Telephonic psychotherapy in India: A reminder of challenges in times of COVID-19

The ongoing COVID-19 pandemic has forced us to re-negotiate life with this new normal situation, which includes following guidelines related to social distancing, travel restrictions, wearing personal protective equipment and increasing virtual contact with others. The world is gradually realizing the scale of collateral damage which has been caused by COVID-19 pandemic and our response towards it which has led to closure of schools, offices, cancellation of public events, work-study from home restrictions, restricted socialization and limitations on national and international level (Tandon, 2020). In this scenario of changed social and occupational environment, the mental health experts are now foreseeing a manifold increase in mental health illnesses. At this point of time, comprehensive information is yet to emerge. However, there has been a substantial increase in reported rates from across the world of self-harm behaviors, domestic violence, substance use, technology addiction, loneliness, depressive and anxiety disorders (Tandon, 2020). Addressing mental health needs may become a challenge if information technology is not used to deliver mental health services, including psychotherapy services.

The COVID-19 pandemic has again highlighted the existing and increasing gap between need and availability of trained mental health professionals in India. This need for mental health services is a real concern as mental health illnesses continue to rise (Lahariya, 2018). Usage of technology may increase accessibility to mental health services, especially for people residing in remote areas of the country (Srivastava et al., 2016). As internet is not yet accessible to the vast majority of the Indian population (Statista, 2020) telephone is the communication medium that may be considered more feasible in this scenario inclusive of the ongoing COVID-19 pandemic.

In the last five decades there have been numerous studies conducted on efficacy and equivalence of telephonic psychotherapy, mostly in western countries (Castro et al., 2020; Stoll et al., 2020). However, these studies have included only a few patient groups having mental health illnesses of depression and anxiety disorders and included delivery of very few therapeutic modalities, mostly cognitive behavior therapy (CBT) and interpersonal therapy (IPT). However, there is no study in the Indian context on efficacy, equivalence or review of the challenges to tele-psychotherapy. The only study found in the Indian context refers to ethical challenges existing in online psychotherapy (Satalkar et al., 2015). The Department of Clinical Psychology, NIMHANS, has released guidelines for telephonic psychotherapy in April, 2020 to meet the need for streamlining of telephonic and online psychotherapy services especially during the ongoing COVID-19 pandemic (Department of Clinical Psychology; NIMHANS, 2020).

The advantages of telephonic psychotherapy are quite apparent in the current scenario. It will help to overcome travel restrictions, minimize risk of spread of COVID-19 and ensure that mental health services remain uninterrupted, especially at a time when psychological distress is on the rise. The objective of this correspondence is to highlight some of the unique challenges of tele-psychotherapy in the Indian setting from the perspective of the therapist and the client.

1. Challenges: the psychotherapists' perspective

The therapist's role in psychotherapy outcomes has been studied by numerous researchers. Therapist factors, even after controlling for therapeutic modality, duration of therapy and the kind of termination, accounted for 5.8 % of the variance in therapy outcomes (Saxon et al., 2017). Thus, the therapist factors which affect the psychotherapeutic process in telephonic psychotherapy need to be considered for an accurate evaluation and improvement of outcomes. Some of the challenges are enumerated here from the viewpoint of the psychotherapist.

1.1. Rapport formation

Initiating therapy for new clients over telephone presents a unique challenge as it may be difficult to build the warm therapeutic environment with an audio-only medium as compared to having face to face contact during an in-person interaction. In addition, the psychotherapy room has an ambience which may be difficult to replicate in an audio-only or online environment.

1.2. Lack of visual expression cues

This may hamper the non-verbal communication. In a therapeutic relationship, the alliance between the client and the therapist is based on communication that is as verbal as non-verbal. When the visual cues are missing, it becomes difficult to observe a client's emotional reactions to what the therapist is saying. Also, it may be challenging to detect subtle affect changes that are reflected, for example via a shift in posture, a shift in gaze, and through changes in facial expressions during the psychotherapy session are important cues for the psychotherapist. To an extent these limitations can be overcome by use of online video platforms. However, at times the slow internet speeds and disruptions can delay the detection of the subtle emotional expressions, changes in affect, tone of the voice, silences in the psychotherapy session the interpretation of which are crucial for the psychotherapeutic change itself.

1.3. Connectivity

Technology brings along with it the uncontrollable factor of network disruptions. This can cause several dilemmas in a therapist, such as, who is to be held responsible for the time lost due to network issues? Should I reschedule or extend a session if there was a network disruption from my

side? If there was a network disruption was from the end of the client, then whether the client should consider paying fees for the loss of the scheduled time of the psychotherapist.

1.4. Privacy and confidentiality

The psychotherapy room is under the control of the psychotherapist where interruptions can be prevented and privacy is ensured. However, in telephonic therapy room is susceptible to interruptions due to multiple factors that are beyond the control of the therapist such as the client's home environment, sudden disruptions from other family members during the session, possibility of the session being recorded by the client without prior permission or mutual consent and the possibility of the phone call being tapped into by third party hackers. Confidentiality probably is the biggest challenge a psychotherapist faces in this modality as it is their primary duty but beyond their control since encryption and the call record safekeeping is not accessible to many of them and more so during the sudden onset of COVID-19 pandemic which caught the psychotherapists and their clients unprepared.

1.5. Familiarity and training

Often, psychotherapists themselves find it uncomfortable to use phone calls as a medium of relating to clients as they are not used to it. Many psychotherapists prefer online video sessions to telephonic sessions. In addition, there are no specific training courses in India which train on the online psychotherapy and the ethical and legal aspects of conducting psychotherapy on online audio and video formats. Administration of tele-psychotherapy requires training in the many aspects such as assessing client suitability, addressing emergency situations, requirement of hospital visits at regular intervals, documentation of session details, and awareness about ethical practices in delivery of psychotherapy practices which may not be immediately accessible to all the psychotherapists.

1.6. Delivering specific intervention strategies over phone or digital platforms

Interventions such as relaxation techniques, graded in-vivo exposure, exposure and ritual prevention; psychotherapist assisted exposure and ritual prevention, interoceptive exposure, mindfulness intervention strategies may require many specific technical modifications to this modality, to retain the effectiveness and efficacy of psychotherapeutic interventions when offered over the modality of telephone or digital platforms.

2. Challenges: the clients' perspective

The focus of the psychotherapy intervention is the client. Numerous studies have explored the various client factors which affect psychotherapy outcomes. Some of the factors include the client's motivation for psychotherapy, personality traits, and symptomology (Lynch, 2012). The client being an active participant and influencer of the psychotherapy process, there could be challenges from the clients' side that could affect telephonic psychotherapy outcomes too. A few possible challenges are from the perspective of the client are elaborated here:

2.1. Increased Cost

The cost of psychotherapy sessions increase especially for low and lower middle income group clients as they has to pay for the sessions as well as for the telephone call charges, as it is the norm for the client to make the telephone call. This may make therapy less affordable for clients who are already at a disadvantage when it comes to accessibility to psychotherapy services.

2.2. Privacy and security

This applies especially to clients from less fortunate backgrounds, which have less personal space in their residences, as they live in households with limited space and more people in them. Especially when all or most members of the family are at home, it may be difficult to obtain a space which is safe and ensures privacy. This becomes a concern especially when the client's issues are surrounding family members who are at home now due to the COVID-19 lockdown. Also, irrespective of socio-economic class, many times, a client's family members are not aware of the client receiving psychotherapy and maintaining this boundary becomes a barrier to seeking telephonic psychotherapy from home.

2.3. Connectivity

As more people have become dependent on mobile networks during COVID-19 related lockdown for a lot of reasons such as entertainment, information, and work, network disruptions have also increased. When a client is unable to connect to a psychotherapist, the sanctity of the therapeutic space is violated. The delay in responding to client's conversation due to poor network may be perceived by the client as indifference to the viewpoints or emotions being shared and the like, and the client may perceive that the psychotherapist is avoiding certain aspects of the conversation. Besides, the clients' frustration due to the network interruptions may negatively affect the therapeutic relationship and the motivation for undergoing telephonic psychotherapy.

2.4. Attitudes towards and awareness of tele-psychotherapy

Another client factor that may pose a challenge is the client's willingness to engage in telephonic psychotherapy. Face to face interactions may be preferred by clients compared to telephonic psychotherapy. A number of elderly clients are not keen on use of technology and appear to be more comfortable with in-person psychotherapy sessions. Also, with mental health awareness being poor in India, awareness of the possibility of telephonic psychotherapy is also likely to be poor. Changes in these attitudes and knowledge may be difficult to bring about quickly.

3. Concluding remarks

A few of the major challenges in the delivery of telephonic and online psychotherapy may be communication of empathy, development of a collaborative relationship, therapeutic alliance, ensuring confidentiality over digital platforms, and limitations of psychotherapeutic interventions which can be offered over online platforms. The current COVID-19 pandemic may have significant implications for telephonic psychotherapy in India. It can be viewed as a reminder to direct changes in mental health laws, training and research with respect to delivery of telephonic and online psychotherapy services in India. In terms of policy, it may require the concerned authorities to consider incorporating it in the National Mental Health Program of India and to create guidelines for the delivery of the telephonic and online psychotherapy. In terms of law, there appears to be a need to modify the Mental Health Care Act of India to include the guidelines for offering online psychotherapy services and address issues arising out of use of this modality. In addition, training programs need to be designed for training of professionals to equip them for being competent in offering psychotherapy over this modality. These changes will need to be supplemented with progress in design and implementation of research studies to ascertain the efficacy, equivalence and cost effectiveness of offering psychotherapy over telephone and online platforms.

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Ishita Mondal
SHUT, Department of Clinical Psychology, NIMHANS, Bengaluru, Karnataka, India

Nitin Anand
SHUT Clinic, Department of Clinical Psychology, National Institute of Mental Health and Neuro Sciences (NIMHANS), Bengaluru, Karnataka, India

Manoj Kumar Sharma
SHUT (Service for Healthy Use of Technology) Clinic, National Institute of Mental Health and Neuro Sciences (NIMHANS), Bengaluru, Karnataka, India

Tavleen Kohli
Department of Clinical Psychology, NIMHANS, Bengaluru, Karnataka, India

Pranjali Chakraborty Thakur, Jayesh Suresh Kande, Sangeetha Venkateshan, Ajith SJ
SHUT, Department of Clinical Psychology, NIMHANS, Bengaluru, Karnataka, India