

Tele-counselling: The Cog in Mental Health in the Aftermath of COVID-19

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Abstract

The paper focused on telehealth as a cog in mental health in the post-COVID-19 period. A scoping literature review of existing literature, reports, and data related to teletherapy and tele-counselling as well as tele-mental health interventions was made. This included an analysis of existing frameworks and interventions aligned to the same. Results showed that tele-counselling has penetrated the environment and brought with it significant benefits to the profession. These benefits include reduced costs to both clients and practitioners, efficiency and bridging barriers between clients, environment and service providers, among others. Other findings include data privacy concerns, addiction or dependence on technology and lack of human touch. From these findings, it can be concluded that tele-counselling has demonstrated a progressive move towards meeting clients' diverse and evolving needs. It also promotes a personalised mental health experience. From these findings, it is also projected that many people may probably switch to a hybrid model that combines teletherapy with some in-person counselling. However, it eliminates the social activity and physical closeness which facilitates establishment of rapport whose empathetic flavour is pivotal in healing. Permanently replacing traditional therapy with teletherapy beyond COVID-19 could also add to feelings of loneliness and isolation that many people were experiencing during the pandemic. Therefore, a combination of online and in-person therapy may be a good long-term solution. Consequently, this study recommends a hybrid approach as this would be in the best interest of both clients and counsellors. Another recommendation is for governments to improve access to internet by all persons to promote the use of tele-counselling without challenges.

Keywords: Counselling, mental health, tele-counselling, COVID-19

Introduction

Counselling is the application of mental health, psychological or human development principles, to address wellness, personal growth, or career development as well as pathology (Feltham & Dryden, 1993). This evidence-based social science practice has the professional prowess to reduce cost of living, address most social ills, increase years of life and enhance

increased productivity and the ability to cope with everyday challenges. Crafted with little to no side effects compared to other interventions, counselling is one among many services indispensable for those in need in any setting and at any given moment in life across the globe.

Just like any other profession, counselling has evolved from being a traditional face-to-face style of service to a hybrid model. Keeping abreast with technological advancements, tele-counselling emerged and became more pronounced during and after the lockdowns due to the COVID-19 pandemic. The COVID-19 health crisis demonstrated that the ability to seek medical care within the confines of homes can diminish the spread and impact of illness whilst protecting vulnerable populations across the breadth and width of national boundaries. It is within that same spectrum that tele-counselling allowed people to get mental health treatment at home without risking the spread of infection during the lockdowns necessitated by the pandemic. It is within this scope that this presentation is going to deliberate on tele-counselling as a major cog in mental health in this post-COVID-19 era. The study also provides justification and advantages of tele-counselling as well as its drawbacks. Thereafter, conclusions are presented before recommendations of the study.

Background

When the COVID-19 pandemic struck in the year 2019, every facet of life was disrupted. This ranged from social, economic, political and technological spheres. Furthermore, it was more pronounced in others such as daily work and social issues, in particular mental health. Counselling was in existence before and during the COVID-19 pandemic. It was available mainly as a face-to-face service with limited tele-counselling (Liebson, 1997). With global restrictions enforced as a response to the marauding effects of COVID-19, all traditional walk-in models in health were affected. This resulted in the activation of the mothballed tele-counselling model, which witnessed a resurgence. In the aftermath of the pandemic, some opted to revert to the old ways of doing things, but others remained stuck in the presence whilst others were still juggling in between. In this study, the findings demonstrated that tele-counselling is a major player in the healthcare sector in the period after COVID-19.

What is counselling?

The words advice, helping, guiding, and therapy are interchangeably used with counselling. In Zimbabwe and other countries, when counselling was striving for statutory regulation, it was not spared from this semantic promiscuity. As the profession gained professional traction, every other person in his or her trade wanted to be associated with it albeit within the confines of his

or her garment, subsequently giving counselling various terminology to suit one's own sphere of influence. However, three outstanding definitions of counselling have emerged:

- 1) According to the British Association for Counselling (BAC), now the BACP (n.d.), counselling is the skilled and principled use of relationship to facilitate self-knowledge, emotional acceptance and growth, and the optimal development of personal resources.
- 2) Feltham and Dryden (1993) defined counselling as a principled relationship characterised by the application of one or more psychological theories and a recognised set of communication skills, modified by experience, intuition and other interpersonal factors, which seek to resolve clients' intimate concerns, problems or aspirations.
- 3) Counselling is also defined as "a learning-oriented process carried on in a simple, one-to-one social environment in which a counsellor, professionally competent in relevant psychological skills and knowledge, seeks to assist the client by methods appropriate to the latter's needs and within the context of the total personnel programme. It is meant for the client to learn more about oneself and to accept oneself, to learn how to put such understanding into effect in relation to more clearly perceived, realistically defined goals to the end that the client may become a happier and more productive member of his society" (PsycINFO, 2022).

What is tele-counselling?

In this discussion, it should be noted that tele-counselling and tele-therapy would be interchangeably used. Tele-therapy offers treatment provided by a licensed and certified therapist through a secure audio or video connection. Patients can interact with their therapists the same way they do during in-person sessions, just from a distance. Some authors say tele- (virtual) counselling generally includes counselling using technology, including video conference (e.g. skype), Live Chat (e.g., Google Chat), E-mail (e.g., hush mail) and the telephone. This kind of counselling differs from face-to-face counselling in that one cannot guarantee confidentiality and privacy to the client.

According to Glueckauf et al. (2012), tele-counselling can be defined as the provision of counselling services by telephone, videoconferencing or Internet media. Dorstyn, Saniotis, and Sobhanian (2013) opined that tele-counselling or tele-therapy can be defined by any of the above generic counselling definitions presented. However, the difference is in the delivery mode whereupon tele-counselling is remotely offered using technology to help the therapist

and client communicate. This technology could be voice or video calls, text chats, video clips, WhatsApp or other apps. This is also applicable to group, families or individual sessions.

Discussion

In the quest to navigate healthcare in the post-COVID-19 period, this paper sought to highlight the advent of tele-counselling, its benefits and disadvantages within the context of Zimbabwe. As previously mentioned, COVID-19 brought with it positive and negative aspects to humanity. As restrictions of movement and limited physical interactions were being enforced, some benefited while others were negatively affected.

Indeed, COVID-19 disturbed the social, economic, technological and political environments. Such impact, it can be argued, had a direct impact on the provision of traditional counselling services (World Health Organization, 2000). However, COVID-19 brought to life alternative therapies in the form of tele-counselling. Yellowlees, Shore, Roberts, et al. (2010) trace this tech-based intervention to the early 1960s. In those days therapists and their clients began to chat over the phone, rather than just solely visiting the therapist.

The practice therefore has been in existence for quite a long period way before the COVID-19 pandemic. This means COVID-19 just provided a fertile ground to unleash the dormant potential of tele-counselling. In the comfort of one's home, or in the forest or at work, both client and counsellor can find each other, courtesy of tele-counselling. Thus, distance is not a barrier; neither time nor topography can impede the tele-counselling intervention.

Tele-counselling brought several benefits.

To the counsellor/ therapist, it has these benefits:

- i) Reduced overheads
- ii) More clients
- iii) Promotes diversity and inclusion
- iv) Improved access for people with disabilities, financial worries, transportation difficulties, and other barriers (UK Council for Psychotherapy, 2012).
- v) Minimise breach of ethics (provoked spontaneous sexual intimacy) (Brown & Ryan, 2020)
- vi) Suitable for Adolescents already inclined to online spaces (social and educational activities)

- vii) On the same platforms, teenagers also feel safe, relaxed, and do not have to worry about being overheard by other household members.
- viii) Teenagers also respond well to shorter, more frequent sessions.

To the clients, it has the following benefits:

- i) Greater access to care: physical disabilities, geographic location, or scheduling issues.
- ii) Lower costs
- iii) High satisfaction: Users of quality teletherapy report high satisfaction with treatment.
- iv) More privacy: in their own homes alleviates privacy concerns.
- v) Tele-counselling is a darling for diaspora clients who yearn for homegrown solutions
- vi) Tele counselling promotes male health positive seeking behaviour (Liu, Yang, Zhang, Xiang, Liu, & Hu, 2020).

Challenges

Whilst tele-counselling has many notable advantages there are also some drawbacks attendant with such a counselling style. Some of the noted challenges that have been summarised below:

- i) working with children who have been abused, neglected, or otherwise traumatised
- ii) children have not yet fully emotionally developed for effective virtual therapy.
- iii) identify dissociative symptoms over a digital platform
- iv) screen fatigue from being on the computer all day for work or virtual learning to endure entire sessions
- v) digital divide as a potential barrier (access to ICT, for example, rural vis-a-vis urban),
- vi) Many rural and peri-urban dwellers do not use the internet. Compared to just 7% of their urban counterparts there is statistically significant difference between the rural and urban students' availability of ICT devices.
- vii) can make it hard to engage during a virtual session.

Conclusions

Tele-counselling has proven itself to be an effective form of therapy and has some benefits over in-person therapy. For example, the client can access a therapist who is not local. Diaspora clients can also benefit from their family therapists from anywhere without travelling back home. Tele-counselling has brought a paradigm shift from traditional physical health-focused programmes to more holistic, flexible, and personalised solutions that expand the scope of health, addressing broader clients' needs, and promotes inclusivity in wellness. This

technology-based and non-physical intervention demonstrates a progressive move towards meeting clients' diverse and evolving needs, whilst promoting a personalised mental health experience. It is envisaged that, in the near future, many people will probably switch to a hybrid model that combines teletherapy with some in-person counselling. However, tele-counselling eliminates the social activity and physical closeness that facilitates the establishment of rapport whose empathetic flavour is pivotal in healing. Permanently replacing traditional therapy with tele-therapy beyond COVID-19 could also result in feelings of loneliness and isolation that many people were experiencing before the pandemic. Therefore, a combination of online and in-person therapy may be a good long-term solution. Consequently, a strong recommendation for a hybrid approach would be in the best interest of all stakeholders such as clients, practitioners and the profession at large.

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