



Online support and therapeutic interventions: research and practice

Joly Ghanawi

May 2020



Abstract

The following research briefing describes advantages and disadvantages of online support and therapeutic interventions. During times of crises, such as the current COVID-19 pandemic, many people are concerned about, for instance: the duration of the quarantine, provision of adequate food and medical supplies, an increase in inactivity, job loss, and losing loved ones. Therefore, online therapeutic interventions can be beneficial to ease psychological stress. Currently, this may be the most convenient option given the restriction to have face-to-face therapy sessions. People Know How are constantly growing a variety of interventions and services to support individuals and communities online.

Keywords

Online support, arts therapies, COVID-19, coronavirus

Key points

- During a crisis, online support and therapeutic interventions can be regarded as the only viable option to ease psychological stress.
- There are many platforms that could be used to deliver a variety of online therapeutic interventions.
- People Know How are adapting their Arts Therapies projects to deliver online support and therapeutic interventions through music and art therapy.

Background

Crisis, whether at a personal level or on a larger scale, can result in enormous pain and stress. In times of crisis, people are often searching for meaning and hope for the future. As such, friends, family and those in leadership positions have to take actions to show compassion (Dutton et al. 2006). Such actions of compassion can inspire faster recovery and be beneficial in creating a sense of trust (Dutton et al. 2006). One act of kindness could create a ripple effect in a society and change an emergency

situation for the better. Furthermore, crisis often lead people to respond with instinctive fight-or-flight reasoning (CDC 2019). In situations of emergency there are often more questions than answers and such uncertainties can lead to people experiencing anxiety, depressive symptoms, stress, insomnia, anger, and fear – all of which have been noted during the current COVID-19 pandemic (e.g. Shigemura et al. 2020; Torales et al. 2020). Other factors such as gender, socioeconomic status,

relationship conflicts, social media and low community support may similarly increase the risk of experiencing the aforementioned symptoms (Mowbray 2020).

COVID-19 is an illness caused by a severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). The initial outbreak took place in Wuhan, Hubei Province, China, in December 2019, when several cases with pneumonia-like symptoms were reported (Huang et al. 2020). Following the initial outbreak, the virus spread rapidly across the world. Subsequently, the World Health Organization (WHO) declared the outbreak a pandemic in March 2020 (WHO 2020). As there are no current effective pharmacological interventions or vaccines to treat COVID-19, nonpharmacological measures such as isolation, physical distancing and quarantine have been taken up by many countries. Such measures are taken with the aim of limiting the spread of the disease, protect overload pressure on healthcare and protect those that are most vulnerable. Self-isolation is the isolation of those that are symptomatic of the disease, whereas quarantine refers to limiting the contact between those that are asymptomatic with those that may be confirmed for COVID-19 (Nussbaumer-Streit et al. 2020). At the time of the writing, many people are staying at home to keep safe, others are working as frontline workers (for instance, medical staff, and supermarket workers) but still limiting physical contact.

Quarantine is an old strategy used to reduce the spread of contagious diseases, first used during the plague pandemic in the fourteenth century and has proven effective ever since (Tognotti 2013; Brooks et al. 2020). People in

isolation or quarantine have been reported to being potential subjects to experiencing various stressors including: worries over losing loved ones, finances, inadequate medical and food supplies, fear of infection, as well as boredom (Brooks et al. 2020). As such, there is a risk of an increase in psychological conditions, especially if quarantine period continues for an extended time (Brooks et al. 2020). Indeed, Brook's et al. (2002) review a number of studies reporting the following emotional responses to quarantines: fear, anger, confusion, grief, numbness and anxiety-induced insomnia. To reduce the psychological conditions of a quarantine, measures can be taken, such as keeping the quarantine as short as possible, as well as making sure that an adequate supply of basic needs are provided for, for those that are most vulnerable and/or self-isolating. Reducing boredom and improving and ensuring internet access for people to communicate with loved ones are other ways to reduce anxiety (Brooks et al. 2020). Public health officials need to be able to communicate clearly with those that are under quarantine (Brook et al. 2020). As the quarantine period is not at this stage easy to predict it is similarly important to provide adequate online therapeutic interventions to support people psychologically during this time.

Moreover, sensational news and images and a lack of reliable information during a crisis can lead to an increase in the spread of rumours, thereby potentially increasing levels of anxiety and fear further (Torales et al. 2020). Misinformation and rumours regarding the origin of the disease, its prevention and cure, can cause major damage. In some cases, fake and biased news can spread faster than news originating

from authentic sources (Tasnim et al. 2020). Consequently, misinformation can promote erroneous practices that can lead to further spread of the disease and increased anxiety (Tasnim et al. 2020). Thus, in the event of any crisis it is important to provide reliable information and supportive community interventions that can reduce post-traumatic stress disorder or anxiety resulting from the crisis (Torales et al. 2020).

Online support & therapeutic interventions

A number of studies indicate that online therapeutic interventions reduce psychological distress. For instance, Arshad et al. (2019) report, in a systematic review on the use of mobile and internet-based psychological interventions, that such interventions have the potential to reduce the risk of self-harm. Crisp and Griffiths (2016) report that automated self-help training programme was beneficial for the majority of the participants in terms of gaining knowledge on depression and treatment, reducing depressive symptoms and increase productivity.

Delivering online therapeutic interventions allow professionals to offer their services in a more flexible manner and also allow for participants to be anonymous without fear of stigmatisation (Barak and Grohol 2011). Online interventions are also easily accessible and cost effective. Various services have been established to provide online therapeutic services. For example, [Guidance Teletherapy](#) provides online therapeutic interventions. Some daily self-care kits that help in making wellness a priority include the [blurtitout](#) and

[Student minds](#). There are also a number of applications related to wellbeing, such as: The [five minute journal](#), [Calm](#), [MindShift](#) and [Superbetter](#). Online interventions can also include personal blogs and online groups for written, audio and video communication (Barak and Grohol 2011). Some of the common networking tools include Facebook, Instagram, MySpace, Twitter and instant messaging, such as WhatsApp. Facebook is one of the most used online networks and enables millions of social connections and thus could work as a supportive platform. Furthermore, computer games are played by millions of people throughout the world. Serious gaming (such as exergames, virtual reality, cognitive behaviour therapy-based games, entertainment games, biofeedback, and cognitive training games) can be used for mental health interventions (Fleming et al. 2016). Engaging in activities that enable social connections are highly needed for support and care in a crisis, especially when social and physical distancing measures are enforced.

Digital technology is also helpful in art therapy (e.g. illustrations, photography and films). Some digital apps for painting include [ArtRage](#) and [Brushes](#) (Choe 2014). Websites offering online creative therapy include [Emma Cameron](#) and [Creative Online Counselling](#). Creative Online Counselling includes art therapy, online therapy, corporate arts and wellness workshops and concierge therapy given by professional therapists. Other tools that may be of use for mental health professionals include [Psychology Tools](#).

Although technological innovations have its advantages in delivering effective

online therapeutic interventions, there are similarly some disadvantages. Välimäki et al. (2017) report, in a systematic review on the effects of internet-based interventions in support of young people with depressive condition, that although there may be short term benefits on wellbeing, the long-term benefits of such interventions are not clear. The authors also point out the need for clarity on who may benefit of such online intervention programmes, what type online interventions might be useful and the role of face-to-face contact along with online interventions.

There are similarly more practical and ethical concerns regarding online therapeutic interventions. Some of the concerns among young people involves the privacy, security, safety and reliability of platforms (Cliffe 2020). Social networking sites, although beneficial in some respects, can also increase the risk of cyberbullying and harassment (Rice et al. 2014). To address this increased risk there exists online applications that provide harassment support, with [Crash Override](#) being one example. Furthermore, there are numerous mental health apps available for use, but only very few appear to show some effectiveness (Marshall et al. 2019). The [NHS](#) provides a number of reliable applications for various health aspects, including mental health, that have been assessed. However, there is limited knowledge by professionals and young people regarding the available resources (Cliffe 2020).

Other issues related to online therapeutic interventions is the need for appropriate training of the therapist specific to online settings (Stoll et al. 2019). Issues related to communications are a high

concern as the lack of verbal cues may lead to misunderstandings and miscommunications. Issues related to emergencies/crisis situations may also be difficult to address when the true identity of the client and therapist is concealed, the location differences and technology failures (Stoll et al. 2019).

In times such as the current pandemic, online interventions appear to be the only available option in mental health care (Wind et al. 2020). For example, Liu et al. (2020) show that both medical staff and the public in China have experienced increased psychological distress as a result of the pandemic. Given the limited possibility for face-to-face meetings, due to social distancing, mental health professionals have instead been able to provide support using online platforms (Liu et al. 2020). Indeed, various online mental health education programmes such as WeChat, Weibo, and TikTok have been used in China during the pandemic. Freely available electronic books related to mental health have also been made available to the public (Liu et al. 2020). Furthermore, various psychological counselling services have been established in China that provide 24-hour services. The services include cognitive behavioural therapy for depression, anxiety and insomnia. Artificial intelligence programmes have been used to detect individuals at risk of suicide by analysing messages posted on various chat platforms (Liu et al. 2020).

Furthermore, different countries have adopted different approaches to support people during the crisis. In the UK, the [NHS](#) and the [Government](#) have issued advice and guidance related to mental wellbeing during the pandemic. Some of these guidelines include the

necessity of keeping in social contact with family/friends via social media/phones, helping and supporting others, talking about concerns, taking care of physical wellbeing, getting enough sleep, managing difficult feelings, managing media and information, doing things that one enjoys, setting goals, keeping the mind active and taking time to relax. For staff that are directly dealing with the COVID-19 crisis, the NHS has launched a [mental health hotline](#). Other useful resources can be found at the [Centre of Mental Health](#), [Mental Health UK](#), [Rethink Mental Illness](#). Faith-based organisations also provide much support. At universities, many Student Unions similarly share guidelines for students to cope with the current crisis. [Student Minds](#) is one amongst many student mental health charities that also provides advice and support.

Conclusions & recommendations

In normal times, online support and therapeutic interventions appear to be helpful in combination with traditional

face-to-face therapies. Furthermore, in times where self-isolation is required, solely online support and therapeutic interventions have been shown to be helpful in reducing the risk of psychological distress among a variety of individuals and communities. There are many platforms that could be used to deliver general support and therapies (e.g. music, arts, virtual meetings) and general support. It is also worth noting that not everybody may have access to digital technology. Therefore, it is important for various organisations to provide access to these resources. People Know How has taken this initiative and is providing computers for those in need to facilitate communication with friends and family. They also now provide their Positive Transitions Service online, supporting children and young people through online befriending and group support. They are now designing an online adaptation of their Arts Therapies project, providing various online therapeutic services such as art and music therapy with the aim of reducing the risk of psychological distress (Baldacchino 2020).

Baldacchino, C. (2020). Staying connected during coronavirus. *People Know How*. <https://peopleknowhow.org/staying-connected-coronavirus>

Brooks, S.K., Webster, R.K., Smith, L.E., Woodland, L., Wessely, S., Greenberg, N., and Rubin, G. J. (2020). The psychological impact of quarantine and how to reduce it: rapid review of the evidence. *The Lancet*.

Center for Disease Control and Prevention (2019) https://emergency.cdc.gov/cerc/ppt/CERC_Psychology_of_a_Crisis.pdf

Choe, S.N. (2014) An exploration of the qualities and features of art apps for art therapy. *The Arts in Psychotherapy*. 41(2), 145-154.

Cliffe, B. (2020) <https://www.acamh.org/blog/digital-interventions-for-young-people-development-implementation/>

Crisp, D.A. and Griffiths, K.M. (2016) Reducing Depression Through an Online Intervention: Benefits From a User Perspective. *JMIR mental health*, 3(1), e4. <https://doi.org/10.2196/mental.4356>

Dutton, J. E., Worline, M. C., Frost, P. J., & Lilius, J. (2006). Explaining Compassion Organizing. *Administrative Science Quarterly*, 51(1), 59-96.

Fleming, T.M., Bavin, L., Stasiak, K., Hermansson-Webb, E., Merry, S. N., Cheek, C., Lucassen, M., Lau, H. M., Pollmuller, B., & Hetrick, S. (2017). Serious Games and Gamification for Mental Health: Current Status and Promising Directions. *Frontiers*

in *psychiatry*, 7, 215. <https://doi.org/10.3389/fpsyt.2016.00215>

Huang, C., Wang, Y., Li, X., et al. (2020) Clinical features of patients infected with 2019 novel coronavirus in Wuhan, China. *Lancet*, 395, 497–506.

Marshall, J.M., Dunstan, D.A., and Bartik, W. (2019) The Digital Psychiatrist: In Search of Evidence-Based Apps for Anxiety and Depression. *Frontiers in psychiatry*, 10, 831. <https://doi.org/10.3389/fpsyt.2019.00831>

Nussbaumer-Streit, B., Mayr, V., Dobrescu, A.I., Chapman, A., Persad, E., Klerings, I., Wagner, G., Siebert, U., Christof, C., Zachariah, C., Gartlehner, G. (2020) Quarantine alone or in combination with other public health measures to control COVID-19: a rapid review. *Cochrane Database of Systematic Reviews*, Issue 4. Art. No.: CD013574. DOI: 10.1002/14651858.CD013574.

Rice, S.M., Goodall, J., Hetrick, S.E., Parker, A.G., Gilbertson, T., Amminger, G.P., Davey, C.G., McGorry, P.D., Gleeson, J. and Alvarez-Jimenez, M. (2014) Online and Social Networking Interventions for the Treatment of Depression in Young People: A Systematic Review. *J Med Internet Res* 2014;16(9):e206

Shigemura, J., Ursano, R.J., Morganstein, J.C., Kurosawa, M. and Benedek, D.M. (2020), Public responses to the novel 2019 coronavirus (2019-nCoV) in Japan: Mental health consequences and target populations. *Psychiatry Clin. Neurosci.*, 74: 281-282.

Stoll, J., Müller, J. A., and Trachsel, M. (2020).

Ethical Issues in Online Psychotherapy: A Narrative Review. *Frontiers in psychiatry*, 10, 993. <https://doi.org/10.3389/fpsyt.2019.00993>

Tasnim, S., Hossain, M., and Mazumder, H. (2020, March 29). Impact of rumors or misinformation on coronavirus disease (COVID-19) in social media. <https://doi.org/10.31235/osf.io/uf3zn>

Tognotti, E. (2013). Lessons from the history of quarantine, from plague to influenza A. *Emerging infectious diseases*, 19(2), 254–259. https://wwwnc.cdc.gov/eid/article/19/2/12-0312_article

Torales, J., O'Higgins, M., Castaldelli-Maia, J. M., and Ventriglio, A. (2020). The outbreak of COVID-19 coronavirus and its impact on global mental health. *International Journal of Social Psychiatry*. <https://doi.org/10.1177/0020764020915212>

Välimäki, M., Anttila, K., Anttila, M., and Lahti, M. (2017). Web-Based Interventions Supporting Adolescents and Young People With Depressive Symptoms: Systematic Review and Meta-Analysis. *JMIR mHealth and uHealth*, 5(12), e180. <https://doi.org/10.2196/mhealth.8624>

Wind, T.R., Rijkeboer, M., Andersson, G., and Riper, H. (2020). The COVID-19 pandemic: The 'black swan' for mental health care and a turning point for e-health. *Internet Interventions*, 20, 100317. <https://doi.org/10.1016/j.invent.2020.100317>

World Health Organization (March 2020) <http://www.euro.who.int/en/health-topics/health-emergencies/coronavirus-covid-19/news/news/2020/3/who-announces-covid-19-outbreak-a-pandemic>

Contact People Know How

525 Ferry Road
Edinburgh
EH5 2FF

www.peopleknowhow.org

0131 569 0525

contactus@peopleknowhow.org

Registered Charity No. SC043871

 /peopleknowhow

 @PKHinnovation

 @peopleknowhow

 /PeopleKnowHow1