

Chapter 6

Telehealth Technology, Business, and Marketing Strategy Approaches for Mental Health Practices as a Result of COVID–19

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ABSTRACT

The pandemic exacerbated pre-existing mental health issues. These people are more likely to develop anxiety, sadness, and PTSD. The pandemic may also harm at-risk mental health patients. Pandemic-related financial difficulty increases the risk of mental health issues like sadness and anxiety. The COVID-19 pandemic has exacerbated anxiety, depression, and PTSD, according to the literature. Social separation

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also makes accessing mental health care harder. Given the pandemic's increasing mental health service demand, this is worrying. Pre-existing and at-risk mental health issues are more likely to be affected by the epidemic. This research examines the potential of telemedicine to provide care to underserved communities and those needing increased mental health care due to COVID-19.

INTRODUCTION

This chapter explores the complex nature of a real organization attempting to adapt its business and marketing strategy due to the crisis of COVID-19. The COVID-19 pandemic has caused a significant increase in mental health stressors, with individuals facing an increased risk of anxiety, depression, and PTSD (Liu et al., 2020). Social distancing has limited access to health services, decreasing the number of individuals seeking mental health services (Hoffman et al., 2020). This is particularly concerning given the increased demand for mental health services during the pandemic (Hoffman et al., 2020). Social distancing has made it more difficult for individuals to access medical care, as many healthcare providers have shifted to telehealth services (Hoffman et al., 2020). This has made it more difficult for individuals to receive the mental health care they need.

The COVID pandemic revealed and spotlighted the deep racial disparities in African Americans' access to behavioral health care. African Americans have lower access to mental health and substance-use treatment services than their white counterparts (SAMHSA, n.d.). Such disparities, coupled with the stigmatization of mental health in the African American community, have exacerbated the mental health crises, thus amplifying the calls for change. As a result, there are now more national conversations around this topic and a gradual acceptance and de-stigmatization of mental health in Black communities. A positive perception may lead to more African Americans seeking mental health services than ever before. However, as we will uncover in this paper, the mental health field lacks enough African American practitioners to effectively support this potential increase in demand for mental health services from the Black community. As telehealth and telemedicine solutions emerge, there are also opportunities for technology to be adapted to support the increase in demand to reach the most significant number of customers. As a result, this research aims to analyze the current business operations of an African American female-led mental health practice to create a marketing strategy to grow its customer base and incorporate telemedicine in its service offerings.

PROBLEM STATEMENT

The pandemic inadvertently created a shift in mental health services. Telehealth services have helped bridge the gap in rural and urban areas considered care deserts. However, a significant gap exists in psychological practitioners joining telehealth as they navigate technology and patient utilization once implemented (Langarizadeh et al., 2017). Many people turned to telehealth therapists, but studies show that the psychology workforce is 85% white and 2% Black leaving a disproportionate amount of Black people searching for therapists that could relate to their life experiences (Lindsey et al., 2017). The general problem is that African Americans seeking mental health services have more difficulty finding mental health practitioners who look like them. As a result, they often decide not to receive care leaving their mental health issues untreated (Lindsey et al., 2017, p. 138).

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