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Recommendations for Policy and Practice of Telepsychotherapy and E-Mental Health in Europe and Beyond

Tom Van Daele
Thomas More University of Applied Sciences

Maria Karekla
University of Cyprus

Angelos P. Kassianos
University of Cyprus and University College London

Angelo Compare
University of Bergamo

Lise Haddouk
Rouen University

João Salgado
ISMAI—University Institute of Maia and University of Porto

David D. Ebert
Vrije University Amsterdam

Glauco Trebbi
Trebbipsicologie, Luxembourg

Sylvie Bernaerts, Eva Van Assche, and Nele A. J. De Witte
Thomas More University of Applied Sciences

On Behalf of the EFPA Project Group on eHealth

The COVID-19 pandemic has brought with it a great need for the use of telepsychotherapy and other interventions using psychological theories and techniques to support both mental and physical health. E-mental health presents a wide range of opportunities

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Tom Van Daele, Expertise Unit Psychology, Technology and Society, Thomas More University of Applied Sciences; Maria Karekla, Department of Psychology, University of Cyprus; Angelos P. Kassianos, Department of Psychology, University of Cyprus, and Department of Applied Health Research, University College London; Angelo Compare, Human and Social Science Department, University of Bergamo; Lise Haddouk, Department of Psychology, Rouen University; João Salgado, Department of Social and Behavioral Sciences, ISMAI—University Institute of Maia, and CPUP—Center of Psychology, University of Porto; David D. Ebert, Faculty of Behavioral and Movement Sciences, Clinical, Neuro- and Developmental Psychology, Vrije University Amsterdam; Glauco Trebbi, Independent Practice, Trebbipsicologie, Luxembourg; Sylvie Bernaerts, Eva Van Assche, and Nele A. J. De Witte, Expertise Unit Psychology, Technology and Society, Thomas More University of Applied Sciences.

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Correspondence concerning this article should be addressed to Tom Van Daele, Expertise Unit Psychology, Technology and Society, Thomas More University of Applied Sciences, Molenstraat 8, 2018 Antwerp, Belgium. E-mail: tom.vandaele@thomasmore.be

in mental health care to overcome barriers for receiving conventional psychological care, especially when psychotherapists and clients find themselves in (self)quarantine resulting from a pandemic. For many psychotherapists and clients, the current situation provides a first experience with e-mental health and reliance on telepsychotherapy or other means of technology to provide or receive care, respectively. Psychotherapeutic circumstances may often be suboptimal, with psychotherapists and clients experiencing difficulties finding a private space or sufficient time for an undisturbed consultation. This article aims to highlight recommendations on how to create the best possible context in which e-mental health supplements and enhances current services for clients. These recommendations are grouped according to 3 categories of key stakeholders: psychotherapists, health services and regulatory agencies, and developers. This article focuses on (a) how to make optimal use of technology in psychotherapeutic practice; (b) how to integrate e-mental health into the health care system to allow for a safe, transparent, and effective environment for (self) care; and (c) how to develop e-mental health applications.

Keywords: e-mental health, telepsychotherapy, guidelines, policy, clinical practice

In the midst of the COVID-19 outbreak, the regional director of the World Health Organization in Europe suggested that Internet and mobile interventions could be used to deliver psychological first aid and mental health problem-management messages to those in need (Kluge, 2020). Digital means of delivering psychotherapy, often referred to as e-mental health, can be used to support clients by monitoring their health behaviors, offering stand-alone self-help interventions or in blended formats, where technology is used to supplement conventional psychotherapies (Ebert et al., 2018; Karekla et al., 2019). Aside from augmenting the broad spectrum of existing conventional psychotherapies, technology is sometimes used to simply overcome physical limitations. The most well-known example is the practice of online consultations using videoconferencing in telepsychotherapy (Joint Task Force for the Development of Telepsychology Guidelines for Psychologists, 2013; Ordre des Psychologues du Québec, 2013), in which the digital medium is mainly used to deal with the fact that clients and psychotherapists are unable to meet in person (Berryhill et al., 2019; Haddouk, 2015).

Despite an increasing evidence base for the efficacy of e-mental health (Carlbring, Andersson, Cuijpers, Riper, & Hedman-Lagerlöf, 2018), overall adoption in clinical practice has remained limited (Gaebel et al., in press; Mohr, Riper, & Schueller, 2018). Although the majority of psychotherapists are open to the idea of using technology, in particular telepsychotherapy, many are still apprehensive about actual utilization and appear hesitant to integrate technology in their daily practice (Mendes-Santos, Weiderpass, Santana, & Andersson, 2020; Perle et al., 2013). Reluctance may be related to uninformed attitudes or concerns and lack of training or experience, rather than fundamental issues with allowing technology into psychotherapy. Even a 10-min video highlighting the rationale and potential added value to utilize e-mental health, for example, increases the acceptance of e-mental health for potential clients (Ebert et al., 2015). Psychotherapists who have actual experience with technology themselves are more favorable toward its use (Stallard, Richardson, & Velleman, 2010), supporting the view that it is indeed a lack of knowledge or experience that drives reluctance in technology use. Psychotherapists are rarely trained on providing telepsychotherapy, especially on how to enhance acceptance of telepsychotherapy and to promote other important aspects such as presence, which refers to the extent to which clients experience being in the same—virtual—space as their psychotherapist (Haddouk, Bouchard, Brivio, Galimberti, & Trognon, 2018). For a long time, the general public seemed unaware of the existence of online tools to safeguard their mental health or to rely on for support in case of mental health problems, and their overall attitude is ambivalent at best (Apolinário-Hagen, Vehreschild, & Alkoudmani, 2017; Musiat, Goldstone, & Tarrier, 2014). Self-help applications, for example, show rapid declines in continued use, with only a small percentage of people relying on a smart-

phone application 1 month after installation (Baumel, Muench, Edan, & Kane, 2019).

The COVID-19 pandemic, however, provides opportunities for e-mental health adoption, including telepsychotherapy. Worldwide quarantine and lockdown measures led to the need for psychotherapists to increasingly rely on technology to continue their work and support their clients. Interrupting ongoing psychotherapies or putting new intakes on hold is not a solution. In addition, isolation in the context of quarantine measures can lead to long-term negative psychological effects, as evidenced by research on the effects of the quarantine in response to the severe acute respiratory syndrome pandemic between 2003 and 2005 (Brooks et al., 2020). Psychotherapists are well equipped to mitigate detrimental psychological effects, especially for vulnerable groups of individuals who (already) require support for mental health issues (e.g., stress, sadness, irritability, sleep problems, substance use), and telepsychotherapy is a straightforward option for quality service delivery.

The particular context in which the COVID-19 pandemic has put mental health care has been referred to as a "black swan": a potential turning point for e-mental health, in which the majority of psychotherapists and their clients gain (first) experiences with technology in psychotherapy (Wind, Rijkeboer, Andersson, & Riper, 2020). Although circumstances are obviously far from ideal, this event may nevertheless prove to be the gateway toward continued use of e-mental health. Not only telepsychotherapy, but also other forms of e-mental health may prove to be of importance in the near future, as the pandemic obstructs or complicates access to mental health care or exacerbates symptoms for those already receiving formal care. Of course, telepsychotherapy may prove useful not only for those already in psychotherapy but also for the broader population, in which a surge in mental health problems in the upcoming months following isolation and loss of significant reinforcers is expected (Gao et al., 2020). Other means of e-mental health include Internet-based interventions (Andersson, 2018), smartphone apps (Linardon, Cuijpers, Carlbring, Messer, & Fuller-Tyszkiewicz, 2019), wearables (De Witte, Buyck, & Van Daele, 2019; Konstantinou et al., 2020), or virtual reality (Freeman et al., 2017; Matsangidou, Otkhmezuri, Ang, Avraamides, & Karekla, in press). Increasing the use of technology in psychotherapy might indeed help to expand and strengthen mental health care services. It nevertheless remains essential to consider several important aspects when adding any form of technology to psychotherapy, especially in the long term.

In this article, the Project Group on eHealth of the European Federation of Psychologists' Associations highlights important points of attention for the adoption of technology in psychotherapy, grouped into three categories of key stakeholders: psychotherapists, health services and regulatory agencies, and developers. Recommendations have been conceived with the aim of providing high-quality psychological care to clients. The current recommendations focus on design and delivery of e-mental health, to include telepsychotherapy, by professionals and organizations. Nevertheless, in line with the increasing focus on client participation and involvement in the decision-making processes of mental health care (Tambuyzer, Pieters, & Van Audenhove, 2014), it is important to acknowledge and involve the clients in the entire development and implementation process. A structured overview of all 25 recommendations can be found in Figure 1. Each recommendation is discussed in greater detail in separate paragraphs below.

Psychotherapists

While there is a "digital divide" with some individuals lacking the necessary information and communications technology facilities, training, or social context that allows for the use of digital health (e.g., depending on age or geographical location; Fang et al., 2019), disinclination for the use of technological means may also relate to personal considerations. Initial reluctance should, however, not be a reason to dismiss e-mental health altogether (Ebert et al., 2015). Nevertheless, psychotherapists should acknowledge a strong reluctance toward e-mental health in clients and accordingly explore nontechnological alternatives. Certain client groups are known to be reluctant toward psychotherapy in general or are vulnerable for dropout or disengagement from psychotherapy (e.g., males, chronically ill individuals). Tailoring and personalization are especially important for these groups (e.g., offering content that is

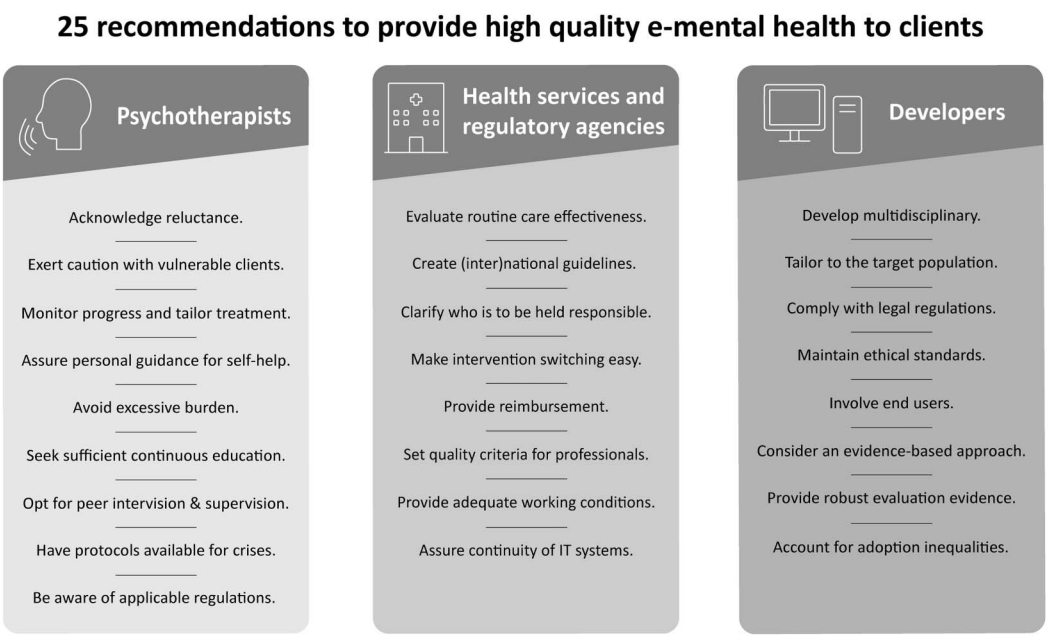

Figure 1. Structured overview of 25 recommendations to provide high-quality e-mental health, in particular telepsychotherapy, to clients.

appealing, such as relying on sports metaphors for male users; Karekla et al., 2019). Moreover, digital alternatives should not replace in-person contact altogether but serve as a complementary method to overcome problems when in-person contact is difficult.

When children or other vulnerable client groups such as older adults or people with intellectual disabilities are making use of e-mental health, additional caution is required. Garrido et al. (2019) showed that, for youth, a high level of supervision or psychotherapist involvement is necessary for an e-mental health intervention to be effective (e.g., to assure adherence). In the context of telepsychotherapy, additional care should be given to establish a virtual psychotherapeutic space, incorporating toys or creative verbal and interactive techniques to sufficiently engage young clients over the course of a session (American Psychiatric Association, 2020). Additional guidance on best practices in telepsychotherapy with youth at clinical high risk for psychosis is provided elsewhere in this special issue (DeLuca et al., 2020). Equally important is that approval of parents or guardians should be ensured, according to the legal majority age, confidentiality parameters, and other criteria to access psychological services as per national legislation parameters.

Given that little is currently known as to what works for whom and under which conditions, psychotherapists should monitor the progress of clients carefully and tailor treatment. Regularly monitoring progress, for example, via use of ecological momentary assessment (EMA; Shiffman, Stone, & Hufford, 2008) or a single case design approach, may be useful for tracking progress, which can be valuable for both clients and psychotherapists. For example, health systems could collect patient-reported outcomes, such as depression and anxiety symptoms, in real time using apps and help psychotherapists to use this information to tailor treatment or intervene rapidly. Furthermore, Rozental, Boettcher, Andersson, Schmidt, and Carlbring (2015) concluded that monitoring negative trends on standard outcome and self-report measures probing for adverse events might also help to prevent and reverse deterioration and dropout among clients using e-mental health services. As a next step, ecological momentary intervention (EMI; Heron & Smyth, 2010) can expand this monitoring to an active intervention ap-

proach in real time and in naturalistic settings. For example, specific relaxation techniques can be provided to clients who demonstrate elevated levels of anxiety at home. EMI combined with EMA data has the potential to optimize clients' experience and interventions' effectiveness and adoption, while also informing psychotherapists of the ongoing treatment.

Self-administered e-mental health interventions should include personal guidance (e.g., weekly contacts via forum, e-mail, or phone calls; for review, see Baumeister, Reichler, Munzinger, & Lin, 2014). The content of the guidance can take different forms (e.g., clarifying content and tasks, encouragement or feedback on specific assignments; Ebert et al., 2018), and the amount of time required may vary depending on clients' needs (Berger, 2017). Accumulating evidence indicates that e-mental health interventions that include guidance result in better outcomes than unguided treatments (Baumeister et al., 2014; Palmqvist, Carlbring, & Andersson, 2007; Richards & Richardson, 2012; Spek et al., 2007). For example, Baumeister et al. (2014) reported significantly greater reduction of symptoms, less dropout, and more implemented modules in guided compared to unguided interventions.

E-mental health sometimes requires an effort equivalent to conventional care, especially when guided, and thus sufficient time should be taken for client follow-up. In this respect, e-mental health should not overburden psychotherapists and their clients. As opposed to conventional psychotherapy, many digital interactions are asynchronous, which implies that exchanges do not necessarily take place in real time but that communication is scattered over a longer period of time via e-mail, Internet, or automated messaging systems (e.g., Yellowlees et al., 2018). In addition, psychotherapists need to consider boundary issues. For example, chat systems might alert a client each time the psychotherapist signs into the system, prompting the client to send messages during the therapist's own time (Childress, 2000). Therefore, boundaries in terms of availability for clients should be set by the psychotherapists and discussed with the clients.

Psychotherapists should ensure that they receive sufficient continuous education to keep up with this rapidly changing field. Only e-mental health applications that demonstrate the highest possible client safety, desired quality of care, and sufficient evidence base should be adopted (Ebert et al., 2018). Keeping up to date does not only relate to technology but also to theory, knowledge, and skills necessary for delivering adequate care that properly fits clients' needs. As such, psychotherapists adopting e-mental health should uphold a standard of care and good professional practices equivalent to conventional care.

The practices of peer intervision and supervision are important, in line with professional development in other psychological competencies (American Psychological Association, 2015). Within health systems, e-mental health fits well into the perspective of integrated care (Paradiso, Loriga, & Taccini, 2005) that sees the psychologists as an integral part of the system, where they interact with other health professionals within a case management perspective.

It is essential to ensure continuous assessment for active suicidal ideation, psychosis, manic episodes, or at-risk behaviors (e.g., drug use) from the start of client enrollment and establish action plans on how to deal with these issues, should they arise. Protocols for handling crises, before, during, and after treatment, should be preplanned and readily available. Although such protocols are especially relevant and can be effective for autonomous e-mental health interventions (Tielman, Neerincx, Pagliari, Rizzo, & Brinkman, 2019), individual psychotherapists should also know how to refer to (or alert) relevant "conventional" services, when, for example, providing telepsychotherapy with clients from afar.

E-mental health interventions can reach beyond physical borders. This opportunity allows psychotherapists to provide care to clients in countries different from the one in which they are licensed. Therefore, psychotherapists should not only be aware of but also follow applicable regulations regarding digital practice across borders. Note, however, that legislation is often still lagging, especially in mental health care. Within Europe, (the lack of) legislation has already been identified for several years as an important factor hampering large-scale implementation and availability of telemedicine (Saliba et al., 2012).

Health Services and Regulatory Agencies

One of the main challenges of e-mental health is lack of evaluation. The implementation of e-mental health calls for investigating reach and adoption of the intervention, developing causal models of how the intervention will work to achieve its benefits, outlining key components, and providing a multitude of evidence on efficacy, effectiveness, cost-effectiveness, clinical meaningfulness, and potential harm (Kassianos, Georgiou, Papaconstantinou, Detzortzi, & Horne, 2017; Murray et al., 2016; Olff, 2015). In this respect, Carlbring et al. (2018) recently reported that Internet-delivered and conventional cognitive–behavior therapy are equally effective in treating social anxiety disorder, panic disorder, depressive symptoms, body dissatisfaction, insomnia, tinnitus, male sexual dysfunction, spider phobia, snake phobia, and fibromyalgia, when evaluated using randomized controlled trials (RCTs). Increasingly, this evidence is also found in routine-care conditions (Titov et al., 2017). For health services to further adopt e-mental health within routine mental health care, both the efficacy and the effectiveness under routine care conditions need to be evaluated.

Despite efforts to assess the effectiveness and efficacy of e-mental health interventions, mandatory regulations for quality assurance at a European level are currently lacking. Regulatory bodies, such as the U.S. Food and Drug Administration (FDA) and the U.K. National Health Service are still exploring best-practice methods for evaluating e-mental health interventions and providing this information to users (Rodriguez-Villa & Torous, 2019). The App Evaluation Framework (Henson, David, Albright, & Torous, 2019) is a useful tool to evaluate applications in many relevant areas using five levels of examination: background information, privacy and security, evidence base, ease of use, and data integration. However, a lack of transparent reporting can impede individuals from accurately assessing these five levels. Therefore, Rodriguez-Villa and Torous (2019) propose the use of a self-certification program, supported by policymakers, clinicians, and clients, for developers, in addition to approaches such as the App Evaluation Framework. E-mental health interventions should at least be able to provide evidence of peer-reviewed research. For example, interventions applying content in written formats can provide citations and empirical references, whereas those applying audiovisual dynamic formats can provide clients with links or (preferably) nonintrusive pop-ups with such information (Karekla et al., 2019). Creating (inter)national guidelines and reporting standards for e-mental health is overall strongly recommended. Characteristics of interventions to be reported could encompass (a) background and credibility of the content creators, (b) detailed overview of specific intervention features, (c) adherence to data protection and privacy regulation (i.e., the European General Data Protection Regulation), (d) current evidence base for both efficacy and effectiveness, (e) cost, and (f) specific conditions for adequate and efficient usage (e.g., level of support required).

In all forms of e-mental health (e.g., self-guided interventions, apps), clients should know which psychotherapist and/or organization can be held responsible for conducting the treatment. This responsible actor must convey a sense of system credibility to the clients, according to persuasive technology theory (Fogg, 2002), through the following principles: (a) trustworthiness (i.e., system providing truthful, fair, and unbiased information), (b) expertise (i.e., system providing information demonstrating knowledge, experience, and competence), (c) surface credibility (i.e., similar to face validity, a system should provide a sense of credibility to the client upon first inspection), (d) real-world feel (i.e., system providing information or means to communicate with the people behind its content), (e) authority (i.e., system quoting that the material originates or has been evaluated by an acknowledged authority), (f) third-party endorsements (i.e., system providing endorsements from respected and renowned sources, such as a university), and (g) verifiability (i.e., system providing means to verify the accuracy of the site content via outside sources such as peer-reviewed research articles). A system that uses content from theory-driven, evidence-based, psychotherapeutic approaches and abides by these seven principles will provide a sense of trustworthiness, expertise, and credibility to the client (Karekla et al., 2019). In all cases, it is important that the client knows who the psychotherapist is behind the intervention or screen and what their credentials, licensure, the-

oretical and therapeutic approach, and experiences are.

When one approach proves to be ineffective or harmful (e.g., negative side effects), switching to another intervention should be made easy for the client. For example, if a specific low-intensity, unguided intervention is not having the desired effects, other options, such as a more intensive therapist-guided program, should be explored. Clients should ideally be able to transfer their data (e.g., self-reported mood scores) from one service to another; thus, interoperability is an important aspect to consider when selecting e-mental health applications and interventions (Henson et al., 2019; mHealthBelgium, 2020). This is, however, rare, partially due to lacking data standards (Torous et al., 2019).

Reimbursement (e.g., of an app or a telepsychotherapy session) by health care systems is a prerequisite for sustainability of e-mental health. Reimbursement of apps can occur in many ways, but a study from the United States indicates that apps for self-directed use without involvement of clinicians are unlikely to be reimbursed (Powell, Bowman, & Harbin, 2019). Careful consideration should indeed be given to reimbursement of (un)guided Internet-delivered interventions. Given the current evidence base, reimbursement for telepsychotherapy or guided e-mental health interventions primarily seems to be preferred.

Only health care professionals with adequate background and sufficient continuous education should deploy e-mental health interventions. However, public health education programs in Europe insufficiently include digital health in their curriculum (Odone, Buttigieg, Ricciardi, Azzopardi-Muscat, & Staines, 2019). Policymakers should encourage training programs on digital literacy for professionals, and certification of quality should be established. Given that specific standard trainings are often lacking, quality criteria for professionals should ideally be determined. For telepsychiatry, for example, competencies related to patient care, system- and practice-based learning, professionalism, communication, knowledge, and technology have already been defined, allowing for a subsequent distinction between novice, advanced beginner, competent, proficient, or expert in telepsychiatry (Hilty et al., 2015). Such standards and competencies should be developed for psychotherapists as well.

The unified theory of acceptance and use of technology states that the degree to which an individual believes technological and organizational facilities are available has a direct impact on the use of technology (Venkatesh, Morris, Davis, & Davis, 2003). Health services should ensure adequate conditions for optimal use of e-mental health, both for psychotherapists and clients. Psychotherapists require a suitable location, appropriate equipment, and sufficient time for (online) follow-up with clients using e-mental health interventions. Consequently, adequate public funding should underlie the implementation of digital health strategies (Odone et al., 2019). Interventions should in turn be provided to clients with similar sufficient facilities, knowledge, and skills for proper use.

Relevant clinical information can get lost as a client moves through the health care system. Having high-quality, interoperable platforms and records to provide psychotherapists and clients easy access to up-to-date clinical information can lead to improved care, client empowerment, and decreased documentation burden (Lehne, Sass, Essenwanger, Schepers, & Thun, 2019). To achieve this, continuity of information technology systems for health care is important. All necessary precautions, for example, should be taken to avoid clients and service providers suddenly losing data (e.g., by frequent, secure backups). Continuous updating of these systems to current standards is also necessary to safeguard data on software platforms from cybersecurity threats. Observations to date suggest that health care systems have difficulties keeping up with new technologies and security protocols (Kruse, Frederick, Jacobson, & Monticone, 2017).

Developers

E-mental health interventions should be developed based on sound psychological theory and evidence and should make full use of technological theory and design principles (Karekla et al., 2019). It is important that the development of e-mental health interventions conforms with clients' needs using a simple and interactive design. An intuitive, and attractive interface and a goal-oriented approach, including elements of gamification, narratives, and avatars,

are key elements of e-mental health that can contribute to motivation, self-efficacy, and even effectiveness (Bakker, Kazantzis, Rickwood, & Rickard, 2016). Therefore, development of e-mental health should always be a theory- and best-practices-driven, multidisciplinary endeavor in which the efforts and expertise of both psychologists and professionals with a background in information and communications technology and design are combined. In order to achieve effective interventions, developers require input concerning theory of psychological processes and behavior change methodologies. Psychologists require input on technological theory about how to develop engaging interventions (e.g., gamification theory) for the target groups.

E-mental health needs to be adapted to the proposed target population and its context. Developers should design e-mental health interventions with the target population in mind and consider cultural factors, comorbidities, and the severity of different mental disorders. For example, clients who suffer from severe depressive symptoms and suicidal thoughts can have difficulties with simple daily tasks and might, consequently, find it very challenging to take part in (new) online interventions (Krog, Nielsen, Le, Bro, Christensen, & Mygind, 2018). Many e-mental health applications have currently been developed for a specific (diagnosed) clinical disorder (e.g., social anxiety), which implies that they do not make full use of the large accessibility of smartphones in the general population, nor do they acknowledge the continuum of mental health (Bakker et al., 2016). Tailoring interventions to the needs of clients based on multiple constructs (which can be theoretical, behavioral, or demographic) could lead to greater effectiveness of e-health interventions (Morrison, Yardley, Powell, & Michie, 2012). E-mental health interventions can offer individualized content based on specific needs or preferences. A module on behavioral activation can, for example, be recommended for individuals with depressive symptoms, while other modules might be preferred when anxiety symptoms are the main treatment target (Weisel et al., 2019). However, research on the efficacy of tailored e-mental health intervention is still scarce. When conditions for proper use of e-mental health are not met (e.g., limited access to digital means and digital literacy), alternatives should be available (e.g., consultations over the telephone or conventional psychotherapy consultations).

E-mental health needs to comply with legal regulations and ensure a safe service. Regulatory frameworks that are in place for traditional mental health interventions are often not suitable for and tailored to e-mental health (yet). Armontrout, Torous, Cohen, McNiel, and Binder (2018) note that many applications are not properly regulated by the FDA, either because they solely claim to target symptoms (but to not diagnose or to treat disorders) or they are estimated to have low potential for harm. Ethical issues and especially ones of privacy, confidentiality, and emergency should be considered in e-mental health development (Karekla & Savvides, 2019). Developers should establish operating procedures of how to deal with ethical issues that may arise, in order to ensure privacy in data collected and ensuring users' safety (Arora, Yttri, & Nilse, 2014).

Developers would benefit from following recommendations by the International Society for Mental Health Online (2000) and the European Group on Ethics in Science and New Technologies to the European Commission and European Commission (2012). They should particularly pay attention to (a) process, (b) contact details of psychotherapists, (c) any risks that may arise from the use of e-mental health (e.g., likelihood of technical difficulties), and (d) safeguards taken to ensure confidentiality and privacy (e.g., use of encrypted platform of communication). Maintaining ethical standards should be an overarching goal across the e-mental health development and application process. Developers should also be transparent about the content of an e-mental health application and the procedures relating to data handling and privacy, as this allows users to make informed decisions.

Involving end users, both clients and psychotherapists, early in the design process is important. Although there is a fairly good understanding of the design requirements of e-mental health and the processes leading up to a high-quality e-mental health intervention or service, there still seem to be few examples of implementation of these principles in clinical practice (Aryana, Brewster, & Nocera, 2019). Relying on an iterative approach for the design process, entailing consecutive rounds of end-user input

in which cocreation is stimulated, still seems essential to maximize the odds of successful adoption and continued use. Such involvement includes surveys, focus groups, interviews, or hands-on experience with wireframes and prototypes. Even when targeted users are facing serious mental health problems, this approach is strongly encouraged and has demonstrated to be feasible (Biagianti, Hidalgo-Mazzei, & Meyer, 2017).

Despite the increasing evidence base for e-mental health, commercially available applications often lack scientific background and are hardly ever validated in research (Anthes, 2016; Larsen et al., 2019). Therefore, developers should consider an evidence-based approach. The "person-based approach" of digital intervention development details two central processes in application evaluation: (a) the use of methods to collect qualitative data and (b) identifying the intervention's guiding principles (Yardley, Morrison, Bradbury, & Muller, 2015). E-mental health is currently predominantly grounded in cognitive–behavioral therapy, but other psychotherapeutic frameworks can also be applied. For example, acceptance and commitment therapy, psychodynamic psychotherapy, and interpersonal psychotherapy are also on the rise (Moshe et al., 2020). Moreover, technological theories should be taken into consideration as well, for example, on how to make e-mental health convey trust and how to optimize its ease of use (e.g., persuasive technology theory).

Developers need to work with researchers to provide robust evaluation evidence for their specific e-mental health application. RCTs are considered the gold standard to demonstrate efficacy and effectiveness when evaluating e-mental health interventions but might not be able keep pace with the rapidly changing landscape e-mental health. Novel evaluation designs have emerged with a more explicit focus on user engagement or implementation outcomes, such as the Continuous Evaluation of Evolving Behavioral Intervention Technologies (Mohr, Cheung, Schueller, Hendricks Brown, & Duan, 2013). Different e-mental health applications entail varying levels of risks and warrant different evaluation approaches. The U.K. National Institute for Health and Care Excellence (2019) has devised an evidence-standards framework, which classifies e-mental health depending on its content (e.g., providing information, allowing two-way communication, self-management, providing diagnosis or treatment) and accordingly attributes a level of evidence base needed for each. Alternative approaches may not (and should not) replace conventional RCTs but could be of added value by providing rapid, preliminary evidence for the iterative development of e-mental health that goes beyond mere effectiveness.

Developers should, furthermore, account for factors that contribute to adoption. E-mental health interventions require tailoring to the literacy of the intended clients, including digital literacy. Language needs to be simple, inclusive (in relation to gender, age, lifestyle, mental health), and presented in an interactive format (Bakker et al., 2016; Levin-Zamir & Bertschi, 2018). Developers should (a) aim to include an initial assessment of user's digital literacy, (b) aim for simplicity, (c) aim for use in various operating systems and platforms (smartphones, tablets, computers), and (d) plan for technical assistance availability and easy video tutorials (Karekla et al., 2019).

Conclusion

Overall, the COVID-19 pandemic poses enormous challenges for health care. It does seem that for e-mental health, this crisis also holds opportunities, primarily to increase the dissemination, adoption, and potentially even the development of digital tools and services. Nevertheless, it remains important to consider all relevant stakeholders and perspectives involved in order to create added value for psychotherapy and health care in general. The current article aims to support the provision of high-quality e-mental health, including telepsychotherapy, to clients by reporting recommendations to psychotherapists, health services and regulatory agencies, and developers. Currently, the use of technology may find its way to psychotherapists and health care professionals solely out of the urgent need, but if the proposed recommendations are taken into consideration, e-mental health may demonstrate its added value for clinical practice and health care systems in general.

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Recomendaciones para pólizas y prácticas de telepsicoterapia y e-mental health en Europa y más allá

La pandemia de COVID-19 ha traído consigo una gran necesidad de utilizar telepsicoterapia y otras intervenciones utilizando teorías y técnicas psicológicas para apoyar la salud mental y física. E-mental health presenta una amplia gama de oportunidades en el cuidado de la salud mental para superar las barreras para recibir cuidado psicológico convencional, especialmente cuando psicoterapeutas y clientes se encuentran en cuarentena (propia) resultante de una pandemia. Para muchos psicoterapeutas y clientes, la a situación actual proporciona una primera experiencia con la salud mental electrónica y la confianza en telepsicoterapia u otros medios tecnológicos para proporcionar o recibir cuidado respectivamente. Las circunstancias psicoterapéuticas a menudo pueden ser subóptimas, con psicoterapeutas y clientes que experimentan dificultades para encontrar un espacio privado o tiempo suficiente para una consulta sin molestias. Este artículo tiene como objetivo destacar recomendaciones sobre cómo crear el mejor contexto posible en el que la salud mental electrónica suplementa y mejora los servicios actuales para clientes. Estas recomendaciones son agrupadas según tres categorías de partes interesadas clave: psicoterapeutas, servicios de salud y agencias reguladoras, y desarrolladores. Este documento se centra en: (1) cómo hacer un uso óptimo de la tecnología en la práctica psicoterapéutica, (2) cómo integrar esalud mental en el sistema de salud para permitir un seguro, transparente y efectivo entorno para (auto) cuidado, y (3) cómo desarrollar aplicaciones de esalud mental.

salud mental electrónica, telepsicoterapia, pautas, polizas, práctica clinica

針對歐洲及其他地區關於遠程心理治療及電子心理健康的政策和實務之建議

COVID-19大流行為遠程心理療法，和其他使用心理學理論和技術以支持身心健康的干預帶來了大量需求。在心理健康領域，電子心理健康提供廣泛的機會以克服接受常規心理照護的障礙，尤其是當心理治療師和服務對象發現自己處於因大流行而產生的(自我)隔離時。對於許多心理治療師和客戶來說，當前的狀況提供了有關電子心理健康和依賴遠程心理療法或其他科技方式提供或接受照護的初步經驗。當心理治療師和客戶在找到私密空間或充足時間以進行不受干擾的諮詢遇到困難時，心理治療的情況有時可能不是很理想。本文旨在指出如何創建最佳的可能電子心理健康情境，以補充和增強當前為客戶提供的服務。這些建議是根據三類主要利益相關者進行分類，包括:心理治療師、健康服務和管理機構，以及開發商。本文著重於:(1)如何在心理治療實務中充分利用科技，(2)如何整合心理健康進入醫療照護體系，以實現安全，透明和有效(自我)照護的環境，以及(3)如何開發電子心理健康應用程式。

電子心理健康，遠程心理治療，準則，政策，臨床實務

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