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AN ASSESSMENT OF THE ADOLESCENT TELEMENTAL HEALTH SERVICES AVAILABLE IN BATANGAS

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ABSTRACT:

The practice of telemental health has been around the globe for more than five decades. Yet its utility only grew in the country due to the disasters and the pandemic that started in 2020. Due to the growing concern about adolescents' mental health, the authors decided to conduct the study to assess adolescent telemental health services in the province. The goals of the study are to explore the different areas of concern of both adolescent clients and mental health professionals about the use of telemental health, to measure their satisfaction with the current use of telemental health, to develop guidelines that suit the needs of both groups in the use of telemental health; and to evaluate and revise the guidelines based on the satisfaction of both groups. The researchers used a mixed-methods approach, specifically an exploratory sequential design with two phases. For the satisfaction survey, nine domains were identified for the professionals, which are Convenience, Depression/Anxiety, Time Limit, Similarity with Face-to-Face, Confidentiality, Internet Connection, Power Supply, Competence, and Ethical Guidelines Integration and 12 domains for the adolescent clients which are Frequency, Positive Experience, Psychological Wellness, Telemental Health Platform, Session Duration, Actionable Plans, Getting the Root Cause of Problems, Privacy, and Confidentiality, Service Satisfaction, Satisfaction on the Practitioner, Formulation of Solution, and Competency of Practitioner. Upon measuring the satisfaction of both groups, the researchers created guidelines to ensure satisfaction. Phase 2 investigated the change in the satisfaction of telemental health users and concluded by revising the guidelines.

1) INTRODUCTION:

Mental health has become a growing concern in the past decades as people start to recognize that it is as important as physical health. There have been numerous outstanding developments in the field of psychology and mental health in terms of assessment, evaluation, and treatment. Classification of disorders using the scientific method and putting emphasis on the biopsychosocial perspective is very important. The use of modern technology alongside the different theories and perspectives made it possible for mental health professionals to enhance their careers and deliver services to more people.

With the world's rapid evolution, mental health professionals and clients have turned to technology to address mental health concerns. The use of technology, particularly videoconferencing, for psychological services is termed telemental health. [5] identified two main categories of telepsychology: synchronous and asynchronous. Synchronous telepsychology involves real-time visual or auditory interactions (e.g., telephone, video conferencing), while asynchronous telepsychology consists of delayed interactions (e.g., email, automated internet, or computer-based interventions with pre-programmed responses).

The evaluation, assessment, and facilitation of counseling and mental health interventions are deeply personal processes. Each client remains unique, even when sharing similar anamnesis and diagnoses. To address this individuality, various approaches to mental health service delivery have emerged, including telemental health— a relatively new concept for many mental health practitioners in the Philippines. [1] define telemental health as the virtual provision of mental health services through technological innovations. While video conferencing is the primary mode, other methods such as text messaging and mobile applications are also utilized.

In the Philippines, the demand for mental health services has increased due to recurring calamities. In Batangas alone, volcanic eruptions, typhoons, and the global pandemic have contributed to rising psychological distress and mental health disorders. Some studies even suggest a potential mental health crisis, with adolescents being among the most affected. [7] found that females, students, and adolescents faced higher risks of stress, anxiety, and depression during the pandemic. Given these concerns, this study focuses on assessing adolescent telemental health services in the province.

Telemental health has expanded mental health services by providing convenience and accessibility, especially during the pandemic. [3] found that college students and adolescents prefer this approach due to their familiarity with technology. It has also helped overcome cultural barriers. Before 2020, telemental health was rarely used in the Philippines due to concerns about privacy, confidentiality, assessment tools, and technological competence. This study evaluates current telemental health practices in Batangas following the implementation of guidelines, aiming to enhance service delivery.
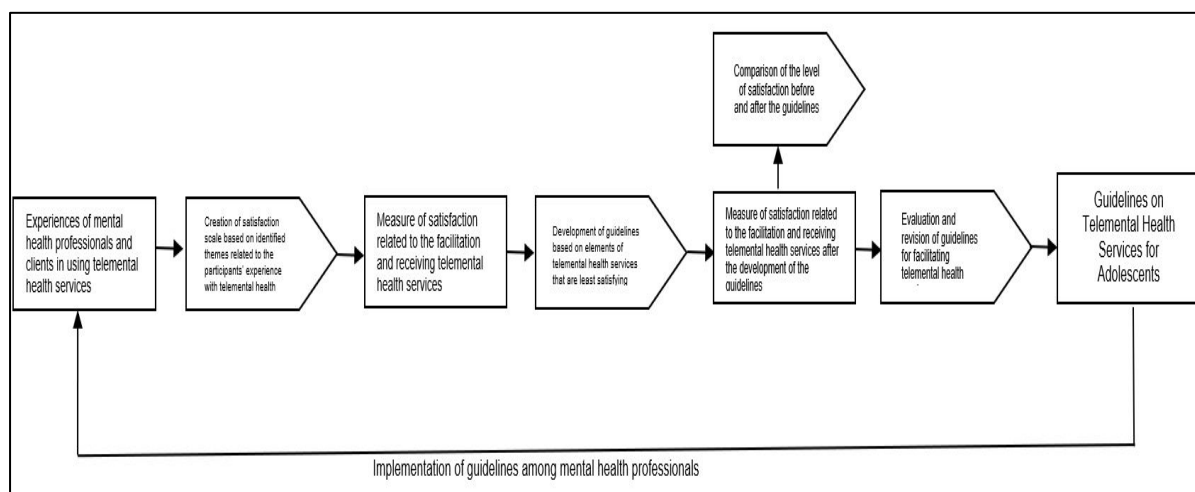

Figure 1: Conceptual Framework

Figure 1 outlines the process of developing telemental health guidelines for adolescents. The study explores the experiences of mental health professionals and clients through interviews using validated guide questions, identifying key themes. These insights inform the development of standardized satisfaction scales—one assessing resource availability for professionals and another evaluating service quality for clients. The satisfaction data will guide the formulation of telemental health guidelines, which will be endorsed by professional organizations such as PMHA, PAP-CALABARZON, IPCAP, PGCA CALABARZON, and PSWDO, as well as implemented by the University of Batangas Guidance, Counseling, and Health Office. After implementation, participant experiences will be reassessed, and satisfaction levels will be compared to previous data to evaluate improvements, leading to necessary guideline revisions.

2) METHODS AND METHODOLOGY:

To ensure high-quality data collection, researchers used an exploratory sequential mixed-methods design under the instrument development model. The study began with qualitative data collection using a phenomenological approach to explore the experiences of mental health practitioners and adolescent clients in telemental health. These findings informed the development of a satisfaction survey for quantitative data collection, analyzed using descriptive and inferential statistics. Participants included 47 mental health professionals (licensed psychologists, psychometricians, guidance associates, and counselors) and 169 adolescent clients, all from Region IV-A (CALABARZON). The professionals provided assessment, counseling, and crisis interventions, while adolescents received these services. Validated guide questions facilitated qualitative data collection, leading to key service themes. A satisfaction scale was then developed for standardization. Thematic analysis was used for qualitative data, while quantitative analysis included measures of central tendency and comparative statistics to assess satisfaction before and after guideline implementation.

Ethical considerations followed Article X of the Psychology Code of Ethics. Participants' rights to privacy, confidentiality, and voluntary participation were ensured, with parental assent required for minors. Data was securely stored and scheduled for disposal one year post-study.

3) RESULTS:

This section presents both qualitative and quantitative results of the study to answer the general aim of enhancing the use of telemental health counseling in the province by adolescent clients and mental health professionals. Further, this section is presented in 2 phases whereas phase 1 pertains to the development of the scale and the telemental health guidelines. Phase 2 is presents the evaluation of the guidelines and its revision.

Phase 1 Emergent of the Themes in relation to Experiences of end-user beneficiaries of telemental health

Theme 1. Usability. It pertains to the quality of experience of consumers of people using a specific service or product. The clients of telemental health specifically focused on these categories of usability: (a) adjustment, (b) convenience, (c) connectivity, (d) conducive environment. Participants expressed concerns about adjusting to online counseling, fearing it might differ significantly from face-to-face sessions. They emphasized the need for convenience in using online platforms, scheduling appointments, and communicating with counselors. Connectivity was another major issue, as poor internet quality could disrupt voice and video clarity. Additionally, the counseling environment was a concern—while clinicians had controlled spaces, clients often lacked privacy, making sessions less conducive to open discussions.

Theme 2. Professional Competency. Professional competency is reflected in the service provided by the mental health practitioner in handling and facilitating counseling and assessment. The clients have particular expectations as well when it comes to the competency of the mental health professionals that they encounter during telemental health. This is supported by the category (a) technical ability of practitioner. The concern of the participants focused on the ability of the practitioner to facilitate mental health services online as well as using online platforms.

Theme 3. Ethical Practice. This pertains to the facilitation of mental health services online guided by ethical rules and regulations of the profession, whether it is under psychology or guidance and counseling. The focus on ethical practice is derived from the category (a) privacy. Participants were primarily concerned about privacy in online sessions, as they were not in a controlled counseling environment.

Emergent of the Themes in relation to Experiences of process owners of telemental health

Theme 1. Usability. This describes the quality of experience of the consumers who availed a certain product or service. In this case, the mental health professionals looked at their experience of using online platforms in order to deliver their own services to their clients. The categories that support this theme are (a) adjustment from regular protocol and (b) connectivity. Participants struggled to adjust to shifting mental health services from face-to-face sessions to online platforms, a transition accelerated by the pandemic. Additionally, poor internet connectivity, a longstanding issue in the Philippines, further complicated service delivery.

Theme 2. Professional Competency. The primary concern of the mental health practitioners also include their ability to keep abreast with technology. Providing telemental health services may be the same in some ways to face-to-face sessions, but there are adjustments that need to be addressed. This theme is generated from the

category (a) continued learning. In order to adapt to the utilization of technology in delivering mental health services and maintain professional competency, the participants believed in the need for continued learning. This means formal and informal training in relation to the use of telemental health and other related functions.

Theme 3. Ethical Practices. This theme pertains to following the rules and regulations in facilitating telemental health. This is derived from the category (a) protecting the client. The mental health professionals are aware of the traditional protocol and the need to follow ethical guidelines in the profession. Thus, they are also aware that they need to apply it in telemental health. These are some of their responses:

Table 1. Level of Satisfaction of Clients and Process Owners

Participants	Composite Mean	Standard Deviation	Verbal Interpretation
Process Owners	3.2	0.4	Satisfied
Adolescent Clients	3.30	0.44	Satisfied

The test reliability per domain of the satisfaction scale for process owners were also analyzed and achieved the following Cronbach's alpha scores: .811 for Convenience, .865 for Depression & Anxiety, .916 for Time Limit, .782 for Similarity with Face-to-face, .748 for Confidentiality, .854 for Internet Connection, .830 for Power Supply, .856 for Competence, and .916 for Ethical Guidelines Integration. The analysis concludes that all domains achieved acceptable test reliability. The test reliability per domain of the satisfaction scale for adolescent clients were also analyzed and achieved the following Cronbach's alpha scores: .826 for Frequency, .766 for Positive Experience, .865 for Psychological Wellness, .791 for Telemental Health Platform, .829 for Session Duration, .902 for Actionable Plans, .855 for Getting the Root-cause of the Problem, .838 for Privacy & Confidentiality, .849 for Service Satisfaction, .818 for Satisfaction on the Practitioner, .862 for Formulation of Solution, and .931 for Competency of Practitioner.

Phase 2 After the endorsement and utilization of the guidelines to different mental health practitioners, both quantitative and qualitative data were gathered for the revision of the of the guidelines.

Strengths and limitations of the telemental health guidelines as experienced by the adolescents.

Theme 1. Emotional Support or the act of providing and receiving care, empathy, respect, and comfort towards adolescents. Under this theme emerged the first concept which is emotional validation in which the adolescents feel recognized, understood, and accepted by the mental health professionals. Adolescents also had the opportunity to express their emotions clearly and freely without receiving judgment and negative comments from other people. Lastly, adolescents feel safe and secure in expressing their concerns and feelings during the online sessions with their mental health professionals which only shows that they feel a sense of safety, acceptance, and understanding when conveying emotions.

Theme 2. Client-Friendly or the quality of the telemental health services for being easy to use and understand at the end of the adolescents. The key concept under this theme is "convenience," as adolescents find telemental health easily accessible from home without visiting a physical office. They also appreciate its "flexibility", allowing them to consult professionals anytime and anywhere. Additionally, telemental health offers "private assistance", reducing fears of judgment, rejection, or misunderstanding compared to face-to-face consultations.

Theme 3. The guidelines that the mental health professionals followed is the continuation of the facilitation of the different **Therapeutic Techniques** or the specific methods and approaches used by mental health professionals to help individuals improve their mental health and well-being. Three key concepts emerged: "daily gratitude journal," where adolescents regularly record and reflect on gratitude; "online worksheet and homework," digital activities supporting therapy goals from home; and "mindfulness-based cognitive techniques," such as thought records and breathing exercises, helping them observe thoughts and emotions without judgment.

Theme 4. Digital and Productivity Challenges or the difficulties that the adolescents face in effectively using digital tools and managing time and tasks, which can impact the quality and efficiency of virtual mental health care. Two concepts emerged under this theme which includes "internet connectivity" and "time management". Adolescents faced challenges with unstable internet connections, disrupting the flow of online consultations and counseling sessions. Mental health professionals often had to wait for them to reconnect before resuming sessions, causing delays. Additionally, adolescents felt restricted by the limited time available to share their concerns,

leading to feelings of being misunderstood or inadequately supported, which could impact the effectiveness of their mental health care.

Strengths and limitations of the telemental health guidelines as experienced by the professionals

Theme 1 .The Professional Standards and Assurance or the adhering to professional standards which leads to the consistent quality performance and success of telemental health services. Mental health professionals found the guidelines enhanced service quality for adolescents by "improving telemental health standards," fostering "enhanced communication" with clients and colleagues, and promoting a "streamlined service" for greater efficiency and clarity.

Theme 2. Ethical Considerations . The telemental health guidelines provide clear principles for mental health professionals. Key concepts include "ethical awareness," which helps professionals recognize their responsibilities, and "ethical reminders," reinforcing adherence to ethical standards. Additionally, the guidelines support "risk management" by identifying potential threats to the therapeutic process, ensuring effective and responsible online sessions.

Theme 3. Quality Service. Mental health professionals highlighted quality service as a strength of the telemental health guidelines, which enhance service performance and client satisfaction. A key aspect is professional competence, ensuring practitioners possess the necessary skills, knowledge, and ethical standards. The guidelines clarify competency boundaries, allowing only qualified professionals to provide telemental health services, leading to improved client satisfaction.

Theme 4. Multicultural Care and Compliance Concerns or ensuring that mental health services are culturally sensitive and tailored to meet the diverse needs of clients from various backgrounds and the areas of activities and situations regulated by accredited mental health professional organizations. Two key concerns emerged: cultural sensitivity and accreditation processes. Mental health professionals noted a lack of cultural awareness in the guidelines and called for a clearer accreditation process to uphold ethical and high-quality telemental health services.

To validate the responses of the participants on the qualitative inquiry for phase 2, the satisfaction survey that was developed by the researchers for phase 1 was also facilitated again. The goal is to compare the satisfaction of the professionals and the clients in the use of telemental health. The succeeding section presents the comparison of their level of satisfaction from phase 1 to phase 2.

Table 2 Comparison of the Professionals' Satisfaction (Year 1 and Year 2)

Dimensions	Period	Mean	SD	t-value	df	p-value	Remarks
Convenience	Year 1	3.31	0.48	-2.72	45	0.01	Significant
	Year 2	3.71	0.47				
Psychological Service	Year 1	2.98	0.56	-2	45	0.05	Not Significant
	Year 2	3.33	0.59				
Time Limit	Year 1	3.15	0.57	-3.53	45	<0.001	Significant
	Year 2	3.72	0.44				
Similarity to Face-to-face	Year 1	2.97	0.49	-3.45	45	0.001	Significant
	Year 2	3.51	0.55				
Confidentiality	Year 1	3.51	0.42	-3.22	45	0.002	Significant
	Year 2	3.86	0.2				
Internet Connection	Year 1	3.35	0.56	-1.96	45	0.06	Not Significant
	Year 2	3.66	0.4				
Power Supply	Year 1	2.93	0.59	-3.46	45	0.001	Significant
	Year 2	3.51	0.45				
Competence	Year 1	3.12	0.52	-2.51	45	0.02	Significant
	Year 2	3.52	0.52				
Ethical Guidelines Integration	Year 1	3.48	0.51	-2.51	45	0.02	Significant
	Year 2	3.82	0.31				

| Overall Satisfaction | Year 1 | 3.2 | 0.41 | -3.59 | 45 | <0.001 | Significant |
| | Year 2 | 3.62 | 0.37 | | | | |

Data analysis showed significant differences in mental health professionals' satisfaction levels across several domains. Confidence (p = 0.01), Time Limit (p = 0.001), Similarity to Face-to-Face (p = 0.001), and Power Supply (p = 0.001) all showed significant improvements. Competence and Ethical Guidelines Integration (p = 0.02) and Confidentiality (p = 0.002) also demonstrated significant differences. However, no significant difference was found for Psychological Service (p = 0.05) and Internet Connection (p = 0.06). Overall satisfaction showed a significant difference (p < 0.001) between years 1 and 2.

Table 3 Comparison of the Adolescents' Satisfaction (Year 1 and Year 2)

Dimensions	Period	Mean	SD	t-value	df	p-value	Remarks
Frequency	Year 1	3.29	0.56	0.29	167	0.77	Not Significant
	Year 2	3.26	0.72				
Positive Experience	Year 1	3.32	0.52	-0.16	167	0.88	Not Significant
	Year 2	3.33	0.66				
Psychological Wellness	Year 1	3.23	0.58	-0.63	167	0.53	Not Significant
	Year 2	3.3	0.65				
Telemental Health Platform	Year 1	3.2	0.53	-1.01	167	0.31	Not Significant
	Year 2	3.3	0.64				
Session Duration	Year 1	3.24	0.52	-0.68	167	0.5	Not Significant
	Year 2	3.31	0.67				
Actionable Plans	Year 1	3.35	0.58	-0.32	167	0.75	Not Significant
	Year 2	3.38	0.64				
Getting the Root Cause of the Problems	Year 1	3.29	0.51	-0.45	167	0.66	Not Significant
	Year 2	3.34	0.65				
Privacy and Confidentiality	Year 1	3.37	0.58	-0.11	167	0.91	Not Significant
	Year 2	3.38	0.66				
Service Satisfaction	Year 1	3.24	0.5	-1.04	167	0.3	Not Significant
	Year 2	3.34	0.61				
Satisfaction of the Practitioner	Year 1	3.35	0.54	-0.06	167	0.95	Not Significant
	Year 2	3.36	0.62				
Formulation of the Solution	Year 1	3.28	0.57	-0.45	167	0.65	Not Significant
	Year 2	3.33	0.63				
Competency of Practitioner	Year 1	3.53	0.58	0.98	167	0.33	Not Significant
	Year 2	3.42	0.7				
Overall Satisfaction	**Year 1**	**3.31**	**0.44**	**-0.32**	**167**	**0.75**	**Not Significant**
	Year 2	**3.34**	**0.6**				

Data shows that all of the domains didn't achieve significant difference in the level of satisfaction. Frequency, Positive Experience and Psychological Wellness achieved p-values of 0.77, 0.88, and 0.53 respectively. The domains Telemental Health Platforms, Session Duration, and Actionable Plans received p-values of 0.31, 0.50, and 0.75 respectively. Furthermore, Getting the Root Cause of the Problems, Privacy and Confidentiality, and Service Satisfaction has p-values of 0.66, 0.91, and 0.30. Lastly, for domains Satisfaction of the Practitioner, Formulation of the Solution, Competency of Practitioner, they achieved 0.95, 0.65, and 0.33 p-values respectively. For the overall satisfaction, the calculated p-value is 0.75 hence concluding that no significant difference was achieved on the satisfaction levels of the Adolescents for Years 1 and 2. Though there is no established significant difference but the level of satisfaction are still on the acceptable levels, from 3.31 composite mean interpreted as Satisfied for Year 1 to 3.34 also interpreted as Satisfied for Year 2.

4] DISCUSSION:

Telemental health clients emphasized usability, professional competency, and ethical practice, appreciating its convenience and the professionals' capability but expressing concerns over privacy and internet quality. Hadler et al. (2021) support this, noting adolescents find telemental health accessible due to their familiarity with technology, aligning with the Unified Theory of Acceptance and Use of Technology (UTAUT) [8]. Similarly, mental health practitioners valued usability, competency, and ethics, adjusting through continued education. While they appreciated the ease of client access, internet issues remained a challenge, and they prioritized maintaining ethical standards despite the approach being new in the Philippines.

The experiences of the participants were supported by several studies reviewed by the researchers. [6] highlighted that clinicians were concerned about the efficacy and confidentiality of telemental health. [4] found out that despite the use of telemental health in different countries, there is no universal method of delivery due to the different situations and concerns of the users. In the more recent study of [2] about telemental health during the time of Covid-19, it was evident that there are still challenges in the modality. This includes the decrease in the ability to establish a strong therapeutic relationship between the practitioner and the client. The participants' experiences align with previous studies. [6] highlighted clinicians' concerns about telemental health's efficacy and confidentiality. [4] noted the absence of a universal delivery method due to varying user needs. [2] found that despite its use during COVID-19, challenges persist, including difficulties in building strong therapeutic relationships.

Two satisfaction scales were developed: the "Satisfaction Scales for Professionals in Using Telemental Health" and the "Satisfaction Scales for Adolescents Availing Telemental Health." Items were derived from qualitative data. The professionals' scale consists of 45 items across nine domains: Convenience, Depression/Anxiety, Time Limit, Similarity with Face-to-Face, Confidentiality, Internet Connection, Power Supply, Competence, and Ethical Guidelines Integration with five items per domain. The adolescents' scale comprises 60 items across 12 domains: Frequency, Positive Experience, Psychological Wellness, Telemental Health Platform, Session Duration, Actionable Plans, Getting the Root Cause of Problems, Privacy and Confidentiality, Service Satisfaction, Satisfaction on the Practitioner, Formulation of Solutions, and Competency of Practitioner also with five items per domain. Three experts specifically two psychologists and one guidance counselor—validated the scales. Pilot testing involved 30 mental health professionals and 51 adolescents

On phase 2, the data gathered from both adolescents and mental health professionals, these findings will serve as the foundation for enhancing the developed telemental health guidelines. The enhancement process will focus on highlighting the strengths of the current guidelines and addressing any identified limitations. By doing so, the guidelines can be refined to better meet the needs of both clients and practitioners, ensuring more effective and supportive telemental health services.

The revised telemental health guidelines for adolescent clients in Batangas were based on both quantitative and qualitative findings. Qualitative results highlighted strengths such as emotional support, a client-friendly atmosphere, professional standards, and quality service, while also identifying concerns like digital challenges, ethical considerations, and multicultural care. Quantitative data, particularly from professionals, showed a significant increase in satisfaction levels, likely due to the tailored guidelines addressing phase 1 concerns. However, technical issues like internet connectivity remain problematic. The final guidelines are included in the appendices.

5] CONCLUSION:

The study suggests that telemental health is a useful tool that people with mental health problems may access for several advantages. It may be used by schools to enhance mental health services for the students as it opens doors to easier referral system and consultation system with psychologists in cases when counseling services may not meet the needs of the students. With the development of the guidelines for telemental health services for adolescents, it may further be validated through future researches. This research may serve as reference for the development of a more elaborate guidelines for the larger population.

preparation of the manuscript.

8] Data Availability:

No new data were created or analyzed in this study. Data sharing is not applicable to this article.

9] Conflict of interest:

The authors declare that there is no conflict of interest".

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