

# An Exploratory Study on the Effects of the COVID-19 Pandemic on Delivery of Psychotherapy and Counselling Practices in Urban India

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## Abstract

The present exploratory research aimed to study the effects of the COVID-19 pandemic on psychotherapy and counselling practices in the city of Mumbai. While several studies on the changes in mental healthcare delivery have been conducted globally, few studies have been done in India. This current study attempts to understand the shifts that psychologists and counsellors in Mumbai have made to their own therapy practice in the light of the pandemic and the subsequent lockdown. A total of 43 psychologists responded to an online survey sent across through Google Forms. Results were consistent with global trends that show that a vast majority of psychologists have moved their practices online, and are now delivering therapy remotely, rather than in-person. 88.4% of psychologists reported having moved to online practice either partially or completely, while 90.7% participants reported that they would continue with online practice after the pandemic had abated as well. While participants have reported several challenges in the way therapy is delivered, most have adapted to the online format, and were evolving newer and better ways to deliver sessions online. The findings point toward deep, lasting changes in the delivery of mental health services in India, with the potential for far greater access and reach, as the current trend of remote sessions makes therapy available to individuals who may not have direct access to a therapist. While the study is exploratory in nature, it generates several pointers for further, detailed research, so as to better understand how psychotherapy services are now being delivered in urban India.

**Key Words:** Tele Mental Health, Online Therapy, Mental Health Practices in the Pandemic, COVID 19 and Mental Health

## Introduction

The world, as we all knew it, has ceased to exist with the advent of the Corona virus. The Covid-19 pandemic is a pandemic of proportions that our world has not seen. This infectious disease, that first reared its ugly head in late 2019, soon spread to the entire world.

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The World Health Organisation (WHO) declared the then new COVID 19 pandemic as a 'Public Health Emergency of International Concern'. Since then, all the major countries of the world have existed in some or the other form of lockdown for more than a year and a half now. Schools, colleges and universities have been shut and operating in virtual mode, and most organisations have moved to remote operations in varying degrees. The Government of India also declared a complete lockdown on March 24, 2020 for 21 days; the lockdown has continued in, varying degrees of intensity ever since.

While the disease has impacted every aspect of Life as we knew it, the focus of the current paper is on its impact on mental health, and more specifically, on mental health services. As the coronavirus (COVID-19) pandemic swept across the world, it caused widespread concern, fear and stress, all of which are natural and normal reactions to the changing and uncertain situation that everyone finds themselves in (Psychiatry Investigation, June 2020).

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A literature review done by Kontoangelos, Economou, & Papageorgiou (2020) notes that psychological reactions to pandemics include maladaptive behaviours, emotional distress and being particularly vulnerable. Counselling and psychotherapy services are an essential part of the global response to the COVID-19 crisis. Psychotherapists are qualified to explore with clients the psychological impact of all that the pandemic has brought with it - social isolation, job loss, fear of infection, and grief (Swartz, 2020).

The pandemic accelerated the digitisation of many aspects of our lives. As with most other professions, counselling and psychotherapy have moved online. With social distancing and travel restrictions operating everywhere, and health concerns being paramount, telehealth, tele- mental health, or teletherapy has become the preferred mode of contact for both clients as well as therapists. While some amount of tele-health practices already existed in the field of mental health, the vast majority of client-therapist contact happened in person. The pandemic has forced this to change. A paper early on in the pandemic shows that despite initial wariness of mental health practitioners to embrace telepsychiatry, 90% shift in outpatient activity to telepsychiatry was seen. Even more heartening was the fact that this shift was accepted by all the concerned stakeholders – patients, psychologists, and psychiatrists (Corruble, E., 2020). A similar trend was seen in Italy, where an entire psychiatric department switched to telemedicine, despite very little experience with telemedicine (Fagiolini A, Cuomo A, Frank E, 2020). Since then, the virtual world has become the real world – quite literally! With 2020 being spent pretty much in varying degrees of lockdown,

The past year and a half has confirmed that telehealth is indeed the format of choice to deliver mental health care in these troubled times. Practitioners and patients alike are now realizing the full potential of technology, as they have been left with no choice but to connect virtually, across a screen, at a time when in-person and face-to-face visits are impossible (Torous, Myrick, Rauseo-Ricupero & Firth, 2020). Counsellors have had to develop new techniques and adapt remote technology to deliver appropriate therapy in keeping with social distancing and safety requirements as dictated by the pandemic. As early as January 2020, the National Health Commission of China published guideline documents, recommending emergency psychological crisis intervention for the COVID-19 epidemic through hotlines and online consultations (Liu, Yang, Zhang, Xiang, Liu, Hu, et al., 2020). Despite the steep learning curve that it entailed for professionals and clients alike, delivery of psychotherapy through video and telephonic mode have become the mainstay of mental health services delivery through the

pandemic (Swartz, 2020). Closer home, research has indicated that telepsychiatry has facilitated better access to mental health care, which could arguably be the biggest problem faced during the COVID-19 pandemic (Lodha & De Souza, 2020). Online consultations, e- prescriptions and virtual therapy sessions have been the only alternative available to most clients.

Békés, V., & Aafjes-van Doorn, K. (2020) conducted a survey to examine how psychotherapists' attitudes toward online psychotherapy is influenced by their characteristics and professional experiences during the sudden transition from face-to-face to online psychotherapy because of the pandemic. Data was collected from 145 psychotherapists from North America and Europe shortly after a pandemic was declared by the World Health Organization. Participants reported on their past experiences with online psychotherapy, their preparations of their online psychotherapy sessions during the pandemic, the challenges they encountered in online sessions, and their attitudes toward online psychotherapy more generally. Most psychotherapists identified a somewhat positive attitude toward online psychotherapy, suggesting they were likely to use online psychotherapy in the future. Their findings suggest that psychotherapists' attitudes toward online psychotherapy are influenced by their past experiences, such as psychotherapy modality, clinical experience, and previous online psychotherapy experience as well as their transition experience during the pandemic and their geographic location.

### **Methodology**

A total of 43 practicing psychologists participated in this survey, which was conducted using a Google Form. Of these, 44.2% had an MA in Counselling Psychology, 53.5% had an MA in Clinical Psychology, and 2.3% had other Mental Health Qualifications. Practitioners who had other qualifications were excluded from the study. The survey consisted of 15 total questions. Out of these, 12 were multiple choice ones, which had to be filled mandatorily. 3 questions called for more detailed responses from the respondents. These were optional and not mandatory.

### **Results**

The obtained data was analysed using simple percentages. Results of the survey indicated several changes that had taken place in the psychotherapy space during the COVID-19 pandemic. 88.4% of practicing psychologists reported having moved on to conducting online therapy sessions. 90.7% have reported a willingness to practice tele-mental health in some format after the pandemic as well, suggesting a lasting shift in the delivery of psychological services. 79.1% psychologists reported having made changes in the way they

approach the counselling sessions.

The following tables and charts represent the changes seen in the delivery of psychotherapy and counselling sessions during the pandemic.

Table 1: Psychologists' Responses to Transitioning into Tele Mental Health

Q. No.	Changes in Therapy Format	Yes	No
1	Transitioned practice to online sessions	88.4%	11.6%
2	Willingness to practice tele mental health after the pandemic in some format	90.7%	9.3%
3	Changes made in the approach to counselling	79.1%	20.9%

Table 2: Changes in the Number of Clients Seen since the Pandemic

	Increased	Decreased	Unchanged
Changes in No. of Clients per Week	32.6%	41.9%	25.6%

Chart 1: Percentate of Clients Transitioned Online During Pandemic

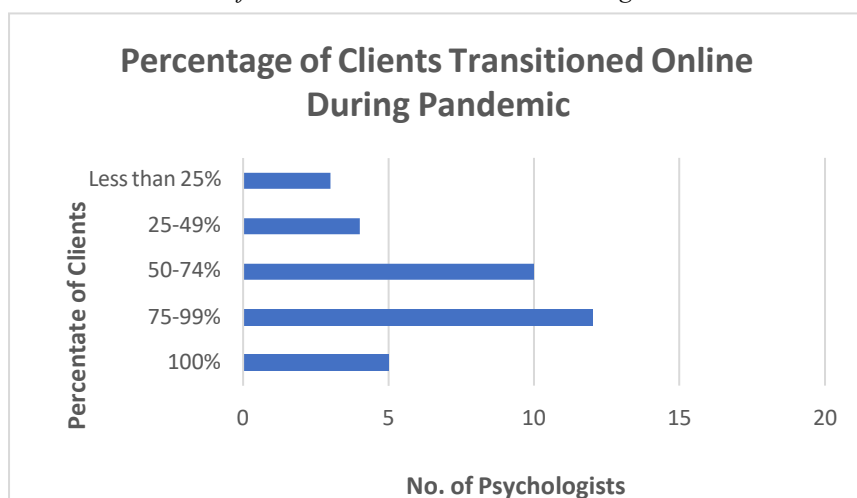


Table 3: Challenges Faced During Online Counselling

No.	Challenges	Percentage of Psychologists Facing the Challenge
1	Technical & Network Issues	65.1%
2	Lack of Privacy for Client	53.50%
3	Difficulty Using Interventions & Exercises	48.8%
4	Difficulty Using Specific Therapeutic Modalities	44.2%
5	Poor Follow Up from Clients	27.9%
6	Lack of Privacy for self	25.60%
7	Difficulty Building Rapport	23.3%
8	Client Perception of Lowered Value	11.6%
9	Others	11.5%

Qualitative analysis of the subjective questions was done. Results are discussed in detail in the discussion.

## Discussion

The COVID-19 pandemic has turned out to be an event that has created seismic changes in the very fabric of humanity. The way primary, secondary and tertiary healthcare services are delivered have had to undergo changes, just like the delivery of about every other service. Within the larger area of healthcare, mental healthcare service delivery has also undergone a massive change.

The results of the present study show that due to the national lockdown that was announced in the March of 2020, most mental health professionals had to shift their practices online. This is reflected in the responses to the survey, with 88.4% of the respondents to the survey completely switching their method of practice to be online, and 11.6% of the respondents partially switching their method of practice to be partially online. None of the respondents continued to conduct their practices in-person, in the initial phase of the pandemic, due to the risk of being infected by the virus. 90.7% of the survey participants agreed that they would be continuing

online therapy sessions even after the pandemic, either partially or entirely. These findings are consistent with those found in the survey by Békés, V., & Aafjes-van Doorn, K. (2020). This data suggests that perhaps the changes in mental health services delivery are likely to be lasting ones.

With the switch to online counselling, counsellors as well as clients had to adapt to the new environment, a sometimes overwhelming change for both the parties. According to nearly half (44.2%) of the respondents of the survey, 50-74% of their clientele were able to transition online, while 27.9% of the respondents said that 75-99% of their clientele transitioned online and 11.6% of the respondents said that 100% of their clientele transitioned online. Only 7% of the respondents stated that 25% of their clientele were able to adapt to the switch to online counselling. Although their clients were able to adapt to the switch online, 41.9% of respondents saw far fewer clients per week than before the pandemic.

79.1 % participants stated that they had to make changes to the way they delivered counselling and psychotherapy. An analysis of their qualitative responses on the changes made suggests that most have made attempts to adapt strategies, activities and tools to the online format. Use of digital tools to support the therapeutic journey was reported by several participants; specifically, the use of PowerPoint presentations, videos, and certain apps for relaxation, mood tracking, online note keeping

were reported to be used with more frequency than earlier. More time invested in building a rapport and connect with the clients was reported by several participants, and rapport building as a challenge, especially while working with children, was mentioned by one participant. Another frequently seen response was regarding the amount of control on the physical environment of the client. During in-person therapy sessions, the therapist usually has complete control over the ambience, setting, and privacy aspects of the therapy space; this is impossible in a virtual format. Several participants reported frequent intrusions from family members and pets, as well as clients getting frequently pulled out of therapy due to the ringing of doorbell, interruptions and other factors. "One client woke up and attended the session in his bath-robe, and I had to ask him to dress appropriately and come!" mused one participant. One participant reported that it was harder to pick up the non-verbal cues of clients, as well as para-linguistic aspects of communication. Another reported going back to video recordings of the sessions, to ensure that nothing was missed out.

Several participants also mentioned the positive aspects of online therapy sessions, such as convenience, better access, and adaptability, and reported that no significant changes in the session delivery were required. As one psychologist pointed out, "It has its positives, like more accessibility in remote areas, and access to visual aids."

Table 3 shows participants' responses on the challenges faced by them during online therapy sessions. 65.1% respondents reported technical and network issues. Indeed, interrupted flow of sessions due to poor network, frequent disconnections, freezing of video screens, break in audio transmissions have been challenges that counsellors have been experiencing, which may certainly impact the overall efficacy of the sessions. More than half of the respondents reported challenges regarding client privacy during the sessions. Difficulty using interventions and exercises (48.8%) and difficulty using specific therapeutic modalities (44.2%) were next. Specifically, participants reported that while cognitive tools and exercises could be readily used without difficulty, other tools, such as body work, regression work, Gestalt approaches were harder to adapt to the online format. Poor follow up from clients (27.9%), and lack of therapist privacy (25.6%) were also seen as areas of concern. Difficulty building rapport was reported

by 23.3% of respondents, and this has been discussed in greater detail in the next paragraph. Only 11.6% participants reported client perception of lowered value.

Most participants reported taking more efforts to build rapport with clients in the online therapy format.

While 55.8% participants reported engaging in small talk for rapport building, 44.2% use exercises and tools for building rapport. 74.4% counsellors ask clients about themselves as part of the rapport building process. Amongst the other rapport building strategies used were sharing real life inspiring stories about heroic deeds done by ordinary people, building a good therapeutic relationship, mindfulness, pre-texts on chat before beginning sessions, use of art, and occasionally, having a focused discussion of the issue at hand.

When asked whether the switch to online sessions hampered their efficacy as a therapist, 53.5% answered negatively, although a large number of respondents acknowledged the difficulty of switching to online modes of conducting their practices. 34.9% said that the switch partially affected their efficacy as a therapist, while 11.6% said that it did.

A number of studies have reported a decline of mental health in the public caused due to the pandemic; which has motivated more and more people to seek out therapy. Table 2 shows the changes that the survey respondents have had in their own practice. 32.6% of the respondents reported seeing a far greater number of clients per week in the pandemic than before the pandemic, while 25.6% saw roughly the same amount of clients per week. 41.9% participants reported a decline in the number of cases they saw per week. While the survey did not specifically ask for reasons for the same, possible reasons for this could be a sudden decline in the income of many individuals as a direct result of the pandemic, an unwillingness of clients to transition to online counselling (specifically with respect to certain target groups such as the elderly, those with technological challenges and so forth), as well as lack of access to technology. This could be an area of further research.

With the onset of the pandemic, along with taking care of their clients' needs due to the elevated anxiety caused by the pandemic, it has been important for professionals to practice self-care and take care of their mental health as well. With the pandemic situation and change of environment, respondents have emphasised the need to take care of themselves and their mental health as well as that of their clients'. Mental health professionals have been amongst the COVID warriors, helping their clients deal with not just their pre-existing mental health challenges, but also the new and totally unexpected challenges that the pandemic has hurtled the world into. The researchers were interested in exploring how mental health professionals were safeguarding their own mental health in these trying times.

There was a wide range of responses that participants gave on this subjective question.

Responses ranged from logistical solutions (scheduling of work and free time), self-care, to engaging in hobbies and relaxing activities, to spiritual activities (mindfulness, meditation and so forth). A number of participants reported connecting to their own therapist, supervisor, mentor or senior to help process their own emotions and subjective traumas, as well as to keep burnout at bay. Those that mentioned scheduling as a solution, reported creating and sticking to a time table, having a cut-off time daily, not working on weekends as some ways that they safeguard their emotional well-being. Those that engage in leisure and hobby activities mentioned reading, music, learning new hobbies, and connecting with friends as ways that they rejuvenate themselves. Regular meditation, prayers, journaling and introspection, doing grounding activities, and undergoing spiritual courses has helped several counsellors in their own self-care journeys.

## Conclusion

This brief survey was a small exploration of the changing mental health delivery scenario within the urban Indian diaspora. The findings confirm global trends and shifts toward tele medicine, and an increasing comfort of practitioners as well as clients with the online psychotherapy format. The researchers recognise that the scope of the study is limited due to the small sample size, as well as the fact that the professionals who participated in the study came from the city of Mumbai. A nation-wide survey, with a more structured tool, is suggested, so as to explore the national trend accessing and delivering counselling and psychotherapy services in the light of the pandemic. A study involving the other stakeholders, clients, is also suggested, as it will be able to capture the client perceptions about tele therapy. Finally, further studies that enable us to understand the impact and efficacy of tele mental health and online therapy vis-à-vis a more holistic, comprehensive model of mental health services are the need of the day.

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