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# Mental Health Teletherapy: An Essential Mental Health Resource After COVID-19

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Abstract

The purpose of this paper is to present an exceptional summation of knowledge in human services while focusing on the specific aspect of online mental therapy. This thoroughly investigated paper discusses the challenges our society currently faces with mental healthcare amidst COVID-19 and how online therapy is one venue that we have, for a long time, chosen not to utilize in the past, but must now recognize its viability as a solid, therapeutic resource for the mental healthcare industry. This paper seeks to confront the various reasons for opposing online therapy and share evidence of ongoing programs that have embraced online therapy and are thriving in their communities. It also lays the groundwork for how therapists today may incorporate online mental therapy as an essential mental health tool for the benefit their clients in the future.

*Keywords*: mental health, teletherapy, psychotherapy, COVID-19, online, direct access, advancements, stigma

**Mental Health Teletherapy: An Essential Mental Health Resource After COVID-19**

Improving mental health is at the forefront of people's minds now that COVID-19 is worldwide and pushing to deliver mental health therapy online is now a top priority in today's world. The reality of today is that, after COVID-19, the world has had to adjust how it approaches its daily activities and maintain its mental welfare. Matt Huston wrote in his article *Seen and Heard,* "The pandemic made therapy by video call, phone, or text an overnight necessity for therapists and clients across the U.S. and the world, including many who had never held a remote session before." (Huston, 2020) People want therapy services that can assist them in coping and adapting to their newly restrictive social environment without being potentially exposed to COVID-19. People need access to mental health therapy in an environment that they feel safe in. Teletherapy offers protection from coronavirus exposure and is just as effective as in-person therapy while additionally providing a discretionary environment. By providing instant online access, teletherapy has become more prevalent in today's society to psychotherapy sessions for both the patient and therapist. Teletherapy also provides clients online access that might not otherwise be available given their location, physical ability, circumstance, etc. Much of the research prior to the COVID-19 pandemic is slow and unhurried in its quest for advancement. However, empirical data provides evidence that online psychotherapy is as equally affective as in-person psychotherapy and much of the research has shown that it is well received by clients who have had to switch from in-person therapy as a result of social restrictions.

As today's society now faces many mental health challenges due to the COVID-19 virus permeating into every aspect of daily life, mental health teletherapy provides the practical access society needs to receive the therapy needed to cope, adapt and overcome the unanticipated struggles of today. Teletherapy is as equally effective as in-person mental health therapy, offers

multiple benefits for both therapists and clientele including a better use of personal time, provides direct access to therapy via the internet for clients who are homebound or located in rural or remote areas, utilizes technological advancements in communications as well as EMS access, and provides the opportunity for a more discretionary environment during sessions to resolve stigma issues.

## Evidence of Efficacy

The general consensus in the behavioral health professional community is that technology first started being used in conjunction with mental health therapy during the 1950's. Over the past ten years, online mental health therapy has evolved at a slow trickle; there was never any real urgency to push forward the technology and practices related to teletherapy. The majority of therapists appeared hesitant, reluctant even, to embrace teletherapy as an equally viable resource in helping their mental health clients. Today, as COVID-19 continues to affect the world's population, mental health therapy is needed now more than ever. Due to social restrictions, people have been isolated from their accustomed daily social interactions and are now working remotely from home. This isolation intrudes on their personal life, creating overstimulation with other household members. The coronavirus has upended people's personal life vs. work life balance, and many are unable to cope with the adjustments to their new social norms. But receiving the therapy needed to cope with the aftermath, the ongoing issues, and the potential future exposures to COVID, has seemed all but impossible for the majority of people today. To leave the home, drive a distance to a therapist's office, wait in a room with others also wanting assistance, to then sit in front a therapist in their office is counterintuitive to the social restriction requirements of today. Much of the advancements in teletherapy have had to be created or redesigned to accommodate the fast pace of the coronavirus pandemic redefining our

social interaction guidelines while simultaneously being put into practice. And with many more modifications still needed in such areas as government regulation, professional training, process development, and platform security, many helping professionals continue to struggle with transitioning from in-person therapy to cybertherapy. Therapists need to explore the developmental history of teletherapy over the past decade and analyze current trends in teletherapy options to determine future improvements.

This past January, an article was published in *Psychology and Psychotherapy: Research*, *Therapy*, *and Practice* reviewing the empirical literature published to date regarding the efficacy of using videoconferencing to deliver psychological therapy to adults experiencing mental health issues. It set out to determine whether videoconferencing therapy provided less than, equal to, or greater than effectiveness when compared to in-person therapy. The authors found that "across the full range of studies, therapy was found feasible to deliver via videoconferencing, clients were satisfied with therapy, and expected improvements in targeted symptoms occurred." (Thomas, et al., 2021) They organized the data being reviewed according to disorder type and stated the results unique to that disorder. Disorders that utilized videoconferencing included post-traumatic stress disorder, depression, anxiety disorders, generalized anxiety disorder, obsessive-compulsive disorder, and eating disorders. In each of the listed disorders, results included successfully demonstrating the feasibility and acceptability of therapies through videoconferencing, and reductions in symptoms of particular disorders (Thomas, et al., 2021). The authors noted that advantages of videoconferencing therapies included accessibility, reducing time and financial costs, circumventing stigma, self-consciousness and privacy concerns.

In Whaibeh, Mahmoud, & Naal's article *Telemental Health in the Context of a Pandemic: the COVID-19 Experience*, they stress the need for further action by policymakers and public health decision-makers to include telemental health when creating policy guidelines for mental health therapy. They feel positive that "the value proposition of Telemental Health is that it can effectively respond to the mental health needs of people in isolation, quarantine, or restricted mobility while reducing patient and clinician infection risk. Thus, Telemental Health adheres to social distancing, avoids care interruptions, and maximizes public health outcomes" (Whaibeh, Mahmoud, & Naal, 2020). Whaibeh, et al. feel that telemental health is a conducive means to reducing both the clinician and patient risks of being infected amidst providing therapeutic care, especially in environments where there are not enough mental health professionals to fit the region's need (2020).

**Clientele Satisfaction**

Much of a therapy's success is determined by a when a therapeutic venue has met or exceeded the client's expectation of comfortability and efficacy. Thomas, et al.'s *Review of the Current Empirical Literature on Using Videoconferencing to Deliver Individual Psychotherapies to Adults with Mental Health Problems* provides evidence for the effective delivery of cognitive behavioral therapies for post-traumatic stress disorder and depression. Success was not only found in treating a variety of disorders but also in regard to overall clientele satisfaction. Thomas, et al. determined that satisfaction with videoconferencing-based therapy is as high as traditional forms of therapy (2021). Clientele also reported that if not able to receive videoconferencing therapy, that they would have otherwise been unable to access any other type of therapy (Thomas, et al., 2021). Other benefits of videoconferencing therapy reported by clientele included time and cost savings which allowed them to attend sessions more frequently,

the convenience of videoconferencing therapy that they could better fit into busy life schedules, and the continuity of care independent of their locale (Thomas, et al., 2021). Clientele were less self-conscious when discussing issues via videoconferencing than with in-person therapy and felt less threatened in the videoconferencing environment while feeling a greater sense of control over their emotions as well as the session itself.

Positive client satisfaction for teletherapy is nothing new. According to an article published in 2013 in the *Journal of Psychopathology Behavioral Assessment*, "Telehealth procedures were well received by participants, as demonstrated by high scores on a working alliance questionnaire and participants' open feedback." (Gros, et al., 2013) Multiple studies have shown evidence of positive teletherapy feedback. Areas where clients gave positive feedback included pre- and post-treatment symptom reductions, the therapeutic alliance, and overall patient satisfaction. (Gros, et al., 2013) This evidence shows that teletherapy has been well received by multitudes of therapy clients over the years and suggests that as we adapt to living with COVID-19, clients who choose teletherapy over in-person therapy will continue to adapt to the new social guidelines and benefit from working with therapists online.

**Therapist Satisfaction**

Therapist feedback related to teletherapy, though less written about than client feedback, appears to reflect an acceptance of teletherapy as an alternative therapeutic resource. In an article written by Matt Huston, *Seen and Heard*, he explores the advantages that teletherapy has provided in over the past year to people seeking therapeutic help and its ability to sustain that help in the future. "It allows us to reach people who would have gone without services—and maybe would have taken their own lives," says Carly McCord, director of the Telebehavioral Care program at Texas A&M University, which delivers services throughout the state. "Almost

half of our clients come in with severe suicidal ideation." (Huston, 2020) Despite the opportunities teletherapy provides in reaching at risk clients, the feedback given by therapists tends to be accepting rather than embracing of teletherapy. There exists an atmosphere of hesitation and questioning in those therapists who are leery of utilizing teletherapy. Reasons for these hesitations include glitchy technology, missed visual cues, boundary issues, and fatigue from extended online use. However, more and more therapists are adopting teletherapy as a temporary therapeutic venue to meet the influx of clients needing to cope with the newly restricted social environment. As Huston states, "Therapy through a video calling app or over the phone is therapy, couch or no couch." (Huston, 2020).

In April 2021, the *Journal of Family Therapy* published an article titled *Living in a Zoom world: Survey mapping how COVID-19 is changing family therapy practice in the UK*. Mc Kenny, et al. sought to assess the overall atmosphere and perceptions of systemic therapists working in the midst of the pandemic. Respondents to this survey expressed a generally positive experience of remote delivery and making many positive comments. Mc Kenny, et al. determined that "a total of 65% of respondents rated their overall experience of using online video technology professionally as 'positive'. A positive impact is most clear in the responses concerning the practical consequences of moving into a 'Zoom world' where there were 267 positive comments compared with 129 negative ones." (Mc Kenny, Galloghly, Porter, & Burbach, 2021)

In regard to the attitudes towards the professional use of video technology, "the majority of respondents reported that their professional use of online video technology had changed 'to a great extent' since the introduction of the COVID-19 pandemic regulations. Of the 270 respondents, the majority (76%) felt that their overall experience of using online video

technology professionally was positive, whilst a small proportion felt their overall experience was neutral (12%) or negative (13%)" (Mc Kenny, Galloghly, Porter, & Burbach, 2021). The majority of respondents reported that their views about using online video technology professionally had changed after receiving online therapy for a period of time (Mc Kenny, Galloghly, Porter, & Burbach, 2021). Therefore, while initial perceptions regarding online video technology were hesitant of its ability to assist in therapy, respondents grew to appreciate the advantages when using online video therapy.

According to Mc Kenny, et al., positive aspects of using online video technology during therapy sessions included:

- [Making it possible for therapists to continue working] with families and to do so without the necessity of donning masks for families and therapists alike.
- Going online meant being able to continue therapeutic work commenced before lockdown, 'keeping therapy on the road'.
- Some respondents were surprised at how many clients expressed a preference for working online over meetings in the clinic or consulting room. Where respondents provided more detail, reasons varied from anxiety about leaving home (not specifying whether this was COVID-19 related), to finding online interaction more comfortable. A number of respondents noted that adolescents in particular may prefer online to face-to-face encounters.
- For some, prior assumptions about online therapy had not been confirmed by experience, so that respondents 'now accepted that therapy can be of a high standard' online. This 'realization' extended to clients exploring values and

beliefs, ‘focus[ing] deeper on their thoughts and emotions’, and ‘process[ing] trauma’.

- For some, going online ‘encouraged’ allocating ‘more time between each session to prepare’. Others had used the time to increase their direct clinical work. Working from home and online meant fewer expenses, including for babysitters and room hire.
- Maintained and improved access to formal meetings with colleagues. A number of respondents highlighted the use of technology to facilitate meetings with colleagues – large and small teams – and when consulting to external teams.
- For some participants, online therapy was a better option than telephone therapy.
    - Others sought ways to ‘adapt’ their in-room practice to the online world, and on occasion, this was a collaborative development with clients (a family that decided to zoom in from different rooms)
    - ‘New learning of how to present self of therapist to individuals and couples … use my hands and face and vocal tone to express interest and engagement, use bits and bobs on my desk to illustrate ideas about families’
    - ‘Reflective conversations can still occur … family therapists cannot notice all that is happening to family members such as becoming upset; however, we can then ask the family members to notice and to check out with each other which is a huge positive’

    - One respondent felt that working online had become ‘more directive’, and another noted they were ‘focusing more on language as a means of communication and change’.

- Improved attendance and engagement: A number of respondents noted that non-attendance had decreased, in some cases to zero. Fathers’ increased attendance was particularly noted. While engaging very young children could be challenging, a number of respondents noted that many teenagers seemed to prefer online sessions.
- A number of respondents noted that working online could be more focused, direct and ‘intimate’. Some young people were ‘freed up’ to ‘state their concerns’ online as compared with face-to-face working. For some respondents, this was contrary to expectation: ‘I thought the loss of “atmosphere” and emotion in the room would hinder but that has not really proven to be the case’.
- This survey shows that systemic therapists were somewhat surprised that video conferencing works as well as it does. In addition, although there were no specific questions about its creative use, it also appears that most had not yet fully explored the facilities that video conferencing platforms provide. (Mc Kenny, Galloghly, Porter, & Burbach, 2021)

Clearly, from the sheer number of positive feedback Mc Kenny, et al. received from their survey, the overall consensus from respondents was that once utilizing online video technology for remote delivery of therapy over a period of time was that it was an overwhelmingly positive experience. This bodes well for integrating teletherapy into an essential option that therapists can utilize when working with clients.

## Benefits

*The Journal of Clinical Psychology* published an article that demonstrated the advantages, disadvantages and adaptations used during the Virginia Commonwealth University's (VCU) prompt implementation of telepsychology services at their VCU Primary Care Psychology Training Collaborative (PCPTC). The VCU PCPTC is a group of twelve clinics that offer mental health services *pro bono* to nearby communities as training for their psychology doctoral students (Perrin, et al., 2020). The promptness of this implementation was due to the onset of COVID-19. The purpose of this article was to detail how the VCU PCPTC dealt with the onset of COVID-19 and its impact on their current in-person telepsychology practices, what areas of in-person telepsychology were improved upon, what areas proved difficult with telepsychology, and what changes still needed to be made to further prioritize telepsychology as a necessary option in mental healthcare. The data they collected came from their existing clients, their families, staff and students.

The primary purpose of this article was to provide evidence of telepsychology's advantages and disadvantages versus the previous in-person therapy environment (Perrin, et al., 2020). They were also able to offer actualities that their lower income, culturally diverse clients dealt with not only as a result of the transition to telepsychology but the impact COVID had on them and their families. Perrin, et al. stated that they already had a transitional telepsychology plan that they were developing and eventually rolling out through all of the VCU PCPTC clinics, but that COVID-19 hastened the start date (2020).

The authors' methodology started with the immediate shift to telepsychology from in-person services. The students then completed a self-guided, online training program prior to seeing their first patient in this new venue. They utilized a gradual start-up where the senior

students were rolled out first to determine any adjustments to the initial plan that needed to be made and to ease any student anxieties about the changeover. The more novice students were started into the program thereafter. (Perrin, et al., 2020)

Many processes the authors implemented provided service that was comparable or exceeded that of in-person therapy. For example, much time was saved by not having to drive and wait to receive psychotherapy. They found that they were able to reach a significant number of individuals who didn't have the ability to travel. Parents expressed relief and gratitude in receiving telepsychology services after school closures prevented onsite psychotherapy sessions with their children. Crossover meetings between team members at the VCU PCPTC transitioned to Zoom videoconferencing at the beginning of each shift promoting mutual understanding without being physically together. (Perrin, et al., 2020)

This article provides actual outcomes of transitioning from in-person psychotherapy to telepsychology. The authors provide progressive scenarios through each step of the transition. what worked for them and what they feel they need to improve upon. They offer evidence from their experiences that support the immediate need for telepsychology, the further development needed in not only the processes of telepsychology, but the regulations needed by state and perhaps national governments to further assist this transition. (Perrin, et al., 2020)

**Clientele**

On March 13, 2020, President Trump announced an emergency declaration under the Stafford Act and the National Emergencies Act. Consistent with President Trump's emergency declaration, CMS expand[ed] Medicare's telehealth benefits under the 1135 waiver authority and the Coronavirus Preparedness and Response Supplemental Appropriations Act. This guidance and other recent actions by CMS provide regulatory flexibility to ensure that all Americans—

particularly high-risk individuals—are aware of easy-to-use, accessible benefits that can help keep them healthy while helping to contain the spread of coronavirus disease 2019 (COVID-19). (Centers for Medicare & Medicaid Services, 2020)

In the article, *"It's splendid once you grow into It:" Client experiences of relational therapy in the era of COVID-19*, Maier, et al. explored the individuals' past experiences when using teletherapy (2020).

When discussing their feelings of being in a *safe therapeutic space*:

> … participants' beliefs [reflected] the safe therapeutic space of teletherapy and connected to elements of comfort, authenticity, and the perceived naturalness involved with receiving relational teletherapy in their homes. This theme was illustrated by one participant who said, "My partner and I love being in our own environment because it feels safe;" and "…it quickly became a very natural feeling and an even more positive experience than in person." (Maier, Riger, & Morgan-Sowada, 2020)

Additionally, participants elaborated on the anxiety and apprehension associated with waiting rooms at therapy offices. One participant shared about teletherapy, "I don't have to worry about what people are thinking of me in the waiting room." (Maier, Riger, & Morgan-Sowada, 2020)

Maier, et al. stated that participants who engaged in relational teletherapy also reported that a sense of "making do" with teletherapy was an important component to successful treatment, that safe therapeutic spaces were integral, that teletherapy offered surprising elements of convenience, and yet there were logistical challenges to which therapists must attend. (Maier, Riger, & Morgan-Sowada, 2020) These themes of convenience and safe therapeutic space are deemed priority by the participants when compared to other therapy environments and are

important benefits unique to teletherapy. Feeling safe in one's own environment during teletherapy appears to be preferred over the privacy of the therapist's office during the coronavirus pandemic.

**Therapists**

In the article, *Digital approaches – A paradigm shift?* Burbach and Pote explore the current state of mental health services, psychological therapies, and systemic therapy. Their objective is to determine how the field of therapy can turn the page and begin a new chapter with the merging of the digital age with mental health therapies. As stated in the article, "The pandemic has been a game changer. Systemic therapists have adapted well to the enforced move to remote delivery… following the shift online, many clinicians have embraced this mode of delivery." (Burbach & Pote, 2021)

The following are excerpts included in the article citing individuals in the mental health field that are thriving amidst the interactions of digital technology and mental health therapy:

- Helen is a clinical psychologist, training psychologists and other therapists for the NHS. Five years ago, she became concerned that we were not preparing the therapy workforce for the digital future ahead, and this became the focus of her research and consultancy.
- After 30 years working in the NHS as a clinical psychologist, family therapist and service lead, Frank became intrigued by the possibilities digital practice offered for creatively engaging and helping more people.
- Ana Canario and colleagues, who had been conducting a randomized controlled trial in Portugal prior to the pandemic, provide a case study which describes how

they successfully delivered the Group Lifestyle Triple P program via video conferencing.

- Hannah Sherbersky and colleagues provide a comprehensive summary and analysis of the way in which digital practices are reshaping our systemic training, supervision and competence evaluation. (Burbach & Pote, 2021)

Burbach and Pote also noted that a unique bonus to working online was that patient attendance and engagement improved. “The 1:1 therapeutic alliance literature suggests that the digital alliance is at least as strong as the in-person alliance, but the processes may be somewhat different.” (Burbach & Pote, 2021) In order for this *paradigm shift* in mental health therapy to occur, therapists will need to overhaul their views of what therapy environment currently works best for their clients and start asking what therapy environments work better for each individual client. Only with this shift in thinking will mental health therapy progress and catch up with the digital age of today.

**Direct Accessibility**

Another great advantage of mental health teletherapy is the immediate accessibility that video therapy sites and teletherapy apps offer to clientele. American Well, BetterHelp, and Breakthrough are a few of the video therapy service sites that individuals can go to and find a wide range of mental health providers to fit their needs. These sites offer HIPAA compliant specialized platforms to maintain client confidentiality and sessions are held in real-time. (Novotney, 2017) Some of the benefits that video therapy sites offer include better use of time for both the client and the therapist by eliminating drive-time, a greater selection of therapists to choose from that can specialize in a particular therapy, and the elimination of social stigma that can prevent an individual from seeking therapy because they don’t want to be seen walking into

a counseling center or a therapist's office. Teletherapy apps are additional tools that individuals can download and use to improve their mental health. These apps provide information that can educate clients on the skills needed to cope with life situations. Among these tools are apps such as BetterHelp, 7 Cups of Tea, and TalkSpace that can connect an individual to a licensed therapist that best suits their needs. Some apps also track mood swings to help the therapist identify any life patterns that may be affecting the individual (Novotney, 2017).

**Immediate Availability**

Put simply: online communication eliminates time wasted traveling, waiting, etc. Time needs to no longer be spent preparing to be out in public, commuting to the therapist's office, or sitting in the receptionist area waiting to be seen. To meet with a therapist online, a comfortably dressed client places their phone or computer in a well-lit area, calls their therapist online through a video app (Zoom, teletherapy apps, etc.), and waits a few minutes, if not instantly, to be connected. Both the client's and the therapist's extra time needed for before and after psychotherapy is reduced down to minutes. Burbach and Pote state that in the immediate future, "digital technology will shape everything – from initial assessments completed online or using smartphones, to wearables monitoring wellbeing and physiological activity, to real-time assessment and smart-phone therapy apps" (2021). Online meetings can now include a wider network; therapists will gain access to international health services teams and collaborating together may become less intimidating (Burbach & Pote, 2021).

**Expanded Demographic**

Providing psychotherapy to at-home disabled residents and residents that live in rural areas is an ongoing issue for a variety of reasons that include a shortage of mental health providers, remote location, and social isolation. Many adults and children are disabled and

cannot leave their homes to receive psychotherapy. More than one-quarter of adults aged 65 and over with serious psychological distress had limitations in activities of daily living (Weissman, Pratt, Miller, & Parker, 2015). Residents in rural areas may have to drive long distances to receive psychotherapy and the stigma of mental health is more prevalent in rural areas.

For individuals seeking mental health therapy, one of the greatest advantages of utilizing mental health teletherapy is that they can receive treatment regardless of the distance between them and the therapist. Reasons in the past for not seeking treatment have included not being able to bridge the distance between remote or rural locations and the brick-and-mortar therapist's office or not having access to a therapist that specializes in treatments for specific disorders. COVID-19 has pushed many therapists towards providing teletherapy which benefits those living in remote or rural areas and widens their ability to provide treatment statewide rather than locally. Now, a therapist in Louisville, KY, who specializes in exposure therapy for PTSD clientele, can treat an individual with PTSD that lives in a small town on the other side of the state through teletherapy.

## Technological Advancements

Puspitasari, et al. wrote an article evaluating the feasibility and effectiveness of the Adult Transitions Program (ATP). ATP was developed as a group-based therapy in the format of a short-term intensive outpatient program (IOP) to bridge patients who were recently discharged from, or at risk for, psychiatric hospitalization. The original program started in 2013 and was delivered in-person. Due to the COVID-19 pandemic, the program underwent a rapid transition from in-person therapy to video teleconferencing in March 2020. This was to assure patient and staff safety and to maintain continuity of care (Puspitasari, et al., 2021). The program categorized patients along three different tracks, based on their level of psychiatric condition. Track 1 was

designed for patients with comorbid psychiatric disorders and addiction who might also struggle with suicidality. Track 2 was designed for patients with transdiagnostic psychiatric conditions who struggled with high suicidality and self-injurious behaviors. Track 3 was primarily designed for patients with anxiety and depression with less acuity than those in Tracks 1 and 2.

Puspitasari, et al. (2021) noted that in addition to receiving three group teletherapy sessions per day, patients also received individual sessions throughout their enrollment in the program. The majority of individual sessions took place on video teleconference. This only changed to an in-person session if it was decided that it would be best suitable. The probability of delivering ATP via video teleconferencing was determined by three metrics: the high completion rate, good attendance, and successful aftercare transition.

Puspitasari, et al. (2021) found that out of the original participants that started ATP, only 6 did not complete the program. Improvements that were noted from admission to discharge were the following: effectiveness of the program, overall quality of mental health, wish to live, wish to die, risk of suicide, and patient-reported outcome measurements. It was also possible to schedule aftercare behavioral health appointments prior to patient discharge that would ensure continuation of care. The authors found these improvements to be encouraging in light of the anticipated mental health crisis predicted to soon follow the coronavirus pandemic.

**Video-conferencing Sites**

When surveying college students about their utilization of campus psychotherapy services, Heesacker, et al. found that while notorious for not seeking help from school services, students were well-equipped with smartphones, tablets, and/or computers (2020). “When help-seeking is as simple as selecting an app, finding a website, or responding to a text, iMessage, or email, chances are that collegians will engage in more help-seeking for mental health concerns.”

(Heesacker, Perez, Quinn, & Benton, 2020) They determined that using devices as an introductory avenue to mental health therapy, students may be more apt to use teletherapy services.

Fifty-five clinicians were surveyed to understand their perceptions of providing relational telehealth during coronavirus (Eppler, 2021). Comments regarding technology in teletherapy (video-conferencing sites) included the following:

> *June* … wrote, I am able to connect with clients and they are able to open up as they would in the office or even more so in some cases as they are in their own environment. It is also a joy to see how children and young adults engage with this medium for me.
>
> *Taylor* … used technology to help set a boundary: "when the session is over, it is like an immediate flipping of a switch." Taylor reported this felt "weird," but it was an "easier break."
>
> *Erin* … increased her attention to clients' context. Telehealth afforded her the opportunity to "see the home environment of clients…and meet family members/pets that I have not otherwise."
>
> *Lori* reported that "seeing clients in their own homes/spaces has opened my eyes to larger relationship dynamics and conditions that are inherent in the clients' lives (e.g., power/control issues with partners present/absent, clutter, chaos, and disorganization)." (Eppler, 2021)

**EMS Accessibility for Therapists**

Gros, et al. wrote an article, *Delivery of Evidence-Based Psychotherapy via Video Telehealth.* Among the challenges present in adapting the use of video telehealth was a frequent

concern of patient safety and suicidality due to distance between therapists, patients, and emergency services. (Gros, et al., 2013) To assist in alleviating this concern, the authors devised the following steps that providers could take to address their participant's needs when acute suicidality arose, including: (Gros, et al., 2013)

1) enlisting a second provider for consultation and coordination with local services (e.g., emergency personnel and care facility)
2) establishing a safety plan with the participant, including plans if the telehealth connection was lost
3) arranging hospitalization with participant's local emergency personnel and transportation, and
4) arranging participant's transfer to provider's treatment facility

According to Gros, et al., the case study demonstrated that with proper planning and backup safety measures, "video telehealth, in combination with telephone services, could be used both to provide safe crisis management and to coordinate emergency service" (Gros, et al., 2013). In fact, they went on further to say that telehealth services may, in some ways, work better than in-person treatments due to its availability for suicidal patients located too far away to attend a clinic for treatment. These patients may be more likely to participate in telehealth giving clinician's the opportunity intervene and help. (Gros, et al., 2013)

## Circumventing Stigma Issues

Efforts to reduce the public stigma of psychotherapy have been an uphill climb for decades. If asked about psychotherapy, most people will say it's for crazy people. "… stigma around mental illness and service seeking is often cited as a top barrier for those in rural communities owing to their characterization as having strong social support networks,

conservative values, and a general lack of privacy (e.g., word travels fast, everybody knows everybody) (Polaha, Williams, Heflinger, & Studts, 2015). In the United States, children are often times raised to be strong, self-sufficient, independent adults and to admit the need for psychotherapy they view as an admission of weakness and dependency on a professional to "fix" their mind.

In the article, *A Systematic Review of Technology-Based Prevention and Treatment Interventions for Perinatal Depression and Anxiety in Latina and African American Women*, Lara-Cinisomo, et al. sought to provide information on the development of practices and research focusing on Latina and African American perinatal women. Many of the concerns focused on stigmas associated in their cultures with mental healthcare. Utilizing digital tools may help to dissipate the stigmas associated thereby reducing their barriers to care and providing a stronger social support for women in need of mental health therapy (Lara-Cinisomo, Olarte, Rosales, & Barrera, 2021). The authors categorize Latina and African American perinatal women as "an increased risk for poor outcomes given that they are less likely to seek treatment owing to a lack of resources, stigma, and the under-recognition of psychological distress during this time-limited period of their lives" (Lara-Cinisomo, Olarte, Rosales, & Barrera, 2021). Lara-Cinisomo, et al. stated that in all of the studies reviewed, women who used the digital tool felt satisfied with the results of their implemented interventions (2021).

Psychotherapy is also not a popular choice for children or adults in the United States. Many people still view psychology as a pseudoscience and refuse to go to therapy, even in crisis. In May 2015, the National Center for Health Statistics (NCHS) released the following 2009-2013 information from the National Health Interview Survey (Weissman, Pratt, Miller, & Parker, 2015) for the United States:

- In 2014, 41.2% of adolescents aged 12–17 in the United States with past year Major Depressive Episode received treatment for depression in the year prior to being surveyed.
- In 2014, 68.5% of adults aged 18 or older in the United States with Serious Mental Illness received mental health treatment/counseling in the year prior to being surveyed.
- In 2014, 14.6% of individuals aged 12 or older in the United States with illicit drug dependence or abuse received treatment for their illicit drug use in the year prior to being surveyed.

The only percentage over 50% of its category were adults aged 18 or older. This may be due to the number of adults with insurance receiving mental health treatment/counseling (72.5%). The adults with no insurance receiving mental health treatment/counseling was 47.3% (Weissman, Pratt, Miller, & Parker, 2015). Some other reasons why people choose not to seek psychotherapy for their mental health issues include lack of accessibility in rural areas, socioeconomic status, and the stigma associated with psychotherapy.

In 2010, Wootten and Titov published an article, *Distance Treatment of Obsessive-Compulsive Disorder* that examined various options for distance treatment seeking to access people located in rural and remote areas. Like many of the articles related to cybertherapy on and before that year, much was unknown and unstudied about the subject. Due to the difficulties in providing distance treatment access, they sought to develop new online methods for treating obsessive compulsive disorder (OCD) using a cognitive-behavioral therapy approach (Wootten & Titov, 2010). One of those options was the use of videoconferencing. Wootten stated that all available literature indicated that distance treatment via videoconference, when guided by a

clinician, can be as effective as traditional person-to-person treatment (Wootten & Titov, 2010) However, it was also noted that as of the date that the article was published, there were no reports of any OCD programs delivered over the Internet nor were there any studies exploring the use of distance treatments in regard to OCD in their area. The resulting recommendation of this article was that "the potential of Internet-based treatment for OCD should be explored, particularly given the success of these techniques with other common mental disorders" (Wootten & Titov, 2010). They also felt that "the very limited research base indicates a need for" exploring different existing techniques for distance treatment of OCD (Wootten & Titov, 2010).

By 2012, observances were being made that individuals were starting to immerse themselves in online technology. Social media platforms, texting, video-chatting were becoming mainstream ways of interacting with others on a personal level without the exposure of being face-to-face. Carol Tosone wrote a chapter *Virtual Intimacy in the Therapeutic Space: Help or Hindrance?* in the book *Contemporary Clinical Practice* analyzing the implications of what this new form of communication meant for mental health therapy. Like Wootten's article, (Tosone, 2012) questioned whether "therapists [are] adapting to an ever-increasing technologically sophisticated world" and that research on cybertherapy was still developmental. However, she viewed the topic of cybertherapy from the angle of philosophical application for the individuals participating in the cybertherapeutic session. This was a step beyond recognizing the applications for cybertherapy and testing them. (Tosone, 2012) posed such questions as: does cybertherapy enable helping professionals to avoid the termination process, are they bending or breaking the boundaries of the professional relationship, and in broader terms "does e-therapy serve as a viable means of communication or as a resistance to therapeutic intimacy". (Tosone, 2012) reminded the reader that "professional societies have been slow in addressing the ethics of and

guidelines for virtual therapy". This too was similar to the (Wootten & Titov, 2010) article statements of a lack of research and development regarding cybertherapy and Tosone (2012) offered similar recommendations of further review of properties and attributes of cybertherapy.

In 2015, the article, *Technology-Delivered Mental Health Interventions for People Living with HIV/AIDS (PLWHA): A Review of Recent Advances* was published discussing the potential effectiveness and uses of tele and cyber technology in delivering psychotherapy for mental health issues related to PLWHA. Akin to the previously mentioned article and book, this 2015 article also voiced concern regarding the lack of information regarding behavioral intervention technologies, specifically targeting those used to improve mental health issues among PLWHA. The authors, Kempf, Huang, Savage, and Safren (2015), recognized the potential benefits of using computerized interventions: rapid delivery of mental health education, delivery to the hard-to-reach populations, the uniformity of interventions, 24-hour access, and anonymity and privacy of access (stigma). They sought to determine whether computerized stress management interventions would improve varying areas of mental health issues of PLWHA. They were surprised to find that the only significant improvement when utilizing technology to intervene on PLWHA's mental health issues was regarding their stress management knowledge (Kempf, Huang, Savage, & Safren, 2015). The authors suggested that one of the reasons for this lack of overall improvement was due to duration and small sample size (Kempf, Huang, Savage, & Safren, 2015). The issue of small sample size was prevalent in the majority of trials in the early 2000's and contributed to the lack of gains in information regarding cybertherapy. And, similar to many of the other articles during 2010-2015, Kempf, et. al. concurred that "studies need to capitalize on the increasing demand and dissemination of wireless technology into remote areas" (Kempf, Huang, Savage, & Safren, 2015). They additionally acknowledged that, in the U.S.,

many state licensing boards, and applicable government laws were behind the times and needed to be adapted to accommodate technologies that were already present and, in some cases, currently in use to improve a variety of mental health issues (Kempf, Huang, Savage, & Safren, 2015). This acknowledgement further supported the slow timeline progression of integrating technology in behavioral health.

By 2018, technology had become such a prevalent factor in the development of healthcare, mental health professionals were starting to see the need for speeding up the advancement of cybertherapy as an equivalent alternative to in-person therapy. A special issue article, *Evolving standards of care in the age of cybertechnology* by Frederic G. Reamer was published to bring awareness to issues concerning the use of cybertechnology in the behavioral health field. While many of the issues pertained to client privacy and confidentiality, Reamer proposed that many of these issues stem from the lack of cybertherapy standards, specifically relating to regulatory law, code of ethics, and standards of professional use (Reamer, 2018). Reamer went on to discuss the changes in terminology to many of the standards that hold mental health professional ethically accountable to their clients as they relate to cybertherapy. He also detailed the recommended practices that mental health professionals need to utilize when integrating technology with their patient care. Reamer emphasized the importance of mental health professional's consideration of their patients' skill and comfort with technology. Practitioners should consider patients' possible reluctance to use technology; difficulty affording technology; limited computer knowledge or fluency with technology; and the risk of cyberbullying, electronic identity theft, and compulsive behaviors regarding the use of technology. (Reamer, 2018)

The mention of these considerations, along with the necessity for standards adaptation to accommodate technology into mental health therapy services, suggested that the exponential integration of technology and mental health therapy that had not yet been welcomed in the past decade and would unknowingly to come to a head with the onset of COVID-19. The article Reamer published was, at the time, one of the first detailed guides providing step-by-step instructions for mental health professionals in addition to the recommendations for standards that integrate technology with mental health therapy as one of the standard practice of care. This article provided detailed recommendations, processes, and challenges to cybertherapy that, in previous years were not mentioned, much less thought of.

This year, Nancy Burgoyne and Aaron Samuel Cohn published an article discussing the sudden, overwhelming transition in mental health therapy from in-person to teletherapy. *Lessons from the Transition to Relational Therapy During COVID-19* educates the reader as to what research has already been done regarding cybertherapy, what standards and practices that mental health professionals have had to adjust when transitioning from in-person therapy to cybertherapy, and how COVID-19 has put cybertechnology at the forefront in assisting people in need of mental health therapy. For example, with regard to boundaries and professionalism, cybertechnology may violate them depending on the client and what is communicated (Burgoyne & Cohn, 2020). With regard to quantity and quality of feedback, tradeoffs such as expanded visual distance and the slowing down of communications may be necessary to satisfy the expectations of both client and the helping professional. With regard to privacy, Burgoyne and Cohn warn that when privacy issues persist that they compromise the treatment and issues that they discuss at length, it becomes clear upon reading this article that COVID-19 has had a profound impact in the field of mental health. Perhaps the resulting teletherapy influx that

coronavirus has pushed to the forefront could also have a profound impact towards diminishing mental health stigmas. It could be surmised after reviewing the five literatures discussing cybertherapy over the past decade that COVID-19's impact on mental health in the world has surpassed any previous impact on mental health in general.

## Limitations of Mental Health Teletherapy

In the article, *Systemic teletherapists' meaningful experiences during the first months of the coronavirus pandemic*, they surveyed 55 clinicians to gain a better understanding of their experiences when providing relational teletherapy during the onset of the coronavirus pandemic. While studies show the effectiveness that teletherapy has on mental health issues, they also often noted that there was no teletherapy training incorporated into the systemic training programs prior to the pandemic. As a result, Eppler (2021) noted that participants cited educators having little or no training in teletherapy and teletherapy hours being prohibited in counting towards accreditation standards as barriers to teletherapy. Lack of educational literature regarding the use of teletherapy during a pandemic was considered an additional barrier to teletherapy (Eppler, 2021). The authors provided the example of *Lori*, who provided telehealth before the pandemic:

> "Some of my clients are rather scary, and it is difficult for me to have them "in my home," so setting emotional boundaries has been important. On the other hand, there is a level of intimacy and closeness that comes with having a client talk into my ear (through the headset) and having them on my screen. More than one client has commented on this. I have had to be very careful to sequester myself away from others living in my home for purposes of confidentiality and privacy." (Eppler, 2021)

In addition to the physical, mental, and social effects, the participants noted that they experienced multiple technological glitches, including lagging connections causing screen

freezes and interruptions with internet services. These glitches increased a feeling of disconnect between the participant and their client. (Eppler, 2021)

Overall, the responses reflected a “profound negative effect on morale, especially related to personal social, emotional, and physical concerns. (Eppler, 2021)

**Training and Administrative Support**

Child and Adolescent Mental Health Services (CAMHS) is a community mental health service in the UK that adhered to limiting in-person appointments and urged staff members to work from home when possible. Bentham, et al. noted that:

> in the context of a nationwide lockdown, working from home may mean that many staff members are required to balance the demands of work with caring responsibilities for vulnerable family members or providing education and care for dependents. Similarly, reduced social interactions and more distanced relationships with colleagues can potentially impose challenges in managing clinical risk effectively, providing high quality care, as well as in ensuring staff are adequately supported at times of change. (2021)

When questioned about their ability to tackle clinical roles with COVID-19 restrictions, the clinicians admitted that tasks took longer to finish due to IT systems and accessibility of information. One clinician stated, “Everything takes longer to perform, resources or historical data…are not available. It is not as easy to work creatively which is so important for children, so this requires more thinking and planning time for both the clinician and the family” (Bentham, Driver, & Stark, 2021). With regard to support structures in the service, namely training, the clinicians noted “the need for clear guidance relating to the use of virtual platforms and specialized training for the provision of evidence-based teletherapy” (Bentham, Driver, & Stark,

2021). These are training needs the clinicians are now finding essential to providing the level of care required with teletherapy that haven't been previously anticipated at most community health services.

**Provider Fatigue**

In 2021, Fish and Mittal published an article, *Mental Health Providers During COVID-19: Essential to the US Public Health Workforce and in Need of Support*, that focused on the impact COVID-19 had on mental health teletherapy. U.S. mental health providers were surveyed to determine COVID-19's impact on their work and mental health during the months of June and July 2020. Of the 137 mental health providers surveyed, 112 of them expressed a negative affect that COVID-19 had on their ability to care for their clients (Fish & Mittal, 2021). Fish and Mittal noted that respondents expressed teletherapy fatigue and were dissatisfied with their quality of care (2021). "… clinicians have disclosed that they are experiencing elevated levels of empathic distress—an emotional state that affects people's capacity to bear witness and tolerate another person's pain and suffering—and at times feeling distracted and less engaged with their clients. (Fish & Mittal, 2021) These negative feelings also flowed into the clinicians' personal lives affecting their interactions with family members and friends.

Mc Kenny (2021) wrote that some clinicians suffered from therapist isolation. Because the clinicians now worked remotely from home, they experienced a sense of loss from the lack of 'corridor conversations' that were commonplace when they were in the workplace. This feeling was also included when training remotely; in-person conversations between trainer and trainee were missed. A number of clinicians felt they had trouble creating boundaries between work life and home life while working remotely. Some also felt that while technology usually freed them up from paperwork, the working online fatigue stressed them out more.

**Technology Issues/Service Area**

According to Thomas, et al., the compiled studies they found regarding technology issues were often considered a negative impact on the delivery of therapy. While lag during a session was considered a minor disruption, severe technical issues involving the inability to reconnect with the client had to be managed by postponing or cancelling the scheduled session or using a backup means of communication, such as the telephone. It is worth of note that most technical issues were not impactful enough to detract from therapy. (2021).

Canady (2020) states in the article, *As MH workforce evolves during COVID-19, telehealth seen as new normal*, another challenge with technology is that not everyone has the same access or even the same level of recent advances. For Perrin (2020), one of the challenges listed was educating patients well enough with teletherapy that they felt comfortable enough to use video-conferencing services. This was also true for the trainees, who had just learned the new technology and now had to walk patients through the same new technology, oftentimes feeling lost right along with the patient (Perrin, et al., 2020). There were also issues regarding service areas: patients would limit the time available for video-conferencing due to prepaid minutes or limited data (Perrin, et al., 2020)

Yang (2020) wrote that some participants that were enrolled in the telehealth in Early Intervention (IE) either did not have access to the internet or reported having slow or non-reliable service. One mother mentioned that their service was so bad that they couldn't maintain their DirecTV connection (Yang, et al., 2021) Others reported that they couldn't afford the equipment needed to connect via telehealth or that the equipment they did have was too outdated (computer without webcam) (Yang, et al., 2021)

**Federal and State Regulations**

COVID-19 has been pervasive and has cost the U.S. healthcare system a vast sum in 2020. Lawmakers and citizens alike are coming to understand the vital need of telehealth during the coronavirus pandemic and the social distancing measures taken to date. This only further cements the idea that the U.S. needs to adjust its stance from limiting mental health therapy to in-person sessions to adopting the inclusion of teletherapy as an essential resource going forward. (Whaibeh, Mahmoud, & Naal, 2020)

The U.S. Department of Health and Human Services Office for Civil Rights released a Notification of Enforcement Discretion that offers leniency with communication applications that providers can use without risk of penalties being imposed due to violating HIPAA. Video chat applications listed include: Apple FaceTime, Facebook Messenger video chat, Google Hangouts video, Zoom, and Skype. (Health Resources and Services Administration Office for Civil Rights, 2021)

Originally approved by the Association of State Provisional Psychology Boards in 2015, PSYPACT is an interstate agreement that allows psychologists to help patients in other states who have also signed the agreement by using telehealth and short-term in-person psychological services. One of PSYPACT's main purposes is to provide access to psychological services to people living in remote or rural areas when those services would normally be outside of their service area. (Canady, Ohio bill would expand MH telehealth, service access, 2021) Currently, 15 states have enacted PSYPACT legislation. With the number of states that have signed the PSYPACT growing, new legislature will need to be established regarding therapist licensing requirements for working across state lines. PSYPACT is a compact especially welcomed by universities who have students enrolled in mental health services on campus but have had to send

them home due to the pandemic shutdown. “By allowing the psychologist to practice via telemeans, a psychologist can continue [therapeutic] care with their client if the client relocates to another state, if for example, that university is in a PSYPACT state,” noted Janet P. Orwig, executive director for PSYPACT. (Canady, Ohio bill would expand MH telehealth, service access, 2021)

**Digital Exclusion**

Mc Kenny (2021) felt that poverty-related exclusion – lack of equipment, poor internet connection – was included under digital exclusion. Some respondents felt that unique client difficulties, such as social anxiety or communication difficulties might hinder the therapeutic relationship when using technology. Older people or certain religious groups, who may not adapt to particular technologies, would also suffer from digital exclusion. (Mc Kenny, Galloghly, Porter, & Burbach, 2021)

Rudolphi, et al., found that farmers preferred to receive mental health information from medical providers, spouses/family members, and friends. In fact, 64.3% of the respondents were not interested in receiving mental health information from an online source (Rudolphi, Berg, & Marlenga, 2019). This lack of interest displayed by the farmers, while not definitive, does create concern whether they would accept and use teletherapy (Rudolphi, Berg, & Marlenga, 2019).

For Yang (2021), some of the participants received a yearly income of less than $15,000/year. Having access to technology able to be used for teletherapy or funds for toys and materials needed for the early intervention (EI) sessions simply wasn’t feasible on that income and they stressed over the need for the toys and materials which therapists bring for in-person EI sessions. They wondered how telehealth can similarly provide access to toys and materials; often times the toys and materials the therapists provided weren’t within the participant’s budget to

provide for their children. (Yang, et al., 2021) There also existed linguistic barriers. One Spanish-speaking father questioned how effective the communication could be using teletherapy with no interpreter present (Yang, et al., 2021).

**Therapeutic Techniques/Resources**

Mc Kenny, et al. (2021) reported that often times, the respondents felt limited working online. The use of specific techniques: 'genogram work/spontaneous drawing out of process/circular patterns/using props' were either not formatted correctly online or not available for use. Another respondent felt that '… a genogram or a sculpt. It's not impossible, but it's also not the same or as rich'. The respondents also felt that demonstrating relational practice online was either difficult or impossible and that methods of actions needed to be taught in-person (Mc Kenny, Galloghly, Porter, & Burbach, 2021).

Di Carlo, et al. wrote, *Telepsychiatry and other cutting-edge technologies in COVID-19 pandemic: Bridging the distance in mental health assistance,* where they expressed concerns from both users and nonusers of telemedicine reporting the loss of personal contact with their patients. Clinicians reported difficulties when using videoconferencing in picking up nonverbal cues and emotions (Di Carlo, et al., 2020). These are key factors in understanding the therapeutic needs of a patient and options within the framework of videoconferencing need to be explored to resolve this issue. There were also concerns regarding the suitability of the patient for telepsychiatry; for example, patients exhibiting psychotic symptoms (Di Carlo, et al., 2020).

According to a special report in the Journal of Business, Spokane, WA, providers are preparing for a rise in demand for in-person services to the increase in more-acute mental health issues. "Most patients who currently are using teletherapy services have lower acute mental health issues, states Dr. Katrina Bryant, director of outpatient services at INBH (Inland

Northwest Behavioral Health), whereas those with more acute mental health issues have trended toward needing the in-person services." (Nellis, 2020) Since May 2020, the hospital has been offering a hybrid mix of in-person meetings and digital meetings. (Nellis, 2020) What they found was that patients with lower acute mental health issues were content to utilize digital meetings; however, as months progressed and the pandemic was in full effect, patients with more acute mental health issues preferred in-person services.

**Confidentiality**

Some of the most significant concerns regarding teletherapy revolve around confidentiality. HIPAA requires that the safety and security of patient information remains intact regardless of the type of therapy used, including teletherapy. Many questions have been raised as to the efficacy of teletherapy to keep client/therapist interactions confidential. Concerns from both patients and therapists include the ability for online client information to be hacked from the outside, data leaks during software updates, or even passersby in both patient's and therapist's homes overhearing confidential sessions.

Teletherapy technology needs to accommodate the level of security needed for both patients and therapists to feel safe when using the teletherapy platform. That being said, HIPAA's Notification of Enforcement Discretion is in effect so long as the COVID-19 National Emergency is in effect (Health Resources and Services Administration Office for Civil Rights, 2021). When the Notification ceases to be in effect, teletherapy will need to have advanced far enough along to accommodate at least the minimum of what HIPAA, patients, and therapists require for it to remain essential to therapeutic needs.

## Ways to Improve

Many advantages and disadvantages of online psychotherapy still need to be studied, clarified or restricted for it to be as successful in therapeutic practice as face-to-face psychotherapy sessions. As long as there are significant reservations regarding online psychotherapy, results in online psychotherapy will remain in the gray area as a viable therapeutic alternative. Online psychotherapy provides individuals easier access to therapy, especially those that are disabled, highly infectious, in prison, or located in a rural area. For the person experiencing depression that can't seem to make it out of the bedroom, online psychotherapy offers them the opportunity to create a therapeutic relationship with a therapist from within their bedroom. For the adolescent who experiences high social anxiety when talking to people in person, online psychotherapy offers them the opportunity to communicate with a therapist in an environment they find comfortable to communicate in. For the elderly couple experiencing depression from being isolated miles out in the country, online psychotherapy offers them the opportunity to create a therapeutic relationship live with a therapist on a regular basis. Yet the quality of therapeutic care is questioned when the therapist cannot access resources such as visual cues or emergency services and clients are unable to value the online therapeutic relationship. HIPAA requirements are also an ongoing issue regarding online psychotherapy and ways to effectively protect client privacy have yet to be established. COVID-19 has affected everyone, whether we have tested positive for the virus or know of someone who has it or has died because of it. Online psychotherapy can provide the help people will need to deal with life after COVID-19, but only if we get it out of the gray.

Costa, et al. (2021) writes that ForLikeMinds is an online support community dedicated to the recovery and wellness of people living with or supporting someone with mental illness,

substance use, or stressful life events. It has over 15,000 members plus a Facebook community of nearly 23,000 followers. (Costa, et al., 2021) The initial survey looked at the COVID-19 pandemic and how people with mental illness were coping. Those people that responded stated that they were concerned about having on-going treatment, access to medication, the likelihood of their illness getting worse or even developing a new mental illness as a result of living through the pandemic.

The leadership at ForLikeMinds chose to conduct a second on-line survey focusing on the resilience of people with mental illness and the mental health care they received during the COVID-19 pandemic. (Costa, et al., 2021) What they found was that people who were attending video sessions through the same provider appeared to be coping better with the coronavirus pandemic. Those whose treatments had lapsed or couldn't get the medication they needed in. a timely fashion or felt isolated from their mental health support reported that they were coping worse. Costa, et al. (2021) wanted this survey to provoke deeper thought about thinking outside the box when creating therapeutic alliances with people who have mental health issues and need care. The goal of telemental health is to empower people with mental health issues and fortify them with the tools they can use online to assist themselves in their own journey of recovery. Telemental health focuses on self-care and self-autonomy while nurturing the therapeutic alliance between patient and therapist. Telemental health can redefine how we view mental health issues and can be within reach of anyone in need of mental healthcare. (Costa, et al., 2021)

In an effort to reduce loneliness and social withdrawal among older adults, Circle of Friends was created to bring community members together to encourage socializing and discourage the onset of loneliness among the older demographic. Zupatsky states that developing

more telehealth and virtual platforms will be critical for not just physical needs of older adults, but also social connection to reduce risks of loneliness and withdrawal from other community networks (2021). Not only have the participants used their virtual connection to share various forms of media including videos and music, but they share samples of their creations over the internet as well (Zubatsky, 2021).

**Training Personnel**

Morgan, et al. (2021) published the article, *The transition to teletherapy in marriage and family therapy training settings during COVID-19: What do the data tell us?* describing the transition of two university clinics to teletherapy and the preliminary analysis of their cases converted to teletherapy. At one university, they collaborated with multiple departments across the campus to develop guidelines that best protected the safety and welfare of their faculty, staff, students and clients. This collaboration also helped them to determine the appropriate practices when offering teletherapy. (Morgan, et al., 2021) “As supervisors, we recognized that the more we adapted our styles to meet the current situation, the more we demonstrated engagement, support, and attunement in our tele-supervisions. This way of modeling adaptive engagement helped our supervisees believe in their own capacity to do the same with their clients.” (Morgan, et al., 2021)

Burgoyne and Cohn (2020) reported that when the Family Institute at Northwestern University transitioned to 100% teletherapy with the development of the coronavirus pandemic, they were eager to test teletherapy to its fullest extent in anticipation of the influx of additional clients into treatment. Standards of care for teletherapy include understanding licensing limitations and state regulations, selection of video platform that is HIPAA compliant, preparing informed consent procedures, administration documentation, plan of action for quality of care,

and outlining details of clinician training (Burgoyne & Cohn, 2020). Little did they know how steep the uphill climb would be to actually integrate full scale teletherapy into their clinical practice. First, with preparation, the Institute found that the smallest of details adjusted prior to beginning a teletherapy session could determine the overall success of that session. Putting therapist's personal items out of camera view helped to prevent violations of boundaries and basic standards for professionalism. (Burgoyne & Cohn, 2020) Pets were more uncertain because they often would enhance the therapeutic relationship with children, adolescents, and adult animal lovers (Burgoyne & Cohn, 2020). Mindfulness exercises or time set aside between sessions for the therapist to complete documentation were advantageous to prevent Zoom fatigue (Burgoyne & Cohn, 2020). Included in that were start-of-therapy rituals for clients to do such as closing out of social media and emails to focus their minds on the upcoming teletherapy session (Burgoyne & Cohn, 2020). When it came to the therapists reading their client's feedback, they noticed a decrease in the amount of feedback they were observing. This included verbal feedback, Zoom prioritizes the louder voice thus quiets all other background sounds, the client's nonverbal behaviors and facial expressions were less evident onscreen and more apt to be missed (Burgoyne & Cohn, 2020). Solutions suggested included requesting the client sit closer to the camera for receiving facial cues or sitting further away from the camera to have nonverbal cues be more observable (Burgoyne & Cohn, 2020). Regarding privacy, clients had particular difficulty with interruptions from family members or trying to find private areas where their teletherapy session wouldn't be overheard. Suggestions included utilizing Zoom's whiteboard and chat functions for private conversation or making use of Zoom's breakout rooms where family members included in teletherapy can take a 'break' and then return to less tense, productive conversation (Burgoyne & Cohn, 2020). With children, therapists had a challenging

time maintaining the child's focus (Burgoyne & Cohn, 2020). Shorter sessions, therapeutic gaming, varied activities, and parent coaching were among the suggested strategies that therapists could try, but essentially, the strategies needed to be customized to their client's tastes to be successful (Burgoyne & Cohn, 2020).

**Accessible Technology**

Burbach & Pote (2021) stated that the main forms of digital health technology which have been applied to mental health assessments and treatments are video-conferencing, computer games and packages to deliver interventions, email and instant messaging between client and therapist, internet/social media support groups and psychoeducation resources, as well as smartphone apps. With ongoing updates and new platforms being developed, "new information, such as GPS location data and social network mapping, could be integrated to enrich our systemic formulations to move beyond the family as a reference point, to the community, both real and virtual" (Burbach & Pote, 2021).

**Politics**

The World Health Organization (WHO) guidelines, in general, prioritize wellness based on nutrition, monitoring status of noncommunicable diseases, and mental health (Núñez, Sreeganga, & Ramaprasad, 2021). They are proponents of using digital modalities to achieve essential health services (Núñez, Sreeganga, & Ramaprasad, 2021). The WHO recommend incorporating these digital modalities in areas such as clinical consultations conducted via video chat or text message, e-pharmacies, staffed helplines, and mobile clinics with remote connections (Núñez, Sreeganga, & Ramaprasad, 2021). Not only do the guidelines delegate teleconsultation but they also promote activities that promote other outreach mechanisms, such as dedicated hotlines. With mental health issues, these hotlines could be online accessible with emergency

access to an on-call therapy team. Núñez, et al. go on to state that “the WHO guidelines on care for mental health are extensive. They go one step beyond and integrate psychological and sociological factors into providing psychosocial support for different population segments such as addicts, the elderly and school children” (2021). However, while the WHO guidelines are recommendations that provide uniformity in how essential care is accessed, each country may adapt them to the needs and requirements of their citizens (Núñez, Sreeganga, & Ramaprasad, 2021). Therefore, the U.S. government will need to use appropriate data and consider their population characteristics and needs to help combat this virus. Núñez, et al. strongly suggest have a global view of all COVID-19 pandemic studies since its onset to gain an overall understanding of our current healthcare situation and create new solutions to minimize future risks while improving access to healthcare services (2021).

## Positive Thinking

As today’s society now faces many mental health challenges due to the COVID-19 virus permeating into every aspect of daily life, mental health teletherapy provides the practical access society needs to receive the therapy needed to cope, adapt and overcome the unanticipated struggles of today. Teletherapy is as equally effective as in-person mental health therapy, offers multiple benefits for both therapists and clientele including a better use of personal time, provides direct access to therapy via the internet for clients who are homebound or located in rural or remote areas, utilizes technological advancements in communications as well as EMS access, and provides the opportunity for a more discretionary environment during sessions to resolve stigma issues. Teletherapy is among the vital tools along with in-person therapy that therapists can use to get people on the road to becoming more mentally healthy. “Could there be a good blend between two or more forms of therapy on- and offline, at which stage, and with

whom?" (Singh & Sim, 2021) Coronavirus may have forced therapists to utilize teletherapy as a mental health resource before they were ready, but as a result, treating mental health issues are "no longer constrained by the boundaries of physical distance, [the] definition of systemic is widened to include not only embodied systems but also virtual networks." (Burbach & Pote, 2021)

Studies now show that clients are indeed satisfied with the mental health care they receive via teletherapy. Many of these clients would be unable to receive the therapy they need if not for teletherapy due to distant location, disability, or even stigma. Clients also feel safer discussing mental health issues in the privacy of their home through teletherapy and state that there is an added convenience when not having to travel to meet with a therapist. Therapists, also, have an accepting outlook of teletherapy citing benefits that include increased client attendance and improved client engagement when meeting. Having direct access to therapy is another advantage of teletherapy. Clients are now offered a wider range of mental healthcare individuals to choose from now that distance is no longer a factor. Both clients and therapists are able to make better use of their time because they no longer have to drive to meet with each other. Clients no longer will be confronted with the social stigma of receiving mental health therapy by staying at home and attending their private sessions online and therapists are able to reach a wider demographic of clients that might not otherwise seek therapy if forced to go in-person. Current technological advancements include video conferencing, which college students are more apt to use for therapy, and the creation of backup EMS measures to ensure the safety of clients in high-risk situations. As Burbach and Pote state, "We have an ethical responsibility to get involved and shape digital development, consulting with healthcare companies and service providers to ensure high standards of ethical digital practice. (2021) Digital methods might

reduce power differences and enable our clients' voices to be heard more clearly. A blended practice of virtual (e.g., chat-bot) and live therapist intervention will support clients to achieve their goals, in a personalized and flexible way. (Burbach & Pote, 2021) By utilizing teletherapy, computerized interventions provide immediate delivery of mental health education to clients, provides them anonymity and also privacy of access when utilized from a private environment.

Some limitations of teletherapy include a current deficit in the training of mental healthcare professionals and the administrative personnel that assists them. Providers now experience *Zoom fatigue* from working extended periods of time in front the computer without having breaks in between sessions. Technical issues can still interrupt sessions or even force a cancellation of that session to be rescheduled at a different time and there are still many limitations to service areas that prevent potential clients from accessing teletherapy. Federal and State legislation are still not up to speed to accommodate teletherapy, many of the current regulations still highly limit online access; the temporary allowances provided as a result of the coronavirus pandemic will be expiring soon and no permanent legislation has as of yet been approved. Digital exclusion is now a concern with especially the population in poverty that cannot afford the technology to access teletherapy as well as the diverse population that requires an interpreter to communicate. Therapeutic resources are limited because of the lack of integration of tools (ex. genograms) into the teletherapy platforms. Lastly, teletherapy is still limited in its confidentiality: there is not yet sufficient guarantee of sensitive information being hacked, data leaks that could occur during software updates, or an inability to find a private location to conduct or receive a teletherapy session.

Despite teletherapy's current limitations, there are many ways its processes can dramatically improve for its increasing population of clients. By offering extensive teletherapy

training for both support personnel and mental healthcare professionals, clients will receive therapy that is better attuned to their needs and professionals will feel more confident in providing assistance through teletherapy. By creating innovative and accessible technology, such as GPS tracker location and online white boards for visual communications, clients will receive the most up-to-date tools and services that teletherapy has to offer. One of the advantages of teletherapy is that distance is no longer an obstacle, therapeutic relationships can be established worldwide. "… some therapists had created therapy systems that otherwise would not have been possible, with family members located on different continents (Bacigalupe and Lambe, 2011 as cited in Mc Kenny, Galloghly, Porter, & Burbach, 2021), and "one respondent described using multiple devices, so that family members could be in different rooms, as a way of creating a different context, allowing new conversational possibilities to emerge" (Mc Kenny, Galloghly, Porter, & Burbach, 2021). Legislators who focus on mental healthcare as a high priority for our country can vote to approve new legislation that provides more opportunities and easier access to getting the therapy individuals need, regardless of if they choose to receive in-person therapy or teletherapy. They could also place higher priority on following the guidelines set forth by the World Health Organization to safely integrate teletherapy into our current mental healthcare process. Most importantly, therapists and clients alike will achieve the greatest improvements to mental healthcare simply by adopting positive thinking regarding mental health.

Most people are afraid of change, therapists included. When COVID-19 arrived in the U.S., we all buckled down to brace the coronavirus storm thinking that it would soon be over, and we could go back to the way things were. We have now come to the realization that the coronavirus pandemic has forever altered our life landscape and that change is inevitable. As we are now in the beginning stages of healing from the coronavirus pandemic, teletherapy opens the

world to new opportunities in mental health care. Now comes the overwhelming need for teletherapy to assist therapists in reaching as many people with mental health issues as possible in a short amount of time. Therapists working today have the unique opportunity to improve how mental health issues are perceived in society. By utilizing teletherapy, therapists can work to eliminate stigma associated with mental health and foster thoughts of wellness and holistic health. They can be the advocates of mental health fitness. Therapists are needed now more than ever before, and their fulfillment of this need can be the driving force in bringing mental health out of the shadows of stigma and into the light that is holistic care.

**References**

Bentham, C., Driver, K., & Stark, D. (2021, 03 19). Wellbeing of CAMHS staff and changes in working practices during the COVID-19 pandemic. *Journal of Child and Adolescent Psychiatric Nursing*, 1-11.

Burbach, F., & Pote, H. (2021). Digital approaches - a paradigm shift? *Journal of Family Therapy*(43), 169-184.

Burgoyne, N., & Cohn, A. S. (2020, 09). Lessons from the transition to relational teletherapy during COVID-19. *Family Process, 59*(3), 974-988.

Canady, V. A. (2020, 05 11). As MH workforce evolves during COVID-19, telehealth seen as new normal. *Mental Health Weekly, 30*(19), pp. 1-4.

Canady, V. A. (2021, 02 15). Ohio bill would expand MH telehealth, service access. *Mental Health Weekly, 31*(7), pp. 3-4.

Centers for Medicare & Medicaid Services. (2020, 03 17). *President Trump expands telehealth benefits for medicare beneficiaries during COVID-19 outbreak.* Retrieved from CMS.gov: https://www.cms.gov/newsroom/press-releases/president-trump-expands-telehealth-benefits-medicare-beneficiaries-during-covid-19-outbreak

Costa, M., Reis, G., Pavlo, A., Bellamy, C., Ponte, K., & Davidson, L. (2021). Tele-mental health utilization among people with mental illness to access care during the COVID-19 pandemic. *Community Mental Health Journal, 57*(4), 720-726.

Di Carlo, F., Sociali, A., Picutti, E., Pettorruso, M., Vellante, F., Verrastro, V., . . . di Giannantonio, M. (2020, 09 11). Telepsychiatry and other cutting-edge technologies in

COVID-19 pandemic: Bridging the distance in mental health assistance. *The International Journal of Clinical Practice*(75), 1-9.

Eppler, C. (2021). Systemic teletherapists' meaningful experiences during the first months of the coronavirus pandemic. *Journal of Marital and Family Therapy*(00), 1-15.

Fish, J. N., & Mittal, M. (2021). Mental health providers during COVID-19: Essential to the US public health workforce and in need of support. *Public Health Reports (1974), 136*(1), 14-17.

Gros, D. F., Morland, L. A., Greene, C. J., Acierno, R., Strachan, M., Egede, L. E., . . . Frueh, B. C. (2013). Delivery of evidence-based psychotherapy via video telehealth. *Journal of Psychopathology and Behavioral Assessment, 34*(4), 506-521.

Health Resources and Services Administration Office for Civil Rights. (2021, 01 20). *Notification of Enforcement Discretion for Telehealth Remote Communications During the COVID-19 Nationwide Public Health Emergency*. Retrieved from HHS.gov, Health Information Privacy: https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html

Heesacker, M., Perez, C., Quinn, M. S., & Benton, S. (2020). Computer-assisted psychological assessment and psychotherapy for collegians. *Journal of Clinical Psychology, 76*(6), 952-972.

Huston, M. (2020). Seen and Heard. *Psychology Today*, 52-59.

Kempf, M.-C., Huang, C.-H., Savage, R., & Safren, S. A. (2015). Technology-delivered mental health interventions for people living with HIV/AIDS (PLWHA): A review of recent advances. *Current HIV/AIDS Reports, 12*(4), 472-480.

Lara-Cinisomo, S., Olarte, A. R., Rosales, M., & Barrera, A. Z. (2021). A systematic review of technology-based prevention and treatment interventions for perinatal depression and anxiety in Latina and African American women. *Maternal and Child Health Journal, 25*, 268-281.

Maier, C. A., Riger, D., & Morgan-Sowada, H. (2020, 09 02). "It's splendid once you grow into it:" Client experiences of relational teletherapy in the era of COVID-19. *Journal of Marital and Family Therapy*(00), 1-16.

Mc Kenny, R., Galloghly, E., Porter, C. M., & Burbach, F. R. (2021). 'Living in a Zoom world'; Survey mapping how COVID-19 is changing family therapy practice in the UK. *Journal of Family Therapy, 43*(2), 272-294.

Morgan, A. A., Landers, A. L., Simpson, J. E., Russon, J. M., Pease, J. C., Dolbin-MacNab, M. L., . . . Jackson, J. B. (2021, 03 20). The transition to teletherapy in marriage and family therapy training settings during COVID-19: What do the data tell us? *Journal of Marital and Family Therapy*.

Núñez, A., Sreeganga, S. D., & Ramaprasad, A. (2021). Access to healthcare during COVID-19. *International Journal of Environmental Research and Public Health, 18*(6), 2980.

Nellis, N. (2020). Teletherapy popularity declines in era of isolation. *Journal of Business, 35*(22), A16-A23.

Novotney, A. (2017, 02). *A growing wave of online therapy*. Retrieved from American Psychological Association, Monitor on Psychology: https://www.apa.org/monitor/2017/02/online-therapy

Perrin, P. B., Rybarczyk, B. D., Pierce, B. S., Jones, H. A., Shaffer, C., & Islam, L. (2020). Rapid telepsychology deployment during the COVID-19 pandemic: A special issue commentary

and lessons from primary care psychology training. *Journal of Clinical Psychology, 76*(6), 1173-1185.

Polaha, J., Williams, S. L., Heflinger, C. A., & Studts, C. R. (2015). The Perceived Stigma of Mental Health Services Among Rural Parents of Children With Psychosocial Concerns. *Journal of Pediatric Psychology*, 1095-1103.

Puspitasari, A. J., Dagoberto, H., Coombes, B. J., Geske, J. R., Gentry, M. T., Moore, W. R., . . . Schak, K. M. (2021). Feasibility and initial outcomes of a group-based therapy psychiatric day program for adults with serious mental illness: Open, nonrandomized trial in the context of COVID-19. *JMIR Mental Health, 8*(3), E25542.

Reamer, F. G. (2018). Evolving standards of care in the age of cybertechnology. *Behavioral Sciences & the Law, 36*(2), 257-269.

Rudolphi, J. M., Berg, R., & Marlenga, B. (2019, 10 11). Who and how: Exploring the preferred senders and channels of mental health information for Wisconsin Farmers. *International Journal of Environmental Research and Public Health*.

Singh, R., & Sim, T. (2021, 03 25). Families in the time of the pandemic: Breakdown or breakthrough? *Australian and New Zealand Journal of Family Therapy*.

Thomas, N., McDonald, C., deBoer, K., Brand, R. M., Nedeljkovic, M., & Seabrook, L. (2021, 02 23). Review of the current empirical literature on using videoconferencing to deliver individual psychotherapies to adults with mental health problems. *Psychology and Psychotherapy*.

Tosone, C. (2012). Virtual Intimacy in the Therapeutic Space: Help or Hindrance? In *Contemporary Clinical Practice* (pp. 41-49). New York: Springer New York.

Weissman, J., Pratt, L. A., Miller, E. A., & Parker, J. D. (2015, May). *Serious Psychological Distress Among Adults: United States, 2009-2013.* Retrieved from NCHS Data Brief, Number 203: https://www.cdc.gov/nchs/products/databriefs/db203.htm

Whaibeh, E., Mahmoud, H., & Naal, H. (2020, 04 02). Telemental health in the context of a pandemic: the COVID-19 experience. *Current Treatment Options in Psychiatry*(7), 198-202.

Wootten, B. M., & Titov, N. (2010, 06 01). Distance treatment of obsessive-compulsive disorder. *Behavior change, 27*(2), 112-118.

Yang, H. W., Burke, M., Isaacs, S., Rios, K., Schraml-Block, K., Aleman-Tovar, J., . . . Swartz, R. (2021). Family perspectives toward using telehealth in early intervention. *Journal of Developmental and Physical Disabilities*(33), 197-216.

Zubatsky, M. (2021). Virtual groups to address the health of homebround adults during COVID-19: A biopsychosocial Framework. *The Journal of Nutrition, Health & Aging, 25*(3), 281-283.