Experiences of Mental Health Professionals in the Rapid Pivot to Telehealth: Implications for Social Work Practice

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Abstract: During the COVID-19 pandemic, the adoption of telehealth in behavioral healthcare was rapidly accepted. This article reflects one component of a larger qualitative study that sought to understand the personal and professional experiences of front-line workers and their supervisors during the pivot to virtual services during the COVID-19 pandemic. The current article is focused on the question, what were mental health workers' reactions, both personal and professional, to the rapid adoption of technology in their community mental health center practice? Thirty-six mental health professionals, ranging from front-line workers to supervisors, participated in telephone and Zoom interviews between late August and mid-November 2020. Respondents spoke of their organization's rapid response, the switch to telehealth for many services, the impact of this switch on professional practice, and their perceptions of the effectiveness of virtual services. They also shared their thoughts about the future of telehealth. The rapid changes, necessary for clients and the organization alike, brought an opportunity to reimagine service delivery. As social work is a profession that heavily emphasizes ethics and advocacy, and is the predominant professional group in community mental health, the final section examines implications for social work practice including practice ethics, consideration of factors on a micro, macro, and environmental level, the need to balance protection of the individual with the rights of many, and the necessity to take care of those doing the work as well.

Keywords: COVID-19, social work, community mental health, telehealth

During the COVID-19 pandemic, the adoption of telehealth in behavioral healthcare was rapidly accepted. If one were to chart the rate of adoption of telehealth in social work and behavioral healthcare in the years before 2020, the overall trend would suggest a slow and steady introduction of such practices at least as an adjunct to traditional services. Then, in an endorsement of the adage that necessity is the mother of invention, the Coronavirus pandemic spurred a dramatic rise in the use of various distance and virtual modalities (Gentry et al., 2021; Maese et al., 2020; Wilkerson et al., 2020). The rapid ascension of telehealth was facilitated by significant alterations in public policy, in particular the relaxation of restrictions that had traditionally curbed the broad use of such technology and limited reimbursement for services rendered (Haque, 2021; Maese et al., 2020). Researchers began seeking to understand the reactions of mental health workers, both personal and professional, to this unprecedented shift in 2020.

In the best of times, the introduction of new services and novel technology is generally a multifaceted and time-consuming process that begins with the engagement of end users (Rogers, 2003). However, amid the Coronavirus pandemic a perfect storm was brewing.

Not only were health care organizations forced to respond nimbly to this external threat, but the nature of the crisis at hand resulted in an increased demand for services among established recipients and an influx of new clients (Lin et al., 2020; Mochari-Greenberger & Pande, 2021; Oesterle et al., 2020; Tse et al., 2021). As was true in other sectors of healthcare, some behavioral health services continued to be delivered face-to-face. Yet as the lethality of the virus was established, and casualties mounted, it was clear that telehealth offered an alternative pathway for some to receive needed services while safeguarding the health and safety of both clients and staff. The fact that such interventions were now deemed acceptable to external funders, including state and national policymakers, also provided a mechanism that helped mental health organizations remain afloat.

While many providers were forced to take a deep dive into the world of telehealth, with time, end users were in a better position to assess the relative strengths and weakness of this service delivery modality. Certainly, there is growing evidence that telehealth is effective and acceptable to service recipients (Bashshur et al., 2016; Gentry et al., 2021; Haque, 2021; Hilty et al., 2013; Lowden & Hostetter, 2012; Mishkind et al., 2021; Mochari-Greenberger & Pande, 2021; Sasangohar et al., 2020; Tse et al., 2021). Some of the impediments that were encountered in this tumultuous time were predictable. At the top of the list was the availability of needed technology by both clients and professionals, and widely varying levels of comfort and competence in the use of these tools (Funk, 2021; Medalia et al., 2020; Tse et al., 2021; Yellowlees et al., 2020).

Emerging and challenging issues around confidentiality were also seen, along with the now permeable boundary between home and work for therapists, and between home and services for clients (Crockett et al., 2020; Jeffrey et al., 2020; Sasangohar et al., 2020; Yellowlees et al., 2020). It is also clear that telehealth is not suitable or palatable for every client, is not effective in every situation, and cannot serve as the lone platform for needed assessments and intervention for all (Mishkind et al., 2021; Tse et al., 2021). Because of these issues and more, in time the process of triage may also include the consideration of the appropriateness of telehealth for discrete clients.

The current article seeks to connect the experiences of mental health workers to the implications for social work mental health practice specifically, since social work is the predominant professional group in mental health (American Board of Clinical Social Work, 2023; Heisler & Bagalman, 2013) and the field heavily emphasizes ethics and advocacy. A useful contribution in understanding social work practice during this crisis is Walter-McCabe's (2020) birds'-eye view of how the pandemic affected social work in all of its arenas, from access to resources, systemic criminal injustices, and systemic racism, encouraging not only "macro folks" but all practitioners to work at the macro level (Walter-McCabe, 2020, p. 70). Similarly, in an editorial written in the first months of the pandemic, Golightley and Holloway (2020) advocated that "…social work must look out for and speak for, the most marginalized and vulnerable in our society" (p. 637).

In addition to concerns about the effects on client populations, attention has been given to examining how working in the pandemic was affecting social workers and other colleagues. In a survey of behavioral health clinical and administrative staff, Morse and Dell (2021) found concerns about secondary traumatic stress, burnout, and the well-being

of mental health workers. They called for more research on the effects of the pandemic on these crucial workers. In an opinion piece, Dominelli (2021) shared a "green" social work perspective on the importance of social workers' learning about issues such as disaster management and the relationship between the environment and human health. Banks et al. (2020) researched the ethical challenges provided to social workers during the beginning stages of the pandemic. The importance of taking a hard look at what the pandemic has done to the working conditions of social workers was the focus of a study by de Jonge and colleagues (2020). They anticipate that the increased demand for services will take a toll on social workers, along with an increase in flexible contracts that provide less job stability. Relatedly, Dima and associates (2021) conducted a mixed-methods study in order to learn about job stress and burnout among social workers during the pandemic, finding a high level of reported stress and unpredictability in employment. Litam et al. (2021) documented similar results in their national survey of mental health counselors, finding compassion fatigue, burnout, vicarious trauma, and stress among the counselors. To learn how sustainable social work can be in a time of great challenge, Redondo-Sama and associates (2020) conducted semi-structured interviews with 23 social workers in a variety of practice areas. The efforts to maintain communication and increase dialogue throughout the pandemic were found to be crucial strategies that had a positive impact on client care (Redondo-Sama et al., 2020). The use of technology itself was the focus of work by Mishna and collaborators (2021). They studied the use of Information and Communication Technologies such as cell phones to supplement more formal telehealth sessions, finding that a key element to help workers cope was maintaining boundaries around their work hours and means of communication. Litam et al. (2021) similarly found enforcing personal boundaries was key for mental health counselors in their study.

The current study was designed to answer the research question, "What were mental health workers' reactions, both personal and professional, to the rapid adoption of technology in their community mental health center practice?" This is a component of a larger qualitative study that sought to understand the personal and professional experiences of front-line behavioral healthcare workers and their supervisors during the pivot to virtual services during the COVID-19 pandemic. Through an extensive literature search, we were unable to find research studies using interviews of mental health workers to learn about their experiences. Likewise, Billings et al. (2021) were unable to find studies on mental health professionals who provided services to health and social care workers. Using an online written qualitative survey format, Banks and collaborators (2020) examined changes in social work practice in general during the pandemic. Their implications focused on ethical challenges, which is valuable information but was not specific to mental health practice. Miller et al. (2021) conducted an online survey to inquire about the stresses experienced by mental health workers during the pandemic, finding that self-care, whether it is done by the workers on their own or through an agency-based program, made an important difference in helping clinicians cope. One of the closest articles we found on our topic and methodology was by Ashcroft and colleagues (2021), who conducted focus group interviews to understand the impact of the pandemic on primary health care providers. While the study does report the increased demand for mental health care and the effects on individual providers, the study participants were Canadian family health teams, comprised primarily of nurses and physicians. Our study sought to address the gap in the literature by

describing the personal and professional reactions to the rapid adoption of technology in their community mental health center practice.

Methods

This study reflects one component of a larger qualitative study that sought to understand the experience of social workers and other professionals offering mental health and addictions care in the early days of the COVID-19 pandemic. While the larger study examined mental health providers' experiences during the beginning of the pandemic in general, in this article we focused on telehealth specifically. We sought to learn respondents' perceptions of the rapid transition to various forms of telehealth, the impact of these helping modalities on all parties, the strengths and weaknesses of these interventions, and what might be the future of telehealth.

Chief administrators at the agency agreed to allow staff to participate in the project which was supported by a university-sponsored rapid response research initiative focused on the COVID-19 pandemic. The project protocols were approved by the Indiana University Institutional Review Board. Staff were recruited from a large rural Midwest community mental health center which operates multiple offices covering a wide geographic area. Like most community mental health centers, the organization offers a diverse range of programs focused primarily on mental health and substance use. A general description of the study aims was distributed by administrators to employees across the organization, with an invitation email from the researchers. Participation was voluntary. We originally sought to interview 20 people, but there was more interest so we ended up with 36 participants. At that point, it was clear that we had reached saturation.

Telephone and Zoom interviews took place between late August and mid-November 2020, lasting between 30-60 minutes. The interviews followed a semi-structured format that focused on the experience of behavioral health service in the age of COVID. See the complete list of interview questions in the Appendix. Participants were asked to share their personal reactions to their telehealth work, how the COVID pandemic altered the delivery of services, how their agency had responded to the pandemic, and the general impact on clients. Some respondents worked in residential settings and their involvement in telehealth practice was not as extensive as their peers who swiftly began working from home.

Respondents

The 36 respondents included 25 women and 11 men, 16 of whom provided direct services and 20 of whom served primarily in supervisory roles. Among the respondents, 11 had earned MSWs (with one also holding a doctorate), three had bachelors' degrees in psychology, one had a BSW, 13 completed other bachelors' programs, two had nursing degrees, five individuals had attained an associate degree or high school diploma, and one was not collected. In terms of experience, interviewees ranged from one participant who was in their first year on the job to one who had been in the field for 40 years. Thirteen of the respondents had fewer than five years' experience, 10 had 6-10 years' experience, six had 11-15 years' experience, and seven had 16 or more years of experience. We did not

collect data on the race of the participants, because with such a small number of respondents, the identity of the people of color could be exposed to the administration. Overall, this was a seasoned group who, on average, had spent over a decade in the field.

The respondents represented several discrete center service lines, and while the ways COVID-19 influenced their daily work varied, all were impacted in some fashion. Four respondents worked in residential programs and thus continued to provide some level of face-to-face services throughout the time of the study.

Data Analysis

All interviews were recorded and transcribed. Using the six-phase process of Braun and Clarke (2006), the two interviewers provided a rough transcription of each of their interviews, with the third author cleaning up the transcripts. This provided the researchers the time to read and re-read the data. We each recorded our initial themes and began the process of systematically coding notable aspects of the data, collating quotations relevant to each code. We then each organized these codes into preliminary themes, using inductive analysis that was grounded in the data (Braun & Clarke, 2006). At that point, the three researchers compared our initial codes and came to consensus on the themes we found in the data, following the guidelines for investigator triangulation (Nowell et al., 2017). Together we reviewed the themes, referring again to the entire data set. We settled on the final themes and the specific quotations that illustrated each theme, generating our overall analysis of the data. In addition to the main themes, outliers were noted and included. In sum, we sought to establish the trustworthiness of the data (Nowell et al., 2017) by engaging in an iterative process of triangulation through discussing themes, reaching consensus on themes, and documenting each step. The two interviewers were well-versed in community-based mental health and substance use services, therefore there were few language barriers, and, in general, responses needed little additional interpretation in developing the themes.

The authors used a strengths perspective in their approach to the study, because although designed for practice, it is useful in research since the perspectives of the participants are heard and respected without judgment (Weick et al., 1989). Bakker and van Woerkom (2018) write about the value of using the strengths perspective in employee functioning and while a literature review on the topic (Miglianico et al., 2020) indicates that research in this area is modest, the authors viewed it as helpful in maintaining focus on participants' experiences and thus bracketing their own experiences so as not to bias the data analysis. One author is a researcher, rather than a clinician, further helping mitigate any preconceptions the other authors might bring.

Findings

Respondents shared their experiences of a rapidly changing organizational response to the pandemic and how it affected their practice, on what seemed to work, and what got lost in the transition. The analysis revealed four themes from the interviews: responding to the

pandemic, introducing telehealth, impact on professional practice, and the future of telehealth.

Responding to the Pandemic: "It Was Ever-Changing"

When thinking about how rapidly the organization pivoted and altered daily procedures as the gravity of the situation became clear, one supervisor with 23 years of experience noted, "Yes it was quick, but it had to be quick. We had meetings every day for a while, so it was pretty intense." As for the change in protocols that followed, this respondent added, "They seemed to be very cautious, and it seems like in some ways they had been extra cautious. . . we have been on the cutting edge of it."

Many supervisors and staff took a step back and reflected on the enormity of the task at hand and the responsibility that rested on the shoulders of senior leadership. One respondent who has been at their post for two years reflected:

When you are responsible for the physical and mental health of all of these clients and all of these staff, the CEOs had to really come together, and this was the subject of conversation after conversation. I think the organization, with the information the public had, made appropriate decisions and I think they responded quickly and safely.

As all grappled with the task before them there was some level of chaos, multiple meetings, and a measure of communication fatigue, but many realized leadership was dealing with a nearly unknown threat. Speaking to the idea of potential information overload, one supervisor with 20 years of experience recalled:

We were meeting with anybody who was a coordinator or above. We were having a meeting Monday, Wednesday, and Friday and I was like, stop! This is too much information.

While the commitment to sharing information was strong, the message often changed rapidly in the early days of the pandemic. While it was frustrating to some, to one nine-year center veteran the changing messages were understandable:

It was ever changing and hard to keep up with. But I think most people understood that we just didn't know, it was a new virus, and we just didn't know what it was or how to treat it, and how to not get it.

Introducing Telehealth: "Once People Got Through the Learning Curve"

Of the major adjustments made by the organization in response to the pandemic, the shift to a telehealth platform may have been the most extreme. Suddenly, a host of clinicians were offering remote services, primarily from their own home, and trying to figure out how to provide the best care they could for their clients. It was a dramatic change for many. Looking back to the early days of the transition, a seasoned supervisor admitted it took some effort to get staff comfortable and competent with providing online services,

None had ever done telehealth. I had people struggle, I had some who loved it, some floundered and some got really creative. So, we started out mostly with the phone and questions like how to keep your clients talking.

Evidently, the technology was a barrier for some staff and clients. Looking back one respondent admitted, "Zoom was a little frustrating to learn. I was in an office that had a tech savvy boss. So, we had plenty of opportunities to learn about it as quickly as we could." In a similar vein, one professional added, "I think now it is really pretty good. At least 90% or better. If I had to rate it in March when we were doing the switch-over the first several weeks maybe just 50%, but once people got through the learning curve, I thought people were meeting the clients' needs."

Given that no clients were interviewed in this study, any report on their experience comes solely from the observations of the staff who worked with them. One can easily imagine that there were clients who lacked needed technology (even modern cellphones) and struggled with telehealth. Respondents felt it was also likely that some clients fell through the cracks, especially with the volume of outreach services curtailed. As one clinician observed, "For a certain amount of people it helps them access services because they don't have to go into the office. But with that I would be careful to allow people with depression to stay home and never have to go anywhere. I think it has its benefits, and if used carefully, it can be a good thing." Many of the professionals in this study did see an array of positive outcomes emerging from this difficult time. For example, one respondent said,

Telehealth has really helped my clients in dealing with the doctor. They don't have to leave the house to go to the doctor's office. They don't have to walk into the doctor's office and wait. It is right there on the screen so their engagement in their care or health care or psychiatric care has improved.

With respect to engagement, one respondent noted, "I do think there are some clients who are meeting with me more regularly." Perhaps as a function of sharing the same troubling reality as their clients, and the fact that help is occurring in settings more informal than an office, one staff member observed, "We have definitely come together more, you know, that emotional connection. Like the professional part has kind of worn off. It is kind of like when you have stayed at someone's house for too long, then you really get to know them." In an interesting twist, several informants suggested that the pandemic forced some clients to do more for themselves, and perhaps staff have truly begun to see that those they work with have untapped strengths. For example,

… The surprise is watching my client's natural human responses come about as such positive ones. It has surprised me, and it has been a delight actually. I think we get mired down in this idea that they are not as capable of correctly achieving activities in their daily lives because we expect that, and the negative is what we work on, and it is what we note.

Many staff expressed the easing of tension about the financial stability of the organization as they could see that telehealth took hold for many clients. Having seen friends and family be laid off due to the pandemic, some staff members worried about

keeping their own jobs. One participant answered the question about the impact of the pandemic stating: "It's been stressful. I mean some people are oh they got laid off or their job changed and they are home with nothing to do."

But when they saw the number of clients who were able to be helped, they began to worry less about their jobs, and began to have a sense that they were becoming too busy (see section on Drawbacks below).

Impact on Professional Practice

Benefits: "There are More Opportunities for the Clients"

Through the efforts of staff, and with new reimbursement streams supporting telehealth, over time it was clear that the organization had enough client contact to ensure its survival. One of the key issues that fueled this productivity spurt was improved client access to care. Previously, a well-known barrier to care was transportation, a particularly strong impediment to service utilization in rural settings. With telehealth now an option, the issues of time and cost associated with travel for both clients and staff were minimized as these new tools became accepted service delivery methods. Even those staff who were already accustomed to offering services in the home and community could see the benefits of telehealth.

> *It has helped a lot of our clients with the transportation barrier they had before, so this has allowed us to connect with a lot more people. Before I was actually going out and working with folks in their homes. It has been really good on a personal level. It has allowed me to be more productive . . . I am able to get to individual clients more quickly.*

Many benefits to providing services in the home can be found, and outreach has long been a staple of work with those facing severe and persistent mental illnesses. Because of concerns over safety, these visits were reduced, and for some this was unfortunate. However, one supervisor, drawing from anecdotes shared by staff, reported,

> *Clients (are) feeling more comfortable through Zoom as opposed to coming to someone's office and, you know, opening up those wounds, because they're in their safe place. That's allowing them to feel a level of comfort that they didn't feel in an office.*

Another factor in the rise in productivity was the freedom and flexibility that came by moving to a telehealth platform particularly relevant for this multi-county organization. Suddenly clients were not restricted to seeking service in one locale and could be assigned to any professional in the entire organization. Speaking to this trend one supervisor noted,

> *I think it is remarkable that we can do telehealth now, and that we don't have to refer just in our county. I can refer people to an MRT group in (City A) even though they are in (City B), eliminating the longer wait to see a prescriber or a therapist. And I love that.*

Providing even more detail, one professional enjoyed how quickly they could connect with clients, adding,

> *When we get new referrals, we are getting connected with those individuals and getting them connected to services a lot faster than what we did before, and I think that is a huge positive in itself.*

Drawbacks: "I Find Myself Being Way More Busy Now"

Increased productivity is certainly a positive for the host organization, but can exact a toll on clinicians. For those working at home there was increased isolation and the separation between home and work was lost. Thinking of the adjustments that were made, one professional noted,

> *Being at home for me was very stifling. And I felt very kind of confined, shut in. I was having to work out of my bedroom. So, I was like, you know, two feet away from my bed and so there was no real separation for me. And I didn't realize how much I value that five- or ten-minute drive I have to work in the morning.*

Offering a similar observation, a long-term employee shared this sentiment,

> *You used to have the ability that it was Friday, I am leaving work, and I am shutting down. Now I leave the room and I go to a different room, but you are still working. We have had to give clients our phone numbers. So now they have access to us all the time. Do you pick up your phone and respond to a crisis if they call you on a weekend? You have your computer in front of you all the time, do you work on the weekends to try to catch up? So, I find myself being way more busy now than I was in the office. You would think it would be the opposite.*

One person stated,

> *I think as time has gone on it is more emotionally taxing because I am doing so much, if you look at my schedule it is like a bad game of tetris, and generally I go from eight in the morning to 5 or 6 p.m. and it is just one thing after another.*

Respondents also noted that their practice was impacted by the lack of immediate access to peers and supervisors. Now they need to make an extra effort to touch base with peers and supervisors to provide or receive technical and emotional support. Speaking to this loss, a respondent added, "We are very much a work family. My supervisor and direct co-workers are very much a family and so you have this group of people who you are very invested in, and have a high stress job, and now we can't see them." Reports indicate that there were increased efforts to check in by telephone or Zoom, but there was little question that some of the basic human connection between peers had been lost or altered. To this point, one professional who began offering groups via Zoom noted:

> *When I run my IOP group I take a fifteen-minute break in between and they think it is for them, and it's not, it's for me. I tell them to work on their worksheets, get a drink, whatever. It's me. But* [not being able to say] *hi to a colleague or having that support, that has definitely been huge.*

Services Both Positive and Negative: "It's Really Gone Both Ways"

Not surprisingly, not all respondents in this study were convinced that the services offered virtually were on par with customary practice. Thinking about the care that had been offered a few months after the change in routine forced by the pandemic, one clinician said, "I think maybe the quality has declined a little bit. It is hard to say how. I think for the clients, telehealth doesn't work well for them. I think they are really impacted." Being a bit more specific, a ten-year veteran of the organization opined, "I don't think telehealth is as good as in-person therapy. I have seen a lack of engagement; some clients don't want to do it. I think the therapists are doing a great job in spite of the circumstance. But it's really gone both ways."

Other respondents were more positive. As some became more comfortable, they found new avenues to deliver services abetted by technology. One respondent captures this phenomenon,

> I have a system. I do a check-in, so everybody talks. I love Zoom because I can do breakout rooms, I can do the whiteboard, I can share my screen, I can share Ted Talks, Brene Brown, Father Mark videos. I have actually implemented art activities into my Zoom platform. My groups have grown, they continue to grow, so we still have a really great success rate in terms of attendance and graduation.

Echoing several themes that emerged in this study, an experienced social worker remarked,

> Actually, across the board the therapists have been able to do more, like their productivity is higher, because they can call and do therapy, and they can call and check in with people, and even do short sessions where people are in distress. It was impossible to bill before. Now they can.

At the very least, even those not particularly enamored with the use of telehealth in all its forms agreed that it was nearly essential in this timeframe. For example, one supervisor was particularly pleased with the chance to reach out in this fashion. They note that one strength involved …

> being able to connect more frequently with people and being able to bill. My recovery coach really stepped up and called all the clients every day, and so it really seems our client care is better now.

An unexpected benefit from the pandemic is that it prompted this organization to look at the way services were organized and delivered with a fresh perspective. Speaking to this, one supervisor remarked, "If anything, a good thing about the whole COVID epidemic has definitely been that we have had to be more creative and figure out different ways of doing things, which in the grand scheme of things is beneficial." Going a bit more in depth, another respondent captured what seemed to be a prevailing opinion about the impact of the pandemic on their immediate situation and even into the future.

> It has truly changed everything that we've done, but actually in a really good way. In other ways we just had to learn and adapt. COVID has allowed us to re-evaluate how we provide treatment and structure our program actually for the better.

The Future of Telehealth: "Gives Us the Chance to be a Bit More Person-Centered"

At the time of this study, where things were headed with the pandemic was far from certain. Like much of the country, personal reactions to the virus and the response to it varied widely. Vaccinations were not yet offered, and the death toll from the virus continued to climb. Where it was possible, supervisors and their staff transitioned into a more virtual form of services and internal operations by mandate. Despite the sometimes overwhelming challenge before them, many were willing to peer into the crystal ball and consider how services would look in the future. While some hoped that business would return to normal, most sensed this was unlikely. Furthermore, most now hoped that the future of telehealth was secure and would remain a service option in the long-term.

Reflecting the sentiment of many who had a chance to get comfortable with this new way of providing services, one relative newcomer to the agency said, "I like the tele option. Does it work for everybody? Probably not. Like a child in school, people learn differently." Supervisors already heard from staff who wanted to continue in this direction post-pandemic and could see many ramifications from what had been learned in this tumultuous time. One direct service provider, offering their glimpse forward added,

I think we will do telehealth. We're in the middle of doing a little survey on our own by talking to staff. What do you like about telehealth, what do you not like, would you like to continue it, are you set up for it? Space is such an issue in this building, and it seems to me if we have people who want to do telehealth and have a good setup, why not free up some space for groups that we really need to do in person rather than take up space with an office with someone who could do telehealth?

When asked if they thought telehealth would continue in the future one participant replied,

I certainly hope so, I mean we have just come across so many benefits. I would hope for mental health services in general it continues to be just a variety of in-person, video and even phone capability . . . it seems like often all of these things give us the chance to be a bit more person-centered easier, and a little faster. And it is based on what their needs are.

Discussion

In the face of a crisis that was unprecedented in recent history, the mental health staff of this behavioral health organization, like so many across the country, were asked to react quickly and competently to an unseen force that threatened the health and safety of both clients and staff and jeopardized the future of the organization. The quest was to provide the highest quality services possible in trying circumstances. As a multi-faceted organization that provided a wide range of services required by those facing mental health and substance use challenges, staff made the commitment to continue to provide residential services and some level of face-to-face care. However, therapists were suddenly tasked with providing care remotely. For some staff and clients this required them to get comfortable and proficient with unfamiliar technology. To no one's surprise, there were

struggles, barriers, and growing pains. Overall, respondents knew that they were a part of a crucial rapid response to a crisis. They recognized the enormity of the task, and while they felt the weight of the information overload from administrators, they knew it was necessary. As Mishkind et al. (2021) found, one key ingredient to the successful transition to telehealth in this period of crisis was a strong organizational response and involvement of all parties. In this case there was no time to get complete buy-in among staff, and the messaging around the pandemic frequently changed as more became known. In a world far less than ideal, all the implications of this dramatic shift could not have been anticipated.

Similarly to what Mishkind and associates (2021) foresaw, operational changes were paramount, there was stress on the technological infrastructure, and serious fiscal considerations were at hand. Beyond this, and most crucially, there were changes in all aspects of clinical practice from outreach to intake and assessment to the provision of care.

Gentry et al. (2021) observed that the acceptance of telehealth and new technology begins with the clinician's acceptance of these new approaches. In the time of COVID-19, particularly as the country was shutting down, there was little time to be proactive. Similarly, Redondo-Sama and associates' (2020) study highlighted the power of social workers' communication and commitment to serving the needs of the community in a crisis. The leap to telehealth was viewed as an extreme shift, one that taxed workers and clients alike. The learning curve for many was steep (Tse et al., 2021), yet there was a camaraderie and engagement that connected people. Similarly, in their study on perceptions of videoconferencing, Lowden and Hostetter (2012) found that while participants were bothered by technology challenges, they appreciated the access and usefulness of videoconferencing. As telehealth policies and services changed locally and nation-wide, more support for the use of technology in practice was sought (Wilkerson et al., 2020).

Participants recounted their realization that the organization was surviving, due in large part to increased numbers of clients. Initially, they experienced some alarm as they observed schools, businesses, and even local branches of government curtailing hours or shutting down completely. But with the access to social work that telehealth provided through a reduction in transportation barriers and geographical region requirements, along with the stressors of the pandemic increasing the demand, productivity numbers were good. As documented by others, telehealth contributed to higher productivity (Mochari-Greenberger & Pande, 2021), which seemed to counter the alarm people might have felt. At the beginning of the pandemic, many of the respondents in this study had felt uncertain about the ability of the organization to survive financially, and many feared that their jobs were in jeopardy. While the increase in productivity began to allay those fears, with the increase in productivity came an increase in work stress. Therapists and their supervisors often felt they were always working. The lack of a physical boundary between work and home was wearing on some. Respondents also mentioned that the immediate "hallway conversation" that provided support from peers and supervisors was missing. Our findings affirm what Crockett and associates (2020) state regarding the stressors providers face with remote work. In addition, Sasangohar and associates (2021) observed the informal and spontaneous communication between peers about a case or situation was lost.

The study elicited the workers' perceptions of the effectiveness of virtual services. As Rogers (2003) states, any time an innovative or novel approach is introduced in a host environment, the reaction and appraisal of end users is critical. Some respondents were concerned about the quality of care, but others were more positive. Respondents mentioned the creative ways they had discovered to deliver services, and felt that they had more frequently engaged with clients. Much of the available research on the effectiveness of telehealth is promising, and efforts are ongoing to explore the use of these technologies in greater depth (Bashshur et al., 2016; Gentry et al., 2021; Haque, 2021; Hilty et al., 2013; Mishkind et al., 2021; Mochari-Greenberger & Pande, 2021; Sasangohar et al., 2020; Tse et al., 2021).

The final theme from the interviews reflected on the future of telehealth. In the early days of the pandemic, social workers and other practitioners in this study were for the most part interested in having telehealth as part of their arsenal of service delivery approaches. As noted by many authors, telehealth is an option that is highly likely to continue.

Implications

In response to the pandemic, this behavioral health organization quickly expanded its telehealth program and, on the face of it, did so successfully. The question is, how will services look going forward? Everything is contingent on fiscal policy decisions yet to be made and the advocacy social workers can engage in. If the bulk of telehealth services remain reimbursable by third party vendors, the services will likely flourish. If the present public and private policy course is reversed, at least on the clinical side of the ledger, telehealth services will retreat to some degree, but will not go away.

As Golightley and Holloway (2020) state, social work as a profession is in a position to advocate for those who have been marginalized and ignored by our society. Social work as a profession has as a constant goal, the need to balance the competing responsibilities of promoting human dignity and ensuring "… the greatest good for the greatest number" (de Jonge et al., 2020, p. 1034). Like a child trying to stand on the center of the teeter-totter, it is nearly impossible to get the two sides exactly even. We must constantly work to right the wrong. Evidence from social work practice such as that reported by Redondo-Sama and associates (2020) shows that social workers have an important part to play in keeping our services sustainable.

Banks et al. (2020) raise implications for the ethical balancing that social workers must do with telehealth. Do policies need to flex to meet the needs of clients? How do we ensure confidentiality when clients are in their homes or other exposed locations? Who decides which clients are given mobile phones or access to a conference room to use the videoconferencing system?

Social workers' advocacy and ethical responsibilities are larger than their clinical practice. As the environment becomes more fragile, social workers have a responsibility to understand and fight the ensuing threats, such as global climate change, diseases that jump from animals to people, and increasing numbers of natural disasters (Dominelli, 2021). Social workers must recognize the importance of their working outside of their own service

delivery area to advocate for issues such as lack of equal access to health insurance, paid leave, flexible jobs, the impact of unequal access to care that increases health disparities, the criminal "justice" system, the impact of systemic racism, the rights of people experiencing homelessness, and so many other issues (Walter-McCabe, 2020).

Social workers need to turn their gaze to themselves, as well. As Dima and partners (2021) recommend, addressing social work job stress during these difficult times, social workers need to collectively work from the grass-roots up to develop policies, laws, and practices that sustain them. They recommend that social workers should "be proactive regarding their mental health status, prioritize self-care, and develop plans for work-life balance" (p. 7129). In addition, social workers must stop the encroachment of work into their personal lives, such as letting clients know "…the boundaries of communication prior to beginning service (e.g., expectations regarding response time, social media use)" (Mishna et al., 2021, p. 492). The authors recommend promoting informal supports among colleagues to continue the emotional care that workers can provide to each other. Organizations must ensure social workers have a safe and sustainable workplace when a virus rages through the community (Banks et al., 2020; Mishna et al., 2021). In the study organization, telehealth gained some adherents, suggesting it is an innovation that has been embraced.

What is also clear is that this is just the beginning of the work to be done. Future studies will need to take an even harder look at outcomes, discern to the best degree possible what kind of factors portend success or failure with this treatment platform, examine possible disparities in access to and quality of care, and address responsibilities for advocacy and ethics on both the micro and macro scale. Training and credentialing of professionals who practice in a telehealth environment will take on greater significance, as will concerns centered on HIPAA compliance and confidentiality. In the end, what the Coronavirus pandemic has forced is a challenging re-examination of how behavioral health services are organized and delivered. This alone presents the possibility that one aspect of our social safety net may emerge from one of the most difficult periods in history, stronger.

Limitations

The limitations of this work are clear. This is one exploratory study of the staff experiences at a large behavioral health care organization in the Midwest. The degree that the response of the agency to the pandemic and the reaction of the practitioners to the changes that followed is representative of other similar organizations is difficult to state. The host also employs many professionals and it cannot be claimed that those who volunteered to participate are representative of the organization as a whole.

Conclusion

The behavioral health organization has withstood the challenge of the pandemic and services, both in-person and virtually, continued to be offered. The concern that some clients did not fare well in this period, with some slipping through the cracks, is a significant worry. Behavioral healthcare workers are first responders too, and the bottom

line is that many people continued to receive services amid the pandemic. While it is the perception of some staff that the level and quality of care suffered at least initially, others perceived quite the opposite. Additional data are needed to sort out all these questions. Yet in the main, supervisors and staff who participated in this study were proud of their individual and collective efforts and of their ongoing commitment to those they served.

What this crisis did provide was a chance to take the plunge in the world of telehealth quickly and broadly. It has forced a reexamination of all facets of the organization from clinical work to basic operations. While the Coronavirus pandemic has now receded, the practice landscape will never be the same. Our respondents underscored that many of the changes wrought by this threat appear to be quite beneficial. Many professionals became versed in a new form of helping and many found it useful. Of note was the ability to connect individuals to needed services quickly. No longer were clients only served by the nearest office, and thus at the mercy of available openings at that locale. Significantly, as some professionals became more proficient with the technology, they experimented with breakout rooms and incorporated other helpful media into their virtual work. The possibilities these technological platforms offer remain largely untapped for many. That alone is exciting. It was also clear that staff could reduce unnecessary travel to see clients or to attend meetings. For clients, transportation was no longer a barrier, and the use of Zoom or even a smart phone was particularly welcome for those meetings that constituted a mere check-in or to complete a less weighty clinical task.

There were barriers that came with availability of needed technology and comfort with using it. The separation between home and work became blurred for professionals, and a similar boundary issue impacted some clients. In this new world, confidentiality can be difficult to ensure for clients and staff. As Crockett and associates (2020) have detailed, as we move forward there is much work to be done in areas like privacy, consent, emergency procedures, credentialing, training, and access to care. In addition, as the responses of many practitioners indicate, the well-being of professionals also must be considered as improved access and increased demand could result in a burdensome workload. Only with careful attention to the needs of clients, workers, and the agency can mental health care thrive and effectively meet the future demand for telehealth services.

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Appendix

1. In general, how has the pandemic impacted your work?
2. How have current conditions impacted your ability to receive or provide supervision?
   - Has the content of your supervision sessions changed?
   - Are you doing supervision and/or therapy via electronic means? - if so, what do you perceive as the pluses and minuses of this?
3. In general, what kind of economic impact has the pandemic had on the organization?
   - How has this impacted your work and supervision?
4. How have your current conditions impacted your sense of well-being?
   - How has that impacted your work?
5. How has the pandemic seemed to impact your staff and clients?
6. Have any positives emerged from this crisis for you, your staff or clients?

At the end of the interview, we will ask some general demographic information such as educational background, job title, and years of experience.