

Chapter 14

Workforce Development and E-Competency in Mental Health Services

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ABSTRACT

Online chat and email are two of the most popular ways of providing e-mental health. Online chat is synchronous communication in a virtual chat room where client and counselor meet at the same time. In contrast, email is referred to as asynchronous because it can be accessed without the synchronous presence of client and counselor. There has been a rapid increase in the demand for chat and email over recent years and much of the demand has been met by services that have traditionally provided helplines or crisis support. This chapter provides an overview of the key issues associated with the delivery of e-mental health services and workforce development. This includes an examination of the range of options for providing e-mental health and key issues to consider when working online. The chapter concludes with a brief exploration of issues associated with client suitability for e-mental health via chat and email.

INTRODUCTION

E-mental health (or e-therapy) involves the provision of mental health services via computer mediated communication. E-mental health via chat and email provides many benefits to clients, as well as to the mental health worker. For the client, they provide easy access to expertise without the need to travel or attend appointments. There are no technical barriers in that no special software is required to send or receive messages. These options are increasingly popular with clients because of the increased flexibility they provide. Services around the world are reporting increased numbers of clients accessing help by chat or email. Although online counseling has been available for more than 10 years for a range of mental

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health conditions, including depression, anxiety, and addictive behaviors, there is limited information to guide mental health services in the development and delivery of chat and email.

The aim of this chapter is to provide an overview of the key issues associated with the delivery of e-mental health services and workforce development. This includes an examination of the range of options for providing e-mental health from single session work through to follow-up and after care, as well as identification of the potential pathways into online services. The chapter then describes key issues to consider when working online, including a discussion on how to develop good working relationships in the absence of verbal and non-verbal cues. The chapter concludes with a brief exploration of issues associated with client suitability for e-mental health via chat and email.

Background

E-mental health can be accessed anonymously to ask about a mental health concern that a person might find embarrassing. It appears especially attractive where there are barriers to help-seeking due to associated stigma. It can be an effective treatment approach in its own right or can be used to build confidence in help-seeking and counseling or therapy. Indeed, e-mental health can provide a means for the client to become familiar with the service or service system, and can provide an easy place to start before moving to telephone or face-to-face options if needed or wanted (Car & Sheikh, 2004). For the novice or new help-seeker, e-mental health is less confronting than face-to-face or phone counseling, in that it allows the person to control how quickly they engage with the content (i.e., how quickly they write) and how much information is made known to the clinician (i.e., the client can delete content that they have written prior to sending the text information) (King et al., 2006). Moreover, there is a great deal of research indicating that writing has a therapeutic effect (Pennebaker, 1997). E-mental health allows clients to re-read their sessions as well as reflect on responses by the clinician. Having access to a hard copy transcript of the session may also prevent memory bias or forgetting (Gilat & Shahar, 2007).

Email, which is the most common of all online activities generally, is an integral part of our daily lives. Email is asynchronous in that it can be used to communicate with individuals or groups regardless of where they are located, or the time of day. Email has been a part of our lives for the last 15 to 20 years since internet service providers first began allocating email addresses as a component of service connection. Every day, billions of emails are sent and received around the world. Most of us send and receive emails for professional and personal reasons.

In addition to professional and personal communication, email is used for consulting and counseling and to provide support to clients of mental health services. As the most frequently used electronic modality in mental health (Chester & Glass, 2006), it can be used to provide administrative information, such as appointment reminders, as well as initial screening or assessment, information on services, and referral through to low-intensity interventions. Compared with other regularly used technologies, such as text messaging for appointment reminders, email is used to provide a broader range of interventions. A systematic review of 24 studies involving email communications in primary healthcare settings found that medical and medication information was the most common topic discussed, followed by updates on medical conditions to patients (Ye, Rust, Fry-Johnson, & Strothers, 2010).

In the mental health field, chat and email have been used to provide low-intensity interventions including counseling, information and support, as well as a whole host of other novel programs. In addition to delivery of treatment, chat and email can be provided as an adjunct to telephone or face-to-face

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