BENEFITS AND CHALLENGES IN IMPLEMENTING ONLINE MENTAL HEALTH CONSULTATION IN INDONESIA: SURVEY IN PRACTITIONERS

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MANFAAT DAN TANTANGAN IMPLEMENTASI KONSULTASI KESEHATAN MENTAL DARING DI INDONESIA: SURVEI PADA PRAKTISI

Abstrak

Penggunaan konsultasi kesehatan mental daring meningkat di Indonesia, terutama sejak pandemi Covid-19. Penelitian ini bertujuan menginvestigasi perspektif praktisi kesehatan mental mengenai keuntungan dan tantangan implementasi layanan konsultasi kesehatan mental jarak jauh di Indonesia. Sejumlah 210 praktisi kesehatan mental berpartisipasi dalam penelitian ini. Penelitian ini menggunakan desain studi survei dan seluruh data dikumpulkan melalui platform survei daring. Keuntungan paling besar dilaporkan dari konsultasi daring adalah fleksibilitas lokasi dan waktu. Sementara itu, tantangan terbesarnya adalah keterbatasan komunikasi non-verbal dan kesulitan mengadministrasikan asesmen tertentu kepada klien. Partisipan membutuhkan dukungan dari organisasi profesi yang relevan dan pemerintah, terutama terkait regulasi yang jelas mengenai penggunaan teknologi digital dalam konsultasi kesehatan mental. Rekomendasi praktis dan rekomendasi untuk penelitian selanjutnya didiskusikan berdasarkan temuan penelitian pada praktisi kesehatan mental ini.

Abstract

The use of online mental health consultation is increasing in Indonesia, especially since the Covid-19 pandemic. This study investigates the benefits and challenges in implementing online mental health consultation in Indonesia, from the practitioners' perspectives. A total of 210 mental health practitioners participated in this online survey study. The most frequently reported benefits of delivering online consultation were location flexibility and time flexibility. Meanwhile, the most frequently reported challenges were limited non-verbal communication and difficulty in delivering certain psychological assessments to clients. Moreover, participants express the needs for supports from relevant professional organizations and the government, especially in terms of clear regulations for the use of digital technology in mental health consultation. This research showed important insights from mental health practitioners, and practical recommendations as well as suggestions for further research were discussed.

Keywords: e-mental health, mental health practitioners, online consultation

Impact and Implication in the Indigenous Context

Mental health practitioners hold a pivotal role in delivering online mental health consultation, but little is known about the perceived challenges and benefits of delivering such services from a local perspective. This study highlights that the use of online mental health consultation can increase the possibility to reach broader range of service users, which corresponds well given the disperse geographical nature of Indonesia, but it might be irrelevant in some areas and some populations in Indonesia. The result of this study is not only informative, but is also very instrumental to inform relevant professional development programs and supports in delivering online mental health consultations in Indonesia.

INTRODUCTION

In general, meta-analytic evidence has demonstrated that guided online mental health intervention is effective in low- and middle-income countries for major depressive disorder, addiction, and potentially for anxiety disorders and PTSD (Fu et al., 2021). During the Covid-19 pandemic, the need of mental health technology revolution has increased (Figueroa & Aguilera, 2020), and the use of online mental health consultation has increased in different countries, such as in China (Liu et al., 2020) and in Indonesia (Ifdil et al., 2020; Listiyandini, 2023). The setting of this study took place in Indonesia.

As an archipelago country containing of five big islands and thousands more smaller islands, Indonesia faces typical challenge related to distance and infrastructures distribution. Regarding number of mental health practitioners, Indonesia have limited number of mental health practitioners, 3,1:10.000 people, substantially lower than number in high-income countries, e.g., 45,7:100.000 in the Netherlands (World Health Organization, 2015). While the role of mental health practitioners is reported to be important and should be the focus of mental health system development in Indonesia (Praharso et al., 2020), most of the mental health practitioners in Indonesia are centralized in big cities, especially in Java Island. From a conservative view, this poses a challenge related to accessibility, because distance can be an issue if the psychological consultation needs to be done offline. However, since the Covid-19 pandemic, demand for online consultation in Indonesia has also increased, and this may reduce the gap. People can access online consultation provided by mental health practitioners via telemental health platforms (Ifdil et al., 2020). In terms of effectiveness, as an example, a clinical trial in Indonesia shows no significant differences between online and offline counseling for students (Suranata et al., 2020).

Previous research has reported mental health practitioners' experiences of doing online mental health consultation. An international survey study conducted in European countries reported most mental health practitioners reported positive experiences with online consultation, but seen challenges related to its performance in terms of relational aspects and practical consideration in terms of privacy and security of the software (De Witte et al., 2021). Another study conducted in The Netherlands, indicated that online consultation comes with a challenge in establishing rapport with clients, but also comes with some advantages, such as flexibility and lack of travel time (Feijt et al., 2020). In Portugal, a study on psychologists reported that despite the challenges, their experiences with delivering online consultation were positive (Dores et al., 2020). Findings from European high-income countries

overall show positive experiences in delivering online consultation, as reported by mental health practitioners. The current study will focus on investigating such experiences among mental health practitioners in Indonesia.

Despite the potential benefits offered by online mental health consultation to help as many people as possible regardless of the proximity, online consultation may also come with some challenges. A recent study in Indonesia discussed some challenges related to poor internet connection in some areas, not all practitioners master the ability to deliver online mental health consultations, and low adherence showed by the clients (Purwaningrum et al., 2021). However, more studies on these potential benefits and challenges are still needed.

This study aims to identify the benefits and challenges experienced by mental health practitioners in delivering online mental health consultation in Indonesia. The increase of technology in mental health service area is significant and has altered the way people utilize mental health services (Srivastava et al., 2020), including in Indonesia. A deeper understanding about potential benefits and challenges from the mental health practitioners' perspectives would allow better understanding of how mental health practitioners in Indonesia adjusting with the rapid increase of the telemental health. Following the study results, strategies from the overall understanding of the benefits and challenges to improve implementation of online mental health consultation will be discussed.

METHOD

Participants

Participants of this study were mental health practitioners in Indonesia, including licensed clinical psychologists, psychotherapists, psychiatrists, or other mental health practitioners, who have provided online mental health consultation for the minimum duration of six months duration. Participants were recruited via relevant mental health practitioner communities, social media platforms, and personal contact. The total of 210 participants with age ranging from 25–72 years ($M = 36.1$, $SD = 8.44$) filled in the survey via online platform Google Form. Each participant was informed about the study on the first page of the survey form, followed by an informed consent. Participants gave their consent by agreeing to an option provided by the end of the informed consent. Demographic data of the participants is provided in Table 1.

Table 1.
Demographic Data

Characteristics		*n*	%
Sex	Female	181	86.2%
	Male	29	13.8%
Highest education level*	Vocation	1	.5%
	Bachelor	20	9.5%
	Master	166	79%
	Specialist (for medical doctor)	14	6.7%
	Doctorate	9	4.3%
Profession	Clinical psychologist	155	73.8%
	Educational	17	8.1%
	psychologist	15	7.1%
	Psychiatrist	9	4.3%
	Counselor	14	6.7%
Years of experience as mental health practitioners	1-5 years	106	50.5%
	6-10 years	66	31.4%
	11-15 years	17	8.1%
	16-20 years	12	5.7%
	>20 years	9	4.3%
Main area of mental health practice	DKI Jakarta	109	51.9%
	Jawa Barat	31	14.8%
	Banten	14	6.7%
	DI Yogyakarta	10	4.8%
	Jawa Tengah	5	2.4%
	Jawa Timur	13	6.2%
	Sumatera Utara	4	1.9%
	Sumatera Barat	2	.9%
	Sumatera Selatan	2	.9%
	Lampung	1	.5%
	Kepulauan Riau &	8	3.8%
	Riau	2	.9%
	Bali	2	.9%
	Nusa Tenggara	1	.5%
	Kalimantan Timur	5	2.4%
	Sulawesi Selatan	1	.5%

Note: Vocation = Undergraduate study focuses on technical and practical skill; Bachelor = Undergraduate study focuses on fundamental theories of a field; Master = Postgraduate study, including those combined with profession program; Specialist = specialization study for medical doctor (e.g., psychiatrist); Doctor = Postgraduate study equivalent to Ph.D.

Design

This study is a descriptive study. In this study, we used a survey design, included a representative sample of mental health practitioners in Indonesia to describe their opinion on online mental health consultation.

Procedure

We developed the survey questions for this study and involved two clinical psychologists as experts to do the face validity of the items. This study, including the survey questions, has been evaluated by the research ethical committee at Atma Jaya Catholic University of Indonesia (number: 0029Q/III/LPPM-PM.10.05/09/2021). Data collection was done between 11th to 31st of October 2021. Participants were recruited via relevant mental health practitioners' communities, social media platforms, and personal contact. All participants received an incentive of IDR100,000 to their private account after they finished filling in the survey. The data were then analyzed by the research team.

Instruments

Instrument used in this study was self-generated survey, adapted from previous study done in Portugal (Dores et al., 2020). The total of 38 items were placed into five sections from demographic data (7 items), situation related to online mental health consultation before the COVID-19 pandemic (11 items), during the COVID-19 pandemic (16 items), after the COVID-19 pandemic (2 items), and support needed by the practitioners related to online mental health consultation (2 items). In some questions at each section, we provided the option "other" and asked the participants to specify their answers qualitatively if they chose "other". The survey was distributed using the online platform Google Form.

Analysis Strategies

We used descriptive statistics to present the survey results. Additional relevant qualitative data from participants were also presented in the findings.

RESULTS

Before the Covid-19 Pandemic: Practitioners Experiences

Out of 210 participants, 159 participants were already using digital technology before the Covid-19 pandemic. Most of them reported positive experience. In terms of client's involvement in online mental health consultations, most participants reported perceived client's involvement as neutral followed by high involvement (see Table 2).

Table 2.
Mental Health Practitioners' Experiences (n=159)

		n	*%*
Experience of using digital technology for online mental health consultation	Very positive	8	5%
	Positive	81	51%
	Neutral	57	35.8%
	Negative	13	8.2%
	Very negative	0	0%
Perception of client involvement in online mental health consultation	Very high	5	5.7%
	High	30	28.3%
	Neutral	70	44%
	Low	45	18.9%
	Very low	9	3.1%

Before and During the COVID-19 Pandemic: Technical Information

From total 210 participants, 129 participants (61.4%) were reported that their clients continue mental health consultations with them. Moreover, out of 210 participants, there were 109 participants (51.9%) who reported themselves doing the combination of offline and online practice during the COVID-19 pandemic, and 94 participants (44.8%) who reported themselves doing online only practice. This portrays 203 participants in total who do partly and fully online practice during the COVID-19 pandemic. Four participants (1.9%) were not practicing for personal reason, other priority, and personal health condition. While three participants (1.4%) reported themselves doing offline practice only due to their workplace regulations. Those who were not doing practice and only do offline practice during the COVID-19 pandemic were not asked following questions about technical questions and benefits and challenges of doing mental health consultation during the COVID-19 pandemic. See Table 3 for the comparison of technical information from before and during the COVID-19 pandemic.

Out of 203 participants who did online only and online-offline practice during the COVID-19 pandemic, only 125 (61.6%) reported that they had learned documents about practicing online mental health consultation, while the other 78 (38.4%) did not report any. The documents were varied, including American Psychological Association (APA) guidelines for the practice of telepsychology, telecounseling guidelines provided by the Indonesian Psychology Association (in Bahasa Indonesia: Himpunan Psikologi Indonesia), unspecified document from the World Health Organization, and unspecified materials from webinar about telemental health.

Table 3.
Technical Information Before and During the COVID-19 Pandemic

		Before the COVID-19 Pandemic		During the COVID-19 Pandemic	
		n	*%*	*n*	*%*
Hours of total practice per week (offline and online) *n before=210* *n during=203*	1–4 hours/week	63	30%	45	21.4%
	5–8 hours/week	52	24.8%	46	21.9%
	9–12 hours/week	31	14.8%	43	20.5%
	13–16 hours/week	14	6.7%	26	12.4%
	17–20 hours/week	17	8.1%	21	10%
	21–24 hours/week	6	2.8%	10	4.8%
	25–28 hours/week	11	5.2%	5	2.3%
	>28 hours/week	16	7.6%	14	6.7%
Total clients per week (offline and online) *n before=210* *n during=203*	1–4 hours/week	103	49.1%	67	32%
	5–8 hours/week	43	20.5%	57	27.1%
	9–12 hours/week	22	10.5%	36	17.1%
	13–16 hours/week	12	5.7%	20	9.6%
	17–20 hours/week	16	7.6%	16	7.6%
	21–24 hours/week	3	1.4%	3	1.4%
	25–28 hours/week	0	0%	4	1.9%
	>28 hours/week	11	5.2%	7	3.3%
The use of digital technology *n before=210* *n during=203*	Never	51	24.3%	0	0%
	Very rarely	67	31.9%	8	3.9%
	Sometimes	67	31.9%	34	16.8%
	Often	20	9.5%	90	44.3%
	Always	5	2.4%	71	35%
Platform (more than one answer possible) *n before=159* *n during=203*	E-mail	49	30.8%	29	14.3%
	Audio call	53	33.3%	114	56.2%
	Video call	63	39.6%	188	92.6%
	Online platform	14	8.8%	42	20.7%
	Online forum	6	3.8%	12	5.9%
	Chat	101	63.5%	105	51.7%
	Social media	11	6.9%	24	11.8%
	Application	25	15.7%	48	23.6%
	Telephone (landline)	34	21.4%	26	12.8%
Gadget (possible more than one answer) *n before=159* *n during=203*	Computer/PC	20	12.6%	33	16.3%
	Laptop	90	56.6%	168	82.8%
	Tablet	9	5.7%	27	13.3%
	Smartphone	136	85.5%	165	81.3%
	Telephone (landline)	2	1.2%	0	0%
Usual practice place (online services) *n before=159* *n during=203*	Home	95	59.7%	156	76.8%
	Workplace	54	34%	29	14.3%
	Others	10	6.3%	18	8.9%
Ideal practice place (online services) *n before=159* *n during=203*	Home	50	31.4%	116	57.1%
	Workplace	94	59.2%	63	31.1%
	Others	15	9.4%	24	11.8%

Comparison of Online to Offline Mental Health Consultation: Perceived Adherence, Therapeutic Relationship, Results, and Client's Feedback

As seen in Table 4, most participants reported that they perceived client adherence, therapeutic relationship, therapy results, and feedback from clients to be relatively the same between online and offline mental health consultation.

Table 4.
Adherence, Therapeutic Relationship, Results, and Client's Feedback (*n* = 203)

		n	*%*
Client adherence, online compared to offline	Significantly higher	1	.5%
	Higher	33	16.3%
	Around the same	118	58.1%
	Lower	48	23.6%
	Significantly lower	3	1.5%
Therapeutic relationship, online compared to offline	Much better	0	0%
	Better	23	11.3%
	Relatively the same	149	73.4%
	Worse	31	15.3%
	Much worse	0	0%
Therapy results, online compared to offline	Much better	1	.5%
	Better	26	12.8%
	Relatively the same	141	69.5%
	Worse	35	17.2%
	Much worse	0	0%
Feedback from clients, online compared to offline	Much better	2	1%
	Better	47	23.1%
	Relatively the same	135	66.5%
	Worse	19	9.4%
	Much worse	0	0%

Before and During the COVID-19 Pandemic: Benefits and Challenges

Other benefits reported by the participants include preventing the risk of being infected by COVID-19 virus by not seeing the clients in person (offline), also can be more suitable for clients (some clients are more comfortable and more open in online sessions). Meanwhile, other challenges reported by the participants were technical challenges (internet connection problem), fatigue from having to use gadget for long hours, difficulty of using the digital technology itself for those who are not used to it, and challenges to handle specific cases (e.g., Autism Spectrum Disorder). Psychiatrists in our participants reported specific challenge of not being able to give prescriptions. Tabel 5 summarized the benefits and challenges before and during the pandemic.

Table 5.
Benefits and Challenges Before and During the COVID-19 Pandemic

		Before the COVID-19 Pandemic n =159		During the COVID-19 Pandemic n =203	
		n	%	*n*	%
Benefits	None	3	1.9%	0	0%
(more than one answer possible)	Time flexibility	119	74.8%	183	90.1%
	Location flexibility	131	82.4%	195	96.1%
	Lower expense	70	44.0%	140	69.0%
	Can reach more clients	112	70.4%	181	89.2%
	Can reach specific clients	42	26.4%	92	45.3%
	New business area	29	18.2%	55	27.1%
Challenges	None	1	0.6%	4	2.0%
(more than one answer possible)	Lower adherence	37	23.3%	49	24.1%
	Lower therapeutic relationship	80	50.3%	76	37.4%
	Significantly lower sessions frequency	10	6.3%	21	10.3%
	Significantly higher sessions frequency	8	5.0%	15	7.4%
	Session management	40	25.2%	55	27.1%
	Setting boundaries	43	27.0%	48	23.6%
	Interruption during session	47	29.6%	82	40.4%
	Less commitment of the clients	34	21.4%	38	18.7%
	Limited non-verbal communication	117	73.6%	147	72.4%
	Possible misunderstanding	81	50.9%	94	46.3%
	Difficulty to reach the problem	32	20.1%	29	14.3%
	Security	32	20.1%	39	19.2%
	Privacy problem	37	23.3%	50	24.6%
	Ethics management	24	15.1%	31	15.3%
	Difficulty in giving some assessments	104	65.4%	148	72.9%

After the COVID-19 Pandemic

The answer 'No' for willingness to do online mental health consultation comes with reasons related to the advantages of offline sessions compared to online sessions, such as offline sessions perceived to be more effective, more comfortable, and provide better situation to focus on the session. Another reason to say 'No' is related to the regulation from the workplace regulations, where offline mental health consultation seems to be back as the only option post-pandemic. The answer 'Neutral' comes with considerations based on the pros and cons of both offline and online mental health consultation. The answer 'Yes' comes with reasons related to the benefits of online sessions as mentioned earlier in the report. Another interesting and important thing brought up by some

participants was related to stigma; online mental health consultation can help clients to get help from wherever they are without having to go to mental health institutions or clinics, and therefore avoiding the stigma. Participants' responses about their service preference after the pandemic are summarized in Table 6.

Table 6.
After the COVID-19 Pandemic (n = 210)

		After the COVID-19 Pandemic	
		n	*%*
Willingness to do online mental health consultation	Yes	185	88.1%
	Neutral	18	8.6%
	No	7	3.3%
Ideal place to deliver mental health consultation	Home	96	45.7%
	Workplace	86	41%
	Others	28	13.3%

Regarding place preference, comfort, and lack of travel time are common reasons for choosing a house as the ideal place to deliver mental health consultation. Whereas professionalism and clear boundaries (between work and personal life) are common reasons for choosing a workplace as the ideal place to deliver mental health consultations. Some participants see house and workplace as equally ideal, depending on the situation.

Support Needed by Mental Health Practitioners

As seen in Table 7, some other supports needed from professional organizations are standardized platform for online mental health consultation, standardized digital assessment tools, technical training, and promotion for online mental health consultation. Specific data from psychiatrists reported the needs for a regulation to enable giving prescription safely without offline consultation.

Table 7.
Support from Professional Organization (n = 210)

Support (more than one answer possible)	*n*	*%*
Provided standard procedure	185	88.1%
Telemental health training	157	74.8%
Sharing sessions with colleagues	174	82.9%

Other supports needed from the government (as indicated by 200; 95.2% of participants), include: good internet infrastructure and safety across the country, more affordable or free internet cost, regulations of standard professional fee for online mental health consultation, inclusion of online

mental health consultation to the national insurance system, regulation related to territory (who can give consultation to clients in different areas in Indonesia and/or across countries), and legal protection for clients and mental health practitioners in using online platform for consultation.

DISCUSSION

This study aimed to explore the experiences of mental health practitioners in Indonesia related with the use of online mental health consultation to identify the benefits and challenges they faced. Even though more participants reported they started delivering online mental health consultation during the Covid-19 pandemic, most participants already used digital technology to support their mental health services even before the Covid-19 pandemic started, showing that online mental health consultation is potential to be used in Indonesia. It shows that clients are also open to online mental health services, as reported before in a previous study in Indonesia (Arjadi et al., 2018). Adjustment from before to during the Covid-19 pandemic clearly did not badly affect the participants in general. They were still able to deliver their services with some adjustments.

However, to optimize the usage of online mental health consultation, openness should be supported by better understanding on issues of online mental health consultation. This study focused on the issues from the perspectives of mental health practitioners. The most reported benefits of doing online mental health consultation, both before and during the Covid-19 pandemic, are location and time flexibility, in line with findings from previous study (Feijt et al., 2020). Meanwhile, one of the biggest reported challenges from current study is the limited non-verbal communication. This makes sense since non-verbal cues, not only from facial expression but also from body posture, are considered important in mental health consultation sessions (Lau et al., 2013), and online consultation cannot provide this as best as offline consultation. However, to enhance non-verbal communication, video-call based consultation can be an option since it is superior to voice-call based consultation in providing visual cues and reassurance, building rapport, and optimizing communication (Donaghy et al., 2019). Limitation in doing assessment in online mental health consultation is another thing reported as big challenge in this study. Since not all assessment were built to be used online, some require direct exchange interactions between practitioner and client. This resulted in some assessments are not feasible to be delivered online. Things related to ethical concerns also reported as challenges by the participants, in line with previous research findings (Glueckauf, 2018).

Chat-based, voice-based, and video call-based were reported as most used approaches for online mental health consultation, showing online counseling as the most common form of online mental health consultation among participants. This finding is strengthened by the most used gadgets for the online mental health consultation, namely smartphone and laptop. In terms of place to deliver online mental health services, most participants usually do their practice from home. However, before the Covid-19 pandemic, most participants chose workplace as the ideal place to deliver their online practice. Meanwhile, during the Covid-19 pandemic, most participants chose home as the ideal place. This is reasonable that it would be best to be safe at home during the Covid-19 pandemic, and it includes working from home.

Participants were also asked to compare some aspects from their practice experiences between offline and online. More than half participants reported that client adherence, therapeutic relationship, therapy results, and feedback from clients were relatively the same in offline and online mental health consultations. These show the potential of using online mental health consultation, although it is still important to see the advantages, disadvantages, and the needs of the clients. Despite some limitations of online mental health consultation compared to offline form (e.g., Leibert et al., 2006), it is still considered a good option to widen the reach of mental health service and can be a preference or even the only option for some clients.

Online consultation has been used widely in Indonesia, especially after the Covid-19 pandemic hit the globe. We should be aware with the fact that structured training for mental health practitioners to deliver their services online in Indonesia is still limited. Meanwhile, it is important to have some basic understanding on how to deliver mental health consultation online from relevant learning sources. It is surprising that more than thirty percent participants reported no learned document about online mental health consultation. This is concerning since the lack of such knowledge can be challenging to overcome and can be a barrier for the implementation (Mendes-Santos et al., 2020).

More than eighty percent participants stated their willingness to continue delivering online mental health consultation, even after the Covid-19 pandemic ends. This shows that online mental health consultation is not only considered as an alternative during the Covid-19 pandemic that comes with social restriction, but rather considered as an equal option to offline mental health consultation. However, to ensure safe implementation, supports from professional organizations and the government are needed, for instance in providing standard procedures and regulations, as well as necessary training.

Besides the valuable findings, we would also like to discuss the limitation of this study. Most participants were resided in Jakarta (part of Java Island), and therefore potential bias in results need to be taken with cautions, since it may not be representative to all areas in Indonesia. In this study, we focused on quantitative data and collected only limited qualitative information from the participants, from which richer elaboration could not be provided.

CONCLUSION AND RECCOMENDATIONS

The use of digital technology for mental health consultation by mental health practitioners in Indonesia was already began before the Covid-19 pandemic, and most of them reported a positive experience using it. This trend remained consistent during the Covid-19 pandemic. Regarding the delivery of online mental health consultation, among many benefits stated by the mental health practitioners in this study, location flexibility and time flexibility were reported as two of the highest benefits. On the other hand, limited non-verbal communication and difficulties in delivering some psychological assessments to clients were reported as the highest challenges. Most participants expressed openness to continue delivering online mental health consultation after the pandemic ends, with the support from professional organizations and the government.

We recommend further studies to reach more representative samples from different relevant areas in Indonesia. Different areas might have different challenges in infrastructures or other resources, and an accurate investigation regarding these matters would lead to the more accurate possible solutions. It is also important to remember that in areas where internet connection is still limited, or for populations with no or limited internet usage or limited internet usage, the use of online mental health consultation will most likely be irrelevant. Further studies could also explore the issues through qualitative approach to enable deeper elaboration on certain related topics, for instance exploring ethical issues that are reported to be a challenge concerning the use of online mental health consultation.

Dialogues among professional organizations, the government, and mental health practitioners are essential to explore specific needs from mental health practitioners, as well as to explore feasible solutions for these needs. Since the needs can be varied, from infrastructure to more intangible resources, we believe that there is no one solution that fits all. However, the results of this study can be used as a starting point for further discussion.

ACKNOWLEDGEMENT

FUNDING

COMPLIANCE WITH ETHICAL STANDARD

Ethical Statement

All procedures performed in this study were in accordance with the 1964 Helsinki Declaration and its amendments or with comparable ethical standards. The ethical aspect of this study has been reviewed and approved by the research ethical committee at Atma Jaya Catholic University of Indonesia (Approval number: 0029Q/III/LPPM-PM.10.05/09/2021). Informed consent has been obtained from all participants in this study.

Conflict of Interest

All authors declare no conflict of interest.

Data Availability

The datasets used in this study are available from the corresponding author through email.

REFERENCES

Arjadi, R., Nauta, M. H., & Bockting, C. L. H. (2018). Acceptability of internet-based interventions for depression in Indonesia. *Internet Interventions, 13,* 8–15. https://doi.org/10.1016/j.invent.2018.04.004

De Witte, N.A.J., Carlbring, P., Etzemueller, A., Nordgreen, T., Karekla, M., Haddouk, L. … Van Daele, T. (2021). Online consultations in mental healthcare during the Covid-19 outbreak: An international survey study on professionals' motivations and perceived barriers. *Internet Interventions, 25*(1), Article 100405. https://doi.org/10.1016/j.invent.2021.100405

Donaghy, E., Atherton, H., Hammersley, V., McNeilly, H., Bikker, A., Robbins, L., Campbell, J., & McKinstry, B. (2019). Acceptability, benefits, and challenges of video consulting: A qualitative study in primary care. *British Journal of General Practice, 69*(686), e586–594. https://doi.org/10.3399/bjgp19X704141

Dores, A. R., Geraldo, A., Carvalho, I. P., & Barbosa, F. (2020) The use of new digital information and communication technologies in psychological counseling during the Covid-19 pandemic. *International Journal of Environmental Research and Public Health, 17*(20), Article 7663. https://doi.org/10.3390/ijerph17207663

Feijt, M., de Kort, Y., Bongers, I., Bierbooms, J. Westerink, J., & Ijsselsteijn, W. (2020). Mental health care goes online: Practitioners' experiences of providing mental health care during the Covid-19 pandemic. *Cyberpsychology, Behavior, and Social Networking, 23*(12), 860–864. https://doi.org/10.1089/cyber.2020.0370

Figueroa, C. A. & Aguilera, A. (2020). The need for a mental health technology revolution in the Covid-19 pandemic. *Frontiers in Psychiatry, 11*, Article 523. https://doi.org/10.3389/fpsyt.2020.00523

Fu, Z., Burger, H., Arjadi, R., Nauta, M. H., & Bockting, C. L. H. (2021). Explaining the efficacy of an internet-based behavioral activation intervention for major depression: A mechanistic study of a randomized-controlled trial. *Clinical Psychology in Europe, 3*(3), 1–24. https://doi.org/10.32872/cpe.5467

Glueckauf, R. L., Maheu, M. M., Drude, K. P., Wells, B. A., Wang, Y., Gustafson, D. J., & Nelson, E. L. (2018). Survey of psychologists' telebehavioral health practices: Technology use, ethical issues, and training needs. *Professional Psychology: Research and Practice, 49*(3), 205–219. https://doi.org/10.1037/pro0000188

Ifdil, I., Fadli, R. P., Zola, N., & Ardi, Z. (2020). Online mental health services in Indonesia during the Covid-19 outbreak. *Asian Journal of Psychiatry, 51*, Article 102153. https://doi.org/10.1016/j.ajp.2020.102153

Listiyandini, R. A. (2023). Layanan kesehatan mental digital: Urgensi riset dan penerapannya di Indonesia. *Jurnal Psikologi Ulayat: Indonesian Journal of Indigenous Psychology, 10*(1), 1–4. https://doi.org/10.24854/jpu789

Lau, P. L., Jaladin, R. A. M., & Abdullah, H. S. (2013). Understanding the two sides of online counseling and their ethical and legal ramifications. *Procedia-Social and Behavioral Sciences, 103*, 1243-1251. https://doi.org/10.1016/j.sbspro.2013.10.453

Liebert, T., Archer, Jr., J., Munson, J., & York, G. (2006). An exploratory study of client perceptions of internet counseling and the therapeutic alliance. *Journal of Mental Health Counseling, 28*(1), 69–83. https://doi.org/10.17744/mehc.28.1.f0h37djrw89nv6vb

Liu, S., Yang, L., Zhang, C., Xiang, Y-T., Liu, Z., Hu, S., & Zhang, B. (2020). Online mental health services in China during the Covid-19 outbreak. *Lancet Psychiatry, 7*(4), E17–E18. https://doi.org/10.1016/S2215-0366(20)30077-8

Mendes-Santos, C., Weiderpass, E., Santana, R., & Andersson, G. (2020). Portuguese Psychologists' attitudes towards internet interventions: An exploratory cross-sectional study. *JMIR Mental Health, 7*(4), Article e16817. https://doi.org/10.2196/16817

Praharso, N. F., Pols, H., & Tiliopoulos, N. (2020). Mental health literacy of Indonesian health practitioners and implications for mental health system development. *Asian Journal of Psychiatry, 54*, Article 102168. https://doi.org/10.1016/j.ajp.2020.102168

Purwaningrum, R., Asrowi, A., Susilo, A. T., & Suryawati, C. T. (2021). Aplikasi konseling online pada masa pandemi Covid-19: systematic literature review. *Teraputik: Jurnal Bimbingan dan Konseling, 5*(2), 185–198. https://doi.org/10.26539/teraputik.52705

Srivastava, K., Chaudhury, S., Dhamija, S., Prakash, J., & Chatterjee, K. (2020). Digital technological interventions in mental health care. *Industrial Psychiatry Journal, 29*(2), 181–184. https://doi.org/ 10.4103/ipj.ipj_32_21

Suranata, K., Rangka, I. B., & Permana, A. A. J. (2020). The comparative effect of internet-based cognitive behavioral counseling versus face to face cognitive behavioral counseling in terms of student's resilience. *Cogent Psychology, 7*(1), Article 1751022. https://doi.org/10.1080/23311908.2020.1751022

World Health Organization. (2015). *Mental health ATLAS 2014*. World Health Organization.