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## Digital Psychological Care: A Patient Centric Discussion

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### Abstract

In recent time psychological consultations through online or hybrid (virtual) medium are increasing substantially. Corporate life, unavailability of practitioners during the time of urgency and need for weekend consultations are a few of the many causes. The present study aims at knowing the demographic, psychological and social factors present in the individuals who are coming for virtual consultation services. The current study shall also see the mental set making this part of the population comfortable in online sessions. Important methodological considerations include conducting proper case history phase, MSE, Screening assessment and providing therapeutic tasks in between sessions (primary and review). Periodic review dates have been given. Company based app message inbox and separate emailing facilities were utilized for sending test materials and therapy resources as soft copy. A mixed approach of qualitative and quantitative will be taken into consideration. In brief 30 patients out of 619 cases dealt on virtual mode will be considered. Their overall symptom presentation and subsequent therapy plans will be emphasized in this study. Major portion of the patient pool continued virtual consultations and didn't come for in person mode during the study span. An exploratory study approach along action research design will be focused for arriving at a conclusion. Purposive sampling technique has been followed. To conclude the study an understanding upon benefits of using such medium will be shown.

**Keywords:** Digital psychological consultation, MSE, profile analysis

### Introduction

India follows a mixed multi-payer universal health care model involving public and private health insurance funds. It also contains entirely tax-funded public hospitals. India maintains a 3 tier healthcare service delivery model with primary health centers (PHCs) in rural areas, secondary care centers at a district level & tertiary care centers in cities. India approves the coexistence of a public health system of government alongside a private health system involving private investments. This coexistence is important for healthcare access across the country. India has Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB PM-JAY, Rashtriya Swasthya Bima Yojana (RSBY), Ayushman Bharat Digital Mission (ABDM) initiative. It aims to develop the support system of an integrated digital health infrastructure for entire country. Many Indians residing in foreign countries access India health app based consultations for quick solution to their health problems. As per their opinion, health care The combined use of in-person and virtual visits is hybrid care.

Hybrid care improves coordinated care for patients by providing health professionals and patients with greater flexibility in how, when, and where they engage.

The last two years have demonstrated the benefits of remote working in many industries. The videoconferencing technology is known to everyone. We enjoy the flexibility,

efficiency and convenience offered by not travelling to anywhere but the work is done.

In reality five days a week in the office set up takes away all happiness. The hybrid way of life is the ultimate solution. Therefore, hybrid consultation is selected by many of us. It is a most preferred platform to deal problems by consultants and heal their clients. But it needs certain favourable conditions to get best success rates.

Strategic meeting, agenda focused, videoconferencing tools including polls and question apps, feedback can help prompt reactions and create meaningful conversations. It all allows parties to listen and learn, speak candidly, and solve challenges faster.

By profile analysis a system is followed to identify clinical and sociodemographic characteristics of patients making multiple visits to a psychiatric emergency service or hybrid platforms. A profile is an outline or description about a patient which is important for virtual consultations. Psychological profile may include demographic, psychological, social, mental set factors. These aspects help clinicians to decide therapy plans. Case history, MSE, screening assessment may give ideas on patient profiles. Socio demographic factors are age, sex, marital status, living alone or together, education, employment status, financial status, place of work, living community, etc. Health behavior related aspects are smoking, alcohol usage, physical activity,

food intake etc. psychosocial factors include life events, social support, social integration, emotional support, perceived control, self self esteem, sense of coherence and trust. Psychological risk factors include cynicism, vital exhaustion, hopelessness, depressiveness.

MSE is most important for cases who consult via audio, video or email text mode. MSE give info on general appearance, behavior, speech, mood, affect, thought, perception, cognition, insight and judgment.

In India online Consultation apps are more featured with medical treatment procedures than psychological treatment plans. The renowned Indian brands do offer same time duration for patients irrespective of nature of problems. 15mn to 30mn time for each psychological consultation includes case history recording, MSE, diagnosis, psychotherapy or counseling plan and brief application of therapy steps. Few apps provide scope to write therapy steps or to add pdf documents of therapy guidelines for patients to do at home as home assignments. Patients require to attend multiple sessions. This create distrust on Psychologists often.

In brief Psychologist must conduct case history recording as well. Every digital app based consultation has it's own prescription cum record format. Case history for hybrid consultation may comprise demographic info, present complaints, nature of coping, socio cultural context, past history of mental issues, family history, social history, medical history, premorbid personality, MSE, summary to arrive at a diagnosis, management plan. Crucially during online consultation attempt must be made to understand the predisposing factors, precipitating factors, perpetuating factors, and protective factors responsible for a clinical diagnosis to be offered. A short term, medium term and long term psychological treatment plan must be provided by verbal instruction, written guidelines and video links demonstrating the mental exercise for example. The online consultation procedure needs expertise on the part of Professional. Mostly cases with anxiety and emotional issues come to see for Doctor.

From personal observation severe cases visit online professionals equally as govt. hospital OPDs get severe cases. Professional often do not have enough time to complete the formal procedure for case consultations. Often general counseling is preferred within a short time than a psychotherapy for a patient who needs deep conflict resolutions. A counseling for online patients include support, reflection and renewal of capacity. Counseling will enable online patients for exploring new possibilities for actions based on a systematic dialogue. Counselling involves sharing courage and affirmation. During online sessions care is taken to offer clients adequate skill training for cognitive changes, behavioral changes, social changes, self-awareness. Counselling sessions offer personal strength and resources. On the other hand Psychotherapy helps clients to understand pathological aspects of human mental functioning in line with a protocol or specific therapy model. Online consultation can give greater ease to the clients with mental health issues. Software based auto selection services under various apps give scope to speak with Drs who share similarity in certain domains with clients. Nearness aspect also help clients to talk through their problems over videoconferencing screens. Positive feelings and mutual like are found in the rapport building process. Indian health apps provide very limited time for single psychological consultations. Along counseling few psychotherapies could be applied with greater success rates after fulfilling case history and diagnosis steps. Few important

intervention strategies involve existential themes (being alone or being with others, living in time, autonomy, relatedness, bodily experiences), gestalt themes (facilitating awareness and change), experiential focusing, emotion focused therapy, imagery rescripting, assertiveness training, socratic dialogue, exposure rules, psychodynamic therapy. Dialectical behavior therapy based principles can be taught through online sessions. The professional must present herself as an authentic being, must cast commitment to the clients. Must reflect sense of responsibility and hope that problems will be minimised. A professional status needs to be maintained by the Psychologist as severe emotional cases visit online Drs.

Various past studies have emphasized the concept digital health care. Louise *et al* (2023)<sup>[6]</sup>, Gondi and others (2022)<sup>[7]</sup>, Mos (2021)<sup>[4]</sup>, Daniel and others (2018)<sup>[5]</sup> are the researchers who did extensive investigation in this area. Indeed the specific researches have been conducted by Berardi and others (2024)<sup>[10]</sup>, Bamijoko-Okungbaye and others (2023)<sup>[13]</sup>, Harty *et al* (2023)<sup>[12]</sup>, Lipschitz *et al* (2023)<sup>[11]</sup>, Smith and others (2023)<sup>[9]</sup>, Banos and others (2022)<sup>[8]</sup> in the digital mental health area.

### Aim

The objective of this study is to see the clinical, social and demographic characteristics of the patients coming on virtual consultation with mental health issues. Mobile health technologies made it easier to resolve health issues sitting at an own house. How Indian population is accepting such health benefits in the areas of mental health. The present study is having academic value. The summary of relevant and key findings will be used to inform guidance to members of professional bodies, policy makers, patients and care givers.

### Methods

Purposive sampling method has been considered. Among large number of cases few case histories will be briefly mentioned here. Tests administered online will be focused and the results will be shown. Action research design plan has been followed. The study has exploratory nature as well. A span of 2 years from Feb 2021 to Feb 2023 has been considered. Among a pool of online patients only a small bunch of cases has been included in this study. In total 10 case histories will be summarized. And test results for 20 cases will be focused. Sociodemographic data of consulted individuals will be considered. Different sample groups will be included. The whole sample is heterogeneous in nature. Patients consulted through video meetings, telephone, chat texts. Time provided is 15mns to maximum 60mns. For a single session many Indian apps give 15mn, 30mn, 60mn time duration. Review consultation time has been utilized for cases who undergone psychotherapy. Multimodal data are obtained. Remote video consultation mode has been maintained for the sample included in the study. Post consultation feedbacks helped to understand success of treatment plans.

### Results

#### Part A: Case Histories of Sample 1 (n=10)

**Case 1:** A female of 20 yrs. Reported loss of focus for 3yrs and it interferes with exam preparation for NEET UG Medical. Symptoms noted were crying behavior, disturbed mindset, low self-confidence, inferior feelings, guilt, negative thoughts, interfering memories about parental fights, parental divorce impacted on her. Intervention given were relaxation training, mindfulness training, emotional coping by distress tolerance skill training, REBT based training. One time

session was carried and no test could be administered. MSE was conducted during video conferencing.

**Case 2:** A female of 24 yrs facing work stress related mental changes. Further she is feeling low at confidence, poor decision, fear. The client feels being targeted by people without no known reasons. People are judging her, questioning her abilities, lack of socialization is present. The client feels low and can't express herself openly. Problems persist for 3months. Intervention decided were MBSR, confidence building training, assertiveness training, depression management. Various activity based workbook references were given which could be downloadable from websites. Charts on grounding exercise, progressive muscle relaxation and mindfulness practise were given.

**Case 3:** A female of 32 yrs with anger issues, general stress, lack of patience. Recent death of father in COVID19. Nagging mother in law causes stress in her life. Intervention suggested anger management plan and MBSR, art therapy.

**Case 4:** A male 41 yrs. Dissatisfied with sexual life in his marriage. Father of a child. Problems facing are premature ejaculation, asthma, hypertension, emotional stress, low confidence, pressure, restricted home atmosphere since long back, self masturbation attempted. Intervention given CBST, mindfulness training, gratitude training, assertiveness training. Relevant workbooks given to change thoughts and behaviors.

**Case 5:** A male client of 23 yrs. Symptoms are anxiety, restlessness, lack of focus, emotional issues, stress. A wk long severe issues faced. Past history of OCD for 5 yrs and anxiety for 10yrs. Taken psychiatric med before. A student of computer science. Procrastination, masterbation issues, argumentative, online communication with friends, issues with parents, financial needs, about to attend interviews. Intervention suggested goal setting tasks, anxiety management, dialectical behavior therapy. Counselling conducted to provide mental strength and positive thinking.

**Case 6:** A male case of 28 yrs. Suffering with overthinking issues, concentration issues, sleep problems, relationship issues. 1 month long tension. Intervention given yoga nidra exercises, mindfulness training, negative thought management. It was a onetime session and care was taken to train him with remedies. Workbooks suggested.

**Case 7:** A 37yr old male facing anxiety issues for 4yrs.had undergone panic attacks. He has struggled in career, criticized in life, medical history of fall bladder surgery, nose surgery is present. Smoking habit is present. MBA professional. Family issues present. Low mood noted. Bullied in school days for physical features. Tobacco withdrawal symptoms reported. Difficult memories of childhood interfere with present day functioning. Body dysmorphic disorder and tobacco withdrawal symptoms were diagnosed. Intervention included counseling to provide mental strength and new ways of thinking. Workbook based activities suggested. MBSR, anxiety management, trauma management, forgiveness training, REBT were given.

**Case 8:** A male case of 8yrs showing of symptoms of ADHD, math disorder, SLD, reading disorder, behavioral problems. Mother went into depression. Regular therapy sessions suggested. Intervention included art therapy, play therapy and flow activities. Tests given were DAP and BG test (online, email based documentation) general deteriorated functioning noted.

**Case 9:** A female case of 21yrs. Consulted Psychiatrist before. Faced trauma in past, sexually abused as a child by

family members, in current relationship she has been physically and mentally abused by partner. Undergoing loneliness, sleep issues, trust issues, fear of roads, anger issues, sense of being bullied, smoking habits, suicidal thoughts, anxiety issues, suppressed feelings. Emotional needs are unfulfilled. Lost mother recently. Issues with physical appearance (fat shaming). Currently open to another relationship. During one time session emotion focused counseling was conducted. Intervention suggested were calming techniques, negative thought handling, DBT and REBT mixed therapy over 6month span.

**Case 10:** A male case of 23 yrs had unprotected sexual behavior and is now fearful about health. Illness Anxiety Disorder has been diagnosed. Counseling was conducted. Calming skills, anxiety management and assertiveness training were suggested for a month to continue. Guilt management was advised. Workbook based activities were asked to follow.

## Part B: Test Data of Sample 2 (n=20)

### BDI II Test Results

- i). Male 25yrs with Pr Diagnosis GAD, Major Depressive Disorder. Score obtained 39 severe depression, email test documentation conducted. Virtually dealt case consultation
- ii). Male, 19yrs acute stress disorder. Score obtained 19 borderline clinical depression
- iii). Female 31 acute stress disorder with Unspecified Depressive Disorder score obtained 44 severe depression
- iv). Female 48yrs score obtained 18 borderline clinical depression
- v). Male 40 yrs score obtained 10 minimal depression

### DASS42 Test Results

- i). Female 22 client scored Depression 37 extremely severe, Anxiety 39 extremely severe, stress 32 severe.
- ii). Female 15yrs client with anger, stress, chronic anxiety scored Depression 19 moderate, anxiety 12 moderate, stress 28 severe
- iii). Female 31 client with acute stress disorder and Unspecified depressive disorder scored depression 30 extremely severe, anxiety 31 extremely severe, stress 37 extremely severe
- iv). Male 27yrs with socialization issues scored depression 26 severe, anxiety 13 moderate, stress 20 moderate
- v). Female 18 yrs scored depression 40 extremely severe, anxiety 39 extremely severe, stress 24 moderate

### RIASEC Career Assessment

- i). Male, 30 yrs code obtained A E C (6, 3,3)
- ii). Female 22 code obtained S C (4,4)
- iii). Male, 20yrs code obtained S E C (7,6,5)
- iv). Female 14yrs code S I A C (7,6,5,5)
- v). Male, 35 yrs, code I E C (7,4,3)

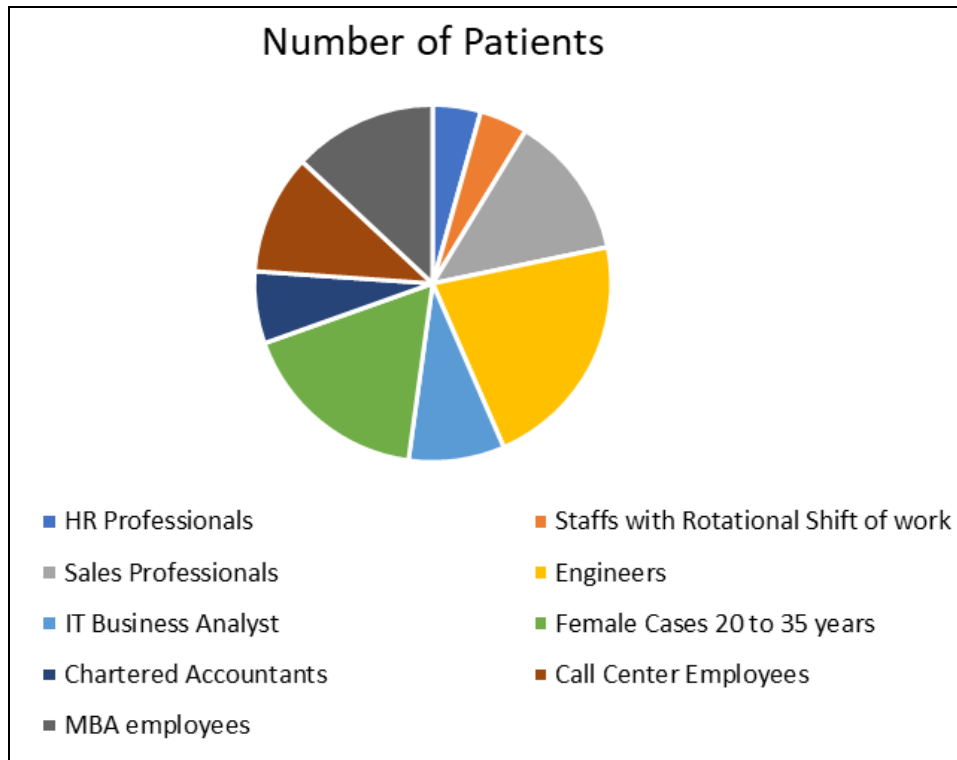
### HAM A Test Results

- i). Female 31 scored 34 severe
- ii). Female young adult scored 13 mild severity
- iii). Female 37 scored 8 mild severity
- iv). Male 19yrs scored 23 moderate severe
- v). Male 25yrs scored 28 severe

**Part C Sociodemographic Data of Sample 3 (n=230)**

**Table 1:** Number of subjects (Patients) under various categories

Categories	Number of Individuals	Categories	Number of Individuals
HR Professional	10	Corporate job as chartered accountant	15
Staffs with Rotational shift of work	10	Call center job employees	25
Sales professional	30	MBA employees	30
Engineers	50	Mostly female cases (age range between 20 and 35yrs)	40
IT business analyst	20		



**Fig 1:** Graphical Presentation

**Part D: Prominent Pr. Diagnosis (n=389)**

- i). Anger issues (10)
- ii). Anxiety issues (7)
- iii). Marital or relationship issues (15)
- iv). Masturbation issues (25)
- v). Sexual behavior related problems (4)
- vi). OCD (5)
- vii). In laws problems (30)
- viii). Concentration issues (4)
- ix). Overthinking problems (30)
- x). Substance addiction (10)
- xi). Sleep issues (15)
- xii). Work stress (12)
- xiii). Addiction (10)
- xiv). Illness Anxiety Disorder (30)
- xv). CSBD (40)
- xvi). Unspecified Anxiety Disorder (20)
- xvii). Unspecified Trauma and Stressor Related Disorder (12)
- xviii). Alcohol Use Disorder (10)
- xix). Tobacco Use Disorder (10)
- xx). Non-substance related disorders (10)
- xxi). Intermittent Explosive Disorder (10)
- xxii). Unspecified Sleep Wake Disorder (10)
- xxiii). Panic Disorder (20)
- xxiv). GAD (5)
- xxv). Social anxiety disorder (10)

- xxvi). Bipolar and related disorders (5)
- xxvii). Latent schizophrenia (5)
- xxviii). Borderline Personality Disorder (15)

**Part E: Suggested and Applied Intervention**

- i). Metacognitive skills
- ii). Anger management
- iii). Trust building steps
- iv). Gratitude practise
- v). ACT practise
- vi). Cognitive restructuring
- vii). DBT skill training
- viii). Distress tolerance skill
- ix). Sensate focus exercise, grounding exercise, PMR exercise, yoga nidra
- x). Coping with anxiety steps and panic management steps
- xi). Solution focused guidelines
- xii). Goal setting tasks and self-improvement strategies
- xiii). Calming skills
- xiv). Pleasant event based activities
- xv). MBSR and sleep management, self care strategies, REBT strategies

**Discussion**

Due to urgency of consultation many times complete procedure can't be maintained. So data under three contexts being taken into considerations. Important skills during case

consultation are active listening, reflecting feelings, rephrasing, affirmation, containment, problem management, developing a plan of action. These are very crucial during online sessions. Apart verbal support and guidance after each patient dealing written instructions and guidelines were given. Various free available Resource Workbooks can be offered to educate the patients regarding thought management and habit alterations. The psychological problems have been conceptualized to be based upon some cognitive and emotional changes in the samples. The way individuals organize information in psyche is crucial here. Roles of schemata are very significant in giving rise to a number of mental health issues. How an individual predicts the circumstances depends mostly on his or her schemata. Schemata often leads to stereotypical thoughts which complicate the healthy adjustment. Piaget's concept about adaptation and equilibrium can be applied here to understand mind of patients coming on virtual clinics. In order to adjust with social surroundings individuals require to meet the needs from environment by adaptation process. Virtual communication may resolve many difficulties faced by individuals in adaptation process in real communications. The two processes under adaptation namely assimilation and accommodation help in normal behavioral expression. The assimilation process, where past learned strategies influence the understanding of the new circumstances, may result in overthinking or anger issues in patients. However, accommodation which is a process to change learned ideas while in a new situation can force an individual to apply unhealthy coping strategies. In both the cases ego strength will determine the nature of changes in the schemata. By the equilibrium process a balanced state is essential when the person is applying mature defenses to deal situation effectively. In many situations, formal operation thoughts are vital to form which are flexible enough to guide an individual to deal a real context with abstract or imaginary thinking patterns. Formal operational thoughts help in focused thinking and maintaining concentration. Such thoughts help in deductive reasoning and planned actions. In this work, concept from Lazarus theory of emotion can be applied to understand psychological profiles in terms of psychological changes and social identities.

As of Lazarus theory the personalized cognitive meaning attached to the situation influence the emotional awareness and physiological awareness toward the same situation. Again, schemata is important as per this theory of emotion. Experiencing negative emotions can be explained by both concepts narrated here. Therapy plan needs to be formulated accordingly.

### Conclusion

As a working paper a limited sample size has been taken. Virtual consultations are beneficial with regard to certain aspects. It is mostly suitable for corporate employees, students, critically ill patients.

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