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Mental Health Care Goes Online: Practitioners' Experiences of Providing Mental Health Care During the COVID-19 Pandemic

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Abstract

The outbreak of the COVID-19 pandemic has necessitated sudden and radical changes in mental health care delivery, as strict social distancing and lockdown measures were imposed in the early phases of the pandemic. Almost overnight, practitioners were forced to transfer their face-to-face care practice to online means. To understand the implications of this drastic change for mental health care, and to improve the online care offerings, an online qualitative survey was held among mental health care professionals in Netherlands ($n = 51$). Our findings indicate that technological and usability problems pose a significant challenge, as do difficulties to establish rapport with clients. Moreover, not all mental health issues and treatment forms are equally amenable to online interaction. In contrast, in many instances, practitioners were positive about the effectiveness of treatment, and reported flexibility, a lower threshold for contact, and lack of travel time as advantages. Their most prominent needs concern better technological, organizational, and logistical support. It is critical that these needs are acted upon by institutions and governments. In addition, current results inform future research on the improvement of e-mental health technologies.

Keywords: online psychological treatment, mental health care, teletherapy, e-health, COVID-19, practitioners' experiences

Introduction

Over the past decades, a growing number of technological tools for remote psychological treatment have been developed. Technology-mediated psychological treatment has shown a level of efficacy comparable with that of unmediated treatment,[1,2] and research has pointed out several unique benefits, such as increased convenience, flexibility, and accessibility of mental health care, and higher self-disclosure and active involvement of clients.[3,4] Despite this, mental health care professionals and organizations in the field have been relatively slow in adopting these tools.[5,6]

Recently, with the outbreak of COVID-19, the state of affairs in mental health care has drastically changed. The pandemic has far-reaching consequences; it not only poses a serious threat to people's physical health, but it also has grave impact on our psychological well-being, in several ways. The pandemic is associated with fear and rumination over contamination risks, experiences of severe and debilitating illness, and the potential or actual loss of life. Moreover, the implementation of extensive social and physical restrictions, including social distancing measures and mass quarantine measures (i.e., lockdown), has led to further increases in psychological stress and lower access to usual means of support.[7–9] Therein, we face an urgent but very complicated situation: the current circumstances put people without pre-existing mental health problems at risk of developing them, whereas the conditions of people who are already suffering from mental health care issues are likely to worsen. At the same time, the accessibility and the standard way of providing mental health care are highly disrupted.

Where the adoption of e-mental health tools was relatively low before COVID-19, for a variety of reasons,[10,11] these tools now offer a potential solution to continue high-quality

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mental health care in view of physical distancing measures.[12,13] This has prompted a radical shift in how practitioners conduct their treatments and has led to a sudden upsurge in online psychotherapeutic sessions. This unanticipated change, and the fast adaptations it requires, will likely come with some significant challenges. At the same time, it may also open up avenues toward a more sustainable and broadly accepted online mental health care system. As the mental health care system is expected to be burdened for a longer period of time, online treatment remains a powerful and potentially necessary solution. To maintain the highest quality of mental health care in the future, we should learn from the current situation, use this learning to improve our online mental health care offerings, and help practitioners develop the skill sets required to adequately deliver remote care. This study aims to investigate practitioners' experiences of this upscaling to online treatment due to COVID-19 and probe their most prominent difficulties and problematic use cases, perceived advantages and opportunities, and primary needs regarding online treatment.

Methods

Study design

This study adopted a qualitative descriptive approach aimed at gathering in-depth information about the experiences regarding online psychological treatment during the COVID-19 pandemic from the perspective of practitioners. Data were gathered through an online survey, as this allowed for an *ad hoc* and remote data collection, which was required by the situation at hand. Applicable items of the consolidated criteria for reporting qualitative research checklist are used for reporting this study.[14]

Sample and recruitment

The sample consisted of 51 practicing mental health care professionals (82 percent female, 18 percent male) working in Netherlands with an average age of 38 years (range: 25–60). Participants were approached through a Dutch association for mental health care professionals, and a snowballing approach within the social network of the researchers. The study was approved by the responsible Ethics Committee.

Survey development

The survey consisted of three closed questions regarding frequency of use of e-mental health tools before COVID-19 and at present, and five open questions regarding experienced difficulties and advantages, specific cases in which remote treatment does or does not work, and needs to enable better online care. The questionnaire was pretested with survey experts and members from the target population. The survey questions can be found in the Supplementary Data.

Data collection and analysis

Data were collected from April 1 to May 5, 2020. The answers on the open-ended questions were analyzed through a thematic analysis, following Braun and Clarke.[15] In this process, all themes were derived from the data. A second author performed a coding check on half of the data, finding high consistency. A short report of the findings was presented to independent contacts in the mental health care community and received substantial recognition, supporting the credibility of the results.

Results

Frequency of use and type of tool

Results showed a sharp increase in frequency of use of remote treatment tools between the period before COVID-19 and the present. As shown in Figure 1, all practitioners now make use of digital treatment tools to some extent, with the majority using it every day. The main tool that is used is videoconference, either through consumer software (e.g., Skype, Zoom) or secured applications in an online platform. In addition, practitioners use telephone, chat sessions, e-mail, and e-health modules.

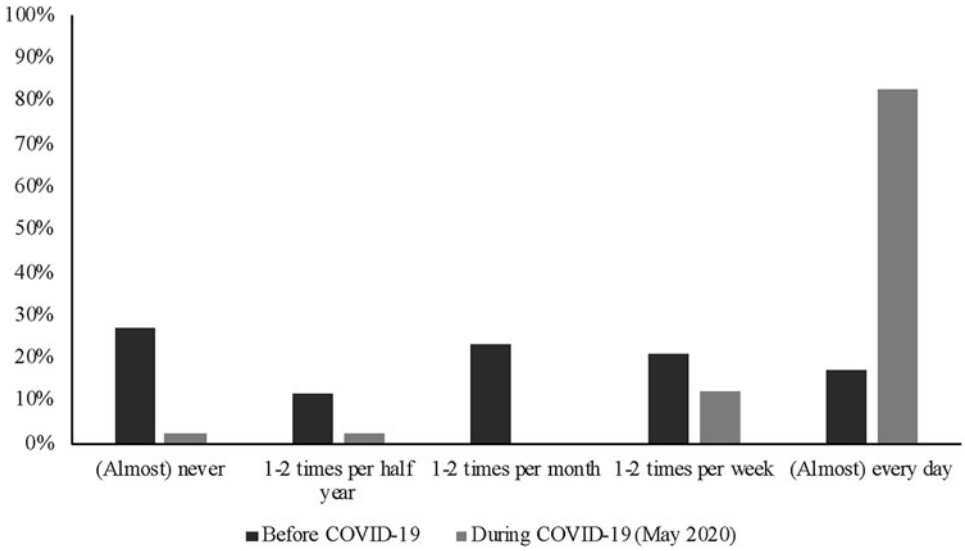

FIG. 1. Proportion of practitioners using e-mental health tools, before COVID-19 and during COVID-19 (May 2020).

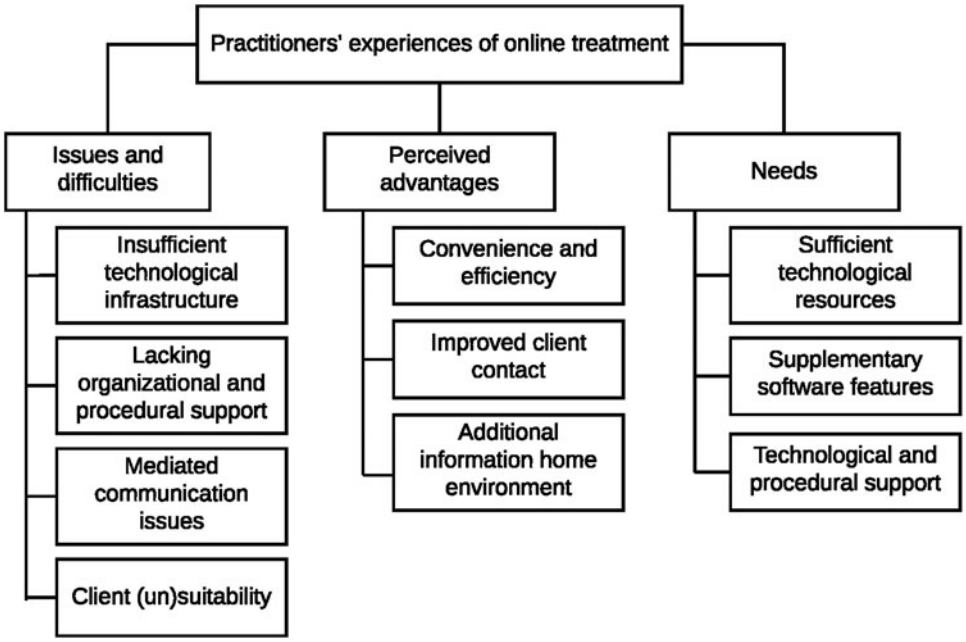

FIG. 2. Overview of the main- and subthemes.

From the data analysis of the qualitative questions, three main themes were derived, which were further divided into subthemes. Figure 2 shows an overview of the resulting (sub)themes. Illustrative quotes for each subtheme are given in Table 1.

Issues and difficulties

The majority of the participants reported issues due to an insufficient technological infrastructure, particularly problems with the speed and stability of the Internet connection, at the side of either the client or the practitioner. In addition, some clients do not possess the necessary devices, such as a smartphone or camera. Some practitioners reported to lack sufficient support from their organization to help them work with the available software or devices, and guidelines about which tools meet privacy regulations, such as the General Data Protection Regulation.

Regarding the mediated nature of communication, the most frequently reported challenge concerns the lack of nonverbal signals that practitioners normally use in face-to-face communication, such as posture and hand movements, but also general demeanor, including smell. Practitioners find it more difficult to connect with their client or clearly communicate their intended message. This is even stronger when sessions are conducted by telephone, when there is

Table 1. Illustrative Quotes for Each Subtheme

Subtheme	*Quote*
Insufficient technological infrastructure	''The largest difficulty concerns the Internet connection. It happens often that there is no stable connection, or that the system is overloaded, and then the tools do not work properly.'' [P6]
Lacking organizational and procedural support	''It took a long time before my institution managed to provide access to a secured online environment to conduct videocalls.'' [P17]
Mediated communication issues	''Part of the non-verbal communication gets lost, and with that also some of the connection with your client.'' [P31]
Client (un)suitability	''Some types of treatment, such as trauma treatment, are much harder to perform online.'' [P16]
Convenience and efficiency	''Appointments take much less time for clients and are easier to schedule, mostly because there is no travel time.'' [P23]
Improved client contact	''For some clients, self-disclosure is easier when they are in their home environment'' [P44]
Additional information home environment	''Sometimes you see clients in a different way, because they are at home. These observations sometimes yield new insights'' [P16]
Sufficient technological resources	''A stable connection actually is the most important prerequisite'' [P6]
Supplementary software features	''More functionalities, such as a digital whiteboard or screen sharing.'' [P22]
Technological and procedural support	''A technological helpdesk that is easy to reach for both clients and therapists.'' [P15]

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only audio to rely on. Furthermore, practitioners reported to miss the ability to do exercises that require physical presence such as role play, or collaboratively drawing models on a whiteboard. Multiple participants also reported to find the videoconference sessions more demanding and tiring than face-to-face sessions.

According to the practitioners, online treatment is less suitable for treating trauma, family therapy, for clients with psychotic symptoms, severe anxiety, and generally those who are vulnerable to crisis and a sudden exacerbation of symptoms. Also, sessions with children, groups, and clients with cognitive impairments are more challenging. Some clients lack the digital skills to work with the software, and sometimes the client's home environment does not offer the required privacy needed for online treatment.

Positive experiences and perceived advantages

Practitioners also reported positive experiences with online treatment. Practical advantages concern convenience for the client and/or the therapist. Because there is no travel time, scheduling appointments becomes more flexible. Moreover, sessions are sometimes shorter and more efficient, because the conversations tend to focus more on the content. Some practitioners reported an increased efficiency in administrative tasks and team meetings.

Multiple practitioners reported that online treatment works sufficiently well and that clients are satisfied. Some clients seem to benefit from the distance created by the online treatment; some become less inhibited in their expressions, whereas others appear to become less dependent on their therapist. Several practitioners reported higher adherence to treatment. Furthermore, the lower threshold of mediated contact allows for short more frequent moments of contact in-between regular sessions, affording a more intimate therapeutic relationship.

Another advantage concerns the ability to see more of the clients' home environments and their behavior outside the therapy room, which can lead to new information that is valuable for treatment.

Needs

Corresponding to the prominent technological issues, the needs of practitioners also primarily concern technological improvements. The majority of participants reported that the availability of a stable Internet connection and proper devices and software on both therapist and client sides is essential. Regarding software, a very user-friendly video call tool that adheres to the mandatory privacy standards is needed, as are supplementary features such as the ability to jointly work on a digital whiteboard, transfer files securely, and support group sessions. Finally, there is a need for a technical helpdesk that is easy to reach, clear guidelines about procedures, and exchange of best practices.

Discussion

This study comprised an *ad hoc* investigation of mental health care practitioners' experiences of the change in their daily clinical practice, as a consequence of the COVID-19 pandemic and its associated containment measures. Whereas before the COVID-19 outbreak, online mental health tools were used infrequently, with more than half of practitioners never or hardly ever using such tools, after the outbreak this situation has changed dramatically, with the large majority of practitioners using such tools on a daily basis. This drastic change, forced by necessity, brings numerous challenges of online mental health care to the fore. On an operational level, technological issues and limitations are frequently experienced, and practitioners feel insufficiently supported by their organizations in terms of technological support and hardware. Regarding the therapeutic interaction, practitioners reported to miss the richness of nonverbal cues that are normally available in face-to-face sessions and important in establishing rapport with clients. In contrast, practitioners also reported a number of perceived advantages of online treatment. These include convenience and flexibility for both client and therapist, a lower threshold for moments of contact, and additional information provided by seeing clients in their home environment. The most prominent needs presently voiced by practitioners concern the required improvements of technology in terms of robust, secure, and highly user-friendly solutions, and better logistical and administrative support.

These results are largely in line with previous findings on perceived barriers and drivers toward online treatment.[3,4,10,11] Compared with earlier work, this study found an even stronger emphasis on technological difficulties. A possible explanation for this could be that the transition to online treatment was very sudden and the necessary technological infrastructure and support mechanisms were not fully in place. Previous studies on adoption of e-mental health also pointed to lack of perceived competency as an important barrier.[4,6] As many practitioners were first-time users of online treatment tools, this is likely associated with a steep learning curve, and the technological skill set of practitioners will probably become more sophisticated with experience over time. Exactly which skills are improved, and which still require development, through skills training or support, needs further elaboration. Importantly, practitioners also highlighted needs on behalf of their clients, who may not always have the required infrastructure, privacy, or media literacy skills to effectively engage in online therapy. In all, well-functioning technology is a fundamental condition that needs to be met to even have a chance of satisfying care.

Even when these operational preconditions are met, the current results also point to the necessity of enhancing online therapeutic rapport. More specifically, there is a need to address the lack of nonverbal cues in mediated communication, as well as a need for toolsets that support joint physical action. First studies have been conducted exploring the potential added value of eye-gaze correction technologies, mediated social touch, or adding physiological information to the interaction.[16] In addition, there is a need to explore how the ergonomic strain and experienced workload of conducting frequent and prolonged remote sessions can be alleviated through improved interface design, workflow integration, and organizational support.

As a caveat, this study is specific to the mental health care system in Netherlands and used a convenience sample, so results might not be completely generalizable to the entire target population. Another limitation is that by prioritizing the survey's conciseness to minimize participant burden, it did not include contextual questions, such as the average

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duration of the provided online therapy sessions or therapy types. These characteristics will be investigated in a more elaborate survey that is currently being conducted. In this study, we also include more specific questions on organizational and logistical issues that are being experienced.

For the foreseeable future, mental health care practitioners will be compelled to continue using online therapy as a vital part of their health care practice. In the longer run, it is interesting to investigate whether, and to what extent, practitioners will return to their old ways of working as COVID-19-related restrictions are slowly being lifted and face-to-face treatments become possible again. At the same time, as practitioners' digital skill sets improve and their online experiences diversify, the acceptability and use of online treatment may persistently increase toward more blended forms of treatment. Either way, to support successful online therapeutic options, there is a need for commitment on an institutional and governmental level with investments in user-friendly technology and fundamental infrastructural resources and organizational support. Moreover, there is a need for research and development efforts to improve technology-mediated treatment. Only then can e-mental health truly grow from being an *ad hoc* solution during a crisis, to a safe and sustainable way of providing high-quality mental health care.

Author Disclosure Statement

No competing financial interests exist.

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Supplementary Material

Supplementary Data

References

1. Andersson G, Titov N, Dear BF, et al. Internet-delivered psychological treatments: from innovation to implementation. World Psychiatry 2019; 18:20–28.
2. Karyotaki E, Ebert DD, Donkin L, et al. Do guided internet-based interventions result in clinically relevant changes for patients with depression? An individual participant data meta-analysis. Clinical Psychology Review 2018; 63:80–92.
3. Connolly SL, Miller CJ, Lindsay JA, et al. A systematic review of providers' attitudes toward telemental health via videoconferencing. Clinical Psychology: Science and Practice 2019; 27:e12311.
4. Stoll J, Müller JA, Trachsel M. Ethical issues in online psychotherapy: a narrative review. Frontiers in Psychiatry 2020; 993:1–16.
5. De Grood C, Raissi A, Kwon Y, et al. Adoption of e-health technology by physicians: a scoping review. Journal of Multidisciplinary Healthcare 2016; 9:335–344.
6. Glueckauf RL, Maheu MM, Drude KP, et al. Survey of psychologists' telebehavioral health practices: technology use, ethical issues, and training needs. Professional Psychology: Research and Practice 2018; 49:205–219.
7. Brooks SK, Webster RK, Smith LE, et al. The psychological impact of quarantine and how to reduce it: rapid review of the evidence. The Lancet 2020; 395:912–920.
8. Qiu J, Shen B, Zhao M, et al. A nationwide survey of psychological distress among Chinese people in the COVID-19 epidemic: implications and policy recommendations. General Psychiatry 2020; 33:e100213.
9. Veer IM, Riepenhausen A, Zerban M, et al. Mental resilience in the Corona lockdown: first empirical insights from Europe. PsyArXiv 2020, DOI: 10.31234/osf.io/4z62t.
10. Feijt MA, de Kort YAW, Bongers IMB, et al. Perceived drivers and barriers to the adoption of eMental health by psychologists: the construction of the levels of adoption of eMental health model. Journal of Medical Internet Research 2018; 20:e153.
11. Wells M, Mitchell KJ, Finkelhor D, et al. Online mental health treatment: concerns and considerations. CyberPsychology & Behavior 2007; 10:453–459.
12. Riva G, Wiederhold BK. How cyberpsychology and virtual reality can help us to overcome the psychological burden of Coronavirus. Cyberpsychology, Behavior, and Social Networking 2020; 23:277–279.
13. Zhou X, Snoswell CL, Harding LE, et al. The role of telehealth in reducing the mental health burden from COVID-19. Telemedicine and e-Health 2020; 26:377–379.
14. Tong A, Sainsbury P, Craig J. Consolidated criteria for reporting qualitative research (COREQ): a 32-item checklist for interviews and focus groups. International Journal for Quality in Health Care 2007; 19:349–357.
15. Braun V, Clarke V. Using thematic analysis in psychology. Qualitative Research in Psychology 2006; 3:77–101.
16. Feijt MA, de Kort YAW, Westerink JHDM, et al. Enhancing empathic interactions in mental health care: opportunities offered through social interaction technologies. Annual Review of Cybertherapy and Telemedicine 2018; 16:25–31.

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