Mindful
Continuing Education

Digital Mental Health

Introduction

Online mental health services have become an interesting topic lately. Because of the Covid-19 pandemic, both providers and clients have not felt comfortable accessing services in-person. Imagine for a moment attempting to sit through a mental health session staying present with a patient, wearing a mask while talking, and also keeping in the back of your mind the fear of if they might infect you with the virus or vice versa because neither of you knows if you are carrying it. This is terrifying and has shown the need for more flexibility in mental health services. Telehealth is being utilized at higher rates than before and this is positive in many ways because it allows more individuals to access services and it allows providers to be flexible on time (without a commute) and feel safe in their own homes. All of that being said, it is important that mental health professionals and potential clients who access their services are clear on how mental health services are administered online, what the benefits and risks are, and who is a potential client for this form of therapy, coaching, or psychiatry. This course will examine in-depth the online mental health service industry for mental health professionals.

Section 1: What is Online Mental Healthcare?

Online mental healthcare is just that: mental health services that are provided via a confidential online portal between provider and client. They are most often administered via confidential video chat with the client being in his/her own home and the provider being at his/her physical office or home office. Individual and group services are provided online as well as skills training and psychoeducation courses. They are provided by licensed professionals and are approved via insurance as well as paid privately to access. Some professionals are utilizing their normal reimbursement rates for the provision of online mental healthcare and other professionals are paid via an application that offers a membership model to their clients for accessing a set number of services or an unlimited amount of services depending on their membership.

There are great reasons that online mental health services exist and can continue. According to a 2018 study surveying 409 students, 35% of students stated that they would be likely to use online mental health services but unlikely to utilize in-person mental health services (Wong, Bonn, Tam, & Wong, 2018). While the study did identify a small but statistically significant preference for in-person services, it is clear that there is enough need for online mental health services. Assuming of course that when individuals are comfortable they experience the best outcomes, this student survey and

peer-reviewed research support the need for a strong community of online mental health providers.

How does online mental health therapy and psychiatry work?

Depending on the kind of mental health services individuals choose to receive (either group or individual work) online, they will meet the provider for a consultation via phone or video chat. The provider and patient will identify what the primary goals of the patient are, if they feel the therapeutic relationship will be beneficial for the patient, the financial responsibilities of the patient, the method for how they will meet, and how frequently they will meet.

Once the provider and patient choose to work together, the provider is responsible for creating a HIPAA compliant portal for them to meet. The provider will send the link to the online portal where they will meet by phone, video, or message to the patient. In this HIPAA compliant space, they will do their work together. The provider and patient should utilize measurable goals to identify the progress the patient is making in the online services he/she receives. This is especially important because the provider will not be physically in-person with the patient to identify some of the physical cues showing progress or lack of progress in services. It is also important that the provider trusts the patient to be honest about his/her progress in services.

Online psychiatry operates in a similar way to online mental health therapy. Online psychiatry, often referred to as telepsychiatry, is also provided via a HIPPA compliant portal between patient and psychiatrist (McCabe, 2020). The psychiatrist should administer an assessment to assess for the severity of an individual's symptoms, history of the symptoms, identify an appropriate diagnosis or working diagnosis if one hasn't previously been given, and identify the patient's goals and interests for his/her mental health. Psychiatrists can provide most medications online when supporting individuals with non-psychotic symptoms. It is assumed that the majority of medications being prescribed online are SSRI/antidepressants because supporting individuals with more psychotic symptoms can be difficult online. In fact, online psychiatrists cannot prescribe opiates, antipsychotics, controlled substances, and controlled ADHD medications. Providers can write up to 90-day prescriptions to patients online. They can also refill previously prescribed medications unless they are the medications unable to be prescribed listed above (McCabe, 2020). According to Live Health Online, the benefits of seeing a psychiatrist online include convenience and faster intake times – individuals have less waiting time to get in for an intake when seeing a provider online (Live Health Online, 2020).

What opportunities exist online for mental health services and support?

Most insurance programs provide online mental health therapy and psychiatry. For example, BlueCross BlueShield of Oregon Regence offers psychology, psychiatry, psychotherapy, family therapy, behavioral health follow-up visits, and advanced care planning via telehealth (Regence, 2020). Providence Health Plan provides both psychiatry and therapy via telehealth and in 2017 Kaiser Permanente expanded to include telehealth as well. It is fair to assume that the vast majority of insurance programs have a telehealth option for mental health services.

Additional opportunities exist online for mental health that is less traditional in nature. For example, there is now online text therapy via both web browser and downloadable applications for cell-phones. Providers are licensed and trained and either employed through or contracted with the organizations that built and deliver the application.

With the rise of online mental health services, social media has become a place where many individual providers are offering free training. For example, Facebook, Instagram, and YouTube are full of mental health therapists providing brief overview training consistent with behavioral therapy. Common topics include mindfulness, meditation, cognitive distortions, and coping ahead. While there are various thoughts on this in the community of professional mental health, it is clear that current and future generations are preferring to learn in a web-based method and this media outlet provides a space for general psychoeducation. Clinicians and providers who do this must be clear about liability and intent when creating such free online content but many have found this to be a way to attract their future clients or ideal target clients. It is a way to both build an online supportive community and market the therapist/provider skillset.

The benefits of online mental health services are wide-ranging and wonderful opportunities for those who access them. The following benefits have been identified:

1. Online mental health services are incredibly helpful for those who live in remote areas and have to drive far distances to access care or are limited in their provider options (Cherry, 2020). For example, imagine being a queer teenager accessing mental health therapy from the online provider in town who accepts clients who are 50 years older than the teenager and who does not fully understand or affirm his/her queer identity. Online mental health services could be helpful for this teen in getting connected to a preferred provider who is

affirming and closer in age (often important to young people when choosing a provider).

2. Individuals with disabilities and/or who are low-income and might have an inability to access an in-person therapy appointment are now able to do so when they otherwise might not have been able to

3. Scheduling therapy is often difficult for individuals who work or commute. The ability to access therapy at hours not limited to an 8-5 workday is crucial for those who need more flexibility. Additionally, because individuals no longer have to worry about the commute, there are often fewer cancelations and more consistent contact between the patient and provider. This is ultimately a great benefit for both because the provider is consistently paid and the patient is consistently engaging in care.

4. It is not a secret that mental health services are expensive. Online mental health is cheaper for the clinician and often cheaper for the insurance company to reimburse, therefore allowing patients access to more services and/or making their services less expensive.

5. Many people avoid going to therapy because they literally do not want to be seen in the waiting room. There is unfortunately still a great deal of stigma associated with mental healthcare in the United States and globally. For those, such as the study referenced earlier, who might be less inclined or altogether refuse to attend therapy or medication management because of fear of being seen, online mental health is a good alternative.

What are the risks of online mental healthcare?

While there are many benefits to mental health services for clients, there are risks for providers as well as cons for the clients who access them.

Risks for the provider include the following:

1. When mental health providers are not in-person they risk missing important body language that provides them information on the health and wellness of the patient. For example, the therapist might struggle to identify facial expressions, vocal changes or signals, and other person-centered behavior the patient displays in-person. Clinicians might be inclined to believe their patients are doing better than they are if they struggle to see these non-verbal prompts.

2. Technology, as most people know, is not a guaranteed service. It fails often without warning or reason. As a result of this, therapy sessions or other behavioral health services might be disconnected or both parties could have a difficult time hearing or understanding one another. This is especially true for patients living in a multi-person household where many individuals might be utilizing the internet connection.

3. Confidentiality is also a risk for the provider. Information being transmitted online is very difficult to protect, despite best efforts. While providers and patients will utilize a HIPPA compliant and password-protected portal, there is always the risk that it could be hacked or fail, thus resulting in private health information being given to parties who should not receive it. This is a risk that the patient and provider must discuss before beginning services. The patient needs to feel comfortable that the provider is mitigating this risk to the best of his/her abilities. Additionally, the provider needs to feel comfortable with the client's decision and understanding of this risk.

4. When patients visit an office for services, it is always confidential in that other community members, staff, or patients are unable to hear the conversation or observe the interactions. Privacy in sessions is crucial to the client-provider relationship and ability to make progress in care. Because the clinician is no longer able to control the environment the patient is in when he/she accesses services, it is difficult to ensure such privacy. Patients and providers should discuss the need for the patients to be in private spaces with doors and windows that are closed for their own protection or they need to understand the risks that others hearing their conversation could have. These conversations occur during the intake session and agreement to utilize a telehealth model.

5. The inability to effectively respond during a crisis is one of the biggest risks a provider faces when offering online services. When patients who are in or near crisis arrive at an in-person appointment, the provider can provide instant regulation support and crisis interventions. When they are separated by space and are relying on phone, video, and the patient's self-responsibility in engaging, the risk for self-harm or suicidal behavior can increase. It is important that the provider and client have built a safety plan in the event this is a risk. Because of this, some patients are simply not a good fit for a telehealth model.

6. Unfortunately, as just mentioned, there are individuals who are much more appropriately served in-person. Individuals with severe psychiatric conditions

such as untreated Schizophrenia or Major Depressive Disorder that require in-person contact or even hospitalization, should not be accepted into an online therapy model. It is the responsibility of the provider to advocate for this person receiving face-to-face services because the scope of online therapy is simply limited in nature as discussed in bullet points above (please reference #1 and #2).

7. The final risk factor for online mental health services is around ethical or legal concerns. It is difficult for legal or ethical codes to be enforced when there is little oversight. Providers are largely responsible for holding themselves accountable to these requirements. Because of this, it is essential that clients know who they can report to in the event they feel concerned about the quality of services, delivery of services, or behavior by the mental health provider. This too should be discussed in the intake appointment (Cherry, 2020).

Some patients might identify cons to the online mental health experience. These could include:

1. Difficulty establishing a strong relationship with the mental health provider as a result of not sharing the same space with the provider – this is something the mental health providers should consciously consider when providing online mental health services. They should ask themselves "how can I mimic the in-person experience as much as possible?"

2. Lack of physical materials to supplement and support therapy as a result of not being in-person. For example, many therapists might lend out books or print notes/resources for homework in between sessions but because they will not be in-person to exchange the materials they might need to be creative about how to offer such teachings and supplemental materials.

3. Limited ability to provide intensive mental health services – Cognitive Behavioral Therapy, Talk Therapy, Mindfulness, and Dialectical Behavioral Therapy can generally be easily provided via the online space, however not all patients are accessing such services. Patients who are in need of trauma processing therapy such as Eye Movement Desensitization Reprocessing (EMDR) or skills therapy may not be able to be easily served online. For example, when receiving EMDR most patients will utilize a device for bilateral stimulation that the therapist is responsible for controlling.

What are the limitations of online therapy services?

Online therapy, like many other mental health services and delivery methods, has limitations. Beyond the cons and provider risks identified above, online therapy may appear as though it opens up the provider network in a profound way but individuals are still limited to the therapists who are licensed and practicing in their state in order to receive insurance approval and coverage (Good Therapy, 2020). Most states have laws in place preventing therapists from other states serving patients living in their state. A few states have agreements otherwise. Florida, for example, allows licensed providers from New Jersey to service their patrons, in order to enhance the provider pool. Providers may access a short term approval to practice in another state if they are transitioning their home practice and moving to a different state. Before beginning services, a mental health professional is responsible for identifying if the individual's insurance and location will be suitable for his/her license. When beginning services, the provider needs to ensure informed consent is strong and the patient understands the laws and regulations supporting the online services. If a person prefers to private pay for mental health services, this is no longer a limitation.

Another limitation of online mental health services is that it becomes more difficult for therapists to meet their duty to warn responsibilities because they may never have a clear understanding of the individual's physical location for reporting purposes. Similarly, if a therapist needs to report suspected abuse or neglect but is unable to give an exact location to investigators, this becomes difficult (Good Therapy, 2020).

What resources exist online?

There are a variety of resources for online mental health services. The following are common examples of frequently accessed services:

1. **Video therapy** – perhaps one of the most common mental health services is video therapy (Good Therapy, 2020). Most providers are utilizing a HIPAA-compliant video subscription service for their online services to prevent any hacking and ensure the protection of their conversations but some clients might prefer to FaceTime or Skype. If they prefer another method, it is essential they understand the liability and risk involved. Video therapy most similarly mimics in-person mental health services because of course the provider and client can see one another.

2. **Text therapy** – text therapy is gaining in popularity as a result of mental health therapy applications that offer text support. Some providers might supplement

their services with texting options between sessions and some patients might opt into therapy being purely by text. While texting likely involves the most risk where duty to warn and liability are concerned, as societies become more dependent on technology and less interested in face-to-face interaction, it appears that texting and chat methods of therapy may soon become more normal than in previous years. It is worth noting that text therapy is not comprehensive and most patients will require in-person or video services in order to best benefit from therapy.

3. **Self-led programs** (such as self-help or anxiety management programs) led through a phone or web-based application. Many applications have been developed by mental health professionals and researchers for the purpose of self-led mental health support and psychoeducation. They too are increasing in popularity, such as text support. Because many people are no longer interested in commuting to a therapist's office or even meeting with a clinician, this is a good option for someone who might otherwise not prefer to meet with a therapist, even via video chat. Self-led programs are best limited to psychoeducation. For example, a person might learn behavioral therapy anxiety management strategies for mild anxiety such as deep breathing, muscle relaxation, physical health exercises to support baseline help, and coping ahead. Self-led programs are less helpful for individuals with chronic and persistent mental health struggles and they cannot replicate in-person or 1:1 mental health services (Good Therapy, 2020).

4. **Online crisis mental health services** – There are many crisis-based chat functions available online 24/7 in the event a person is experiencing a mental health crisis. The Crisis Text Line (Text HOME to 741 741) is a service that is widely used. It provides trained Crisis Counselors to respond at the moment as needed (Crisis Text Line, 2020). This includes providing resources, documents for psychoeducation online, or emergency response support depending on the level of need (Crisis Text Line, 2020). The Crisis Text Line is a great service if a person is experiencing suicidal ideation, planning, or attempting suicide; however, it is greatly limited in its ability to serve due to the lack of a previous relationship established, lack of information about the patient, and lack of known location of the patient.

5. **Podcasts** – Many mental health professionals have chosen to host podcasts (or write blogs) for various reasons including the ability to reach and teach a wider

audience, for marketing purposes, and for creative purposes. Because young people especially are listening to more content for educational reasons, podcasting cannot be counted out as a mental health resource. The following are examples of podcasts led by mental health clinicians that thousands of listeners turn to for learning and resources:

a. Therapy for Black Girls was founded by Joy Harden Bradford, a Clinical Psychologist (Healthline, 2020). Her podcast gives resources for mental health and professional development for African American women. It has the goal of reducing stigma in the black community.

b. The Happiness Lab is hosted by Dr. Laurie Santos of Yale University. She teaches people about the research and interventions to promote happiness and self-love (Healthline, 2020).

Who is appropriate for online mental health services?

Of course not every patient that calls for an intake requesting mental health services is going to be appropriate for accessing online mental health supports. It has been briefly discussed that individuals with severe and persistent mental illness may struggle to be adequately supported. The following are important questions and considerations for providers to consider when assessing if a patient is appropriate for online mental health services:

1. **The ability to navigate the technology required** – some patients, especially older patients or those with disabilities, may struggle to utilize the technology required so much that it interferes with the therapeutic process (Research Gate, 2015). If this is the case, the therapist should either attempt to teach the patient how to use the technology or engage in a conversation about the patient coming in for face-to-face services instead of attempting the online care. Similarly, if patients do not have the technology that is compatible with the services needed or they cannot afford it, this will disrupt the process.

2. **Motivation** – patients who are less motivated to engage in therapy or mental health supports may struggle even more to follow through with the interventions identified in therapy because they are in the comforts of their own home and less guarded in that environment. Some people might be less inclined to follow suggestions or participate fully. If this is the case the provider might ask the patient how they can enhance motivation together to ensure the patient experiences the full benefits of supports.

3. **Privacy** – patients who have little to no privacy at home will not be appropriate for online mental healthcare. It is crucial that they have a safe, quiet, and private environment to participate in supports or they will likely not feel comfortable engaging in care. Patients who live in shared housing, dorm-style rooms, or have small children at home who require their constant support and supervision will likely benefit more from in-person supports than online supports.

4. **Communication** – the patient and therapist both need to be able to communicate effectively when working together online. If the patient is likely to make assumptions about the communication of the therapist or misunderstand the therapist, it might be more beneficial for them to work together in person than online. Similarly, if the patients communicate with people online often they might be less inclined to view the online space with the therapist as a professional relationship and might be more relaxed in their interactions. This can disrupt the experience and reduce the likelihood to benefit from care.

5. **Attendance** – if patients are unlikely to consistently attend in-person services, they will be unlikely to attend online services as well. It is especially easy to not answer a video call or get online if a person chooses. There is little accountability in this scenario in that the therapists won't see their patients and the patients won't be confronted in-person by their cancellations (which is often painful and uncomfortable). This is something that should be considered prior to the start of services.

6. **Reading and writing** – online mental health services often require homework in-between sessions such as reading and journaling. If patients do not enjoy reading and writing, they might be less likely to benefit from this kind of support.

7. **Culture** – culture plays a significant role in the therapeutic relationship. Some patients will prefer in-person supports because of their culture and might be offended by a therapist considering online supports. This should be considered prior to the start of services as well by asking the patients what they prefer and how they prefer to receive services (Research Gate, 2020).

When identifying if a patient is appropriate for online services, it is recommended that the provider undergo an intensive assessment process and intake appointment. The therapist should inquire about the services the individual expects to receive, identify if they can be provided via the online space, if the goals can be met online, and what other supports the patient might benefit from outside of the online therapeutic relationship.

For example, a therapist should recommend that a patient receive medication management if he or she might benefit from it. The clinician can help the client find a provider who is online or recommend an in-person provider, regardless of if his or her mental health therapy is online or not.

What are individual and couple's therapy applications?

There are likely hundreds of applications for mental health, however, the following applications are very popular and widely rated amongst individuals and couples:

1. **Talkspace** – this application offers HIPAA-compliant mental health supports by licensed therapists (Miller, 2020). Individuals are connected to therapists in their area and access video therapy sessions. Talkspace offers a subscription service with three tiers:

    a. Unlimited Messaging Therapy Plus: offers text, video, and audio messaging. The therapist is required to respond to messages five days per week.

    b. Unlimited Messaging Therapy Premium: offers text, video, and audio messaging and one live session per month. The therapist responds to messages five days per week.

    c. LiveTalk Therapy Ultimate: offers text, video, and audio messages and four live therapy sessions per month. The therapist is required to respond to messages five days per week.

    Talkspace offers both individual and couples therapy services. Couples therapy is offered for an additional fee.

1. **Better Help** – Better Help offers licensed therapists to work with individuals and couples. Better Help matches patients with a therapist based on their preferences and needs. Patients can request a new therapist at any time. Services are provided via video chat, texting, and phone calls.

2. **MD Live** – MD Live offers not only online mental health services but also medical and dermatology services and is often reimbursable via insurance. MD Live is unique in that it provides psychiatry as well as counseling services. MD Live doctors are able to send prescriptions directly to a pharmacy of choice.

3. **Live Health Online** – Live Health Online is another app that offers online psychiatry (Live Health Online, 2020).

4. **Shine Self-Care App** – this app is specifically for supporting individuals to improve their interpersonal relationships. While it does not offer live services it does provide meditations, gratitude tracking, emotion charting, and other interventions to address stress relief and self-calming strategies. It was designed by a psychologist and is specifically marketed to individuals looking to improve their relationships.

5. **Lasting** – the Lasting app was designed for couples to participate in five-minute sessions together for relationship strengthening. The sessions discuss emotional connections, inner-world work, and selfless action work. This app was based on the work of Dr. John Gottman.

6. **Regain** – this app offers counseling from therapists in each state. Partners share the account with one another and their therapist for working together in couples' work and individually as well (Miller, 2020).

Many mental health professionals have the ultimate goal of self-employment and running a private practice. This seems to be a common journey for professionals at the end of their careers. Some professionals might wonder what is enticing about providing online services via an application such as BetterHelp or Talkspace. Because private practice clinicians are responsible for marketing and identifying their own clients, there is likely to be slower times in practice. Many clinicians might find it helpful to supplement their income by contracting with a web-based application for additional work. Some clinicians might find that they do not enjoy the marketing process at all and would prefer to do most of their work via a web-based application because the clients are simply referred to them. Many clinicians might just enjoy web-based work and the ability to work from home because it is financially beneficial and may feel less stressful for some providers.

What does the research say about online mental health services?

Because online mental health services are becoming more popular, more research is being conducted to identify the efficacy. Current research is still limited in its review of online mental health services, however, a recent study conducted and published in the Journal of Affective Disorders found that online treatment is just as effective as face-to-face treatment (Morin, 2019). Another study conducted and published in the Journal of Psychological Disorders identified online cognitive behavioral therapy as "effective,

acceptable, and practical healthcare." The study also found that online CBT services were equally as effective as in-person CBT for the following diagnoses: panic disorder, social anxiety disorder, generalized anxiety, and major depression. Additionally, a study published in the Behavior Research Journal therapy stated that online therapy was effective in treating anxiety disorders (Morin, 2019). Another study published in the Behavior Research and Therapy journal found that veterans with Post Traumatic Stress Disorder responded equally as well with video therapy when compared to in-person therapy for PTSD treatment (Meetual, 2020).

The American Psychological Association (2015) did reference an interesting study that found texting support between clinicians and individuals with Schizophrenia to be helpful in increasing medication adherence. Because of this, social interactions were increased and hallucinations decreased (American Psychological Association, 2015). This supports online mental health services as a supplement to in-person supports for individuals with more severe psychiatric conditions.

These studies support previous statements: online mental health services are helpful but only for a certain subset of the population, generally. For example, none of these studies referenced serious mental illnesses and psychotic conditions such as schizophrenia or psychosis. Online mental health appears to be best suited for individuals with anxiety or depression but less so for individuals with symptoms attributed to serious mental illness.

Self-led programs have often been underused by mental health professionals and patients. Historically, professionals have relied upon their in-person skills and until the recent advances in technology have not prompted supplemental work such as courses, apps, and other self-led mental health services. Recent studies have evaluated whether or not self-led services are really helpful. Pilot programs have been examining the cost benefits, service utilization, quality, overall health and wellness, employment and housing retention, and participant satisfaction during the research (Mental Health Self Direction, 2017). The research found that people who engage in self-led mental health services have improved their quality of life, enhanced their self-esteem, found their relationships to be more meaningful, and participated in communities more (Mental Health Self Direction). This data supports the continued development of applications, courses, and programs that provide mental health and behavioral health support in a way that the patient can self-lead through.

What steps can therapists take to transition to providing online services?

Many mental health professionals are in the process of transitioning their practices to online full or part-time right now. It may seem like an overwhelming process. Rightfully so as there are many steps involved in becoming an online mental health service provider. The following steps are intended to simplify the process for professionals:

1. **Identify state laws and regulations** – each professional should understand the laws and regulations in their state and from their professional licensing board (Theralink, 2018). For example, social workers may have different regulations than marriage and family therapists, and vice versa. Most states will not allow clinicians to practice outside of their state of licensure and have continuing education requirements and other regulations in place before they will allow acceptance and reimbursement for online clients. Professionals need to research and contact their board to discuss before starting.

2. **Identify a telehealth platform to utilize** – All professionals will utilize a HIPAA compliant technology service to conduct video sessions or to support messaging services. They must research and subscribe to the platform that meets their business and client needs. Many HIPPA compliant programs will allow for messaging, video, payments, note-keeping, and other helpful business practices.

3. **Insurance reimbursement** – each provider should contact the insurance programs they are contracted with to identify the insurance-specific requirements for providing telehealth services. Different insurance programs may require different prerequisites for starting, limitations on the number of services or delivery methods, and reimbursement rates. Generally, providing online mental health is more affordable and therefore reimbursed at lower rates. This should be considered by professionals prior to starting services.

4. **Insurance coverage** – the liability insurance coverage a provider has may or may not cover online services. They need to identify and plan for this prior to starting services.

5. **Set up office space** – when providing online-based mental health services, some providers might opt into utilizing a home office space in order to avoid paying a leasing fee for an office space. If so, they need to consider how to make it a private space that nobody else can overhear the information being discussed in sessions. For example, if a therapist is working at a home office and his or her

spouse is home, the spouse must not be able to overhear the conversations and services being provided.

6. **Establish professional boundaries** – providers should set a clear number of how many clients they want to serve online, how they will measure success in their practice, how they will work across systems with other providers, and how to measure their own comfortability in the online space (California Telehealth Resource Center, 2020).

7. **Boundary setting** – each professional should identify the kinds of services and methodologies he or she feels comfortable providing by online mental health and not. They should identify the kinds of communication practices and strategies they feel will work well for them and not work well for them in order to effectively communicate that to clients prior to starting services.

8. **Identify marketing strategies** – because individuals who provide online mental health services might be self-employed and may not be receiving referrals from a clinic, they should identify an effective marketing strategy in order to identify their target clients (Theralink, 2018). This may include joining an online director such as Psychology Today's Find a Therapist tool, Online Counselling, and Good Therapy.

9. **Ensure they have malpractice insurance** that covers online services.

10. **Understand how to effectively document** online mental health services.

Considerations when documenting online mental health services

Professionals will chart differently when they conduct online mental health services as compared to in-person services. The following are common considerations for online service delivery charting:

- Identify the location of the patient (Green, 2020)

    o What room they appear to be in and what home

- Identify how the provider confirmed the patient's identity

    o By video

    o By code word

    o By birthdate or protected health information confirmation

- Confirm the scene the patient was in was safe and why

  - Simply ask the patient if they are safe if there is a therapeutic relationship established

  - Observe the room they are in for any harmful items, etc.

- Identify safety planning completed if necessary

- Assess for and document the appropriateness of online mental health services

- Identify the modalities utilized in session

- Identify the progress made in the session (Green, 2020).

An example chart note might look like:

"In today's video session I saw Thomas the Train for 55 minutes. I confirmed it was Thomas by physically seeing him. He was located at his parent's home in the living room. Nobody else appeared to be in the area. He reported being safe at home. During the session, we utilized Cognitive Behavioral Therapy techniques to identify cognitive distortions and more appropriate alternatives to cognitive distortion. Specifically the belief that 'I will never be good enough' per Thomas' words. Thomas reported feeling 'okay' lately and denies any self-harm, suicidality, or homicidal thinking. For homework, he agreed to track the number of times he feels he "will never be good enough" and how the alternative thoughts and plans are effective". Thomas appears to be making progress as evidenced by no longer presenting with self-harming behavior for the past 5 weeks. I will meet with Thomas again next week by video chat. I believe that Thomas can continue to be safely supported by online services."

Many providers may prefer to document services concurrently or during the time that the session takes place. This is often very common in face-to-face therapy and especially in community mental health where a provider has limited time. Ultimately professionals will get to decide if they feel concurrent documentation is or is not the right path for them. Here are some pros and cons of concurrent documentation:

Pros of concurrent documentation include the following:

1. Completing chart notes by the time a session is complete

2. No longer having to rely on memory

3. Time saved as billing will not include documentation time

Cons of concurrent documentation include the following:

1. Not looking in the camera at the patient

2. The possible need for more than one computer screen

3. Impact on the therapeutic relationship if the client believes the provider isn't present enough

4. Lag in video connection if the computer has multiple tasks being done

HIPPA Compliant Online Therapy Platforms

There are many different HIPAA compliant platforms that therapists can choose from when providing services. The following are identified by the Office for Civil Rights (2020):

1. **Updox** – Updox offers telehealth video chat, texting, online faxing, and secure communication from one inbox.

2. **VSee** – VSee provides video chat, messaging, and has created a provider dashboard for collecting payments, customizing intake forms, and allowing walk-in sessions.

3. **Doxy.me** – Doxy.me is a free service for everyone, which is perhaps one of its most unique traits. It is used for providing counseling, medication management, psychological assessments, and behavioral interventions for individuals and couples.

4. **Amazon Chime** – Amazon chime is more widely used in the business sector but is approved to provide meetings, chat, and calling services.

5. **Spruce Health Care Messenger** – Spruce offers video calling, phone calls, and secure messaging between providers and patients (Office of Civil Rights, 2020).

Aside from the platform providers choose, they have the ethical responsibility of adhering to privacy laws to protect their patients and their practice.

How to establish a therapeutic relationship via online mental health

Regardless of the type of therapy or patient history, the most important aspect of mental health services is the relationship between the provider and the patient. A strong therapeutic relationship can promote motivation, create a safe or brave space in sessions to process trauma, ensure that boundaries are maintained, promote patients feeling empowered, and enhance positive outcomes (TheraPlatform, 2018). Establishing a therapeutic relationship online will look different than it does with face-to-face services in a traditional office setting. The following recommendations are made for providers when establishing a relationship with patients via video chat:

1. Establish rapport by dressing, acting, and talking in a professional and friendly way. Gaze towards the camera occasionally so that patients feel they have direct eye contact.

2. Use nonverbal body language even when unsure it is being received as it does in-person. Continue to lean, tilt, smile, use your arms, and notice your posture because while it may not be as significant by video chat, it still shows the professional is invested in the work.

3. Be empathetic towards patients in both speech and body language

4. Be genuine towards patients. This is especially important when engaging in email or chat. It communicates to the patient that the provider is really interested in their success, partnering with them, and teaching them skills for long-term use.

5. Assess how the therapeutic relationship establishment is going by asking patients how they feel, what they need, what they do not need, and other assessment questions (TheraPlatform, 2018).

6. Establish clear expectations about what will occur in the event of an emergency or mental health crisis – for example, build a safety plan

7. Utilize reflective listening skills such as "I just want to make sure I'm understanding you" and "Can you explain that to me again"

How to understand the audience by online mental health

Similar to how to establish a therapeutic relationship, it is important that professionals understand their audience. Understanding an audience can be difficult for online mental health services. The California Telehealth Resource Center (2020) identifies the following ways to understand an audience:

1. Be clear on the target audience they want to serve through online means

2. Know about the exact technologies they will use prior to starting services – research should be done prior to choosing a technology method

3. Be familiar with the resources in the area that clients live for the purpose of referrals and cross-systems work (nutrition services, physical health services, inpatient programs, substance use supports, and emergency or crisis services)

The California Telehealth Resource Center also recommends that professionals plan for what to do in the event that their technology fails. They reference having access to the IT department supporting whatever technology subscriptions they have, plan with the patient what to do in the event the technology fails, and consider a subscription for backup technology (California Telehealth Resource Center, 2020).

Section 2: Online Mental Health Ethical Code by Profession

Each specific profession within mental health is responsible for adhering to its own ethical code. It is essential that the different providers, as previously discussed, are aware of and adhering to said ethical code. The following ethical requirements for online mental health are listed below by profession:

American Association of Marriage and Family Therapists

Services provided via technology by Marriage and Family Therapists (MFTs) must adhere to the following standards:

1. Services must be compliant with all relevant laws (Zur, 2020)

2. Services must be assessed by the MFT to be appropriate for the patient

3. The patient must consent to the service being provided online in writing by agreeing to the risks associated

4. All documentation must be electronically stored consistent with standards and confidentiality laws within the profession

5. MFTs must follow all local service and practice laws with regards to where they provide their services or where they are set up for an online session

6. MFTs must be well trained on the technology they will be using in sessions

American Counseling Association

The American Counseling Association requires that counselors follow these guidelines when working with patients online:

1. Ensure the confidentiality of all information transmitted online is protected

2. Understand that counseling is no longer only to be provided in-person and that counselors have a responsibility to advance as technology advances. Counselors must be knowledgeable about the resources to patients available online

3. Counselors adhere to all legal considerations when providing online services

4. Counselors understand that all social media used in their practice is responsible for being consistent with laws and statues

5. Patients are required to provide informed consent to the following: the credentials of the provider, the physical location of the practice and contact information; the risks and benefits of online therapy; the possibility of technology failing; anticipated response time; emergency protocol when the therapist is unavailable; the differences in time zone; the cultural differences; and the policy on social media

6. Counselors must explain to patients the limitations on online mental health

7. Confidentiality is maintained at all times

8. Security standards are used to protect client information

9. Counselors make an effort to identify if their patients can utilize the technology required to engage in the practice

10. Counselors identify the best services available to the client and provide that if possible

11. Counselors adhere to record-keeping laws, client rights, and cultural and disability considerations

American Mental Health Counselors Association

Counselors licensed via the American Mental Health Counselors Association are required to adhere to the following ethical codes regarding online mental health:

1. Only work with clients who are in the state of the licensed provider

2. Only provide supports they are trained to provide

3. Ensure that every client agrees to and completes an informed consent document ensuring they are advised and aware of the following: emails are to become part of the client record; text messages are not a secure form of communication; online scheduling must be encrypted and secure; counselors should not be in chat rooms; the counselor will identify if the patient is appropriate for online care; the counselor will always act professionally; the counselor will disclose all procedures and documentation standards; the counselor does not have a virtual relationship with the patient; counselors only seek information about their clients for the purposes of determining their own health and safety, and counselors shall not solicit professional reviews by clients.

American Psychological Association

Psychologists are responsible for adhering to the exact same ethical code when providing in-person therapy. If the provider cannot follow said code then he or she cannot provide online mental health services.

National Association of Social Workers

The NASW also states that, in general, all ethical codes translate to online service provision. Social workers should be aware of the unique challenges with regards to confidentiality, informed consent, professional boundary setting, professional competence, record keeping, and other ethical issues as they arise. Social workers consider any communication or service provided via technology to be telehealth and therefore all technology-assisted social work must adhere to the code of ethics. This includes but is not limited to individual therapy, group therapy, community organizing, supervision, research, evaluation, and other services as provided. Social workers are responsible for learning about and using advances in technology and new platforms as created.

National Board for Certified Counselors

Counselors certified via the National Board for Certified Counselors are responsible for adhering to the following requirements:

1. All communication between counselor and patient sent electronically will be included in the client record

2. All electronic communication will be encrypted and password protected

3. NCCs will act in a professional manner with regards to confidential information and privacy protection

4. NCCs will only provide services that they are qualified for, educated on, and have the experience to provide

5. NCCs will be in compliance with all regulatory standards

6. NCCs will maintain secure backup systems

7. NCCs will screen patients for the appropriateness of online methods

8. NCCs will provide a written description of online mental health services to patients

9. NCCs will provide patients with information regarding their credentials via an office credentialing site

10. NCCs will inform patients about their rights and responsibilities during the therapeutic relationship

11. If the NCC is working with a minor, the minor's legal guardian will consent to services provided

12. The NCC will have a plan for emergency situations when working with patients

13. NCCs will limit the information provided and received via social media (Zur, 2020)

Laws regarding online mental health services

While each state might have various discrepancies in the legal administration of online mental health services, in general, consistencies exist across states. Medicaid and Medicare do cover the provision of online mental health services in all 50 states and in the District of Colombia (Green, 2020). However, this does not necessarily mean that

each state will provide online therapy but rather they may provide online psychiatry or services from a physician. Each state will develop its own laws regarding how to reimburse for services, what the requirements for providers are, and modalities that are approved for administration via online portals. Private insurance companies may or may not cover online mental health, but competitive insurance programs generally do because of how popular they have become.

Generally, the following legal themes have been set in the United States:

1. Services that are reimbursable are generally provided via video sessions and do not include emails, phone calls, texting, or time spent documenting service provision

2. Services are generally required to be provided by licensed professionals and not pre-licensed professionals

3. Each state will have a local contact for private and public insurance programs for exceptions to laws

4. Because licensing laws are different between states, providers generally cannot practice across state lines although courtesy licenses are offered in the event the provider or patient is moving. Individuals in this situation should contact the board they are certified with and the board of the state they are moving to in order to discuss the process of transitioning. They should also ensure they have the proper insurance coverage for the move (Green, 2020)

Online mental health information for organizations

Large private and community-funded mental health organizations may also be adopting online mental health service delivery processes. According to the California Telehealth Resource Center (2020), the following considerations must be made when adopting a telehealth practice:

1. Ensure there is a coordinator to oversee the operations that are required daily to be successful when online mental health services are provided. Examples include scheduling, billing, operations, and technical issues

2. Ensure that all staff are trained on the technology being required far before they begin using it

3. Create a work environment where online service providers and in-person service providers work together in a comfortable way to best support the overall health of the patients

4. Share resources between staff

5. Develop a formal training and delivery process during the rollout of the online mental health programs

6. Nurture staff who may be working from home

7. Communicate regularly with all remote teammates

8. Identify an appropriate quality improvement process that covers:

    a. Monitor the strengths and weaknesses of the programs

    b. Patient satisfaction

    c. Service utilization

    d. Provider satisfaction

    e. The implementation of new ideas

    f. Patient charting practices

    g. Review and assessment plan for quality of services (California Telehealth Resource Center, 2020)

Organizations should be prepared for challenges with mental health programs run online (California Telehealth Resource Center, 2020). One of the most common challenges is a lack of support for administrative needs when implementing a program. Some organizations might be understaffed for the administrative needs that online mental health services might require. It is important that all staff have bought into the value that the online mental health program will provide to ensure that there is enough funding and staffing available to well support the online program. This is especially true at the management level.

Another challenge is often a lack of provider support or desire to utilize online programs in mental health organizations. Providers might be worried about the quality of care, the liability, issues with technology, or they might not be motivated to train on a new methodology. Solutions to this issue involve identifying specific challenges and fixes that

the staff might think will work. Satisfaction data can be provided to show the benefits at both the provider and the patient end. Organizations should also verify for providers that their liability insurance covers online mental health services. Additionally, training and support should be given to providers with ample time for them to understand and learn it.

A common additional challenge is that sometimes the infrastructure identified to support online mental health services is underdeveloped. If technology has bugs, issues, or isn't reliable, it will be difficult to support individuals appropriately. All organizations using an online function should have an IT team they can rely on, have relationships with the technology organizations, do test runs before going live, and perform regular test runs moving forward to address new issues that may arise. End users, such as patients, should be involved in the testing of technology (California Telehealth Resource Center, 2020).

Mental health organizations must understand who is responsible for developing national and state regulatory standards around online mental health services (Center for Connected Health Policy, 2019). The following institutions and systems are responsible for providing national-level policy standards:

1. Medicare and Medicaid

2. Congress

3. State legislatures and regulatory boards

4. National Organizations (for example, the American Medical Association, National Conference of State Legislatures, and American Association of Retired Persons have all been outspoken regarding viewpoints that matter to their organizations)

5. Court systems – outcomes from court decisions will impact how policy is developed to protect communities at large

6. Federal Trade Commission-the FTC has made several formal comments on the development and regulation of telehealth services (Center for Connected Health Policy, 2019)

Mental health organizations should know how to contact the above organizations to discuss the implementation of policy and procedure for online mental health services to ensure they are consistent with state and federal rulings.

Current advocacy in online mental health

There is much debate about online mental health and physical health services amongst professionals in the medical field. What is clear is that telehealth services are not going to go away. It is assumed that even more services will transition into the online space as technology advances and community members realize the benefits that online mental health can have. Because of this, there is a great deal of advocacy being done in the online mental health space. One of the biggest topics is net neutrality (Center for Connected Health Policy, 2019).

The internet, like many things, was not created to be equal. Some individuals and communities have access to a better internet connection and faster internet speeds than other communities. Because of this, some individuals will have a better experience with online mental health. Unfortunately, it is often poor and marginalized communities who have poorer quality services. Net neutrality is a movement toward not allowing providers of the internet to intentionally slow down, block services, or charge more for services in specific areas or for specific web-based content. Therefore, everyone who has access to the internet has an equal chance to experience its benefits. This is such an important issue because, without a stable internet connection, online mental health will not be effective. Advocacy organizations believe that if net neutrality is not implemented on a wide scale, then mental health organizations and clinics may find that strong internet services are too expensive to access thus limiting the services they can provide. Additionally, if individuals who require online mental health for recovery purposes cannot access it, then they may experience a decline in their health status which could result in a loss of employment, an increase in substance use, and other negative outcomes. As of July 2018, three states (Oregon, Vermont, and Washington) have all introduced bills to preserve net neutrality and 22 states have filed a protective petition against the Federal Communications Commission (FCC) that repealed the net neutrality rules previously in place in 2017 (Center for Connected Health Policy, 2020).

It appears that more advocacy is occurring to ensure net neutrality remains. Additionally, it is clear that net neutrality is an important consideration for ensuring that all people, regardless of financial status, ability, or any other identity, have access to the technologies and internet services to provide them with strong and supportive online mental healthcare.

Many proponents of online mental health have also identified the licensing process to be a significant barrier when attempting to serve larger groups of people (Center for Connected Health Policy, 2020). Because the location of the patient (regardless of the service being provided online) is considered the place of service, the provider is responsible for practicing consistently with the state rules and regulations where the patient is located. This is true even if the provider is not a resident of the patient's state. While a few states are starting to make exceptions to this, most ban it entirely (for those who are utilizing insurance reimbursement in their care). Organizations that are proponents of online health services believe that this is a barrier and advocacy is slowly starting to introduce more options.

There are currently several pieces of federal legislation that are attempting to adjust this issue. The goal is to redefine the "place of service" from the patient's location to the location of the provider who is offering care. This would resolve the issue because providers would only need to be licensed in the state in which they reside/have their office. No bills have currently been passed into law supporting this at this time.

The Department of Veterans Affairs has found this to be a barrier as well and has implemented a policy to improve its services. In 2018, the VA published a final rule expanding online health services by more evenly distributing providers across regions by preempting state licensing requirements. While this does not apply to any contractors of the VA, it does ensure that VA staff can offer online services within their practice regardless of the state or location within a state that the provider or patient is physically located. This is especially important for veteran populations who often disproportionately struggle with mental illness as a result of trauma.

There is also a model being proposed that allows psychologists in PSYPACT (Psychology Interjurisdictional Compact) member states to practice inter-jurisdictional psychology online in other PSYPACT states. There are currently 14 states with pending PSYPACT legislation. The Nurse Licensure Compact (NLC) also has a similar program allowing nurses to have one license that is viable in compact member states. Therefore, nurses can practice in both their home state and other states signed on to the compact (Center for Connected Health Policy, 2020).

It is assumed that further advocacy to push cross-state work will occur. This will result in larger groups of people being serviced.

The best of both worlds: What is blended care?

Some patients may not benefit from a program that is completely in-person or completely online. This is where blended care enters the equation. Wentzel, Vaart, Bohlmeijer, & Gemert-Pijnen (2016) conducted research on this phenomenon. They posit that there are advantages to both online support and in-person support and that a combination of the two may be a strong treatment plan for many patients.

Blended care has been referred to as "technology-supported care" and although there is not a clear definition of what this is exactly, it is becoming more popular amongst providers. Blended care suggests that online services used in addition to regular therapy, or as supplemental as discussed previously, can have promising effects. Wentzel and colleagues identified the following postulates:

1. Blended refers to an integration of in-person treatments and online treatments. Neither is a standalone path

2. Both in-person and online modalities are important to the treatment process and should be used in a way that is weighted by reason

3. Online services should be suggested and chosen carefully by the provider

4. The way the provider integrates both in-person and online supports should be based on the treatment plan of the patient, the technological capacities of the patient, and the ability of the patient to engage in both services

5. Blended care is flexible and dynamic

6. The patient and provider will identify a fit that works best together

The team suggests using a 'Fit for Blended Care' checklist consisting of the following:

1. Is there an appropriate modality to support the patient?

2. Is there an absence of a crisis? (If the patient is in crisis this is not an appropriate model)

3. Is there an absence of acute medical care needed? (If the patient requires acute care this is not an appropriate model)

4. Is the patient intellectually able to participate in blended care?

The team suggests that the patient and therapist discuss the following prior to starting a blended care model:

1. Do the patients have writing skills that allow them to fully express themselves?

2. Is the patient motivated and can he or she trust the provider?

3. The patient's crisis risk

4. Any cognitive issues that might impact treatment

5. Any psychosocial issues that might impact treatment

6. Any co-occurring issues that might impact treatment

7. If there is a therapeutic relationship to support a blended model

8. Preferences for blended care

9. Other reasons for blended care

10. The ability to be open and transparent in online communication

11. The patient's psychosocial support network

Ultimately, the team identified that these issues above should be of the most concern when developing a blended care model. They also state that in order to understand the full benefits of blended care, more research and insight is needed to identify the technologies that best enhance and optimize blended care. They state that this question and topic are of the most concern moving forward in online mental health services as professionals (Wentzel, et al., 2016).

Conclusion

Online mental health is a robust and important component of the mental health system in the United States. Providers who prefer to participate in completely online or a blended version of online services are ethically and morally responsible for ensuring their practices meet state and federal regulations, licensing regulations, and HIPAA compliance. They also have the unique responsibility of ensuring that they can remain person-centered and establish strong therapeutic bonds and relationships with patients, despite not being in-person with them.

Providers who choose to do so can utilize the information listed to begin to develop an online private practice or opt into contracting with an application such as BetterHelp or Talkspace.

Mental health organizations that choose to offer online services are also responsible for ensuring their staff has adequate technologies, appropriate administrative supports, and sufficient training in how to utilize technology for mental healthcare. The benefits that clients experience is a direct result of the way that an online mental health program is rolled out. Because of this, it is of great importance that agencies engage their staff in buy-in, properly support them, and have an appropriately trained IT staff team available for support when technology is disrupted.

The future of healthcare provided by video and other technologies is unknown but it is clear that it is becoming a vital part of mental health services. Because of this, professionals should be prepared for continued learning and utilization of helpful tools provided by technology.

Case Studies

Charlie

Charlie is a 9-year-old boy with significant psychiatric symptoms. While he does not currently have a serious mental health diagnosis, he does have a diagnosis of Autism Spectrum Disorder. He presents with aggressive behavior toward his siblings, ruminating thoughts and behaviors, and anxiety every day. His aggressive behavior and fear of leaving the home are very difficult for his family to address. Because of the continued significant symptoms, Charlie's mother and his Primary Care Physician have chosen to refer him for psychiatry. Charlie's mother is so worried about leaving the home with Charlie that she opts into online psychiatry. Her PCP recommended MD Live because it is reimbursable through their Regence insurance and allows him to participate from home.

Charlie and his mother met with the psychiatrist and the psychiatrist recommended medication for anxiety management as well as an as-needed prescription for when he is escalated. They also discussed a referral for in-home behavior supports and skills training. The psychiatrist recommended a few agencies local to Charlie's family to contact. After 4 online psychiatry appointments and getting Charlie settled on medication, his symptoms were reduced enough that he was able to safely leave the home at baseline without stress or anxiety. All future appointments were conducted in

person. Had Charlie not had access to online psychiatry his mother fears they would have experienced a serious crisis in the family home. Charlie's case is a good example of online psychiatry being used for small children with disabilities to warm them up to accessing in-person psychiatry services.

Andrea

Andrea is a 23-year-old woman who is attending college full-time online in the evenings, works full-time during the day, and is a mother to a 5-year-old boy. She has recently begun experiencing anxiety and panic attacks that wake her up in the middle of the night. As a result, she hasn't been well prepared for her exams and is beginning to feel hopeless about her life. She has very few psychosocial supports nearby and feels like there isn't currently an opportunity to lighten her workload. Andrea isn't sure what to do but she feels she needs to do something.

She was recently talking with a friend at work who reported feeling the same way at one point in her life not too long ago. When Andrea asked her what she did to overcome the difficult feelings, her friend stated she downloaded the BetterHelp app and paid for a subscription. Andrea asked her why she chose the app instead of seeing a therapist in person and her friend stated that she had a schedule similar to Andrea's that made it difficult to leave work or school to see a therapist. The app was the next best thing she stated.

Andrea decided to get a subscription membership to BetterHelp and was able to see her therapist in between classes or at night after her child was in bed. Andrea learned relaxation strategies, emotional regulation tools, and developed a strong self-care plan even with her limited time. After several months of weekly appointments, Andrea was able to transition to bi-weekly sessions and eventually no longer required the mental health supports. She graduated from college and was able to enter the workforce in her new field feeling emotionally well-prepared and stable. Andrea's case is an example of online mental health supports being the right fit.

Travis

Travis is a 59-year-old man with a history of depressive episodes and suicide attempts. He recently stopped taking his medications and began feeling worthless and hopeless. He stopped attending work and has been at home drinking for eight days straight. Travis' adult daughter stopped by his house recently to help convince him to go back to work and try to get support for his depression and substance use. Travis agreed but was not enthusiastic about the support.

Travis met with his Primary Care Physician who administered a Patient Health Questionnaire-9 assessment during their appointment. Travis' score identified that he has severe depression. The doctor referred him to an in-house therapist at the clinic. His doctor considered offering him telehealth services but felt that because of the severity of his recent symptoms and a past suicide attempt that he would better benefit from face-to-face therapy as well as psychiatry.

Travis' case is a good example of someone better suited for non-online mental health supports. In the future if Travis' symptoms are reduced and he is safer, he could be referred for online supports should he desire them.

Chastity

Chastity is a 19-year-old college freshman who is presenting with psychotic symptoms. She lives in a dorm, and reports that she has recently been hearing voices regularly. She didn't want to worry her parents so she chose to not tell them about her symptoms but rather to privately pay for a membership to an online app for mental health counseling.

When Chastity met with the therapist who was matched with her for the first time, she explained that she hears voices multiple times per day and sometimes thinks she would be better off dead as a result of the voices. The therapist immediately suggested to Chastity that in-person supports might be more helpful. The therapist explained to Chastity that because of the severity of her symptoms and the frequency of them, she did not feel comfortable supporting her online and would prefer to see her in-person. The app therapist suggested to Chastity that she work with her college's mental health counselor/clinic to get the appropriate support she needed that was easily accessible to her.

At first, Chastity was upset but she very quickly met with the doctor, psychiatrist, and counselor provided at her university and she realized this was a better fit for her. Chastity was able to see the team on-campus multiple times per week and received an appropriate diagnosis of Schizoaffective disorder, was prescribed medication, and was assigned a therapist who could work with her on an ongoing basis.

Chastity's case is a good example of an online therapist identifying a need the patient had and making an appropriate referral to different services.

Tori

Tori is a 32-year-old woman with a personality disorder and a history of substance use. She attended an inpatient treatment facility for six weeks to become sober from alcohol use disorder and address her emotional dysregulation. Tori utilized a Dialectical Behavioral Therapy approach and was able to learn strong skills during her inpatient stay. After leaving inpatient care, Tori moved to a sober living house and enrolled in an intensive outpatient program. She attended the intensive program four days per week for ten weeks. Upon discharge from this program, she began seeing a therapist in-person once weekly. Tori has remained sober, continues to use her DBT skills, and has seen improvements in her interpersonal relationship struggles.

Each day Tori supplements her mental health services by using a self-led app for morning meditation, deep breathing exercises, and to receive a behavioral therapy journaling prompt. This has become part of her morning routine and really helps her remain strongly connected to her skills and wise mind. Tori believes that the app is an important part of her staying sober every day along with the outpatient support she receives. She also has the ability to message her therapist as needed in the event of a crisis. While she's never had to she is comfortable in knowing that support exists. Tori's case is a good example of how online mental health services and self-led services can be beneficial in addition to in-person mental health support.

Tabitha

Tabitha is a mother of three young children who have had an off-and-on relationship with the father of her children for the last few years. Tabitha is attending online therapy to navigate her own self-esteem and self-worth struggles. She has been enrolled in online mental health services for months and has established a strong therapeutic relationship with her therapist, who is a social worker.

During their regularly scheduled appointment, the social worker notices that Tabitha looks as though she hasn't had an opportunity to shower or get dressed for her day. This is abnormal compared to their past appointments. Tabitha was a bit quiet and guarded when the therapist asked how her week has been. Tabitha reported that she and her boyfriend haven't been doing well. The therapist knows that in the past there has been some aggressive behavior from the boyfriend toward Tabitha. At one point during the session, the social worker heard screaming from the boyfriend toward the children in another room in the home. The room Tabitha was in had a door that was closed and the therapist had never previously heard the children in the home before. The screaming

went on for several minutes and the therapist thought that she heard a smacking noise at one point. The therapist asked Tabitha if she felt safe and she reported "No – not at all. I don't feel safe for myself or my children right now." She admitted that her boyfriend had been aggressive toward the children lately. Because the social worker heard the screams, believed she heard a hitting noise towards one of the children, and had verbal confirmation that Tabitha didn't feel safe, the therapist kept Tabitha on the video call while she called the police/emergency services.

The police quickly responded to the home to find that Tabitha's boyfriend had been aggressively punishing the children for not helping to clean the living room. Tabitha reported being terrified to report previous behavior because she feared for her life and the life of her children. The police arrested her boyfriend and helped Tabitha to establish a no-contact order and with the boyfriend. This social worker responded appropriately, despite not watching the attack occur, because she heard noises indicating that the household was not safe and reported them to the authorities. Keeping Tabitha on the video to ensure her safety was also an important way of responding to the social worker.

Chelsea

Chelsea is a Marriage and Family Therapist who recently transitioned from one mental health agency to another in a new city (she remained in the same state with the same license). Upon starting services at the new agency, Chelsea learned that the organization was choosing to opt into providing online services. Chelsea began having anxiety and second thoughts about her new job as a result of past experience with having to provide online services without proper training and support.

Chelsea is not financially able to leave her work and decides to stay and observe how this agency rolls out the online service provision of their agency. To her surprise, Chelsea's boss begins to meet with her and her teammates weekly providing them a 90-day plan for how the program will be implemented. The supervisor assigns each staff member an IT worker to be their 'buddy' if anything goes wrong with the platform utilized, provides weekly pieces of training on the different technologies being provided, and allows Chelsea to test the technology with current clients. By the time she is responsible for one full day per week at home by online health, she feels competent, well supported, and excited to start services. Chelsea's case is a good example of an appropriate role out of an online mental health program by a mental health agency.

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