronavirus hit? Should we be shrinking our offices and working from home semi-permanently?

Yes, demand has gone up but not intakes

In an earlier post, I made the claim that the Coronavirus will increase the demand for our services. (See "Will massive unemployment kill psychotherapy?") I stand by that my belief that demand has not gone away.

Then why are we not seeing a huge influx of intakes? Where are the new clients?

The word on the street is that clinicians who have been around for a while are plenty busy. They have a backlog of returning clients waiting to get into their schedules. But the situation is more challenging for therapists without that long list of former clients. Why? Consider this quote in Fast Company.

> *Despite the palpable and growing need for mental health care right now, people may not feel that they have the time, space, or energy to devote to therapy or other types of self-care.*
>
> *Renee Schneider. "I'm a psychologist. Here's how employers*

> *can help workers get through this pandemic."* *Fast Company, Inc. 4/21/2020.*

It seems that people are holding off calling for mental health help because they are overwhelmed by all the demands they face each day. Adding an "optional" activity to the list seems impossible.

But will they eventually call for an appointment? I think so, but we can not be sure. It depends on how long the extraordinary measures continue.

Should our plans be built on a 2, 6, or 18-month horizon?

I draw some of my thinking on this topic from two articles. The first uses the metaphor of different weather phenomena to organize our thinking.

> *The novel coronavirus is not just something for leaders to "get through" for a few days or weeks. Instead, we need to treat COVID-19 as an economic and cultural blizzard, winter, and beginning of a "little ice age" — a once-in-a-lifetime change that is likely to affect our lives and organizations for years.*
>
> *Andy Crouch, Kurt Keilhacker, and Dave Blanchard. "Leading beyond the blizzard: Why every organization is now a startup." The Praxis Journal. 3/20/2020.*

The authors argue that business owners and managers need to re-examine, and perhaps re-create a new post-pandemic business model. They believe that those that do will thrive. The others will wither.

Interestingly, I think the mental health field as a whole did an amazing job of stocking the shelves for a dangerous

blizzard, the 2-month scenario. Only now am I hearing statements like, "Wait a second. What if this lasts all summer? or for the next 18 months?"

Can we predict anything?

The second article, "Why most post-pandemic predictions will be wrong" is as its title suggests. It looks at past cultural crises, namely 9/11 and the Great Recession, to highlight how poor we are at making predictions. And yet, the author also notes that part of most predictions do come true. For example,

> *While 9/11 didn't rewire the culture's sense of irony, it certainly changed air travel; security procedures seem unlikely ever to revert to their earlier form. . . .*
>
> *While excess didn't magically vanish in the wake of the Great Recession, some manifestations of it did fade away. And today's SUVs have evolved into more fuel-efficient vehicles, and the broader car market includes electric and hybrid models from both mainstream players and the disruptive newcomer Tesla. In what could be considered the biggest move of unpredictability, GM eventually did dump its absurdly excessive, gas-guzzling SUV, the Hummer — only to recently announce that it plans to resurrect the brand back in electric form.*
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> *Rob Walker. "Why most post-pandemic predictions will be wrong." Marker. 4/20/2020.*

He concludes that while clearly some predictions are far more dramatic than what actually emerges, we are changed by these times of crisis in irrevocable ways.

So what we can see from here

Of course there are inherent dangers of prediction, especially

without data about how COVID-19 will flow through society. Nevertheless, I do see some noteworthy trends emerging.

Teletherapy is here to stay

Telemedicine and its cousin, teletherapy, are here to stay. In the psychotherapy world, teletherapy has been a life-, or should I say, practice-saver. The transition to teletherapy in outpatient mental health has had only temporary bumps. Mostly we have sailed along quite well.

The biggest issue is that insurance companies have struggled to keep up with the coding and fee changes needed. In the past, I've called these temporary, non-practice-threatening bumps "glitches". (See Psychotherapy practice finances in a crisis for more on this distinction and the different responses required.)

The massive doses of teletherapy that both clients and practitioners are experiencing will, in my opinion, cut two ways. Some are going to love it, and prefer it. Some are going to hate it and try to avoid it. My guess is that most will prefer face-to-face therapy to get a relationship started. But then when a schedule gets tight or a parent has an ill child, they will occasionally want a teletherapy session.

So in the end we will have three models: **teletherapy only, face-to-face only, and a blending of the two as needed**.

Furthermore, some of these choices will be nudged along by the desires of our clients. But I think that therapists will tip the scales in one direction or the other as well.

Of course, the insurance industry could overpower therapists' preferences. As the easing of restrictions on insurance companies dissipates, insurance companies may once again reduce reimbursement rates for teletherapy. If they do, therapists will want to do face-to-face therapy for economic reasons. No one has clarity about what insurance companies

will do with post-pandemic reimbursement for teletherapy. We will see.

The physical space of psychotherapy offices will change

If we have these three modes, teletherapy only, face-to-face only, and a blend, will we change how we set up the physical space of our offices? (Those that do exclusively teletherapy will probably prefer to work from a home office. Why commute if there is no advantage?)

Obviously, for the others, therapists' offices will function as the place for both 3-D therapy and for teletherapy. We will probably want better desk chairs for all the sitting required for teletherapy. And we will be more conscious of the placement of windows in relation to our computer screens. And of course, part of the office will be devoted to face-to-face therapy, a modified living room style.

Read more on how to set up a therapy office >

How we assign therapists to offices may change

With this prediction, I am getting a bit more into the weeds. Nevertheless, if post-pandemic psychotherapy includes some teletherapy and some face-to-face therapy, then why not only go to the office on 3-D session days?

What I am imagining here is that we assign the same office for Therapist A on Monday and Wednesday and Therapist B on Tuesday and Thursday. Both therapists then do teletherapy on the non-office days. One office shared by two full-time therapists.

Why would it be advantageous to assign offices this way? Efficiency. Both therapists get some office time and some home office time. The practice continues to provide services to

both clinicians but only has to have one physical office space to meet the needs. Everyone wins, and with less overhead expense. The downside? Less flexibility in utilizing the 3-D office.

A special note for owners and managers

As therapists get more comfortable with teletherapy, owners and managers will have to show that the practice “adds value” to what the therapists can do on their own. As practice management software and other aspects of practice infrastructure becomes more accessible and user friendly, why would a clinician stay? I think there actually are many compelling reasons to stay in the practice. And yet I believe owners and managers will be challenged to demonstrate the practice’s value to the clinician.

So how do we plan?

So is now a good time to add to your physical space? Instead, should we be thinking about shrinking our office space?

My tendency would be to hold my ground and wait to see what emerges. So far our business model has held up pretty well. We are still able to do our work and pay our bills. What practice looks like in the future is less certain.

No one knows how many months we will be in this semi-quarantined place. But it will get clearer. And as it does we will see how this post-pandemic era is shaping up for both our clients and our clinicians.

Lastly, listen

More important than our predictions for mental health practice after COVID-19 is our need to listen to our people. Are some of your employees enjoying working from home? Hating working

from home? And how are they responding to teletherapy? Is it something they want to continue? Maybe they want to avoid it like the plague. (Oops. A pandemic joke.)

The answers to these questions are local and personal. And with time, I am certain that the path will become clear.

Also see:

- *The ultimate guide to starting your own practice*