

The 'new normal' in mental healthcare: will the COVID-19 pandemic be the catalyst for online mental healthcare?

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Abstract

Background: The COVID-19 pandemic has necessitated an immediate and large-scale uptake of online treatment in mental healthcare, and we are still unsure about the new normal in mental healthcare in post COVID-19 times. A relevant question we can begin to ask is to what extent the experiences gained during the pandemic will influence a sustainable adoption and implementation of online treatment in mental healthcare in the future.

Objective: In this paper we aim to formulate expectations with regard to the sustainability of online treatment in mental healthcare after COVID-19.

Methods: In an interview study 11 mental healthcare professionals were asked about their experiences and expectations for the future. Participants were recruited in a mental healthcare organization in the Netherlands. The interviews took place between 7 April and 30 April 2020, at the peak of the COVID-19 crisis in the Netherlands. The data were analyzed using a thematic coding method.

Results: From the interviews we learn that the new normal in mental healthcare will most likely consist of more blended treatments. Due to skill enhancement and (unexpected) positive experiences with the possibilities of online treatment, an increase in adoption is likely to take place. However, not all experiences promise a successful and sustainable upscaling of online treatment in the future. Mental healthcare professionals are learning that not all clients are able to benefit from the possibilities it offers.

Conclusions: Sustainable upscaling of online mental healthcare requires customized solutions, investments in technology, and flexibility by mental healthcare providers. Online treatment could work for those open to it, but many factors influence whether it will work in specific situations. There is work to be done yet before online treatment is inherently part of the new normal in mental healthcare.

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Keywords: online treatment; sustainability; mental healthcare; COVID-19

Introduction

In recent months the COVID-19 pandemic and subsequent governmental regulations in the Netherlands have urged mental healthcare providers to accommodate an immediate and large-scale uptake of online treatment. Up to that moment, many mental healthcare professionals were still quite hesitant, despite the proven benefits, to use online treatment possibilities [1,2]. Literature has shown that the adoption of online treatment is influenced by a variety of factors, such as a lack of digital skills of both practitioners and clients, technical issues, the assumption that technology mediated treatment may not allow to create real interpersonal contact, and (lack of) prior experiences regarding the potential added value of online treatment [3-5].

Many questions currently are being raised about what the 'new normal' for society will constitute, if and when COVID-19 has run its course. This also applies to mental healthcare. Both optimism and concerns have been expressed about the acceptance of online treatment as a new normal in mental healthcare [6-10]. There is optimism about improving the accessibility of mental healthcare through upscaling online possibilities and accommodating clients to receive therapy in a way that easily fits into their daily lives. This may empower clients, foster their self-efficacy, and enable them to engage in their treatment more independent of time and place [e.g. 8,10]. However, concerns are expressed that not everyone will benefit equally from this game changer. Specifically, vulnerable mental health clients may lack the digital skills, cognitive ability, motivation, and/or resources to partake successfully in online digital treatment and are at risk to severely be disconnected from the care they need [e.g. 7,9].

Online treatment as part of the new normal in mental healthcare will – and must - depend on mental healthcare professionals' and clients' experiences regarding their use of online treatment during the COVID-19 pandemic [10]. These experiences are therefore important input to anticipate the effects of this period of 'forced upscaling' on the sustainability of online treatment in mental healthcare and the new normal that we will find ourselves in.

Objective

Based on mental healthcare professionals' experiences during the COVID-19 pandemic, the current paper seeks to discuss the expectations regarding the sustainability of online treatment in mental healthcare when this is no longer necessitated by the COVID-19 regulations.

Methods

Design

We used an exploratory, qualitative study design in which we interviewed mental healthcare professionals about their experiences with online treatment during the COVID-19 period and their expectations regarding the new ways of working in mental healthcare when this crisis is controlled.

Participants

For the interviews we recruited nine mental healthcare professionals and two members of eHealth supporting staff from a mental healthcare organization in the Netherlands. Five mental healthcare professionals had only recently started working online and four mental healthcare professionals were already experienced, having used online treatment for more than one year. The participants were approached after their manager's consent. They were provided with an invitational e-mail in which the purpose of the interview was explained, and volunteers were contacted by the researcher. The purpose of the interview was explained once again and the participants were asked to sign an informed consent.

Data collection

Data collection took place between 7 April and 30 April 2020, when the COVID-19 crisis was at its peak and mental healthcare professionals had been working online between three and six weeks. Mental healthcare professionals who were new at using online treatment were asked about their experiences of performing treatment online, their skill improvement, and their intentions to use online treatment in the future. Mental healthcare professionals that had been working with online treatment for >1 year were asked about the barriers they had experienced prior to their job as an online therapist, their current experiences, and their strategies for establishing rapport with their clients. The supporting staff was asked which questions and concerns they encountered in supporting professionals with using online treatment. All participants were asked about their expectations regarding the continued use of online psychological treatment in post COVID-19 times.

Data analysis

The interviews were recorded and transcribed verbatim. The data were analyzed using a thematic coding approach [11]. Themes were identified based on the purpose of the study. Subsequently, all fragments of the data were given codes and were related to the themes.

Results

The results of the interviews provide preliminary insight in what the new normal in mental healthcare and the role of online treatment could look like. There are a number of (unexpected) positive experiences, but there are also concerns. On the one hand the results suggest that because important barriers, such as a lack of skills and experience, have now been lowered, online treatment will be used more frequently. On the other hand, some professionals also expect that they, or their colleagues, will revert to regular face-to-face treatment as soon as possible, as a number of professionals and clients perceive regular face-to-face treatment as the only way to create a therapeutic alliance.

Overall, the results show that mental healthcare professionals have experienced that much

more is possible in online treatment than what they had expected, for example drawing something on paper or sharing your screen to go through an online module together with a client. Mental healthcare professionals have also experienced that their clients tend to be more open when they are in their own environment and that genuine empathic contact is indeed possible in remote communication. One respondent predicted that because clients are now experiencing the benefits of online treatment, there is a significant chance that they will continue to ask for it, which will to a large extent determine whether online treatment will set foot in the new normal. Furthermore, mental healthcare professionals expect that they will more frequently consider online treatment as an alternative now that they have experienced that it potentially adds value. Reported examples of such added value include the reduction of travel time, an increase in self-efficacy and activation in clients, more openness by clients when they are in their home environment, and the possibility of easily accessible treatment, more flexible in time and place. This, in turn, leads to more frequent short moments of contact, which adds to a higher level of connectedness between client and therapist.

"I do this by writing a message each morning asking my client how he slept and then I can give some suggestions to get through the day. [...] I noticed, and this is surprising to me, that this delivers epistemic trust from my client towards me." [P1]

"In a face-to-face meeting, you tend to fill the 45 minutes you planned, despite the fact that you only need 20 minutes, because your client came all the way over to your office. When I have an online meeting with my client, I can much more easily finish the meeting after 20 minutes when we have nothing else to talk about anymore." [P4]

The position of future online treatment in mental healthcare will also be determined by the technological conditions required to perform online treatments. Mental healthcare professionals report having experienced high levels of frustration over technical hassles they encountered in trying to get their online environments to work. In addition, clients do not always possess the necessary technical devices or a robust internet connection, nor do they always have an appropriate and quiet place with sufficient privacy where they can talk to their therapist. There is also the issue of confidence in the security of the system, that in some cases withholds professionals, but mainly clients from wanting to perform therapy online. Moreover, a number of clients receive therapy without their relatives knowing about it, which makes it difficult to engage in online sessions from home.

"Especially now that the kids are at home it is very difficult for clients to find a quiet place to talk to me. Sometimes they are calling by telephone from the car because they could not find a proper place at home" [P6]

A struggle that is also mentioned, is that it is very difficult to connect at an interpersonal level during an online interaction, such as videoconferencing. Non-verbal cues can be easily missed, which requires a lot of additional questions and explicit feedback moments from a therapist. Moreover, participants stated multiple times that it can be very difficult to react adequately to clients' emotions in an online therapeutic setting

"It can be very difficult to react to a client's emotions, for example when someone starts to cry, I find it difficult to react when I am not in the same room. There is literally a distance" [P9]].

According to mental healthcare professionals, the continued use of online treatment in the new normal also depends on the type of treatment and the type of clients: there will not be a one-size-fits-all solution. The resilience that is now shown by a number of clients in responding to online treatment does not apply to every one of them. According to the mental healthcare professionals, not all clients are equally susceptible to online treatments. The general

experience is that group therapy does not work well online, nor do therapy sessions with multiple participants from the social network of a client. Also Eye Movement Desensitization and Reprocessing (EMDR) is considered close to impossible to perform online by some professionals. Interestingly, others unexpectedly report positive experiences regarding complex therapies such as EMDR and imagery rescripting. For those with positive experiences with these complex therapies, benefits that were mentioned earlier (e.g., reduction of travel time) will probably determine whether these forms of therapy will be continued remotely after the COVID-19 period. There is also no consensus regarding the necessity to do at least the intakes in a face-to-face setting. Particularly therapists that are more experienced in online treatment tend to claim they have very effective online intakes for various complex mental healthcare problems. This may imply that the number of online intakes might increase to at least some extent in comparison with the pre-COVID-19 situation, due to experiences gained in this period.

"Some colleagues argue that an intake cannot be done online, but I have very positive experiences with online intakes." [P7]

Discussion

As the COVID-19 mitigation measures are slowly being lifted in the Netherlands, mental healthcare organizations have started to think about expanding possibilities beyond regular face-to-face treatment. Numerous pleas, opinions, and discussions regarding the continuation of online treatment in mental healthcare are being prompted in professional literature, on professional network platforms and on social media. The question we raised in the beginning of this paper becomes increasingly urgent with each step mental healthcare takes in liberalizing COVID-19 measures: what new normal will we adopt regarding online treatment in mental healthcare?

Expectations

Based on the experiences with online treatment during the COVID-19 period we can create a clearer image of the possibilities of online treatment in mental healthcare and how a sustainable increase in the use of online tools can be reached. As it is clear that experience and skill enhancement will lead to fewer barriers among mental healthcare professionals to use online treatment tools [12,13], there will likely be more online treatment in the near future than there was before COVID-19. We also argue that some of the positive experiences will convince even therapists that were resistant towards online treatment before, to consider an online session when this saves time and is more convenient for the client. A recent study shows that, in most cases, the perceived advantages regarding online treatment outweigh the disadvantages [3]. However, we also have reason to believe that in some cases online therapy may not work. There are issues that are more difficult to overcome, such as clients not having a good environment with proper (technological) facilities to receive online treatment or clients for whom it is difficult to open up to this concept. The conviction that a real therapeutic alliance can be achieved through remote communication does not seem to come by simply gaining experience in using online treatment. Also frequent users of online treatment and therapists that are generally positive about the possibilities, prefer to see people face-to-face in certain situations. The bottom line is that mental healthcare delivery in the new normal will most likely be more blended and that sustainability requires giving space to diversity and being flexible in

providing online treatment for those who benefit from it and withdrawing from online treatment for those who do not.

Limitations

This paper describes a small study with 11 participants of one particular mental healthcare organization. This means that further research is needed to strengthen the results. Despite the small N, data saturation was reached and many mental healthcare professionals also indicated to represent ideas and experiences from their colleagues. Another limitation is that clients were not interviewed in this round. This was due to the limited amount of time in which we wanted to draw a first image of the experiences with online treatment in mental healthcare. A focus on mental healthcare professionals was chosen because of the large impact the adoption among therapists has on a sustainable implementation of online treatment. The clients' experiences that are described in this paper are reflections of practitioners based on their interactions with their clients about online treatment.

Future research

The sustainability of online treatment in mental healthcare will depend on the complex interplay of individual, social, organizational, and economic factors [14]. The exact implications of the COVID-19 crisis for online mental healthcare need further exploration taking into account this complexity. In our future work we will investigate the sustainability of online treatment in mental healthcare in post COVID-19 time in relation to the significant changes that the pandemic will lay upon mental healthcare. Future research will consist of finding innovative solutions to the challenges this brings for mental healthcare organizations, including skill enhancement in online treatment of mental healthcare professionals and investigating the adherence to using online treatment tools by both therapists and clients. Furthermore, we will look at the requirements regarding the technology and organizational conditions that encourage a sustainable uptake of online treatment.

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Conflicts of interest

None declared.

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