

Online Mental Health Services in the U.S.

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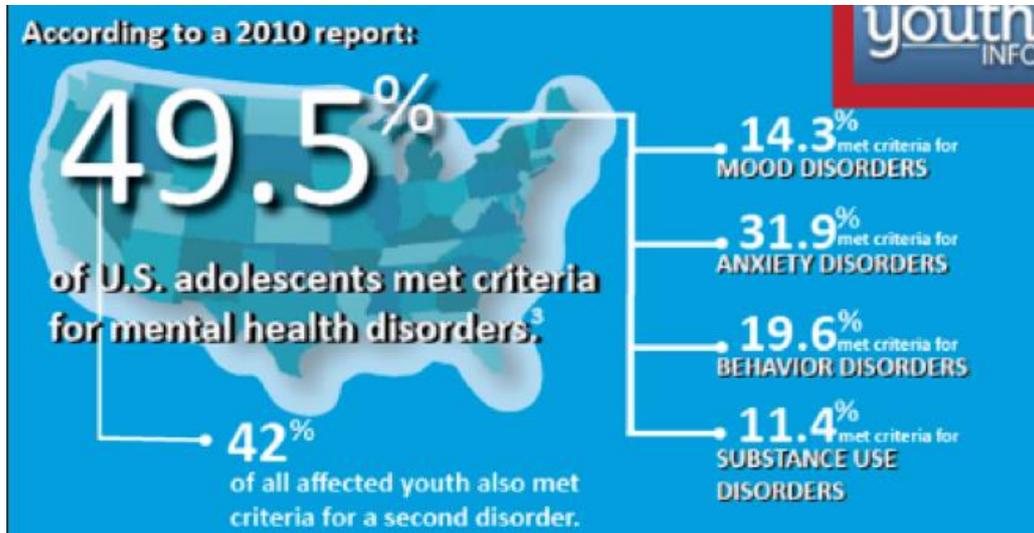
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1. Introduction

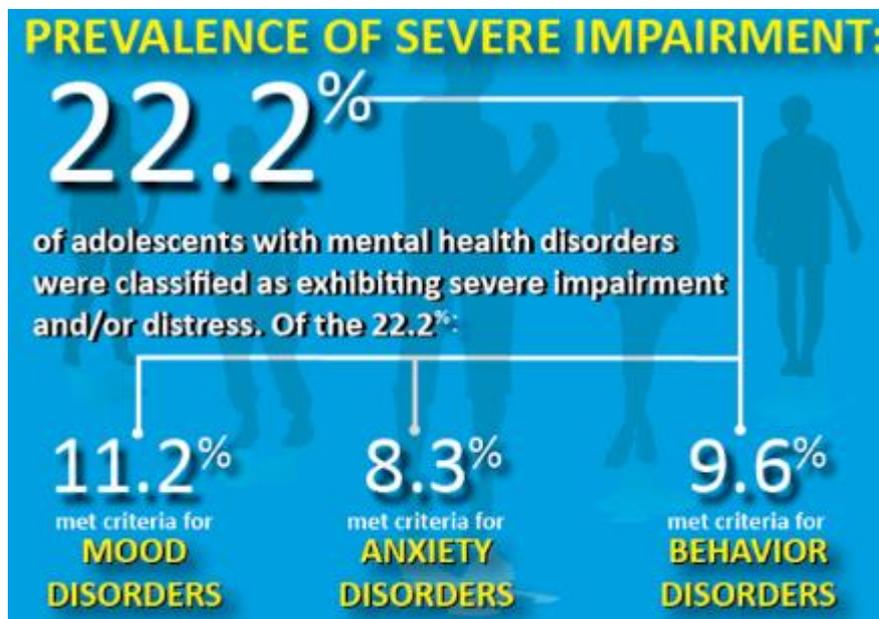
A large portion of the American population suffers from some form of mental illness. According to statistics, over 40 million U.S. adults experience mental illness. Therapies and various treatments can be very expensive and hard to reach, either financially or physically. People who live in remote places have difficulties attending therapy. Because of this, many psychiatrists offer online counseling. Also, studies have shown that teenagers are more likely to communicate via text messages and apps than directly with a doctor. This research will provide information about the online counseling and therapy market, as well as app usage for the same purposes.

2. Market

2010



Source: <http://youth.gov/youth-topics/youth-mental-health/prevalance-mental-health-disorders-among-youth>

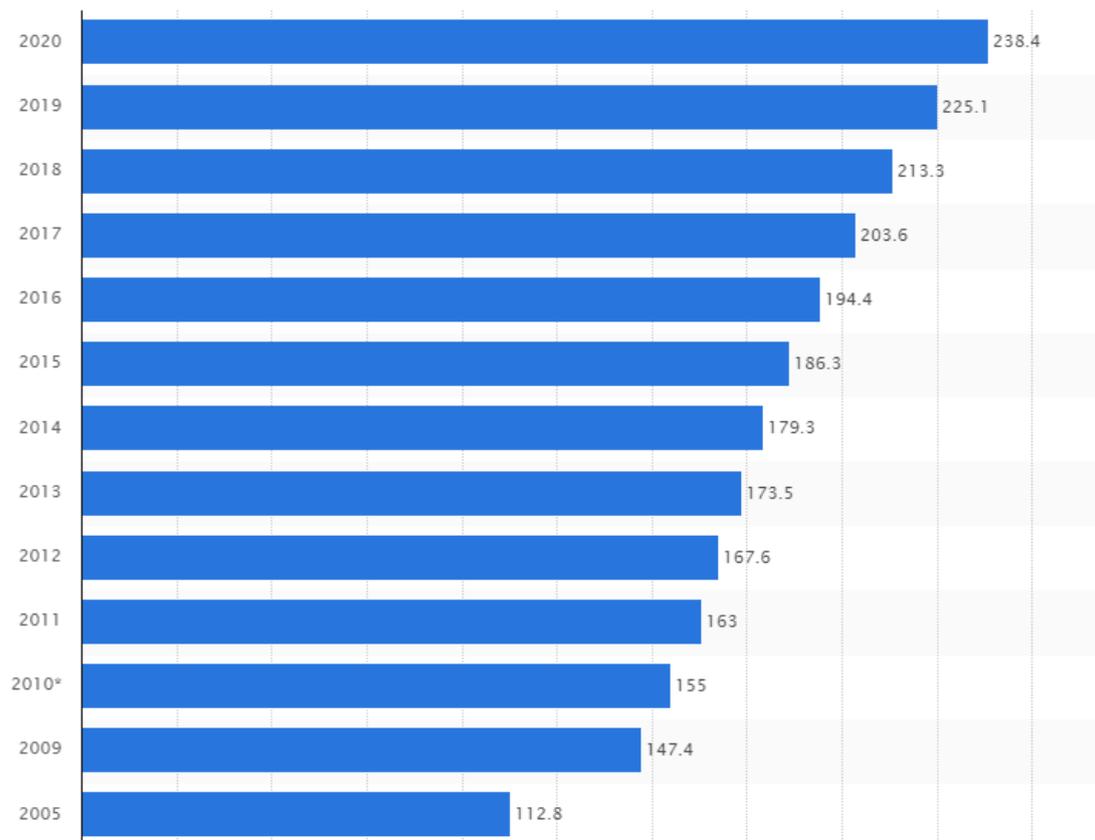


Source: <http://youth.gov/youth-topics/youth-mental-health/prevalance-mental-health-disorders-among-youth>

3. Current Trends

Total U.S. expenditure for mental health services from 2005 to 2020 (in billion U.S. dollars)

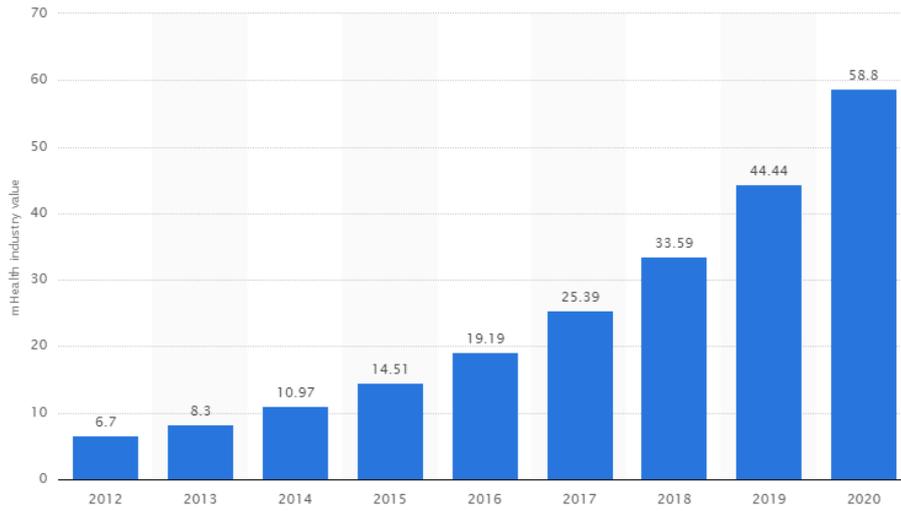
This statistic describes the total U.S. expenditure for mental health services from 2005 to 2010, and projections for the years 2010 to 2020.



<https://www.statista.com/statistics/252393/total-us-expenditure-for-mental-health-services/>

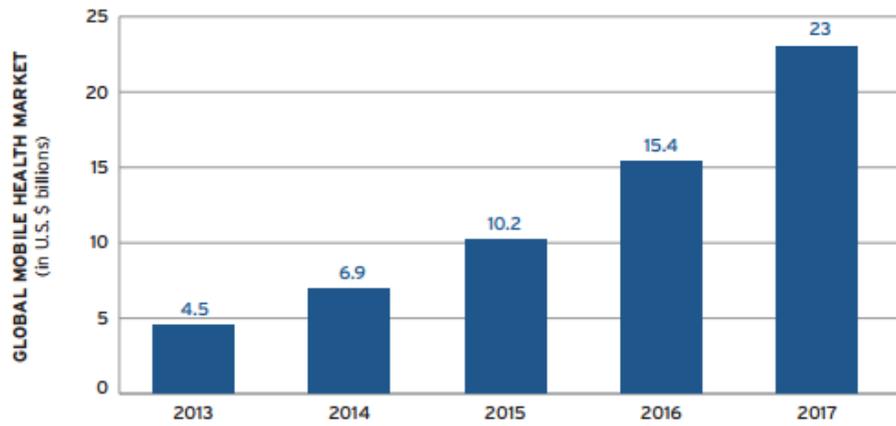
mHealth (mobile health) industry market size projection from 2012 to 2020 (in billion U.S. dollars)*

The statistic shows a forecast regarding the value of the global mHealth market from 2012 to 2020. For 2015 the mHealth market is forecast to be at around 14.5 billion U.S. dollars.



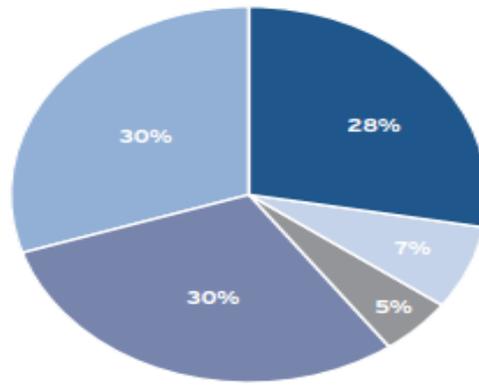
Source: <https://www.statista.com/statistics/295771/mhealth-global-market-size/>

Global mHealth Market



Source: https://www.brookings.edu/wp-content/uploads/2016/06/mHealth_finalx.pdf

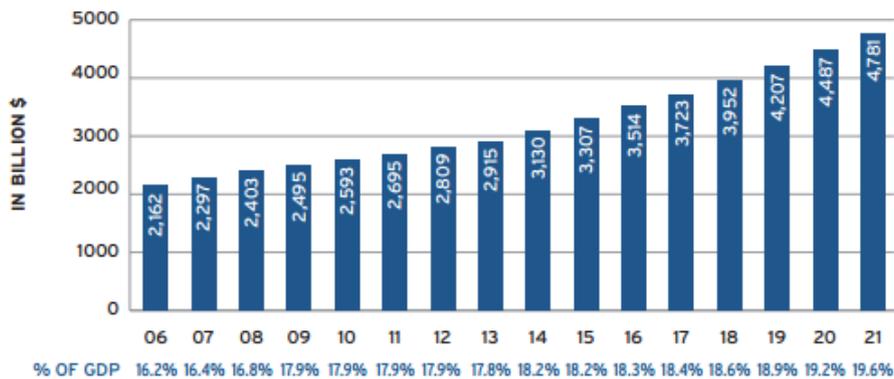
Global mHealth Market Shares



USA/Canada	\$6.5 billion	28%
Latin America	\$1.6 billion	7%
Africa	\$1.2 billion	5%
Europe	\$6.9 billion	30%
APAC	\$6.8 billion	30%

Source: https://www.brookings.edu/wp-content/uploads/2016/06/mHealth_finalx.pdf

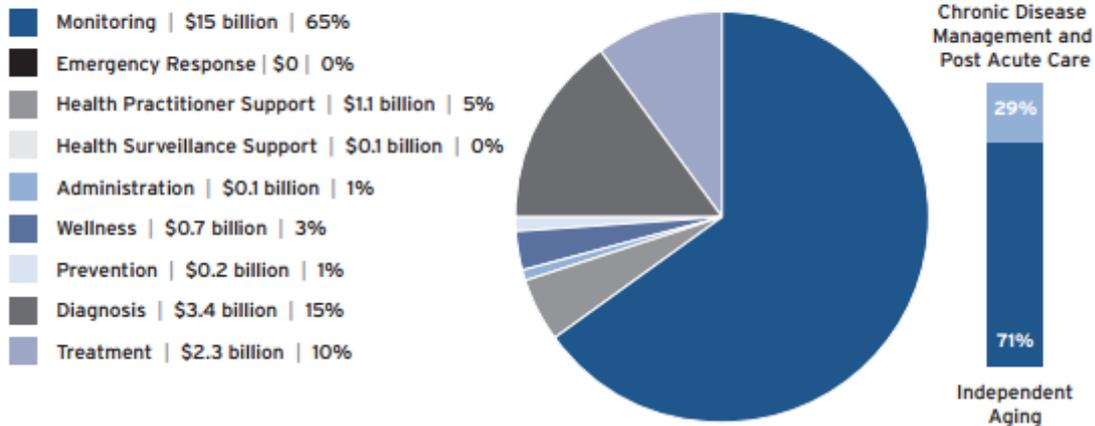
Health Care Costs in the United States, 2006-2021



Source: https://www.brookings.edu/wp-content/uploads/2016/06/mHealth_finalx.pdf

In the United States, health care costs total around \$2.9 trillion in 2013 and are expected to rise to nearly \$4.8 trillion by 2021.

Global mHealth Market Opportunity by Service Categories, US\$ billion, 2017



https://www.brookings.edu/wp-content/uploads/2016/06/mHealth_finalx.pdf

E-therapy today:

4 types. Two of the types are entirely via the Internet. Others combine Internet communication with in-person treatment.

- E-therapy – psychotherapists form ongoing helping relationships that take place on the Internet.
- Mental health advice – psychotherapists respond to one question in depth, again solely via the Internet.
- Adjunct services – psychotherapists use Internet communication to supplement traditional, in-person treatment.
- Behavioral telehealth and telepsychiatry – mental health professionals (typically psychiatrists) use videoconferencing systems to work with patients in remote locations.
- 20: percentage of counselors and psychotherapists offering online, email or telephone counseling services.
- Study: 42% using online therapy recovered from depression versus 26% with standard care.

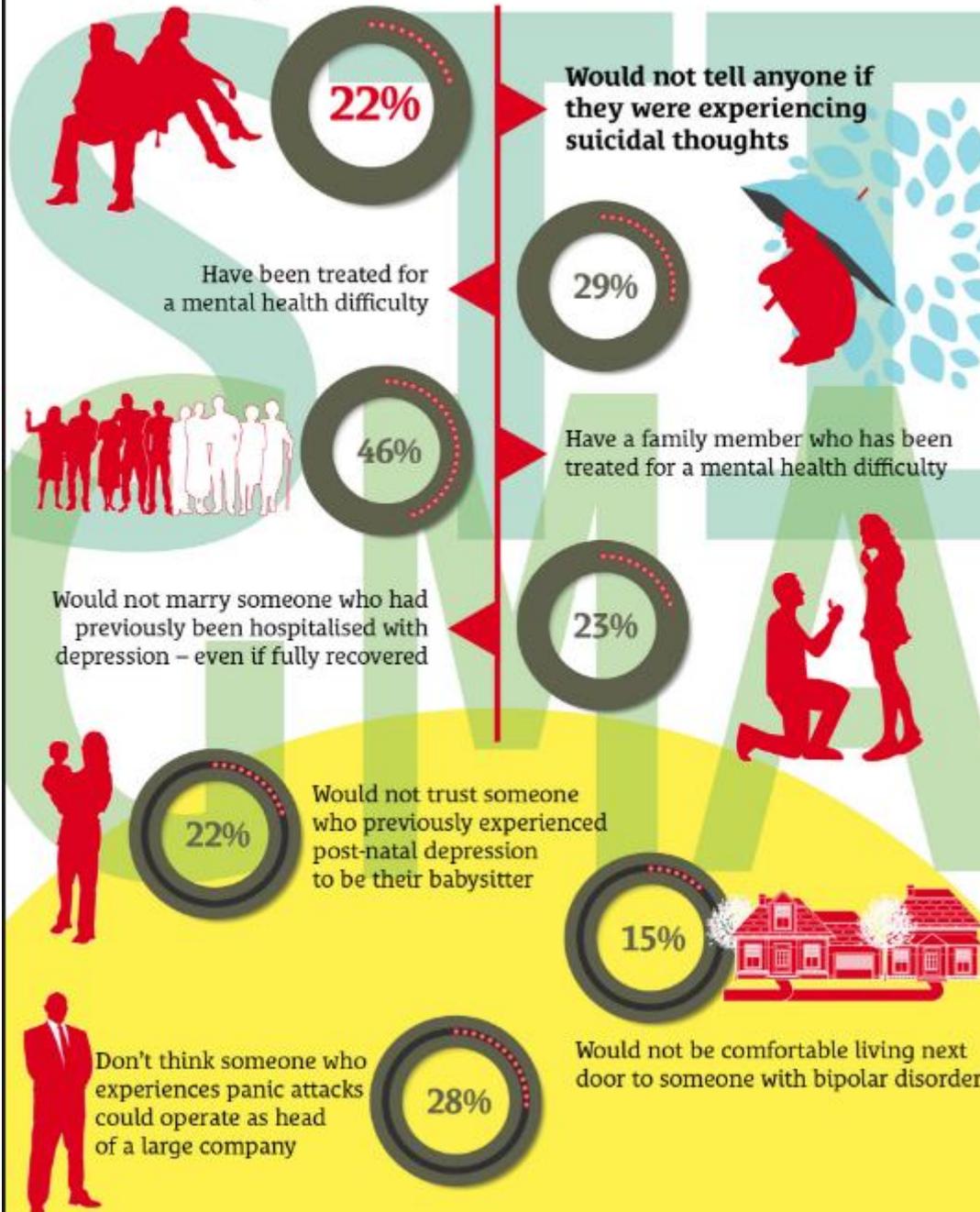
¹ <http://www.bestcounselingdegrees.net/online/>

4. 2016 - 2020

- 26.2: percent of U.S. population (or 59 million people) suffers from a diagnosable mental health or addiction disorder. Less than 1/3 get professional help.
- 52: the percentage of adult Americans who believe mental health therapy is difficult to get.
- 1 in 10 Americans are stressed and could benefit from therapy, but don't get it.
- Among those who have needed treatment, but not gotten it, they are most likely to cite the following reasons why:
 - cost (39%)
 - the belief that their problems aren't serious enough (35%)
 - skepticism as to whether it would work (32%)
- Men more likely than women to say they don't trust therapists (22% vs. 11%) and that they don't want to be associated with the types of people who need therapy (21% vs. 9%).
- Online therapy may help some who cannot or will not go in person.

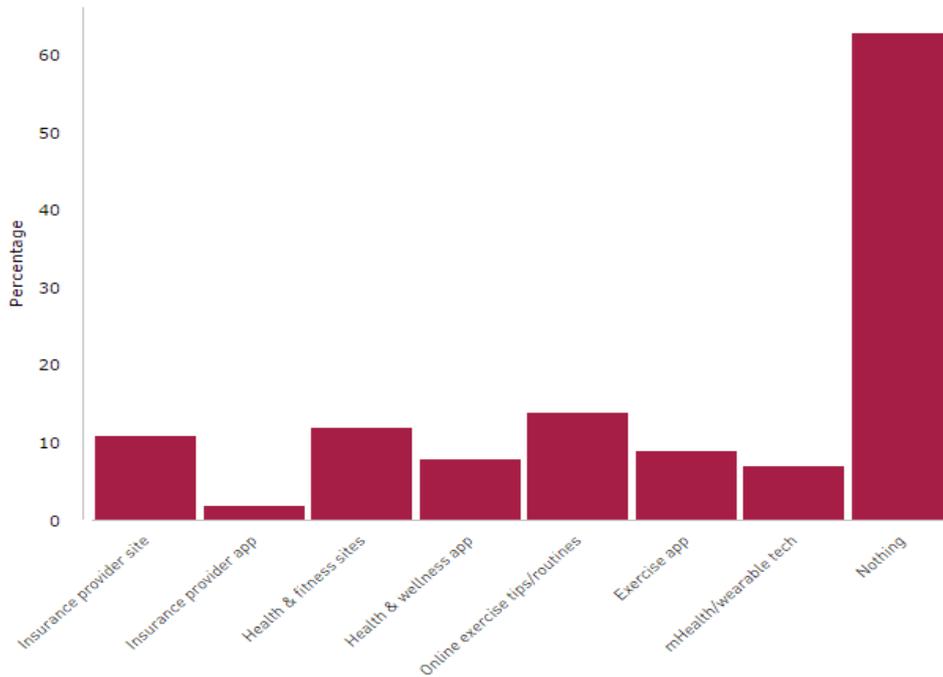
² <http://www.bestcounselingdegrees.net/online/>

Mental Health Survey: General Public Key Findings 2016

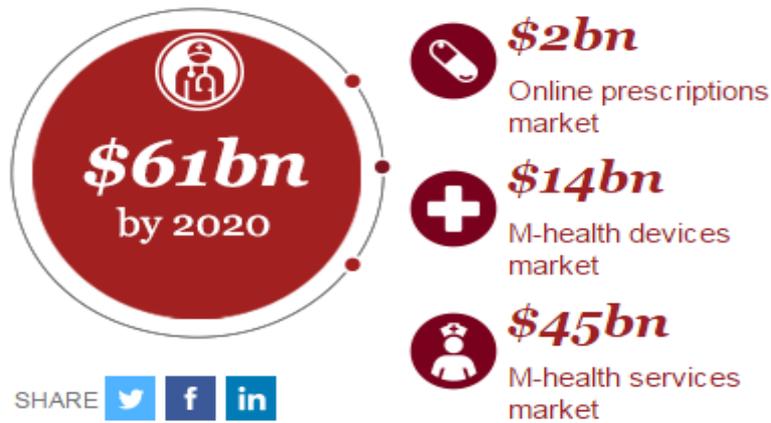


<https://www.stpatricks.ie/survey-shows-22-say-they-would-conceal-suicidal-thoughts>

Percentage who use mHealth tools



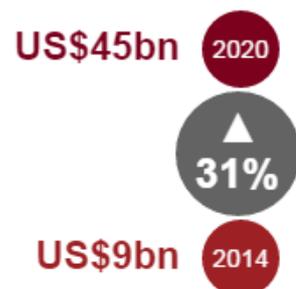
<http://us.kantar.com/business/health/2016/kantar-health-mobile-health-usage-study/>



Source: <http://www.pwcMegatrends.co.uk/mylifeconnected/health.html>

mHealth services

The mHealth services market includes wellness, prevention, diagnostic and monitoring services. We expect this sub-segment to expand at a rate of 31% from 2014 to 2020, reaching US\$45 billion as mobile health services gain popularity. Becker's Hospital Review states that 80% of healthcare consumers in the US would engage with digital services that help them manage their health. Tractica, a digital health advisory service, expects 78 million consumers worldwide to use mobile health technology in the home over the next five years, reaching 14.3 million by 2020, a growth rate of 40%.



Source: <http://www.pwcMegatrends.co.uk/mylifeconnected/health.html>

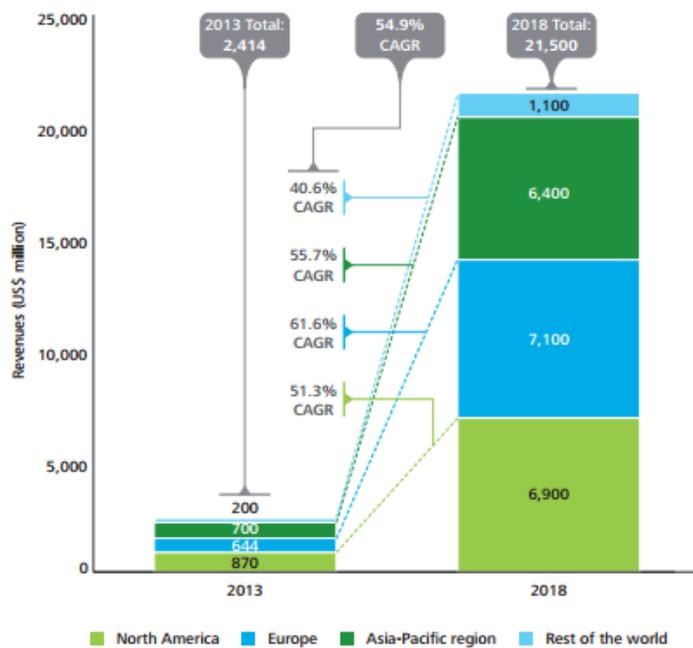
- 1.** 1.7 billion people are expected to download mobile health apps by 2017
- 2.** In the first six months of 2014, global digital health investment deals were worth **\$3.3 billion**
- 3.** 80% of healthcare consumers in the US would engage with digital services that help them manage their health
- 4.** Nearly **90%** of 18-24 year olds in the US said they would engage in health activities through social media
- 5.** Hospital managers claim using Skype for consultations could reduce outpatient appointments by up to **35%**

<http://www.pwcMegatrends.co.uk/mylifeconnected/health.html>



<https://www2.deloitte.com/content/dam/Deloitte/uk/Documents/life-sciences-health-care/deloitte-uk-connected-health.pdf>

Figure 2. Global mHealth market revenues, 2013-2018 (USD million)



Source: Mobile health technologies and global markets, BCC Research, 2014

The size and scale of the global mHealth market

There are four leading providers of mHealth technologies: mobile operators, device vendors, content developers and healthcare providers. The mHealth market is evolving at an increasing pace with many new entrants and incumbents developing a raft of new products and services. As a result, definitions of the market vary widely depending on the components that are included. While all industry forecasters are predicting significant growth, estimates of the extent of this growth vary extensively.

On the basis of estimates by BCC Research, covering connected medical devices, healthcare applications and related mobile technology, the value of the market in 2013 was \$2.4 billion and is forecast to reach \$21.5 billion by 2018, a compound annual growth rate of 54.9 per cent (Figure 2). By 2018, Europe is forecast to overtake North America as the biggest mHealth market, given the potential of the different healthcare systems to adopt, at scale, the technology that is currently used in relatively small pockets of the healthcare provider market.⁸

Source: <https://www2.deloitte.com/content/dam/Deloitte/uk/Documents/life-sciences-health-care/deloitte-uk-connected-health.pdf>

Evidence of health technology benefit for providers

A mobile working solution for community nurses

- 60%** Paperwork time
- +29%** Patient face time
- 2** extra patients seen daily

A telehealth hub across 210 care homes

- 35%** Hospital admissions
- 53%** A&E use
- 59%** Hospital bed days

Evidence of health technology benefit for patients

75% of the UK population goes online for health information

Patients using technology to manage their COPD:

- 97%** High satisfaction
- 62%** Increased confidence
- 94%** Better treatment compliance

<https://www2.deloitte.com/content/dam/Deloitte/uk/Documents/life-sciences-health-care/deloitte-uk-connected-health.pdf>

5. 2017 – US Market¹

2017 U.S. Health IT Spending	
Federal	\$7 billion
Hospital	\$66 billion
Practice	\$1.5 billion
Payer	\$19 billion
Consumer	\$6.5 billion
TOTAL	\$100 billion

Source: <http://cognitivemedicalsystems.com/much-will-u-s-health-market-worth-2017/>

Federal

Federal numbers can be gleaned from budgets and spending reports, but are generally reported by project, making it difficult to tease out costs by function. Estimates for 2017 have fluctuated, but we were able to arrive at reliable numbers using reports from a couple different research firms.

In 2011, Deltek predicted federal health IT spending would reach \$6.5 billion by 2016. A Govini report put 2015 actuals at that same number, indicating an upward trend. If we extrapolate using Deltek's 2.2% CAGR projection we get an estimate of \$6.7 billion for 2017.¹

Given VA and DOD's efforts to modernize their Electronic Health Records (EHRs), including DOD's acquisition of Cerner's Millennium product to replace its AHLTA system—valued at \$11 billion all told—this seems to be an extremely conservative estimate. Also driving growth in the federal market is demand for big data analytics, clinical decision support, telehealth, storage, and cloud solutions.¹

Hospitals & Large Health Systems

EHRs have been the biggest market driver in recent years, but that is changing as they reach saturation and replacement purchases are poised to overtake first-time purchases. With the near ubiquity of EHRs and as organizations work to further customize their systems, health groups are seeking to better leverage their EHR data with analytics, business intelligence, and clinical decision support. Also, as SAAS and cloud solutions become more accepted, application spend will shift to operations.¹

¹ <http://cognitivemedicalsystems.com/much-will-u-s-health-market-worth-2017/>

The Healthcare Information and Management Systems Society (HIMSS) regularly publishes its HIT forecast model for hospitals and integrated delivery systems (IDS). HIMSS reported that in 2014 hospital and IDS IT expenses ran between \$37.8 billion and \$51.5 billion. For our purposes we've averaged this to \$45 billion. Without a hospital-specific CAGR, we will use the Markets and Markets CAGR to augment this number for 2017, giving us \$66 billion.¹

Clinics & Private Practices

There is scant published data specifically addressing individual physicians and physician groups as they represent a much smaller funding pool, but we attempted to quantify the market value for the IT products used specifically by small and independent practices: ambulatory EHRs and clinical practice management software.

IDC Health Insights predicted ambulatory EHR spending would reach \$1.4 billion in 2015 at a 14.2% CAGR. It has been widely reported that new EHR procurement will slow as adoption reaches saturation, and by January 2015 8 in 10 office-based physicians had already adopted an EHR.¹ Since this group is unlikely to participate in early adoption of analytics platforms—which is where EHR funding will transition—we used this last known estimate.

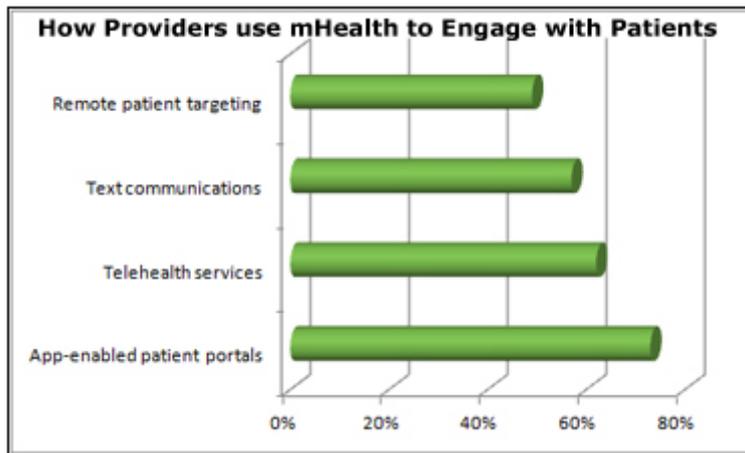
A global estimate of the practice management system market predicted \$247.1 million in spending by 2018 but did not provide a **breakdown** by country, so we rounded up our figure for this category to \$1.5 billion as U.S. spending in this area surely amounts to at least \$1 million.⁵

mHEALTH AND U.S. HEALTHCARE ORGANIZATIONS

- By April 2015, 90% of healthcare providers maintained mobile devices to engage with patients¹⁴
- Providers used a variety of means to engage with patients: app-enabled patient portals (73%), telehealth services (62%), text communications (57%), and remote patient targeting (49%). Of these technologies, 36% of respondents believe the use of app-enabled patient portals is the most effective tool in patient engagement¹⁴
- 31% of organizations offer a specific app for patients. 30% are currently developing an app, and 10% have created an app marketplace to distribute apps internally or externally¹⁴
- 67% reported that partial portions of mobile device information is uploaded into the org's electronic health record. Only 8% reported that all mobile device data is uploaded into their EHR¹⁴
- A majority (51%) identify lack of funding as the top barrier for the effective use of mobile technology¹⁴

Source: <http://www.mhealthshare.com/mfactsheet.htm>

¹ <http://cognitivemedicalsystems.com/much-will-u-s-health-market-worth-2017/>



<http://www.mhealthshare.com/mfactsheet.htm>

Payers

Growth in health insurance IT spending will come from a shift toward analytics platforms as payers strive to leverage data for greater efficiency and decreased risk. Although the industry is still acclimating to the regulatory and compliance requirements of the Affordable Care Act, it has largely accommodated the spike of newly insured individuals. Finally, just as federal payers are experimenting with alternative reimbursement models that emphasize quality, private payers will begin tweaking their models in response to the new information available.

In 2010, before the HITECH and Affordable Care Act’s technology-driven health reforms were fully realized, McKinsey reported that health insurance payers paid \$13 billion for IT annually.¹ Frost & Sullivan predicts the U.S. Health Insurance IT market will grow at a compound annual growth rate of 5.5% between 2015 and 2020.¹ It’s a bit disingenuous to apply this CAGR to the earlier period, but 5.5% is most likely conservative. This gives us a 2017 estimate of \$19 billion.

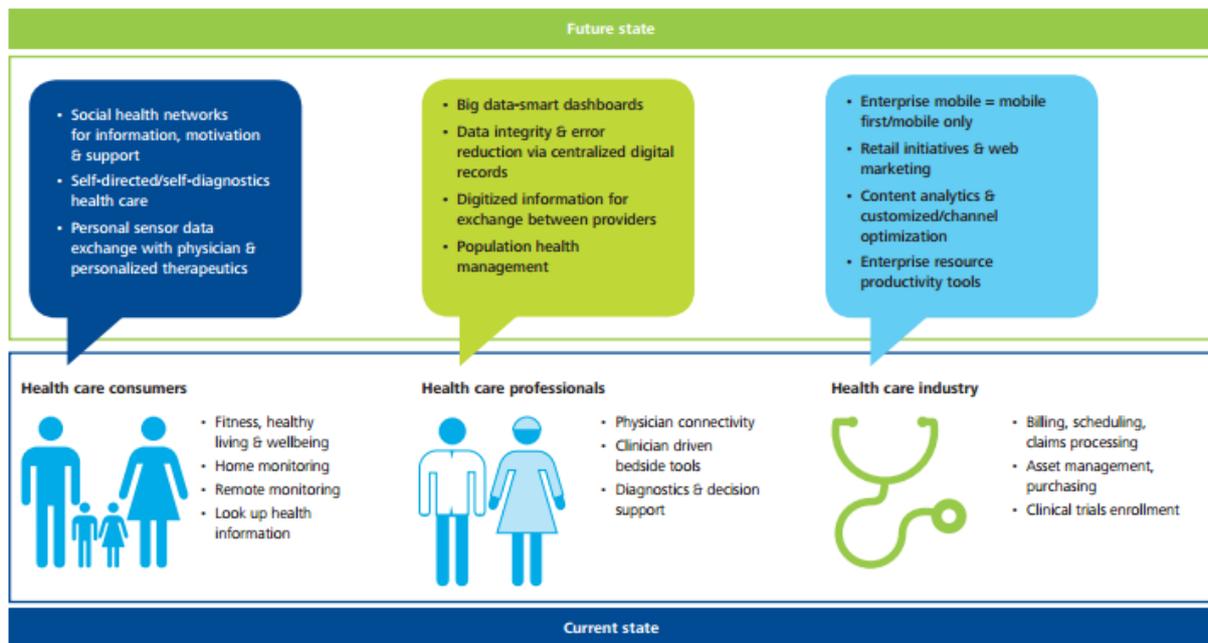
Consumers

Mobile health (mHealth) has been on the rise in recent years thanks to increased use of wireless devices—everything from phones to fitness trackers to home diagnostic tools. With all of this data available, consumers are demanding providers make sense of it for use in provision of care. Specifically, monitoring for chronic disease management and diagnostic services are naturally facilitated by personal devices and are driving demand.

In 2013, PwC predicted the U.S. would make up 28% of a \$23 billion mHealth market in 2017, putting it at about \$6.5 billion. We expect this, Precision Medicine, and related initiatives to drive lots of opportunity in the public and private sectors.

6. Pros and Cons of Online Therapy

Figure 5. mHealth – Consumers, professionals, and the health care industry



Source: <https://www2.deloitte.com/content/dam/Deloitte/us/Documents/life-sciences-health-care/us-lhsc-mhealth-in-an-mworld-103014.pdf>

Pros and Cons of online therapy:

Pros:

- Accessibility
- Convenience
- Affordability
- Near elimination of social stigma
- Anonymity
- Communication via email, chat rooms, video-conferencing, Skype

Cons:

- No face-to-face: possible absence of verbal and nonverbal cues
- Confidentiality could be breached (hacked)
- Effectiveness: greater risk of misdiagnosis
- Therapist credibility (due diligence needed)
- Ethical issues
- If no one knows who is treating whom, how is quality service ensured?

- If a practitioner does not know where a client is, how can they call for help, such as with suicidal threats?
- Insurance companies rarely cover the costs of online counseling.
- Medication cannot be prescribed after an online counseling session.

7. Online Mental Health Services

- 80: percentage of Internet users, or about 93 million Americans, who have searched for a health-related topic online.
- That's up from 62 percent of Internet users who said they went online to research health topics in 2001.

iOS/Apple Apps

- T2 Mood Tracker – a mobile application that allows users to self-monitor, track and reference their emotional experiences. [Also for Android]
- PTSD Coach – Provides opportunities to find support, and tools that can help users manage the stresses of daily life with PTSD. [Also for Android]
- LearnPanicCBT – Self-treatment for panic disorder that is based on Cognitive Behavior Therapy (CBT) principles
- Stress Check – This research-based assessment tool provides users with an overall stress score that illuminates their current level of stress

Android Apps

- Stop Panic and Anxiety Attacks – for use when experiencing a panic attack, and to help patients learn to tolerate and control their anxiety symptoms.
- Worry Box – Self-help for worry and anxiety.
- Cognitive Diary CBT Self-Help – How to recognize thinking that interferes with achieving your goals in life, and how to change that thinking.
- DBT Self-Help – Helps you manage overwhelming emotions.

⁶<http://www.bestcounselingdegrees.net/online/>

Computer programs

- ELIZA is a computer program that acts as a psychotherapist. ELIZA uses string substitution and responds based on keywords. Some users believed that ELIZA was an actual human being.²

Online and Telephone Support

Just under 90% of counselors and psychotherapists registered on Counseling Directory now offer online, email or telephone counseling services.

While face-to-face counseling is currently the most popular and conventional medium of treatment, there is a huge number of factors which may mean receiving counseling by way of another communication channel could be a more appropriate option for some.

Online, email and telephone counseling offers individuals the same level of support and confidentiality as that of meeting face-to-face with a qualified counselor or psychotherapist, but in addition can offer suitable solutions to some of the difficulties associated with receiving treatment in a traditional therapeutic setting:

- Accessibility - Counseling slots can become full. This is especially true for appointments that are in high demand such as those in the evening or late at night. Online and telephone counselors however, are more likely to be able to offer a higher level of flexibility - therefore reducing the waiting time for treatment and making it more accessible.
- Affordability - Reduced overheads such as not having to rent a private counseling space may mean that some counselors are able to offer online, email or telephone counseling at a reduced rate.
- Anonymity - If you are concerned about the stigma attached to mental health problems or you are worried that someone may discover you are receiving treatment - online and telephone counseling services offer the client a higher level of privacy as well as leaving them the option to remain anonymous.

⁷ <http://www.bestcounselingdegrees.net/online/>

- Convenience - These services mean that you are able to receive support from the comfort of your own home, or wherever it is that you are - a highly beneficial aspect for the following individuals in particular:
 - Housebound and/or disabled individuals.
 - Caregivers who are unable to take a break from their responsibilities even for a short time.
 - Parents who can't afford childcare.
 - Employees who travel frequently or are too busy to commit to regular face-to-face appointments.
 - People living in remote areas who are far from a therapist's office.
 - Hearing impaired - instant chat and email counseling mean that an interpreter will not be required.
- Flexibility - A reduced crossover period between clients in combination with a series of additional factors often mean that these services can be offered at more flexible times than with face-to-face counseling.

Whilst the idea of telephone and online counseling have been around for some time, recent advances in Internet and mobile phone technology have now resulted in a growing movement towards that of online and telephone counseling services.

Though up until relatively recently both the Internet and mobile phones used to be luxuries to a few, they are now fundamental components of everyday life for millions.

With so many people now online on a daily basis, either for leisure or work - Internet counseling and telephone counseling are ideal alternative solutions to many of the obstacles that some individuals face when attempting to seek face-to-face counseling, and ultimately, they are methods which can be used to reach people who wouldn't get help any other way.

Are online, telephone and email counseling effective? Though there are a number of experts who believe that the validity and efficacy of online and telephone counseling is not as strong as that of counseling in a traditional setting, there is mounting evidence to suggest that the outcome of these methods is at least equal to that of face-to-face counseling.

For example, leading medical journal *The Lancet* previously published a study validating claims that online cognitive behavioral therapy is just as effective in treating depression as that of traditional face-to-face therapy.

There is also a growing body of supporting evidence suggesting that the effects of telephone counseling parallel those of face-to-face methods. A 2002 study published in the *Journal of Counseling and Psychology* revealed that counseling clients rate their relationship with their therapist very similarly to in-person clients. In addition, telephone counseling has also been recognized an effective treatment for depression.³

Online counseling

Simply explained, online counseling is any form of counseling that is conducted over the internet. This could be via an exchange of a series of emails, or it could be over an instant chat messenger that allows the counselor to talk to their clients in real time.

Whatever mode of Internet communication is used, online counseling is an ideal way for many individuals to seek confidential and professional support if for whatever reason; they cannot undergo treatment in a traditional face-to-face setting.

Email counseling

Email counseling is a form of online counseling that allows a client to work with a qualified online counselor or psychotherapist via an email exchange. The process involves the client typing out their problems and concerns in an email, and the counselor taking the time to read the email before replying with a considered therapeutic response.

Writing down whatever it is that may be clouding our minds can be an extremely effective way of processing negative emotions. Putting pen to paper, or in this case, hand to keyboard - is an ideal way for individuals who do not feel comfortable speaking about their problems to express themselves.

Because emails can be written at any time over a continued period and the client is in control of determining the timing on their side of the contract - they have the freedom to document what is on their mind as it occurs, rather than waiting several days for a face-to-face counseling session.⁸

³ <http://www.counselling-directory.org.uk/online-counselling.html>

<http://www.counselling-directory.org.uk/online-counselling.html>

Just knowing that there is someone there to receive, acknowledge and respond to your problems without judgment can provide an enormous sense of comfort and support to anyone attempting to overcome a difficult period in their life.

How does email counseling work? As mentioned above, email counseling will revolve around a series of email exchanges between the online counselor and client. However, before the therapy itself commences you will need to clarify the following details, usually during a few initial email exchanges:

The client's reason for seeking counseling and the issues that need to be addressed.

Online chat counseling

This form of counseling is carried out at a pre-arranged time using an instant chat messenger, allowing clients to receive an instant 'real time' response.

Whilst email counseling is hugely beneficial in many ways, the instant feedback obtained from online chat counseling can be comforting for clients who wish to interact and respond with their therapist immediately.

Similarly to that of email counseling, online chat counseling is often more accessible and convenient than that of face-to-face counseling, and it also gives the client the option of remaining anonymous.

How does online chat counseling work? If you have decided that online chat counseling is an avenue you would like to explore, get in touch with your chosen counselor to arrange a mutually convenient time for you to "meet" online.

At the designated time slot the counselor and client will both log on to a predetermined chat room (which will be secure and confidential), so that they can exchange instant messages for the agreed length of the session.

As with all forms of counseling, certain details will need to be confirmed before the online counseling begins. This may be done over the phone, via email or using the instant messenger. Whatever mode of communication the client should ensure they have spoken to their counselor about why they are seeking help, how many sessions they may need, cost, privacy and the cancellation policy.

Skype counseling

An increasingly popular option for those who can't make face-to-face counseling sessions is Skype counseling. Skype is a computer program that enables you to video chat in real time with other people over the Internet. The software itself is free and is easy to download. If your computer doesn't have a webcam or microphone, you will have to purchase these too, however they are relatively inexpensive.

The beauty of Skype is that you are able to physically see your counselor, a factor that people often miss during email or telephone counseling. Just like these other methods however, Skype counseling allows you to attend a session from the comfort of your own home and you can talk to a counselor from anywhere in the world.

How does Skype counseling work? Usually you will contact a counselor via email or telephone in the first instance to arrange an initial consultation. Together you will plan a suitable time for you to "meet" and discuss what you are seeking help with.

Before your first session you may want to ensure that you are alone and won't be disturbed. It is also a good idea to make yourself comfortable and check you have a good Internet connection before you start.

During your initial consultation you can check that the technology is working correctly and that you feel comfortable receiving counseling in this way. This is also your opportunity to get to know your counselor and ensure that you are happy with their style of working.

In terms of payment, your counselor may ask you to pay via a secure online payment before the session, or they may ask for credit card details at the end of your session. It is important to keep personal details safe, to ensure all payments are carried out in a safe and secure manner.

Do I need to be computer literate to have online counseling? Whilst of course individuals who are looking to pursue the option of online counseling will need some basic computer skills, you do not need to be a technical genius to make email or instant chat counseling work for you.

The vast majority of counselors who do offer these services will be able to provide a step-by-step simple approach to getting started.

Telephone counseling

Telephone counseling works in the same way as that as face-to-face counseling but is conducted over the telephone. Some counselors may offer this as an additional avenue of support between face-to-face counseling sessions, and others may focus solely on conducting the counseling over the phone.

Telephone counseling is free of many of the constraints that come hand in hand with face-to-face counseling, subsequently making therapy more accessible to those who are unable to receive counseling or psychotherapy in a traditional setting.

How does telephone counseling work?

The first step is simply for the client to telephone the counselor so that a brief discussion can be had about their problem. If the counselor then feels that telephone counseling is going to be an appropriate method for treatment a session can then be booked in for a time that is convenient for you.

During the initial telephone call the counselor will take the opportunity to discuss the areas that need to be addressed, to find out some background information about the client, and to recommend and agree the number of counseling sessions that will be needed.

The counselor will also usually outline their confidentiality policy as well as general information such as cancellation policy.⁴

Psychologist using telehealth

On a typical day, military psychologist Ray Folen, PhD, might provide an hour of therapy to a patient struggling with anxiety in Guam, another hour to a client in Japan experiencing post-

⁴ <http://www.counselling-directory.org.uk/online-counselling.html>

traumatic stress disorder and a third hour to a soldier in his home state of Hawaii who might be dealing with depression.

All of this therapy is provided from Folen's office at Tripler Army Medical Center in Honolulu, but only one of the sessions is done face-to-face.

Folen, chief of Tripler's psychology department, is one of a growing number of psychologists seeing patients via video conferencing. The practice has been in place for almost 20 years at the Department of Veterans Affairs and other government organizations that serve patients in rural areas. But over the last decade, more psychologists have begun offering "telepractice," also often referred to as "telepsychology" or the newer term, "telemental health" and the older, more generic "telehealth." The terms refer to providing psychological services remotely, via telephone, email or videoconferencing.

Those in the telehealth trenches say it improves access to care for people who live in remote areas or who, due to illness or mobility problems, can't leave home. The practice also enhances psychological services by allowing psychologists to support clients between visits. Medicare, Medicaid and other third-party reimbursement is available for psychologists who deliver such services via videoconferencing and follow specific guidelines, experts say.

"By insisting that patients come to our offices, we're excluding potentially millions of patients who need care," says Carolyn Turvey, PhD, a professor of psychiatry at the University of Iowa and vice chair of the American Telemedicine Association's Telemental Health special interest group.

Timely diagnoses by behavioral scientists via telehealth, for example, can help a child with autism in a rural community remain in school and improve socialization, she says. Or a quick check in via telehealth can help an older adult in a nursing home control her temper. "Being more open to telepsychology is really going to help many needy people who just can't meet the requirements of current face-to-face practice," she says.

APA's Center for Workforce Studies has documented telehealth's growth: Overall email use with clients for service delivery more than tripled among practicing psychologists from 2000 to 2008, with approximately 10 percent of those sampled using it weekly or more in 2008. Practitioners' use of videoconferencing with clients, while still rare, increased from 2 percent to 10 percent among survey respondents during that same time period.

Turvey says much of telepsychology's growth can be attributed to consumer demand — particularly from younger clients. As people become more accustomed to the convenience of online commerce and keeping up with friends and family via social networking websites, interacting with a therapist online may become just another convenience that's expected.

And while some psychologists say it should have happened sooner, support for and guidance on telehealth from APA and other psychological organizations is growing, particularly under the leadership of APA President Melba J.T. Vasquez, PhD. In August, she spearheaded an effort to create a joint APA-Association of State and Provincial Psychology Boards task force that will develop national guidelines for telepsychology practice. APA's Council of Representatives approved the creation of the task force in February.

One reason why APA has taken a cautious approach to developing these guidelines — and why more psychologists aren't jumping on the telepsychology bandwagon — is that the practice still involves licensure concerns when it comes to treating patients across state lines, says Lynn Bufka, PhD, of APA's Practice Directorate. Many practitioners also say providing therapy online continues to pose privacy risks and that reimbursement for these services has only recently begun. The practice of telehealth also requires significant training, and comes with several ethical and therapy effectiveness considerations, particularly with regard to email. Some say that while email is often the "easiest" technology, it has serious limitations as a clinical tool, including the absence of the ability to "see" non-verbal cues from a client.

"There's just not a clear understanding of what's acceptable and what's not in telehealth," Bufka says.

Why telepractice?

The expansion of telehealth would help address several hurdles to securing mental health services. Nearly 80 million Americans live in a mental health professional shortage area, according to the U.S. Health and Human Services Health Resources and Services Administration. Even in urban environments where psychologists abound, cost, transportation and time constraints often prevent people from seeking mental health services.

In addition to these structural barriers, a 2009 Substance Abuse and Mental Health Services Administration survey found that less than one-quarter of the estimated 45 million American adults who have a mental illness received treatment. One major reason for the low number: stigma and embarrassment about making contact with a therapist. Telehealth — be it by phone,

email or video conferencing — can help solve many of these access problems, says Eve-Lynn Nelson, PhD, assistant director of research at the University of Kansas Center for Telemedicine and Telehealth.

“Technology really helps us get more bang for our buck and extend our service reach,” says Nelson, who has been researching and providing video-based mental and behavioral health services to children and adults for nearly a decade.

A 2008 meta-analysis of 92 studies, for example, found that the differences between Internet-based therapy and face-to-face were not statistically significant. Similarly, a 2009 review of 148 peer-reviewed publications examining the use of videoconferencing to deliver patient interventions showed high patient satisfaction, moderate to high clinician satisfaction and positive clinical outcomes.

In addition, a 2010 study in the *Journal of Clinical Psychiatry* found that videoconferencing can be successful in treating post-traumatic stress disorder. In that study, researchers compared the effectiveness of 12 sessions of anger management therapy delivered via video to in-person delivery of the same treatment to 125 rural combat veterans with PTSD. The researchers found that the video-based anger management therapy was just as effective as the face-to-face care.

“This is not a small statement to make when you’re trying to get buy-in from providers or clinics about how well this works,” says the study’s lead author, Leslie Morland, PsyD, a clinical psychologist with the National Center for PTSD, Pacific Islands Division.

But such findings don’t mean every mental and behavioral health intervention can or should be provided online, cautions Bufka. She says the research remains inconclusive about which treatments are suitable for telehealth and which are better done face-to-face.

Jurisdictional restrictions

Licensing is another major area of concern with telepsychology. Psychologists must be licensed to work with patients in another state. But what happens when a Georgia-based psychologist wants to offer telepsychology services to a client who has retired to Florida? Most clients prefer to continue therapy with their current provider by phone, email or video rather than find a new psychologist and begin a brand new relationship — and most psychologists don’t want to abandon their client in these situations. But current licensing laws don’t provide enough

guidance as to whether they can continue to provide services, says ASPPB Executive Officer Stephen DeMers, EdD. This has become a problem for industrial-organizational psychologists, in particular, who work with clients nationwide and sometimes internationally, says Judith Blanton, PhD, a consulting psychologist with RHR International.

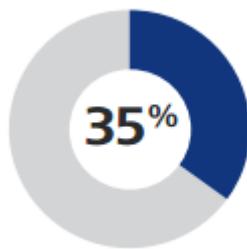
Research by APA's Practice Directorate found that only three states — California, Kentucky and Vermont — have instituted specific licensing guidelines on psychologists' use of telehealth. Most states continue to follow policies devised long before technology allowed provider and client to interact from separate states, DeMers says. "By making licensing laws so onerous and antiquated, it's actually encouraging people to ignore them, so we need to come up with a better, more feasible system," DeMers says.

8. The Boom in Telemental Health

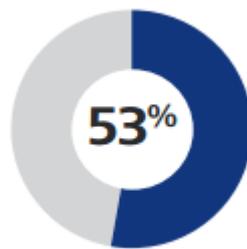
Telemental health seems to be emerging, even booming. Also referred to as telebehaviorial health, e-counseling, e-therapy, online therapy, cybercounseling, or online counseling, for purposes of this post, I will define telemental health as the provision of remote mental health care services (usually via an audio/video secure platform) by psychiatrists, psychologists, social workers, counselors, and marriage and family therapists. Most services involve assessment, therapy, and/or diagnosis. Over the last few years, I have seen a wider variety of care models— from hospitals establishing telepsychiatric assessment programs in their emergency departments to virtual networks of mental health professionals providing telemental health services to underserved areas to remote substance abuse counseling being provided to inmates in state prisons.

Even the federal government is in on the act. For example, in 2010, the Veterans Health Administration established a National Telemental Health Center. In 2013, the center provided almost 3,000 video encounters to 1,000 patients at 53 sites in 24 states. The scope of the services the center provides includes all mental health conditions with a focus on post-traumatic stress disorder, depression, compensation and pension exams, bipolar disorder, behavioral pain and evidence-based psychotherapy.

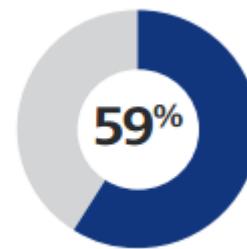
Outcomes of implementation of telemedicine in care homes:



35 per cent reduction in hospital admissions



use of AGE fell by 53 per cent



number of hospital bed days were down by 59 per cent

There are many reasons for the recent boom. First, telehealth is a good fit for providing mental health services because providers rarely have to lay hands on the patient in conventional face-to-face encounters. Second, telemental health is accepted by a large number of payers as a legitimate use for telehealth—more so than other telehealth disciplines. As an example, most Medicaid programs and many private insurers cover and reimburse for telemental health services. Finally, patients surveyed have consistently stated that they believe telemental health to be a credible and effective practice of medicine, and studies have found little or no difference in patient satisfaction as compared with face-to-face mental health consultations.

Telemental health is bridging the gap. Numerous studies have shown the effectiveness of telemental health services. For example, a recent study showed that providing telemental health services to patients living in rural and underserved areas significantly reduced psychiatric hospitalization rates. Another study concluded that the effects of telemental health on low-income homebound older adults were sustained significantly longer than those of in-person mental health services. Many other studies arrive at the same conclusion. Note, however, obstacles remain, including how to properly assess non-verbal cues by video, technical difficulties, and the lack of proper training of many providers regarding telehealth.

Cost of mental health treatment, telemental health⁵

Cost and convenience have prevented millions of Americans from seeking access to mental health care. Yet new technologies can make services more accessible, whether consumers choose online therapy, seek to connect and share information with fellow patients through

⁵ <http://www.techhealthperspectives.com/2015/08/24/the-boom-in-telemental-health/>

online support groups, or use a number of apps on the market that help patients fight anxiety and stress.

Telemental health uses information technology to connect patients remotely with mental health services. Typically, this is in the form of online psychotherapy; patient and therapist chat via phone or, increasingly, video teleconferencing.

Online therapy is not new, but it is rapidly taking off. This is thanks to information technologies that ensure privacy and allow for HIPAA-compliant online sessions.

“Online therapy goes back about 15 years, and online support groups have been around since before the web,” says Dr. John Grohol, founder of PsychCentral. “I think these kinds of online communities are great. There’s a lot of research showing that these kind of self-help support groups are beneficial – not as a replacement for treatment, but in addition to it.”

The other advantage is they are free. PsychCentral alone features over 50 online forums – communities where patients can connect, share information, and support each other.

Rapidly changing technologies have profound implications for mental health care, whether patients are seeking teletherapy, online support groups, or mental health apps that help with everything from deep breathing techniques to suicide prevention.

“The research tells us it works, and it’s another alternative for people who are too busy to see a therapist in a traditional setting,” says Grohol. “Online makes sense.”

The Advantages of Telemental Health, or TMH

There are multiple benefits to telemental health, not the least of which is opening access to millions of Americans who live far from any mental health providers. According to the U.S. Health and Human Services Health Resources and Services Administration, 80 million Americans live in regions where there is a shortage of mental health care providers.

A recent study showed that providing TMH services to patients living in rural and underserved areas dramatically reduces psychiatric hospitalization rates. The study focused on 98,609 mental health patients receiving telemental health services from the U.S. Department of Veterans Affairs. It showed that between 2006 and 2010, psychiatric hospital admissions of

telemental health patients decreased by an average of 24.2%; the patients' number of days in the hospital also decreased by over 26%.

Another advantage is convenience. Online therapy opens doors to patients who might otherwise not seek treatment. This includes people who travel frequently for work, members of the armed forces, or those who are too ill to get to a therapist.

Dr. Ann Becker-Schutte, a psychologist in Kansas City who specializes in treating patients dealing with serious medical conditions, frequently uses teletherapy. "For someone with MS or any number of other conditions, to be able to do a session even though they are having a bad day physically is a big deal," says Becker-Schutte.

And online therapy is a viable option for patients who are too busy for an in-office session. This allows mental health providers to reach more people sooner. "For our patients it is an issue of access and convenience," says Julian Cohen, COO of Breakthrough, an online therapy startup in California. "Maybe it's because she's a single mom with two kids, and she's wondering how she'll find time to see a therapist."

The Disadvantages of TMH

However, telemental health also has its disadvantages, including:

Technical difficulties: The quality of the video teleconferencing equipment ranges widely. Some technical difficulties are bound to happen. Therapists and patients need to have an understanding beforehand outlining what to do if a session is interrupted due to equipment malfunctions (including who will call back, and how the time will be billed).

Training: While many of the skills therapists use in traditional settings apply to TMH, some mental health experts argue that certain signals are missed during online therapy. Training is important for newcomers to TMH. Breakthrough, for example, provides training for all of their therapists, each of whom have a private practice. "We screen and select our providers, and make sure they have the skills to do online therapy," said Cohen.

Practicing across state lines: Technology may have no borders, but state regulations do. In many states it is illegal for a provider to treat a patient in a state in which he or she is not licensed. One of the first cases involving TMH reached the courts in 2007, when a psychiatrist

in Colorado prescribed medication for a man in California, where he was not licensed. He was criminally charged with practicing medicine without a license.

Reimbursement: In-person therapy is more commonly covered than TMH, requiring many patients to pay out of pocket. However, there is some progress in this area. Many leading private insurers are providing coverage and reimbursement for TMH.

How much does online therapy cost?

Just as the cost of in-office therapy varies, so does TMH. At Breakthrough, for example, online therapy can cost anywhere from \$0 to \$400 per session, but the average session is closer to \$125. Most online therapists charge anywhere from \$1.75 to \$4.99 per minute, according to a survey conducted by PsychCentral.

Many big name insurance providers (including Aetna, Blue Cross Blue Shield, Cigna, UnitedHealth and WellPoint) offer coverage for a variety of online therapy, with co-pays starting at \$10. Patients who are not covered or who cannot afford TMH rates may also explore websites that offer counseling for free, or for a nominal fee. 7 Cups of Tea is one such site. It connects patients with listeners who have completed a training program designed by psychologist Glen Moriarty, CEO and founder of 7 Cups of Tea; this, of course, is quite different from having a psychiatrist or a trained clinical psychologist (though psychologists may offer services on 7 Cups of Tea).

Other online providers include CopeToday.com and ecounseling.com. Finding fee schedules on these websites requires a bit of digging. At CopeToday, for example, a patient must fill out a fast and free registration form before scrolling for providers within his or her state of residence. Only then is it possible to click on a provider to find rates, but you may not want to give that information up first, without knowing what you'll get. Fees are charged in 15-minute increments. In the state of New Jersey, for example, 15 minutes of therapy cost \$33.⁶

⁶ <https://clearhealthcosts.com/blog/2014/01/much-mental-health-care-cost-part-6-telemental-health-draft/>

9. Demographics

The State of Mental Health in America

1 in 5 adults have a mental health condition. That's over 40-million Americans; more than the populations of New York and Florida combined.

Youth mental health is worsening. Rates of youth depression increased from 8.5% in 2011 to 11.1% in 2014. Even with severe depression, 80% of youth are left with no or insufficient treatment

More Americans have access to services... Access to insurance and treatment increased, as healthcare reform has reduced the rates of uninsured adults. 19% of adults remain uninsured in states that did not expand Medicaid. 13% of adults remain uninsured in states that did expand Medicaid.

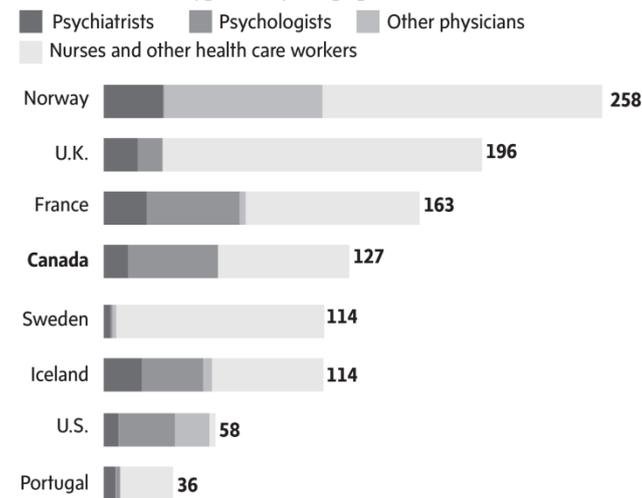
...But most Americans still lack access to care. 56% of American adults with a mental illness did not receive treatment. Even in Vermont, the state with the best access, 43% of adults with a mental illness did not receive treatment.

There is a serious mental health workforce shortage. In states with the lowest workforce, there's only 1 mental health professional per 1,000 individuals. This includes psychiatrists, psychologists, social workers, counselors, and psychiatric nurses combined.

Less access to care means more incarceration. Arkansas, Mississippi, and Alabama had the least access to care and highest rates of imprisonment. There are over 57,000 people with mental health conditions in prison and jail in those states alone. That's enough to fill Madison Square Garden three times.⁷

⁷ <http://www.mentalhealthamerica.net/issues/state-mental-health-america>

HEALTH PROFESSIONALS WORKING IN THE MENTAL HEALTH SECTOR, per 100,000 population



Source: <http://www.mhealthshare.com/mfactsheet.htm>

MOBILE HEALTH USER STATISTICS

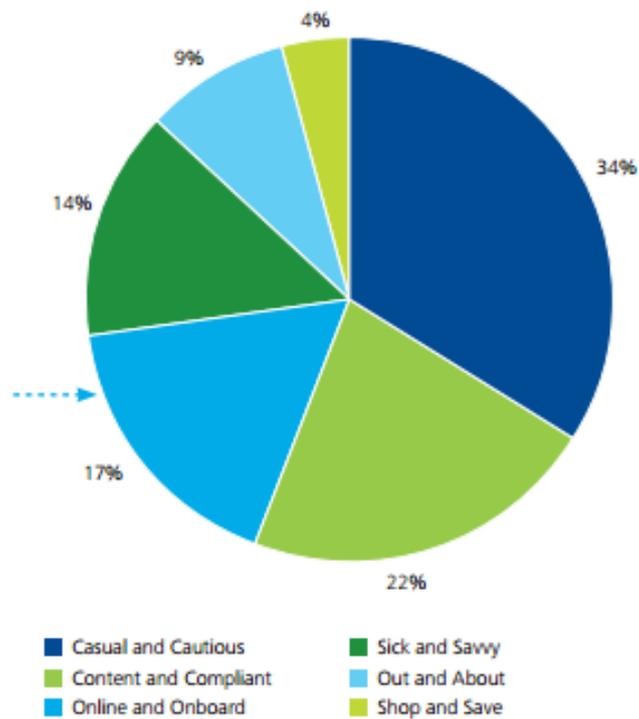
- Average Age: 35 ¹⁰
- 54% Male ¹⁰
- 87% are smartphone users (vs. tablet users) ¹⁰
- 33% own an iPhone ¹⁰
- 61% downloaded a mhealth app ¹⁰
- 85% use social media for health ¹⁰
- 76% take a prescription ¹⁰
- 30% are caregivers ¹⁰

Source: <http://www.mhealthshare.com/mfactsheet.htm>

“ A typical mhealth user is a 35 year old man, using a smartphone to download an app, participates in social media for health, and takes prescription drugs. ”

<http://www.mhealthshare.com/mfactsheet.htm>

Health care consumer segments: Online and onboard consumers

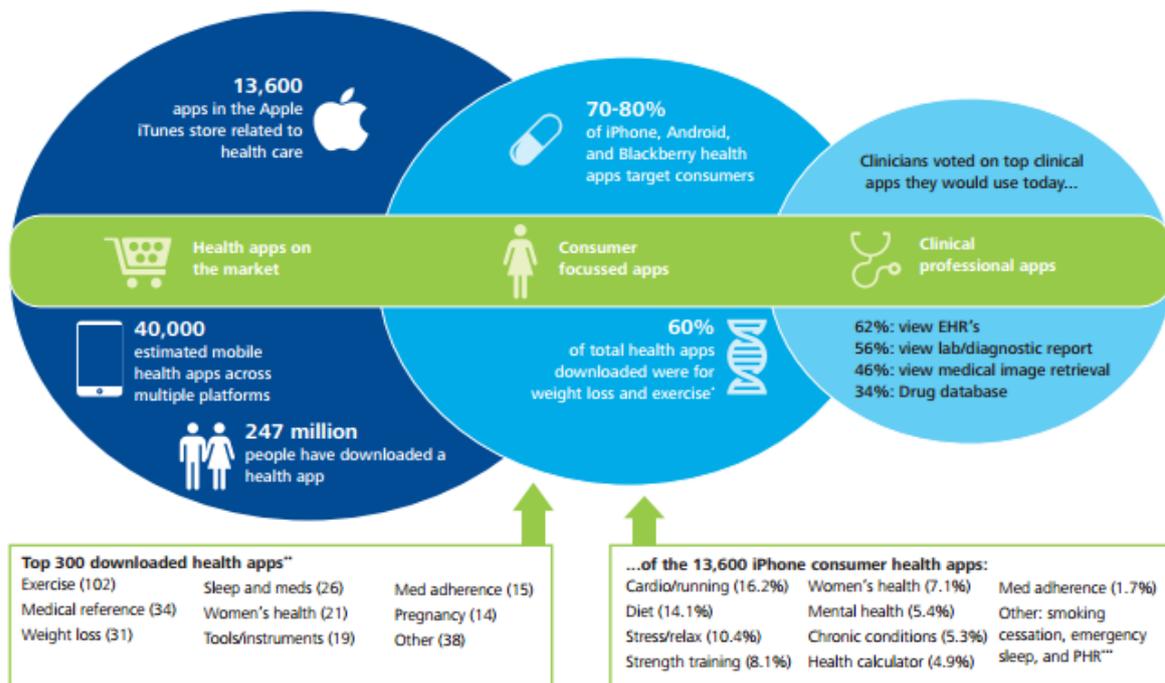


Source: <https://www2.deloitte.com/content/dam/Deloitte/us/Documents/life-sciences-health-care/us-lhsc-mhealth-in-an-mworld-103014.pdf>

Heavy users of health information technology and online resources

- Highest levels of trust in websites to provide reliable information
- High use of online resources to look for information about health problems and treatment options (63%)
- Interested in using price and quality information to compare health plans, providers, and treatments
- Highest use of electronic personal health records (29%) and concern about privacy and security (38%)
- Most interested in video conferencing with doctors (57%), using self-monitoring devices that could send information electronically to doctor (56%), and using health improvement tracking apps (42%)

<https://www2.deloitte.com/content/dam/Deloitte/us/Documents/life-sciences-health-care/us-lhsc-mhealth-in-an-mworld-103014.pdf>



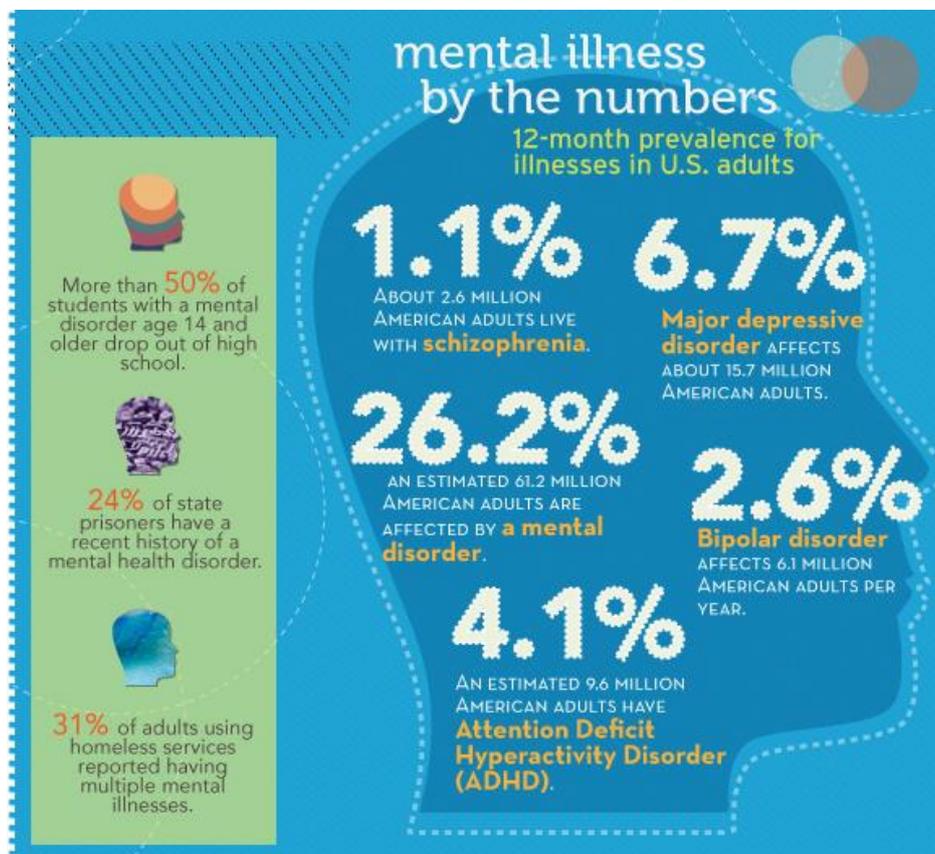
Source: <https://www2.deloitte.com/content/dam/Deloitte/us/Documents/life-sciences-health-care/us-lhsc-mhealth-in-an-mworld-103014.pdf>

The Need for Telemental Health

In essence, we are stuck in a vortex of sorts with millions of Americans suffering from mental illness or substance abuse disorders combined with a shortage of qualified mental health providers to address these issues. The numbers speak for themselves.

- An estimated one in four adults (about 60 million Americans) experiences mental illness in a given year.
- About 14 million people live with a serious mental illness.
- Approximately 20 percent of youth ages 13 to 18 experience severe mental disorders in a given year.
- 7 percent of American adults live with major depression.
- An estimated 18 percent of American adults live with anxiety disorders (e.g., panic disorder, OCD, PTSD).
- About 9 million adults have co-occurring mental health and addiction disorders.
- 20 million Americans suffer from substance abuse.

- In addition to the high numbers described above, there is a critical mental health provider shortage creating significant access-to-care issues. Here is a snapshot:
- Only 40 percent of Americans with mental illness report receiving treatment.
- One mental health provider exists for every 790 individuals.
- Approximately 4,000 Mental Health HPSA (professional shortage areas) exist which is based on a psychiatrist to population ratio of 1:30,000—meaning it would take approximately 3,000 additional psychiatrists to eliminate the current mental health HPSA designations.
- A report to Congress found that 55 percent of the nation’s 3,100 counties have no practicing psychiatrists, psychologists or social workers.



<http://www.upworthy.com/wrap-your-brain-around-this-an-infographic-on-the-united-states-of-mental-illness>

1 IN 5 ADULTS HAVE A MENTAL HEALTH CONDITION



THAT'S OVER 40 MILLION AMERICANS



MORE THAN THE POPULATIONS OF NEW YORK & FLORIDA COMBINED

YOUTH MENTAL HEALTH IS WORSENING

RATES OF YOUTH DEPRESSION

8.5% IN 2011  11.1% IN 2014

EVEN WITH SEVERE DEPRESSION, 80% ARE LEFT WITH NO OR INSUFFICIENT TREATMENT.

MORE AMERICANS HAVE ACCESS TO SERVICES

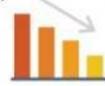
 ACCESS TO INSURANCE INCREASED



 SO DID ACCESS TO TREATMENT

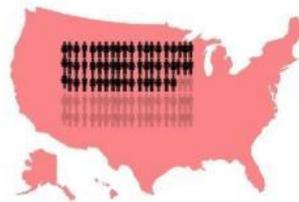
Healthcare reform has reduced the rates of uninsured adults with mental health conditions; HOWEVER,

19% REMAINED UNINSURED IN STATES THAT DID NOT EXPAND MEDICAID.



13% REMAINED UNINSURED IN STATES THAT DID EXPAND MEDICAID.

MOST AMERICANS LACK ACCESS TO CARE



56% of American adults with a mental illness DID NOT receive treatment

Even in Vermont, the state with the best access 43% of adults with a mental illness did not receive treatment.



THERE IS A SERIOUS MENTAL HEALTH WORKFORCE SHORTAGE

In states with the lowest workforce, there's only 1 mental health professional per 1,000 individuals



This includes psychiatrists, psychologists, social workers, counselors and psychiatric nurses COMBINED.



LESS ACCESS TO CARE MEANS MORE INCARCERATION

Arkansas, Mississippi, and Alabama



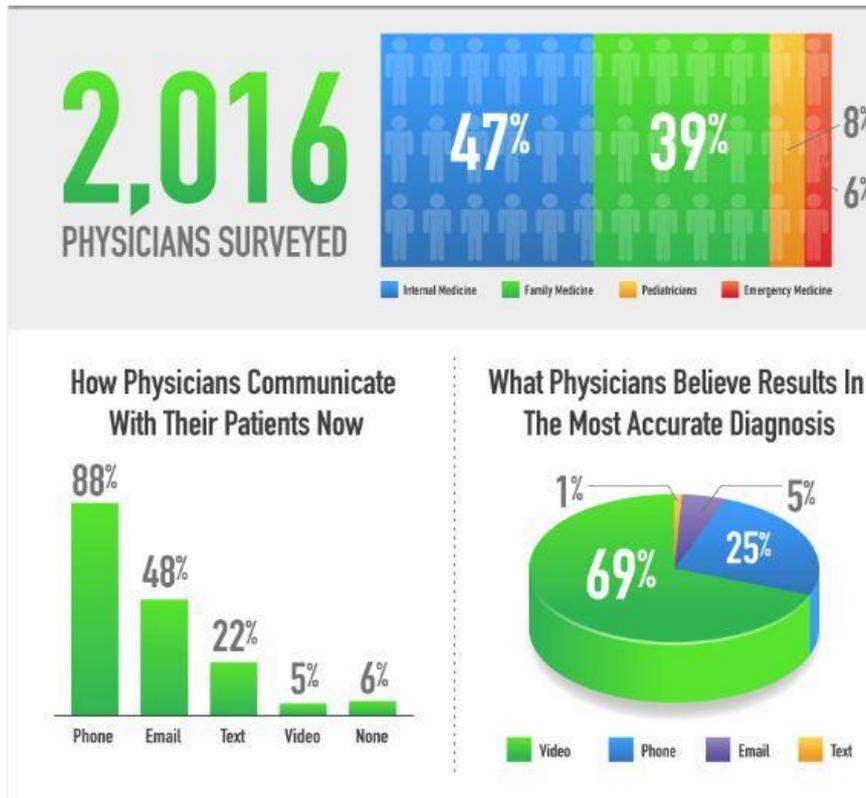
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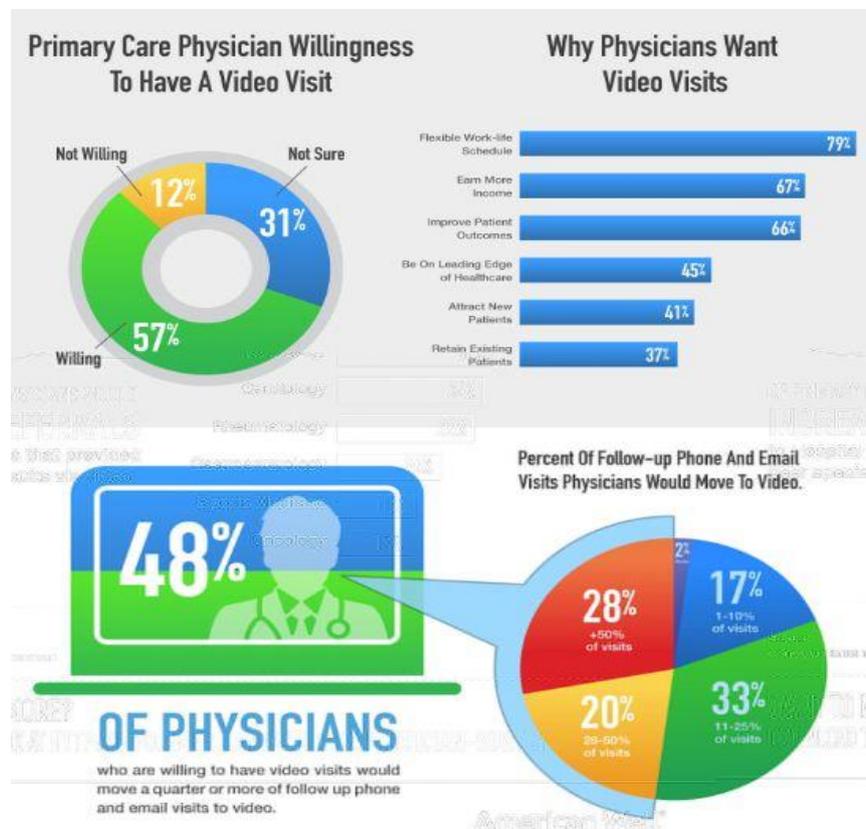


3 times

Source: <http://www.mentalhealthamerica.net/issues/state-mental-health-america>



Source: <https://www.americanwell.com/infographic-telehealth-index-2015-physician-survey/>



Source: <https://www.americanwell.com/infographic-telehealth-index-2015-physician-survey/>

Physicians See Many Uses for Telemedicine

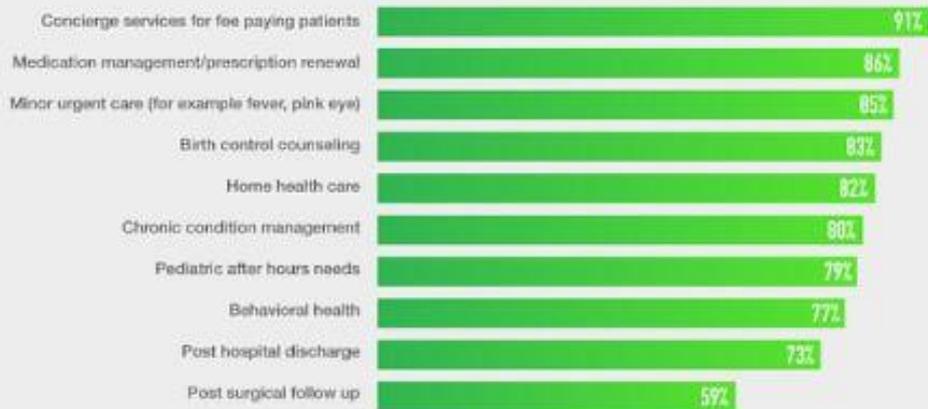


Medication Management

Chronic Condition Management

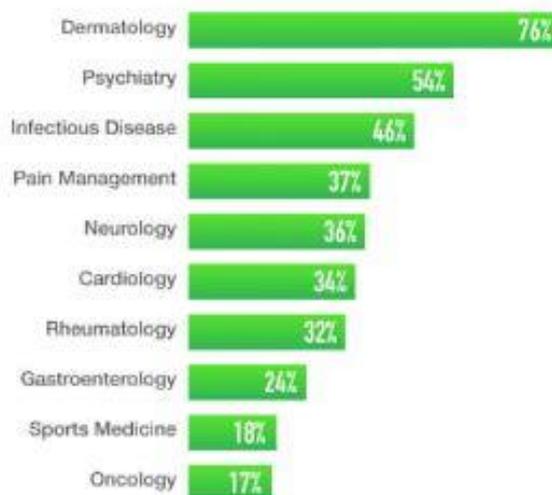
Behavioral Health

Post Hospital Discharge



60%
OF PRIMARY CARE PHYSICIANS WOULD INCREASE REFERRALS to Hospital Systems that provided peer specialist consults via video

Specialty Video Consults Physicians Find Most Valuable



<https://www.americanwell.com/infographic-telehealth-index-2015-physician-survey/>

10. Pain Points

Absence of verbal and nonverbal cues

While some advantages were presented previously in the absence of verbal and non-verbal cues through online counseling, there are also disadvantages in not having such cues when counseling.

Verbal and nonverbal interactions are considered essential for gauging what the client is feeling and for identifying the discrepancies or incongruence's between verbal and none verbal behaviors. Online counseling has been criticized for lacking such important elements of the micro skills of counseling.

Traditional counseling relies heavily on the characteristics of both verbal and nonverbal cues as a form of communication and as a way of gaining insight into the thoughts, feelings and behaviors around the clients presenting concerns. Online therapy does not give an indication of characteristics such as voice tone, facial expression, body language and eye contact. This can potentially impact negatively on the counseling outcomes as the therapist has no opportunity to observe and interpret such cues.

Confidentiality and security

Mental health practitioners have an ethical responsibility to protect and maintain the confidentiality of their clients. With online therapy the security of the client's records and information could be jeopardized and confidentiality is at greater risk of being inappropriately breached given the written nature of the medium.

Although most sites strive to have security systems in place to protect confidentiality, it is only as good as the latest version of the security software used. Practitioners will have to continuously upgrade their technology to prevent security breaches.

Effectiveness

Professionals and laypeople alike have continuously questioned the effectiveness of online therapeutic interventions. There is currently little research supporting the lack of effectiveness of counseling that is provided solely through such a medium. The lack of face-to-face interaction could increase the risk of misdiagnosis by the therapist. Because of this, online therapy is currently deemed inappropriate for diagnosis of clinical issues such as chronic depression and psychotic.

Technological Difficulties

It is not unusual for computers to fail and Internet connections to falter. For example, those who are in remote areas may have less than perfect transmission that drops out regularly or there is always the possibility of servers crashing and network connections faltering. The ability to benefit from online therapy is also partly determined by the client's computer skills and knowledge, especially if the communication setting involves installing and learning new software and/or hardware. This may disrupt the session and can potentially be distressing for the client.

Therapist Credibility

The client receiving online therapy has little or no assurance about the qualification and credentials of their therapist. This exposes the client to the exploitation of inexperienced individuals pretending to be bonafide counselors. Thus it is important to refer young people to credible counseling services such as Lifeline, Kids Helpline and eheadspace.

Ethical issues

As online counseling services grow and continue to gain momentum in popularity, attention will have to be given to the construction of legal and ethical codes. Particularly because the Internet surpasses state and international borders, there are many legal and regulatory concerns. For example, is it legal for a practitioner to provide chat room services to clients in a jurisdiction that is outside their licensed or accredited practice boundary?

If no one knows who is treating whom, how is quality service ensured? If a practitioner does not know where a client is, how can they call for help in the case of an emergency, such as suicidal threats? These are some of the questions that therapists will have to consider before they embark on providing such services.

11. Competition

BetterHelp



About Library FAQ Reviews For Counselors



FROM THE FOUNDER

Three years ago something happened in my life. I was facing significant challenges and I needed help. While searching for the right type of help for myself, I spoke with other people in similar situations. I noticed that many of them would greatly benefit from professional guidance, but they faced obstacles in getting the help they need. They felt that the current counseling solutions are too expensive, time-consuming, inconvenient, and inaccessible. Many people were also concerned by the lack of privacy and the stigma around it.

This made me think: We use the Internet to shop better, learn better, and work better; isn't it time we start using the Internet to **live better**?

With that mission in mind, BetterHelp was launched in the summer of 2013. We provide anyone facing life challenges with **easy, discreet and affordable** access to professional counseling from a licensed therapist.

We believe that human-to-human help cannot - and should not - be replaced by automated technology. Instead, we are leveraging new technologies to adapt traditional counseling into the lifestyle and expectations of today's consumers. Our members receive professional counseling using their computer, tablet or

Building BetterHelp has been one of the most rewarding life. Everyday I get to help so many people get access to help otherwise get. As a bonus, everyday I get to work with a



Danny Bragonier

Co-Founder / Developer, Marketing & Br
Favorite team: SF Giants

I work to make BetterHelp fast and reliable while we can deliver iterative improvements for our clients every day.



Jay Paroline

VP Engineering
Favorite bird: Carolina Wren

<https://www.betterhelp.com/>

BetterHelp changes the way people get help to conquer life's challenges. With BetterHelp, anyone facing these challenges can have easy, affordable, and private access to a licensed and certified therapist. Facing obstacles alone can be daunting, and support and guidance from a professional counselor has been shown to make big changes. At BetterHelp, we've been

fortunate and honored to help the lives of over 200,000 people through more than two million sessions. We are also proud to be working with an amazing group of over 800 counselors who turn the BetterHelp vision into a reality by applying their knowledge, skills, experience, and care.

BetterHelp's members get professional online counseling by using their computer, tablet, or mobile phone, anytime they need, anywhere they are. In 2015 we expanded our resources and expertise by joining Teladoc, the nation's first and largest telehealth provider, helping to make BetterHelp the world's largest e-counseling platform.

Reviews:

Written by M.A after counseling with Jocelyn Beer for 3 weeks on issues concerning depression, stress, anxiety, addictions, lgbt, relationship, intimacy-related, and self esteem

I've never been so amazed at how much I could help myself since I've been talking to Jocelyn. She is a wonderful person, let alone counselor! An absolute joy to talk to. She's not just made me happy, but accurately pinpointed the areas where I'm thinking unhelpfully. She's helped me to see that I can change my life completely if I just put my mind to it. Speaking to her will give you the most incredible sense of reassurance. You know you're in safe hands, you can write whatever you want to her, you can trust your deepest intimate vulnerabilities with her. It's such an incredible relief to be able to get it off your chest and have someone so capable of listening, understanding and empathizing with you. She does it with ease and still has time to tackle each and every point you make, making you feel totally respected, taken seriously and valued as a human being. On top of all that, she clearly has the skills to challenge you, to put your thoughts to the test, but to take things at the pace you are comfortable with going. She just understands -- that's the simplest way to describe it. I cannot stress enough that if you feel like you want to do something about yourself, or you have issues you must discuss, that this website is one of the absolute best ways to do so. If you get Jocelyn as your counsellor too, consider yourself very lucky and let the changes start to happen!



Jocelyn Beer
LCSW

<https://www.betterhelp.com/>

Written by S.A after counseling with Philipe Harrington for 3 weeks on issues concerning depression, stress, anxiety, relationship, grief, intimacy-related, self esteem, and career

As a new way of receiving counseling support, I was pleasantly surprised at how easy it is to stay in contact. Philipe is both responsive and thought provoking in her responses and is willing to work with me and my crazy schedule. So far, it's been great.



Philipe Harrington

MFT

Source: <https://www.betterhelp.com/>

Written by R.O after counseling with Jeremy Rhoades for 1 month on issues concerning relationship, intimacy-related, and self esteem

I have really enjoyed talking with Jeremy. He has given me a lot of valuable ideas that I have been able to use right away. A thoroughly decent experience.



Jeremy Rhoades

MA, LMFT, LPCC

Source: <https://www.betterhelp.com/>

Written by C.O after counseling with Dr. Daryl Temkin for 1 week on issues concerning depression, stress, anxiety, lgbt, relationship, trauma and abuse, grief, intimacy-related, self esteem, anger, and career

I never thought that online counseling would be effective at all, and, I was skeptical that a western therapist could understand my problem and give me advice that matches my beliefs and cultural background. But in 1 week, I began to appreciate the counseling and in about 2 weeks, I was deeply grateful. The WILLINGNESS and the ABILITY to help. Dr. Temkin has both of those qualities. He strives with tremendous effort to understand pages of my writing with broken grammar. He offers non-judgmental listening and he knows the best perspective, the suitable time and the most effective manner of giving advice.



Dr. Daryl Temkin

Ph.D., MA, MFC

Source: <https://www.betterhelp.com/>

Traffic Overview

Engagement

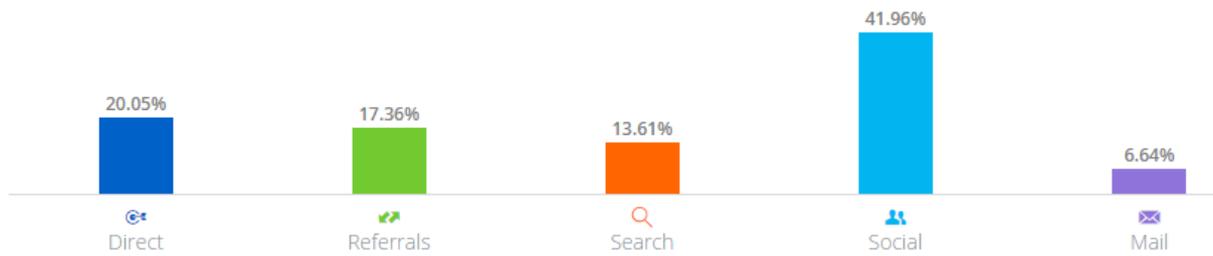
Total Visits	1.40M ▼ 43.94%
Avg. Visit Duration	00:04:40
Pages per Visit	2.99
Bounce Rate	44.90%

United States	35.72%
United Kingdom	9.51%
Canada	4.33%
India	3.72%
Philippines	2.24%

Source: <https://www.similarweb.com/>

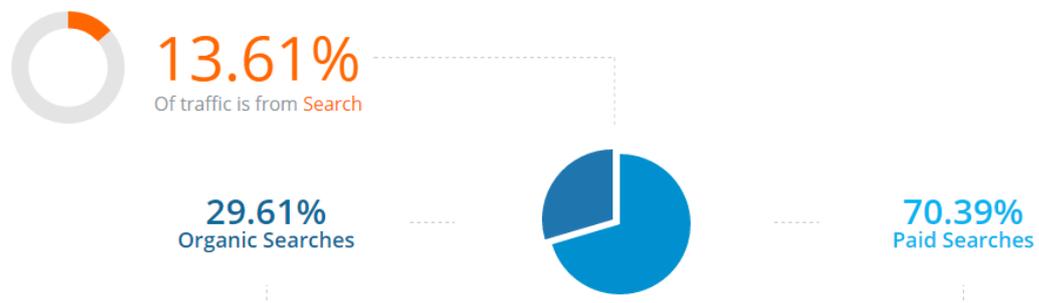
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I'm so glad I gave this a chance...
The advantage of this format is that I truly do not feel alone. At any time of place I've got my therapist in my phone, just a message away.

Talkspace User · September 2014

<https://www.talkspace.com/>

My therapist gets back to me quickly and with good advice that I can reread at any time. Highly recommend!

Talkspace User · March 2015

<https://www.talkspace.com/>

7 Cups of Tea

7 Cups of Tea is an on-demand emotional health and well-being service. Our bridging technology anonymously & securely connects real people to real listeners in one-on-one chat.

Anyone who wants to talk about whatever is on their mind can quickly reach out to a trained, compassionate listener through our network. We have hundreds of listeners who come from all walks of life and have diverse experiences.

People connect with listeners on 7 Cups of Tea for all kinds of reasons, from big existential thoughts to small, day-to-day things that we all experience. Unlike talking to family or friends, a 7 Cups of Tea listener doesn't judge or try to solve problems and say what to do. Our listeners just listen. They understand. They give you the space you need to help you clear your head.

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Want to talk to someone now? We'll connect you to a listener through our secure network to a compassionate, trained active listener who is online and available to chat. You can also choose a therapist to engage in online therapy. Start a conversation with an available active listener right away.

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Want to connect with a listener based on life experience or affiliation? Browse or search our listener community to find the right listener or online counselor, someone with whom you feel comfortable chatting. Whether you want listening or online counseling about life, love, relationship problems, stress, depression help, or you just need to vent about your problems, we have an active listener or therapist for you to vent to via anonymous chat.

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Get online therapy in your anonymous, private room

7 Cups respects your privacy. Our bridging technology connects you one-on-one to a listener or online therapist while remaining completely anonymous. Our friendly Noni team will welcome you to your private room where you can



<https://www.7cups.com/about/about.php>

12. SWOT Analysis

Strengths	Weaknesses
Online delivery model improves access.	Possible technical problems
Easier to match demand with supply.	Limited Medicare and Medicaid reimbursement structure.
Early diagnosis and prevention of mental health illness will lead to better clinical outcomes and improved population health.	Regulatory state licensing policies and adding health insurance plans to the business will take time, affecting business expansion timelines.
Strong likelihood of steady patient flows and improved reimbursements.	
Cost effective service and flexible pricing model.	
Using HIPAA compliant cloud storage for database would minimize technical failures; ensure business scalability, and efficient maintenance.	
Opportunities	Threats
Improved revenue from better reimbursement and coverage policies under ACA.	Varying state laws and regulatory policies
Adding e prescription service to the business.	New businesses entering the market.
Tie ups with rural clinics and hospitals especially in HPSAs.	County established telepsychiatry programs.
Contracting with large corporates for their employee mental and behavioral health needs.	Lack of awareness regarding insurance coverage of mental health benefits among populations
Eventually expanding or partnering with a comprehensive telemedicine portal.	

8

An area where we are seeing growth is in the use of videoconferencing. Technologies such as Facetime, Skype and the like offer a simple solution for health providers to confer with one another across wide geographic areas. Physicians could get advice from one another on medical treatment and diagnosis.

Videoconferencing systems help those who live in less developed or under-served areas gain access to low-cost, but high-quality medical services. This represents a way to overcome geographic disparities between urban and rural areas and bring quality health care to locales that may lack physicians or medical facilities.

A national survey undertaken by the Pew Internet and American Life Project found in 2012 that 31 percent of respondents reported using their cell phones to look up health or medical

⁸http://media.proquest.com/media/pq/classic/doc/4132220671/fmt/ai/rep/NPDF?_s=rd3xrWvH05LV3Jjvu1i9WsSUC%2FU%3D

information online. The poll also found more people used apps to track or manage their health in 2012 (37 percent) than in 2010 (17 percent).

Fifty-two percent gather health information on their phones, compared with 6 percent of non-smartphone owners. And 80 percent of cell phone owners say they send and receive text messages. Only 9 percent of cell phone owners say they receive any text updates or alerts about health or medical issues.

Video chat is a way to connect health providers for informal consultations. Yet few American doctors make use of this because it is difficult under current reimbursement rules for them to get paid. According to Medicare, physicians cannot receive reimbursement for video consults unless the beneficiary lives in a health professional shortage area and the consultation takes place at a distant site with real-time voice and video. A study undertaken by Manhattan Research Survey of 2,041 practicing physicians in the United States found that only 7 percent have used video chat to communicate with patients.

A mHealth Report undertaken by Ruder Finn in 2013 found that 16 percent of smart phone and tablet users access health or healthy living applications regularly or at least once a week. Sixty-five percent of those aged 18–24 and 52 percent of 25–34 year olds report they are “fairly likely” or “very likely” to use mHealth technology in the next six months. The apps people report they would have the greatest interest in if they were available include calorie counter apps (44 percent) or healthy eating apps (37 percent).

The mHealth sector is expecting to grow rapidly in the future. Analysis by Vishwanath, Siddharth et al for PwC shows that annual mHealth revenues are expected to reach \$23 billion globally by 2017. Its estimate was based on current gaps in healthcare delivery and extrapolations of existing initiatives. Projected Mobile Health Revenues are expected to reach \$5.9 billion in the United States.⁹

⁹ https://www.brookings.edu/wp-content/uploads/2016/06/mHealth_finalx.pdf