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# Telepsychology amidst the pandemic: Lived experiences and practices of mental health professionals

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ABSTRACT

The COVID-19 pandemic accelerated the adoption of remote telepsychology, revolutionizing mental health service delivery globally. This study investigates the experiences of mental health professionals in Iloilo, Philippines, who adapted to telepsychology during the pandemic. Employing Interpretative Phenomenological Analysis, the research focuses on the experiences of nine licensed practitioners— psychologists, psychiatrists, and guidance counselors—providing online mental health services during the crisis. Findings indicate that while telepsychology improved accessibility and care continuity, practitioners faced significant challenges including technological barriers, confidentiality concerns, ethical dilemmas, and difficulties in building therapeutic relationships online. Many practitioners reported a lack of formal training in telepsychology, necessitating self-directed learning and adaptation. Participants demonstrated significant resolve in overcoming these challenges by innovating communication methods, utilizing technology, and engaging in professional development. Furthermore, the study underscores the necessity for institutional support and the creation of policies to enhance telepsychology practices and ensure ethical delivery. It highlights a critical gap in standardized telepsychology policies, training resources, and remote service infrastructure that requires urgent attention. The study also offers recommendations for mental health professionals, scientific organizations, professional associations, workplace leaders, and policymakers to sustain and advance telepsychology post-pandemic. This research elucidates the transformative shift in mental healthcare provision and advocates for the integration of telepsychology as a standard practice in psychological service delivery.

Keywords: Telepsychology, mental health, post pandemic

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## INTRODUCTION

Telepsychology is defined by the American Psychological Association as the provision of psychological services through telecommunication technologies, including mobile phones, electronic devices, interactive videoconferencing, electronic mail, private messaging platforms, short messaging systems, and other internet-based applications (Cooper et al., 2019). Among these modalities, videoconferencing has become the most common means of delivering telepsychology services and is increasingly regarded as an attractive option for both therapists and clients. Technology provides an accessible and less intimidating venue for individuals who are hesitant to seek mental health interventions, particularly those residing in geographically isolated areas. It also offers an alternative for individuals in small communities who may fear social stigma or public scrutiny when seeking psychological help (Monaghesh & Hajizadeh, 2020). The use of telecommunication technologies for psychological services, especially self-referrals, expanded significantly during the COVID 19 pandemic, which underscored the necessity of remote mental health consultation when in person services were heavily restricted.

During the pandemic, telepsychology emerged as a critical tool in mental health care delivery worldwide, with substantial increases in telepsychiatry utilization reported in Western countries such as the United States and across Europe. Fisk et al. (2022) reported that telemedicine visits per 1,000 individuals in the United States increased from 0.02 in 2005 to 6.57 prior to the pandemic, with a further increase of approximately 38 percent to 56 percent during the pandemic years. These increases were driven primarily by social distancing measures that necessitated the rapid adoption of telehealth services to ensure continuity of care. Despite advancements in technology, the adoption of telepsychology within the Association of Southeast Asian Nations region remained constrained by multiple challenges. An integrative review by Roison Narvaez (2022) revealed that telepsychiatry had not been widely embraced in most Southeast Asian countries even before the pandemic, citing barriers such as limited internet access, insufficient technological infrastructure, and lack of adequate devices.

The absence of standardized telepsychiatry systems further complicated service delivery in the region, as individual studies and institutions were required to develop their own platforms based on available resources. Due to limited familiarity with telepsychiatry, both service providers and recipients were compelled to navigate newly implemented systems without sufficient training, technical support, or institutional guidance. These conditions intensified the difficulties associated with the transition to remote psychological care and underscored systemic gaps in preparedness for telepsychology implementation.

In the Philippine context, many healthcare organizations implemented and enhanced telehealth programs at the onset of the pandemic in an effort to sustain service delivery and reduce disruptions for patients. Prior to this shift, mental health practitioners in the Philippines predominantly relied on face-to-face consultations. Hernani (2021) observed that mental health professionals transitioned to telepsychology primarily to address pandemic related mental health concerns while adhering to government mandated health and safety standards. This transition coincided with the nationwide lockdown declared on March 14, 2020, when then President Rodrigo Duterte announced restrictions beginning in the National Capital Region following the World Health Organization's declaration of COVID 19 as a pandemic (See, 2021). The lockdown halted many forms of livelihood and service delivery, particularly those requiring in person interaction, including psychological services.

As the lockdowns progressed, mental health professionals observed significant negative changes in the psychosocial functioning of individuals, including heightened anxiety due to uncertainty, disruptions to daily routines, social isolation, and increased financial strain (Rodríguez Hidalgo et al., 2020). These conditions prompted the expansion of online psychological services across various regions of the country. While the shift to remote service delivery broadened access and reach, it also exposed numerous challenges for mental health professionals who were largely unprepared for the rapid change in intervention modalities.

In Iloilo, for example, a group of guidance counselors and psychologists who initiated an online mental health support group encountered difficulties related to limited competencies in online counseling and psychotherapy. Accustomed to in person service delivery, these practitioners required expedited training in telepsychology through informal means, including short term instruction from colleagues who had completed certification programs offered by the American Psychological Association. Additional challenges included unstable internet connectivity, legal and ethical concerns, and difficulties in establishing therapeutic rapport in virtual settings. These experiences prompted practitioners to question whether such challenges were shared by other professionals and to consider what best practices might be transferable across contexts to improve telepsychology service delivery.

Although existing research on telepsychology in the Philippines has examined its effects on clients and patients (Eguia & Capio, 2021; Manza et al., 2021), there remains limited empirical focus on the experiences of mental health professionals who deliver online psychological services. This study seeks to address this gap by examining the lived experiences of mental health practitioners engaged in telepsychology, including their perceptions of effectiveness, risks, and challenges associated with online interventions. The study further aims to generate recommendations to enhance telepsychology practice across various online platforms.

The findings of this research are expected to contribute significantly to the mental health sector by identifying replicable best practices among Ilonggo mental health professionals, supporting the institutionalization of capability building initiatives to strengthen provider competencies, and informing improvements in protocols for optimal telepsychology service delivery. Moreover, the study seeks to support policy development efforts, particularly in refining existing guidelines and standards for telepsychology practice in the Philippines.

## Statement of the problem

This study aimed to explore the experiences of mental health professionals in the delivery of telepsychology to their clients.

## METHODOLOGY

This study employed a qualitative research design to explore the perceptions, feelings, and lived experiences of mental health professionals engaged in telepsychology service delivery. A qualitative approach was deemed appropriate because the research sought rich, in depth, and subjective accounts that could illuminate complex human behaviors and meanings that are not easily quantified (Tenny et al., 2022). Central to this design was the use of Interpretative Phenomenological Analysis, which enabled a detailed and nuanced examination of how individuals make sense of their personal and professional experiences. Drawing from the

framework articulated by Smith (2015), the study focused on understanding the lived experiences of mental health professionals as they navigated telepsychology as a relatively new model of service delivery. The phenomenological orientation allowed the researcher to approach participants' accounts with openness, prioritizing their perspectives as primary sources of knowledge while consciously setting aside the researcher's own assumptions. This approach aligned with the aim of achieving a deeper understanding of professional life within the evolving context of telepsychology practice, particularly during the COVID 19 pandemic.

The study was further grounded in the interpretive paradigm, which emphasizes meaning making as a fundamental human process. This paradigm was appropriate given the study's focus on how mental health professionals interpret and construct meanings around their experiences in delivering online psychotherapy, counseling, and consultation services. Through participants' narratives, the study examined how specific circumstances encountered in telepsychology practice shaped their professional realities. Given the limited body of published work on telepsychology in the local context and the complexity and emotional depth of the phenomenon, this design was especially valuable in situating individual experiences within broader social, cultural, and theoretical contexts. As noted by Smith (2011), such an approach yields rich experiential data that can inform professional training, practice, policy, and education.

Participants were selected through purposive sampling to ensure that those included possessed direct and relevant experience with telepsychology. The sample consisted of nine licensed mental health professionals, comprising three psychologists, three psychiatrists, and three guidance counselors. All participants were residents of Iloilo City or Iloilo Province and had been providing volunteer or paid online counseling, psychotherapy, or consultation services from the onset of the COVID 19 pandemic to the time of data collection. Inclusion criteria required participants to hold an active and updated Professional Regulation Commission license, be either employed in an organization or self-employed, have access to online platforms such as videoconferencing applications, and conduct a minimum of two online sessions per week since the start of the pandemic. The number of participants was consistent with recommendations for phenomenological research, which suggest a range of three to ten participants to ensure depth and richness of data while allowing for thematic saturation (Creswell & Creswell, 2018; Guest et al., 2020; Sim et al., 2018; Vasileiou et al., 2018).

The participants represented diverse demographic characteristics, including variations in age, gender identity, years of professional practice, employment status, and practice settings. Data collection took place in Iloilo City or Iloilo Province, depending on participants' workplace locations, and interviews were scheduled at times convenient for the participants, typically outside of work hours. Face to face interviews were conducted in settings such as hospitals, clinics, and schools, chosen for reasons of convenience, confidentiality, and participant comfort, while observing minimum public health and safety protocols.

Data were gathered using a researcher developed unstructured interview guide designed to elicit detailed accounts of participants' experiences with telepsychology. The unstructured format allowed flexibility in guiding conversations while encouraging participants to speak freely and at length about their experiences, consistent with a phenomenological stance (Smith, 2017). The interview guide consisted of two parts, with the first collecting background and demographic information and the second focusing on the core inquiry into participants' lived experiences and practices in telepsychology service delivery. The overarching interview question asked participants to describe their lived experiences in delivering telepsychology services, supported by carefully constructed prompts that explored their overall experiences during the pandemic, lessons

learned, preparations for transitioning from face to face to online practice, reflections on building therapeutic alliances in virtual settings, and recommendations for improving telepsychology as a service modality. The interview guide was validated by three external mental health professionals, whose feedback was incorporated prior to data collection.

Following approval from the university ethics review body, participants were recruited through professional referrals. Participant Information Sheets and informed consent forms were distributed and discussed thoroughly to ensure clarity regarding the study's purpose, procedures, risks, and voluntary nature. Participants were given sufficient time to consider their involvement before confirming participation. Data collection occurred between August and September 2023 through in-depth face-to-face interviews, each lasting approximately forty-five to fifty minutes. With participants' consent, interviews were audio recorded to ensure accurate transcription. Rapport was established throughout the process, and questions were worded carefully to minimize bias while allowing neutral probing for clarification and depth (Smith, 2018). Participants were assigned pseudonyms to protect their identities, and transcripts were returned to them for member checking to verify accuracy and credibility. Participants were given one week to review and suggest corrections, which were incorporated prior to analysis. Participation was voluntary, and no financial compensation was provided.

Data analysis followed the principles of Interpretative Phenomenological Analysis as outlined by Smith et al. (2018), with transcripts analyzed line by line and manually coded. The analytic process was iterative and cyclical, guided by the hermeneutic circle to examine relationships between parts and the whole. Analysis began with repeated reading of transcripts to achieve familiarity, followed by exploratory commenting that focused on descriptive, linguistic, and conceptual aspects of the data. Emergent themes were then developed to capture key meanings, and connections across themes were identified through processes of abstraction, subsumption, frequency, and function. Each case was analyzed individually before patterns across cases were examined, leading to the identification of subordinate and superordinate themes that recurred across at least half of the transcripts. The final stage involved deeper interpretation, integrating textural and structural descriptions with relevant theoretical perspectives to construct a composite understanding of the phenomenon. Manual coding was supported by visual aids to track the prevalence of themes across participants, resulting in the identification of five central themes that most consistently reflected participants' experiences.

Methodological rigor was ensured through established criteria of credibility, transferability, dependability, and confirmability (Forero et al., 2018). Credibility was enhanced through semantic verbatim coding and member checking, ensuring that participants' meanings were preserved and accurately represented (Hossain et al., 2022; Meier, 2023). Dependability was supported through detailed documentation of research procedures, reflexive appraisal, and transparent reporting of the research context and processes (Korstjens & Moser, 2018). Confirmability was addressed through data source triangulation by including participants with diverse demographic and professional backgrounds, allowing for the identification of consistencies and variations across perspectives (Donkoh & Mensah, 2023). Transferability was supported by purposive sampling and rich contextual description, enabling readers to assess the applicability of findings to other settings while avoiding unwarranted generalizations beyond the study context.

Ethical considerations were integral to all stages of the research. Ethical approval was obtained prior to recruitment, and informed consent emphasized participants' rights to confidentiality, voluntary participation, and withdrawal without consequence. Pseudonymization

procedures were implemented to protect identities, with personal identifying information stored separately from interview data. Although the interviews addressed potentially sensitive topics, participants were informed in advance, and no significant distress was observed during data collection. All data were handled with strict confidentiality and stored securely in locked cabinets and password protected digital files accessible only to the researcher, in accordance with data protection standards (Glase et al., 2021). Audio recordings and transcripts will be permanently destroyed within one year of study completion through secure deletion and shredding of printed materials. The study adhered to the ethical standards outlined in the Philippine Guidance and Counseling Association Code of Ethics (2021) and the Psychological Association of the Philippines Code of Ethics (2017), ensuring responsible scientific conduct, participant safety, and data protection throughout the research process.

## RESULTS AND DISCUSSION

This section presents and interprets the findings derived from the qualitative analysis of data gathered from nine licensed mental health professionals who were purposively selected based on their direct engagement in telepsychology service delivery during and following the COVID-19 pandemic. The participants consisted of psychologists, psychiatrists, and guidance counselors who provided online counseling, psychotherapy, or consultation services. Guided by a qualitative phenomenological research design and analyzed using Interpretative Phenomenological Analysis, the study employed in-depth unstructured interviews as its primary data collection instrument. The analytical process involved iterative reading, coding, theme development, and interpretive synthesis to examine shared meanings and individual variations in lived experience. The discussion is grounded in participants' narratives and is interpreted in relation to the study's objectives, existing literature, and professional practice contexts.

The participants represented a diverse demographic and professional profile that contextualized the findings. Of the nine participants, five identified as female, three as male, and one as a member of the LGBTQIA+ community. Ages ranged from twenty-nine to fifty-eight years, encompassing both early-career and highly experienced practitioners. Five participants resided and practiced in Iloilo Province, while four were based in Iloilo City. Professional experience ranged from two to twenty-nine years, reflecting varied levels of clinical exposure prior to the transition to telepsychology. In terms of employment, five participants worked in government institutions such as public hospitals, state universities, and public high schools, three were employed in private institutions or non-government organizations, and one operated a private clinic. Most participants reported handling an average of three to five online clients per week. Telepsychology platforms most frequently used included Zoom and social media-based messaging applications, while Microsoft Teams, SMS, and email were less commonly utilized. These demographic and contextual characteristics underscore that participants brought heterogeneous experiences into telepsychology practice, shaping how they perceived, adapted to, and evaluated online mental health service delivery.

A central finding of the study was the necessity of maintaining human connection in telepsychology, particularly in the absence of face-to-face interaction. Participants consistently emphasized that respect, empathy, and consistent communication were foundational to building and sustaining therapeutic alliances in virtual settings. Matt highlighted the importance of maintaining professional respect and boundaries even when interactions occur through platforms such as Messenger, phone calls, or Zoom, noting that respectful communication fosters mutual

trust between client and practitioner. This finding aligns with research indicating that perceived respect and boundary clarity in digital environments enhance therapeutic safety and client engagement (Mallen et al., 2021; Funderburk et al., 2019). In telepsychology, where physical presence is absent, intentional respect becomes a compensatory mechanism for building trust and reducing emotional distance.

Empathy emerged as another critical element in sustaining therapeutic relationships online. Rose emphasized prioritizing clients' emotional needs despite personal difficulties, underscoring the ethical responsibility of mental health professionals to convey sincerity and emotional availability. Her account illustrates how empathy functions as a stabilizing force in telepsychology, reinforcing client trust and engagement. This finding is consistent with studies demonstrating that empathy remains a key predictor of therapeutic alliance and treatment outcomes in telehealth contexts (Mohr et al., 2021; Glass & Bickler, 2021). However, participants also acknowledged the difficulty of conveying empathy without non-verbal cues, echoing Budd et al. (2022), who reported challenges in expressing emotional attunement through digital platforms. Despite these limitations, participants demonstrated adaptive strategies such as active listening, verbal affirmation, and emotional validation to maintain empathic connections.

Consistent and responsive communication was particularly salient when working with at-risk clients. Leo's account of promptly responding to a suicidal client illustrates how immediacy and reliability in communication can foster safety, trust, and perceived care. His experience supports findings that timely communication in telepsychology strengthens therapeutic bonds and improves client outcomes, especially in crisis contexts (Yager et al., 2019; Rees & O'Gorman, 2021). Nevertheless, participants also recognized the risk of emotional exhaustion and blurred boundaries associated with constant availability, highlighting the need for structured communication protocols to balance responsiveness with practitioner well-being.

Another major theme focused on best practices for efficient telepsychology service delivery. Despite limited formal training, participants demonstrated resilience and innovation in adapting to online practice. Many developed new protocols, engaged in webinars, conducted personal research, and collaborated with colleagues to address emerging challenges. Alex described devising methods for remotely conducting physical examinations with family assistance and transitioning to electronic intake forms, consent processes, and prescriptions. These adaptations reflect broader trends in telehealth innovation accelerated by the pandemic (Zivin et al., 2020). However, participants also acknowledged ongoing challenges in conducting accurate assessments remotely, consistent with concerns raised by Johnson et al. (2022) regarding diagnostic limitations in telepsychiatry.

Participation in webinars and training programs emerged as a critical mechanism for skill acquisition. Leo's enrollment in American Counseling Association training courses enabled him to develop outreach strategies and adapt interventions for students, teachers, and parents. This finding aligns with evidence that targeted telehealth training enhances practitioner confidence and competence (Kauth et al., 2021). Nonetheless, some participants noted that webinars alone were insufficient for skill mastery, echoing Kordy et al. (2019), who emphasized the need for mentoring and applied learning to support effective telepsychology practice.

Self-directed research also played a significant role in professional adaptation. Ann's initiative to design her own teletherapy procedures and screening tools illustrates proactive problem-solving in the absence of formal training. While such innovation enabled continuity of care, it also raised concerns about standardization and validity, as noted by Moon et al. (2020).

This highlights the tension between flexibility and the need for evidence-based, standardized practices in telepsychology. Collaborative consultation meetings, as described by Mars, further supported knowledge sharing and peer learning, reinforcing findings that professional collaboration enhances adaptation to telehealth transitions (Hsu et al., 2021).

The integration of digital therapeutics represented another adaptive strategy. Krizz emphasized providing clients with mood trackers and anxiety management applications to support self-regulation outside therapy sessions. This approach aligns with evidence that digital tools can enhance engagement, self-management, and continuity of care (Firth et al., 2020; Nabitz et al., 2021). However, participants also acknowledged limitations related to client access, digital literacy, and the risk of over-reliance on technology, supporting concerns raised by Davis et al. (2021) and Wang et al. (2019). These findings suggest that digital therapeutics are most effective when integrated thoughtfully within therapist-guided frameworks.

Effective online communication strategies further emerged as essential to telepsychology practice. Regular follow-up, family collaboration, and ethical demeanor were identified as key components of successful online care. Jess emphasized the importance of initiating follow-up communication through text messages to maintain continuity of care. This practice aligns with literature highlighting follow-up as a mechanism for sustaining engagement and improving treatment adherence (Gentry et al., 2020; Baker et al., 2019). However, participants also recognized the need to balance follow-up frequency to avoid boundary violations and burnout (McFadden et al., 2021).

Family involvement was particularly salient in psychiatric contexts. Alex described engaging family members to monitor medication adherence and prevent relapse, illustrating how family collaboration strengthens support systems in telepsychology. This finding is consistent with studies showing that family-centered telepsychology improves adherence and reduces relapse rates (Ong et al., 2021; Fitzpatrick et al., 2020). At the same time, participants acknowledged challenges related to caregiver burden and role clarity, underscoring the importance of structured guidance and boundary-setting.

Ethical conduct remained a foundational concern across all themes. Jay emphasized that professionalism, courtesy, and authenticity must be upheld regardless of the online medium. This aligns with ethical frameworks asserting that professional standards apply equally in virtual and face-to-face settings (Sucala et al., 2018). Participants highlighted risks related to privacy breaches, miscommunication, and boundary erosion, supporting Ziebland et al. (2021). These findings underscore the need for heightened ethical vigilance and training in digital professionalism.

The final theme centered on the need for competency enhancement and systems improvement. Participants identified gaps in manpower, physical workspace, protocols, training access, and client engagement strategies. Jess advocated for designated intake personnel to reduce clinician overload, reflecting literature on administrative support improving telehealth efficiency (Macias et al., 2021). Rose emphasized the necessity of private physical spaces for teletherapy to ensure confidentiality and focus, consistent with findings that secure environments enhance therapeutic effectiveness (Park et al., 2021). Ann highlighted the lack of clear, specific guidelines for telepsychology practice, reinforcing calls for standardized yet adaptable protocols (Sampaio et al., 2020). Krizz and Leo emphasized continued training and innovative engagement strategies, pointing to the need for affordable capacity-building initiatives and creative digital interventions to sustain attention and participation.

In synthesis, the findings reveal that telepsychology functioned as both an opportunity and a challenge for mental health professionals during the pandemic. While it expanded access,

reduced stigma, and enabled continuity of care, it also introduced technological barriers, emotional strain, and ethical complexities. The thematic patterns highlight the interdependence of human connection, digital competence, professional boundaries, innovation, and systemic support. Collectively, the results underscore that the sustainability of telepsychology depends on integrated models that balance accessibility with practitioner well-being, ethical safeguards, structured training, and institutional support. These findings contribute to the growing body of literature on telepsychology by offering context-specific insights and practical implications that can inform policy development, professional training, and future research on digital mental health service delivery.

## CONCLUSION

The development and implementation of telepsychology during the COVID 19 pandemic fundamentally reshaped the delivery of mental health services and revealed both the potential and the limitations of technology mediated care. The findings of this study demonstrate that telepsychology emerged as an indispensable alternative to face-to-face consultations, enabling continuity of care amid mobility restrictions and public health risks. Mental health practitioners consistently recognized its value in terms of accessibility, flexibility, and expanded reach, particularly for clients who were geographically distant or reluctant to seek in person services. At the same time, the transition exposed significant challenges, including unstable technological infrastructure, limited formal training, ethical ambiguities, and difficulties in maintaining therapeutic rapport without physical presence. These dual realities underscore telepsychology as a critical yet complex modality that requires sustained refinement rather than a temporary emergency response.

Despite the constraints encountered, the practitioners in this study demonstrated marked adaptability and professional resilience. They relied on self-directed learning, peer support, webinars, and experiential practice to compensate for the absence of structured institutional training. Their efforts to maintain human connection through respectful communication, empathy, and consistent follow up highlight the central role of relational skills in effective telepsychological practice. The findings affirm that while technology facilitates access, the quality of care remains grounded in the practitioner's capacity to foster trust, convey empathy, and sustain engagement in a virtual environment. The necessity of creativity in communication, particularly when working with at risk clients, further emphasizes that telepsychology demands not only technical competence but also heightened intentionality in therapeutic presence.

The study also reveals the critical influence of organizational and systemic factors on the sustainability of telepsychology. Participants consistently identified the need for clearer institutional policies, standardized ethical guidelines, streamlined protocols, and adequate manpower support to mitigate workload strain and professional burnout. Issues related to privacy and confidentiality further highlighted the importance of designated physical spaces and secure digital environments for online therapy. These findings indicate that telepsychology cannot rely solely on individual practitioner initiative, but must be supported by coherent regulatory frameworks, institutional commitment, and inter organizational collaboration to ensure ethical, effective, and consistent service delivery.

Competency enhancement emerged as a central requirement for advancing telepsychology practice. While many practitioners successfully developed their skills through self-funded

seminars and independent learning, the findings point to inequities in access to training opportunities. This underscores the need for organized, affordable, and continuous professional development programs that address not only platform use, but also online assessment, ethical decision making, client engagement strategies, and practitioner self-care. Without such support, the long-term effectiveness of telepsychology risks being compromised by uneven skill development and cumulative practitioner fatigue.

At the policy and professional level, the study highlights the urgent role of national professional associations and regulatory bodies in formalizing telepsychology standards. The development of clear guidelines on online therapeutic procedures, confidentiality, crisis management, and professional accountability is essential for legitimizing telepsychology as a regulated practice rather than an improvised solution. Advocacy for legal recognition, accreditation, and credentialing specific to telepsychology practice may further elevate standards of care and protect both clients and practitioners. In parallel, higher education institutions are positioned to play a vital role by integrating telepsychology into psychology and counseling curricula and providing supervised practical exposure through training clinics and partnerships with mental health organizations.

Beyond the professional domain, the findings suggest broader implications for workplaces and communities. Organizations may incorporate telepsychology into employee assistance programs to support mental well-being, while ensuring safeguards for confidentiality and reasonable accommodations for therapy participation. Public education initiatives are equally important in reducing stigma and increasing awareness of the availability, privacy, and legitimacy of online mental health services. Targeted efforts to address the digital divide, particularly among underprivileged populations, are necessary to ensure that telepsychology contributes to equitable access rather than reinforcing existing disparities.

In synthesis, this study affirms that telepsychology has become an integral component of contemporary mental health care, particularly in contexts of crisis and limited access. While it cannot fully replace face to face therapy, it serves as a valuable complement that expands service reach and continuity when supported by appropriate systems, competencies, and ethical safeguards. The findings reinforce the need for a balanced and integrated model that aligns technological innovation with human centered care, practitioner well-being, and institutional accountability. Future research is encouraged to examine the long-term sustainability of telepsychology, compare its outcomes with traditional modalities, and explore emerging technologies such as artificial intelligence and virtual reality within culturally responsive frameworks. Collectively, these directions will contribute to the ongoing refinement of telepsychology and its capacity to deliver accessible, ethical, and effective mental health services in the Philippine context and beyond.

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