



Charlottesville Empowerment

Counseling and Wellness Services

Your Mental Health & COVID-19, and How CE is Responding

Dear Charlottesville Empowerment Clients,

We are writing with information on how to stay both physically *and mentally* healthy, as well as how to navigate your health care services at Charlottesville Empowerment during the coronavirus (COVID-19) pandemic. If you have any questions, email us at info@CharlottesvilleEmpowerment.com. Please let your provider know if you have any concerns. **Telehealth is an option, however there are important steps to take ahead of time.**

We want to normalize how difficult it is to determine how to react and respond in a situation where we do not have enough data and are getting mixed information. We also want to validate how this may be triggering for many mental health concerns. As therapists, we have been noticing distorted “all-or-nothing” thinking in our nation around the COVID-19, and this only hurts everyone.

The reality is that responding in extremes by either acting as if the pandemic is “not a big deal” or acting as if it is an “imminent crisis” is both unhelpful and ultimately harmful. For both physical and mental health, we need to be approaching the pandemic with caution and preventative measures while preventing panic and staying grounded in our lives. *Currently, panic is increasing the risk.* For example, by buying absurd amounts of supplies, especially disinfectant and sanitizer, people are preventing the majority of others from accessing any/enough, which increases the risk of spreading for everyone.

This message is organized into 3 sections:

- 1) Acknowledgement of the social justice aspects being largely ignored despite them harming so many.
- 2) Reframing the preventative recommendations to minimize panic and misunderstanding.
- 3) **How Charlottesville Empowerment will be responding, what this changes for you, and how we can support you.**

Social Justice

We want to clearly acknowledge and validate the exacerbating effect the pandemic is having on the already existing impacts of the oppressive system in which we exist. We know that these impacts are just as important as the physical impacts. We want you to know, we see you and are here to support you.

- Racial targeting, especially of those perceived as Asian. Any hesitation to engage with someone, or negative reactions toward someone, who is being read as Asian is purely racism mixed with unsubstantiated panic. An individual’s race has no impact on likelihood of carrying COVID-19 and we have no way to differentiate between someone who has travelled to specific countries/locations or interacted with infected people by simply looking at them.
- Many individuals with power in our government continue to ignore scientific data and refuse to fund and respond appropriately to protect the public. This disproportionately impacts minorities who already have more barriers to accessing healthcare:
 - Weeks with lack of adequate testing kits only further impacted access to healthcare based on privilege.
 - Those who do not have health insurance or who have cost prohibitive health insurance are unlikely to seek testing (for a valid reason).
 - Those who have not had access to education that teaches us how to interpret statistics, engage in fact-checking, and think critically about the implications of data are the most vulnerable to absorbing the maladaptive panic, engage in dangerous and inaccurate attempts to prevent or “cure” the virus, and engage in “protective” measures that actually increase the spread or risk.
- The majority of United States residents cannot afford to take off work when they are sick and there are essentially no social supports in place to assist with the income loss, which is one of the biggest barriers to managing national and international health concerns such as the COVID-19.

- We understand that many of you – especially those working in the service industry and in other jobs that are paid hourly or in commission – are in a situation that feels incredibly “victim blaming” and frankly like gaslighting (a form of emotional abuse), where the country is telling you to not go to work if you have any symptoms, and ideally work from home regardless. Yet no one in a position to actually make this possible is acknowledging that this is simply not a financial option the way it is currently structured. We are aware that some people do not have a choice to decide if the personal and public health risk is worth losing income.
- Ableism. We already exist in a society that is not structured to support and protect people who are immunocompromised or have any form physical or mental disability or illness. Furthermore, many people with disabilities receive harassment and discrimination when they speak up or ask for accommodations. We want to acknowledge how incredibly frustrating and disempowering it can be to now see that people with able privilege are suddenly at risk, and the entire world is immediately trying to protect and support them. You matter now, and you have always mattered.
- Many organizations, including the University of Virginia, have framed their well-intended prevention actions in inconsiderate ways that are clearly lacking in social awareness and mental health knowledge. It is completely inappropriate to be advised to go home to your family home, or to not return to the city in which you live. We know that many homes are unsafe due to abuse. We know that many homes do not have space and resources for everyone. We know that not living where you work is not a survivable option for many people. This advice should have been framed as: “if you are currently in a safe and sustainable location, please do not leave and plan to operate from that location until further notice. Otherwise, please determine the most safe and sustainable location and, once you arrive, please do not leave until further notice.” Please take into account all of your health and safety needs and integrate them with the public safety recommendations. It is not your fault if you do not have access to the narrow and oversimplified examples some organizations are espousing.
- We do not want to inadvertently dismiss any experience by enumerating the few above- these are just a few examples. We see you. There are many ways the reaction to the pandemic is exacerbating of most of the already existing social injustices, discrimination, oppression, and targeting.

Mentally Healthy Preventative Measures

While we strongly encourage the preventative measures being publicized, we would like to frame them differently to counter and minimize the mental health damage that is occurring for some individuals due to a panicked reaction to these guidelines. We also want to provide some tips on how to cope with the anxiety and isolation that may be ahead of some individuals.

- **Some guidelines for protection are NOT new and NOT an indicator of crisis. They are actually just common sense at any time, and have been consistently posted on signs in healthcare settings and work environments for decades.** These are simply a reminder that not taking appropriate care of your health impacts yourself and others, *always*. You should have been doing this every day for your entire life, regardless of public health. And if you haven’t, this is the time to start without intention of stopping.
 - Clean your hands often. Use soap and water for a full 20 seconds and dry them fully. Sing a song to help gauge 20 seconds. Dry *completely*. Use sanitizer if soap is unavailable. Always do this after using the restroom, before eating, and after blowing your nose/coughing/sneezing. This is the standard expectation, and has been recommended for decades.
 - Avoid touching your eyes, nose, and mouth with unwashed hands. Many common health issues (like pink eye, colds, flus) are spread this way, and it is not new that we should be trying to avoid these behaviors.
 - Cover coughs and sneezes using the inside of your elbow or a tissue. If you use a tissue, throw it away in a trash immediately, then wash or sanitize your hands. This is as true for allergies and colds as for flus and new viruses.
 - Wear masks if you are sick, but *only* if you are sick. This is commonplace in many countries that always emphasize preventative healthcare rather than reactive healthcare. This should be normal, and this is not an indicator of crisis. You *do not* need to wear one if you are not sick unless you are caring for a sick individual. In fact, wearing masks when you are not sick *increases* spread of disease during a pandemic. We have limited supplies, and by wearing masks (or worse, hoarding them), we prevent mask access for people who actually need to wear masks for our community’s protection (i.e., healthcare professionals and sick individuals). (Same for hoarding sanitizer and disinfectant).

- Stay home when you are sick. This is always recommended by healthcare professionals with all viruses. (The issue becomes lack of financial privilege to take off work).
- **Guidelines that are new, but aimed to prevent spreading, *not* because you are at an imminent risk:**
 - Avoid close contact. When possible, we should always be avoiding physical touch and close proximity to people who are actively sick (6 ft guideline). The current recommendation is to avoid crowds and events for the *prevention of spreading*. There is no need to panic, and you may not even be at risk in many public spaces; however, until we have vaccines, treatment, and accurate data on the course of the virus, we have to minimize spreading. You can still engage with your support network if they are not sick or in an at-risk category, although digital communication is recommended as a precautionary measure when possible. Here is some oversimplified math to help explain:
 - If 3 people stand in a line, there are 6 different ways to arrange their order. If 50 people stand in a line, there are 30,414,093,201,713,375,576,366,966,406,747,986,832,057,064,836,514,787,179,557,289,984 ways to arrange them. Yup! You read that right, that's all of the digits of the factorial "n!" (n=50).
 - This does not even begin to consider the many factors within each person that impact whether or not they might catch and/or spread an illness or the severity with which it will impact them (presence or absence of symptoms, good hygiene and preventative measures, travel, immune system, etc). The interactions between these factors within each person would be exponentially higher than the really high number of interactions with "50!" people above. And it continues to increase exponentially with each person after that. Also, the factorial above does not take into account configurations of people where you are equidistant from more than one person at a time.
 - What this means: when you are interacting with only 3 people (roommates, family at home, etc) who are healthy and applying suggested prevention measures (hand washing, etc.), the possible interactions are fairly low and you are at a low risk of contributing to spreading the virus. If you are in a class of 50 people, there are exponentially more potential combinations of people and risk factors. With each added person, the risk increases exponentially, not by a factor of one. So, as things currently stand, **you do not need to be fully socially isolated or quarantined** unless you meet the specified criteria (travel to specific locations, certain active symptoms, interacting with someone confirmed to have the virus). However, being in large groups is a different story. *THIS* is why universities are closing and events are being canceled. This is not a reason to panic, and it does not mean you are necessarily at an imminent risk. It is our society using math and science to finally take appropriate preventative measures to "flatten the curve" so we do not develop a reason to panic.
 - Still engaging in your life while avoiding crowds and travel when possible (classes, parties, workshops, large office settings when work-from-home is an option) is one example of how you can find that middle ground between unhealthy panic and irresponsibly ignoring risks.
 - Clean and disinfect frequently touched surfaces *daily* like doorknobs, light switches, counter tops, faucets, keyboards, etc. We should be cleaning regularly (usually weekly unless contaminated by something), but the advisement is currently to disinfect all common surfaces daily. This is for the same reason described above. If 2 people touch the same doorknob and sink daily, the risk is very low. But if an unknown number of people are touching these surfaces in public spaces, you get the exponentially increasing risk described above. Again, this is to prevent spreading, not an indicator to panic or that every surface is dangerous.
- **When the preventative recommendations conflict with your treatment plan.**
 - Some disorders – for example OCD, Phobias, or Social Anxiety – involve exposure therapy, reframing unrealistic fears about how everyday things may cause harm, not avoiding social activities, etc. Please work directly with your provider to adjust your treatment plan to help you engage in reasonable preventative actions without negatively impacting your progress. For now, we just want to validate how confusing and anxiety-provoking this might feel, and we are here to help!
- **Ways to cope with anxiety and social isolation**
 - While there are many other coping strategies you can work on with your provider, **APA has provided a helpful summary:** https://www.apa.org/practice/programs/dmhi/research-information/social-distancing?utm_source=facebook&utm_medium=social&utm_campaign=apa-pandemics&utm_content=social-distancing&fbclid=IwAR0b1IZiKB4zba7kSOZmHkEhm5uRY95IOOTwFvblTDLsVgEQgE-4s_pAif4

Measures Charlottesville Empowerment is Taking
And How this Impacts You:

- As of Monday March 16th, we will no longer be providing cups, water, or other beverages until further notice. We advise you to bring water in a disposable or dishwasher safe (or that you hand clean regularly with hot soapy water) water bottle when coming into the office.
- We always clean the center; however, in addition to cleaning surfaces, we will be sanitizing furniture with Lysol spray between every client beginning Monday March 16th. Please allow your clinician to open and close the doors for you; however, we will be sanitizing the door handles daily.
- Due to irrational hoarding of supplies, we are currently accepting donations or bartering service coats for Lysol Spray (or other brands of disinfectant spray) and large pump-hand sanitizer. If you provide your receipt, we will deduct the amount you spent on the product from your bill with us.
- **HIPAA compliant video-sessions (telehealth).** As of 03/15/2020 we are not yet mandating telehealth, rather offering the option of telehealth in lieu of in-person services.
 - If you pay out-of-pocket or on a sliding scale, the fee will remain consistent and so will your payment plan.
- **Using insurance is more complicated, and we are requiring that all clients who use insurance prepare for telehealth as an option.** We are working with insurance companies to confirm telehealth coverage, but each major insurance company has many plans, all of which provide different levels of coverage. Please take the following steps before your next appointment:
 - **Step 1.** Call the member services number on the back of your health insurance card and ask if your specific plan will cover telehealth for “outpatient behavioral health services,” and ask if coverage is the same or different for in-person outpatient behavioral health. Candidly, many representatives are not trained to know this information. If you don’t trust the information you are getting (or you are not getting any information), it is more than reasonable to ask to be forwarded to someone who can provide more information.
 - **Step 2.** Email us at info@charlottesvilleempowerment.com to let us know what they say so our billing and administration team can prepare in case of switching to telehealth.
 - We do want to be transparent that it is not uncommon that they provide incorrect information about what they end up covering. If they do not cover what they tell you they will, we can provide a summary of charges and what they covered, and you can follow up with your insurance directly to try to and resolve the issue. We are legally required to bill clients what insurance claims tell us to, however in the event of an error on their end, we will fight with you and provide you information you need to get everything fixed. If there is no resolution insurance can offer, we will happily help find a payment plan that is feasible for you.
 - If your insurance does not cover telehealth, or telehealth coverage is cost-prohibitive to use, we can temporarily offer shorter telehealth sessions out-of-pocket to still get mental healthcare while also helping you managing the cost. We do this on a prorated basis. For example, if your therapist charges \$100 per hour, every 15 minutes would cost \$25.
 - **Please note:** changing the duration of a session with less than 24 hours notice will result in charging you for the difference directly (thus, the session will still cost the full amount). With appropriate notice, we are able to schedule intentionally to provide everyone in need with the most availability possible and to ensure we are financially able to continue operating during this complicated time.
- **Please do not come in if you have a fever or a dry cough. We will send you home.** If you have these symptoms, call your physician and have them determine if you should go in for an appointment. Many physicians and insurances are offering telehealth for these symptoms at present and may recommend doing this instead of going into their office. We will not charge you a late cancellation fee so long as you let us know *before* the start time of the appointment and provide documentation of a medical consultation (anything will do – an email from the physician saying they spoke to you on the phone and advised you to stay home, co-pay receipt, discharge summary, etc.). We only require the documentation for standardization purposes. This prevents the risk of unintentionally having different rules for different individuals.
- **How we can help if you need both medical and mental health services and the cost is prohibitive:**

- If you have insurance, your therapy co-pay is either the same or more than your primary care doctor co-pay, and we encourage you to spend these funds first on primary care visits to make sure you are physically healthy and not spreading illness to other clients. However, if anyone is in crisis and needs urgent support, we always provide **free** 15-minute phone check-ins, during which we can provide initial support and work with you to develop a plan that is both feasible financially and will meet your urgent mental health needs. A plan determined through email or free phone consultation may include telehealth, payment plans, shortened telehealth sessions, crisis hotlines or chats, or other resources. One example of a plan would be:
 - Telehealth through your insurance and creating a payment plan for your portion of the cost. (For example, if your co-pay with us and with your physician is \$20, instead of you paying \$20 to your physician and another \$20 to us in the same day, we can add \$5 to your what we bill for the next 4 week until we are caught up on the balance, or something similar).

In summary, we understand how complicated it is to navigate the interaction of mental health issues, marginalized identities, the COVID-19 pandemic, misinformation and panic, and related triggers. No matter how the pandemic impacts us, we will do everything possible to provide uninterrupted services and make services as accessible as possible. While we are experiencing an increase in volume of emails, please reach out if you have any questions and we will get back to you as soon as we can. Please bring any concerns to your clinician in your next sessions. We are here to support you!

Sincerely,

Dr. Tasha Nadasdi and the Charlottesville Empowerment Team