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Online Mental Health Treatment: Concerns and Considerations

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ABSTRACT

Concerns and considerations have emerged as mental health professionals contemplate the provision of mental health treatment over the Internet. This paper identifies perceptions of online mental health treatment among a national sample of 2,098 social workers, psychologists, and other professionals. These professionals were unlikely to provide online mental health treatment, although some used the Internet as an adjunct to clinical practice. They noted specific concerns related to the provision of mental health treatment online, including confidentiality of client information and liability issues. We explore these issues and discuss implications for professionals who provide mental health treatment.

INTRODUCTION

THE INTERNET provides opportunities for private, instant communication, unlimited by geographic barriers. These features, coupled with the relative low-cost and increasing access to electronic communication, are likely contributors to the current trend toward provision of online mental health services over the Internet. Recent publications suggest that mental health professionals are hesitant to utilize this new technology in providing mental health treatment to clients.[1–3] This reluctance may be a function of the novelty of the Internet, specific features of online communication, or other factors.

Position papers in the professional literature suggest a range of ethical concerns, limitations, and potentials of online mental health treatment.[1,4–8] However, few studies have systematically assessed mental health professionals' considerations and concerns regarding the provision of online mental health treatment.

Provision of online mental health treatment

Mental health services conducted on the Internet have been described as e-therapy, online counseling, e-mail therapy, Internet-based therapy, and similar terminology. Online therapy services may be provided as an adjunct to more traditional forms of mental health treatment, or may be initiated without any offline contact between the therapist and client. Currently, there are a variety of websites providing links and information regarding online therapy.[9]

Online therapy may include a range of mental health services provided via a computer nexus. Oravec's[10] taxonomy of online therapy approaches illustrates three types of Internet mental health

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treatment: (1) electronic provision of individual counseling, (2) computer use in group and family therapy (e-mail among members), and (3) professionally facilitated online support groups.

Using e-mail, instant messaging, or other web-based approaches in individual counseling allows professionals to electronically communicate with clients. Electronic communication between a therapist and a client may be the primary treatment modality, or be limited to situations when face-to-face interactions are not possible, such as between sessions or while clients are traveling.[11] Oravec[10] notes that, in addition to individual counseling, e-mail can also be used in group or family therapy modalities. For instance, a therapist may suggest that group members communicate between sessions using e-mail.

Online therapy can also include professionally sponsored Internet support groups. Many of these groups are emerging and they can provide a valuable mental health resource for certain clients, such as those who are homebound.[10] In some instances, mental health professionals act as the therapist for the online support group and also the website administrator.[12]

Online mental health treatment is an emerging, area and few professionals currently use the Internet to provide mental health services.[3] At this time, mental health professions are lacking conclusive evidence about the effectiveness of these Internet services.[10,13,14] Increasingly, ethical considerations and guidelines are incorporating issues around online mental health treatment, however.[4] Some, but not all major mental health organizations currently provide clear directives regarding online treatment. The American Counseling Association[15] and the American Mental Health Counselors Association[16] provide guidelines for providing mental health services over the Internet, particularly regarding online confidentiality, legal complexities and related issues. The National Association of Social Workers (NASW) and the American Psychological Association (APA) do not provide such specific guidelines for Internet therapy, but do provide warnings regarding issues such as ensuring confidentiality online[17] and considering local laws.[18]

Current goals

The current paper examines online treatment factors among a nationally representative sample of mental health professionals. This analysis seeks to answer three research questions. First, to what extent are mental health professionals currently providing online treatment? Second, what are these professionals' primary concerns regarding provision of online treatment? And third, do mental health professionals have specific clinical needs related to providing online treatment?

METHODS

The Survey of Internet Mental Health Issues

This study was conducted using data collected in the Survey of Internet Mental Health Issues (SIMHI). The primary purpose of SIMHI was to explore the variety of problematic Internet experiences being seen by mental health professionals. Additionally, SIMHI collected data related to mental health professionals' needs related to the Internet and mental health treatment.

SIMHI preliminary one-page survey

A preliminary one-page survey was sent out to a random sample of approximately 17% of names and addresses from the total membership of the following 11 professional organizations: American Psychological Association ($n = 8,241$); American Psychiatric Association ($n = 5,858$); National Association of Social Workers ($n = 7,969$); National Association of School Psychologists ($n = 2,488$); American School Counselor Association ($n = 1,982$); American Association for Marriage & Family Therapy ($n = 2,191$); American Academy of Child & Adolescent Psychiatry ($n = 1,105$); Association for the Treatment of Sexual Abusers ($n = 296$); American Mental Health Counselors Association ($n = 991$); American Family Therapy Academy ($n = 198$); and National Children's Alliance ($n = 98$).

When possible, names were over-sampled from groups of professionals or licensed practitioners to help ensure access to professionals working with clients. For example, the sample of social workers was randomly drawn from the National Association of Social Workers' "Clinical/Direct Practice" group. The final list of names and addresses were cross-referenced to identify duplicates ($n = 146$ pairs). Duplicates were identified with the smaller organization represented in the sample, for example a respondent who was a member of the American Psychological Association and the National Association of School Psychologists was included as be a member of the latter. The final sample consisted of 31,271 professionals who were members of the above organizations.

Each professional received a cover letter and a preliminary screening survey in 2003. The preliminary screening survey asked respondents to indicate if they had worked directly with clients in the past 5 years and whether they had worked with any clients with problematic Internet experiences during the same time period. These problematic Internet experiences could have involved adult pornography; child pornography; sexual approaches, solicitations or behavior; a romantic or sexual relationship; a close relationship or friendship; fraud or other scams; gaming or role-playing; racist or hate material; violent material; aggressive behavior (e.g., harassment, stalking) or other issues.

There were 7,841 valid respondents to the preliminary one-page survey (a 25% response rate at the minimum, given that our bulk-mailing procedures likely resulted in some respondents never receiving the mailing), of which 92% (n = 7,232) had provided direct services to clients within the past 5 years.

SIMHI detailed survey

Additionally, respondents were asked whether they would like to participate in a more detailed follow-up survey about professional needs related to the Internet and mental health treatment. Those respondents who expressed interest in completing the follow-up detailed survey were directed to a secure website or mailed a detailed survey. The follow-up survey instrument was constructed using semi-structured interviews with a variety of mental health professionals. All professionals, regardless of whether or not they had seen a client with a problematic Internet experience, were asked about concerns about the use of the Internet as part of professional mental health practice and professional needs in this area. Additional survey questions asked about how mental health professionals use the Internet for professional purposes including in the provision of online mental health treatment.

A total of 3,398 respondents consented to participate in the detailed survey. Of these, 2,170 returned a completed survey, resulting in a 64% response rate. The current paper examines only the 2,098 surveys completed by professionals reporting direct practice experience within the past 5 years.

Study measures

The current analysis utilizes demographic data and a limited number of measures from the SIMHI Detailed Survey instrument, including (1) measures of Internet use for therapeutic purposes, (2) profes-

sionals' concerns regarding online treatment, and (3) professional needs regarding online treatment. First, mental health professionals were asked whether or not they used the Internet "to provide online therapy or counseling." Second, the survey instrument provided professionals with an opportunity to rate their top three concerns regarding the use of the Internet as a part of mental health practices. In analyzing these results, we examine mental health practitioners' primary concerns, as well as the overall percentage of individuals rating (or just selecting, as some respondents did not rate items) each concern regarding online therapy. Third, professionals were asked to check whether they were *not at all interested, somewhat interested, very interested, extremely interested*, or *already had information* about four types of professional material related to online treatment. This section of the detailed survey instrument asked professionals about needs for material about clinical guidelines or criteria for "treatment online," "deciding what approach to online treatment is most beneficial for a client," "identifying who could most benefit from online treatment approaches," and "when to stop the use of online treatment."

Study sample

About 60% of the overall sample of professionals were female, and over three-quarters were over the age of 40. Ninety-three percent were of European-American decent, and over 80% held a graduate degree. Social workers (22%) and psychologists (41%) were the two largest groups of professionals in the sample, with over half reporting at least 15 years providing direct services to clients. Fifty percent of the professionals were primarily in independent practice settings. Roughly 40% served suburban and urban areas, and 50% served rural communities.

RESULTS

Use of online treatment

An almost unanimous finding is that the professionals included in this sample do not see themselves as using the Internet "to provide online therapy or counseling." A little over 2% of the entire professional sample report using the Internet to provide online therapy. Across professional groups, use of the Internet for online therapy ranged from 1% among mental health counselors to about 5% among marriage and family therapists. Less than 2% of social workers reported providing online therapy or counseling.

Professionals' concerns regarding provision of online treatment

Mental health professionals were provided with a list of possible concerns regarding online mental health treatment and were asked to indicate their top three concerns (Table 1). About half of these professionals said that confidentiality of client information would be their primary concern if they provided mental health treatment online. Less than 20% ranked liability, client misinformation, or training as primary concerns, and fewer than 10% ranked licensure issues, Internet access, and Internet speed as their top concern. When these ranked concerns were combined into an overall indicator of any concern, confidentiality of client information emerged as the most frequently noted factor. The majority of professionals (about 80%) would have some concern regarding confidentiality of client information if they provided mental health services online. Other prominent areas of concern included liability (over 60%), misinformation provided by clients (about 50%), and inadequate training to conduct online therapy (about 40%). Less than one-fifth of professionals anticipated concern related to state licensure, Internet access, and Internet speed.

Professional interest in information related to online treatment

Roughly 60% of mental health professionals were somewhat, very or extremely interested in having additional information related to providing online treatment, selecting online treatment approaches, criteria regarding who would most benefit from this approach or when to stop use of online treatment as areas of interest. The other 40% of professionals were not at all interested in this material. Very few professionals already had information regarding any of these professional topics related to the provision of online treatment (1% or less for all questions).

Qualitative comments regarding online treatment

Mental health professionals were asked to "explain any of your answers or make specific comments" related to the above questions regarding professional needs for online treatment information. About 180 professionals shared some comment related to the provision of online treatment. In describing their interest in information related to online mental health treatment, about one-fifth of those respondents shared examples of current or potential uses of the Internet in the provision of mental health services. The remaining 80% of professionals shared comments suggesting possible concern or general opposition to the provision of mental health services via the Internet.

Professionals interested in online treatment. In describing their interest in information related to online mental health treatment, 32 (18%) professionals presented options for online treatment approaches and specific client groups that could potentially benefit from such services. Four professionals noted, for instance, that limited e-mail use "with clients can be helpful at times." These professionals shared that they already use e-mail in their practices, such as for responding "to clients who e-mail me with information, feelings, questions, etc." "Some have been quite specific that there are certain things they do not feel they can say in the session, but are more comfortable writing down."

Ten professionals expressed interest in online treatment and suggested that certain client populations could benefit from online treatment approaches. These professionals noted that the Internet offers a way to "expand our services to the rural populations" or to those clients whose mobility is limited by a physical disability. Other comments suggested that online support groups can be helpful to clients, "especially for those living in rural communities."

TABLE 1. MENTAL HEALTH PROFESSIONALS' CONCERNS REGARDING INTERNET USE IN TREATMENT (N = 2054)

Professionals' concerns regarding Internet use in mental health practice	Primary concern	Any mention of this concern
Confidentiality of client information	48%	81%
Liability	14%	66%
Misinformation being provided by clients	11%	51%
Inadequate training to conduct online therapy	12%	37%
Providing services to clients living in states not licensed	2%	17%
Inequality of access to the Internet by clients	2%	13%
Internet speed and other technical problems	1%	11%

Professionals concerned or opposed to online treatment. One hundred forty-six (82%) of the professionals who shared a comment about online treatment expressed concerns or oppositions. About one hundred of these comments were general rejections of online treatment, ranging from blanket refusals, "I WILL NOT do therapy online," to overall concerns "I have GRAVE concern for treatment online."

Twenty-six of these professionals shared that, if they provided online mental health treatment, they would be concerned about maintaining secure information online and complying with existing confidentiality mandates. Comments suggest that professionals have questions regarding professional liability, liability around client safety online, as well as licensure challenges. One professional noted that providing online services could create problems regarding "therapist licensure in one state and provision of Internet services to a client in another state." These professionals also expressed hesitation regarding client safety and related liability issues. For instance, one professional noted that providing mental health treatment solely over the Internet could be problematic, due to "the risks that undertaking treatment online without ever meeting the client poses."

Eighteen professionals likened online treatment to providing mental health services over the telephone and stated that both are problematic due to the lack of face-to-face interaction. Professionals suggested, for instance, that the Internet is an "inappropriate medium for psychotherapy," and that successful psychotherapy requires "a live, face-to-face relationship." Two professionals shared that the clients they serve would not use the Internet. One professional working in a rural area, for example, stated that "low income status and small computer-to-user ratio" could make online treatment impractical. Additionally, mental health professionals suggested that some discretion should be used in determining what specific clinical diagnoses are appropriate for online mental health treatment. Three professionals wondered if online treatment could "exacerbate Internet use/misuse" and could be analogous to holding "AA meetings in a bar."

DISCUSSION

Use of online treatment

As noted previously, the overwhelming majority of professionals did not report providing mental health services over the Internet. However, these findings should be interpreted with caution. First,

the survey instrument asked professionals whether they used the Internet "to provide online therapy or counseling," and does not provide information regarding how many professionals use the Internet as an adjunct to more traditional mental health services. Some of the qualitative comments suggest that while professionals do not view themselves as providing "online therapy," they do use the Internet to correspond and interact with clients in various ways. Second, this study did not include a question regarding whether or not these professionals saw online mental health treatment as an appropriate form of mental health treatment, nor does it include a category of mental health practitioners specializing in "online therapy." Professional associations of online therapists are emerging, such as the International Society for Mental Health Online,[19] and should be included in future research examining perceptions of online treatment.

Professionals' concerns regarding provision of online treatment

These mental health professionals' interest and concerns related to online treatment generally reflects the existing literature.[1,2,20] When asked to select from a list of concerns regarding the provision of mental health services over the Internet, professionals noted three primary areas of concern: confidentiality, liability, and misinformation being provided by clients. It may be that online communication poses specific concerns related to confidentiality and that professionals need additional training and guidance in how to best protect client information online. Future research is needed to assess whether professionals view online confidentiality concerns as more salient in online treatment as compared to other treatment modalities.

Second, more than half of these professionals selected liability issues as potential concerns in online mental health treatment. Although this study did not specify types of liability concerns, professionals' comments suggest two primary issues. Liability concerns could be associated with client safety, particularly if the professional only provides online mental health services and never has face-to-face contact with clients. Another liability issue is concern that if professionals provide online mental health treatment, the Internet may blur boundaries related to professional liability. The Internet may alleviate some challenges related to geographic boundaries, and therefore make mental health services accessible to greater numbers of people[21] or to those who otherwise could not obtain services.[10] However, electronic communications are generally

unlimited by state or national borders, raising-currently unanswered licensure and professional liability questions, particularly related to inter-state/country exchanges.[22]

Third, fifty-one percent of these professionals stated that if they provided online mental health services, "misinformation being provided by clients" would be an area of concern. If professionals are not regularly meeting face-to-face with clients, there may be more opportunity for clients to provide incomplete or incorrect information. However, as with client confidentiality, it is unclear whether this concern is uniquely related to online mental health treatment. For instance, VandenBos and Williams[3] found that close to 70% of psychologists reported using the telephone for individual psychotherapy. It is likely that concerns regarding "misinformation being provided by clients" would also emerge in a study of professional perceptions of challenges related to the use of the telephone as an adjunct to traditional therapy.

Interest in professional information related to online treatment

A striking finding is that very few (1% or less) of the professionals surveyed here already have professional information related to online mental health treatment. Some such literature is currently emerging, but there is a clear need for empirical research evaluating outcomes of online mental health treatment. If professionals do not have evidence-based information regarding online treatment guidelines, beneficial online treatment approaches, which clients may benefit from online treatment, or criteria for when to stop the use of online treatment, they may not be able to accurately assess whether or not to utilize online therapy.

It is probable that mental health professionals will increasingly be presented with opportunities to incorporate Internet technology into their professional practice. Finn[14] found that one-third of graduate social work students in his study saw online therapy as a "good adjunct to in-person services." Therefore, future research should assess possible methods of minimizing or eliminating some of the practical and ethical concerns in this area.

Limitations

Several limitations of the SIMHI methodology and this study deserve note. First, SIMHI was designed as an exploratory study. The results presented here were clearly influenced by the SIMHI sampling procedure and may not be representative of all mental health professionals. Second, the study had a low response rate, as we decided not to pressure respondents with excessive mailings that serve to increase response rate given the busy nature of these professionals. Third, the preliminary screening survey included a question regarding whether professionals had worked with a client with problematic Internet experiences. As a result, some professionals may not have agreed to complete the subsequent detailed survey if they had not worked with such a client.

CONCLUSION

These findings suggest several practical implications for professionals providing mental health services to clients. First, few professionals see themselves as providing online therapy, but some use electronic communication as an adjunct to traditional mental health practice. Second, professionals lack guidelines and empirical evidence regarding efforts to maximize client confidentiality online. Third, mental health professionals need access to empirically sound professional information related to online treatment. Fourth, and finally, some propose that Internet communication will be a standard component of mental health treatment in the future.[3,23]

Currently, it is unclear whether negative attitudes toward online provision of mental health services are factual or based on uninformed opinion. More research addressing the concerns and considerations discussed here will be necessary as Internet use continues to increase. Mental health professionals need research to objectively assess the advantages and disadvantages of online mental health treatment.

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