

4.1

E-COUNSELING'S ROLE IN TRANSFORMING INDIA'S MENTAL HEALTH LANDSCAPE

ANURAG UPADHYAY*

PRABHA DIXIT**

Abstract

E-counseling in India has been growing as an effective means to provide mental health support and guidance. It involves using digital platforms like video calls, chats, or emails to offer counseling services. Abstract delivery of mental health services to clients has been profoundly impacted by the advent of technology. Across the globe, the Internet has been a medium of counseling for many years, with services being provided by trained volunteers and mental health professionals. There is a growing body of literature that suggests that e-counseling is efficacious in dealing with a range of mental health issues. In developing countries such as India, individuals in need of mental health services remain unnerved and unattended, owing to the lack of trained and qualified mental health professionals. Many of the process skills required for face-to-face counseling are necessary for e-counseling as well.

Keywords:

Mental, health, E-counseling

* Assistant Professor, Département of Psychology, Udai Pratap Autonomous College, Varanasi, Uttar Pradesh

** Rehabilitation and Counseling Psychologist, RCI Registered, Varanasi, Uttar Pradesh

DOI: <https://doi.org/10.31995/Book.AB321-N24.Chapter4.1>

In India, discussing mental health is now far more common than it was in the past. People in the past were reluctant to identify their mental health issues and anxious to seek professional mental health counsel. Even the relatives of patients, suffering from any illness or ailment, including mental ones, experience great discomfort when they see a mental health specialist. In the past, it was fairly typical for someone experiencing mental difficulties to declare demons or Guinea pigs for magus and sokha. However, as the revolution in information and communication technologies progressed, people began to view mental health as a vital component of overall health and began discussing the issues surrounding these mental illnesses. Moreover, the healthcare system pays little attention to social and mental health in favor of curative care and illness prevention. The one that is most often overlooked among them is mental health and wellbeing (Kumar, 2001, 2010), especially in rural regions (Thara, Padmavati, and Srinivasan, 2004; Meltzer, 2008). It is a fact that approximately one-sixth of all illnesses connected to health are mental in nature (Pathare, (2011). It is dreadfully anticipated that there will be a significant increase in the number of people suffering from mental illness in rural areas due to the growing population (Pathare, 2011; Report of the National Commission on Macroeconomics and Health (2005). In addition, there are numerous other factors that contribute to the rise in mental illness, such as changing lifestyles and values, crop failure, natural disasters like floods and droughts, the economic downturn (Chatterjee, 2009), unemployment, a lack of social support, and rising levels of insecurity (National Commission on Farmers, 2006). Mental illness accounts for 26% of the disease burden among priority non-communicable diseases in India, and current estimates indicate that this percentage will rise sharply in the upcoming years (Peters, Yazbeck, Ramana, Sharma, Pritchett, and Wagstaff. 2001; Gururaj, and Issac, 2004). Therefore, it makes perfect sense to state that at least 6.5% of Indians suffer from major mental illnesses, and there are no appreciable variations in frequency between rural and urban areas, as per a study

conducted by the National Commission on Macroeconomics and Health (NCMH) (National Commission on Macroeconomics and Health Background Papers—Burden of Disease in India 2006).

Mental health and e-counseling:

Mental health is not new in India. According to Padmawati (2005), as early as 600 AD, mental illness was documented in ancient Indian medical literature (Namboodhri, 1986), and the medical treatises from that era contain precise accounts of psychoses. Astonishingly, these excuses have been used by successive generations because mental illness was formerly thought to be a curse. However, families continue to care for mentally ill individuals even though they often provoke negative reactions from society, such as dread, disgust, sympathy, or anger (Padmawati, 2005). Moreover, these patients, who are abandoned by unsupportive relatives, have also benefited from the sanctuary provided by temples and other places of worship (Padmawati, 2005). Research on the prevalence of mental diseases conducted in the past 20 years has shown that at any given moment, the prevalence varies from 18 to 207 per 1000 people, with a median of 65.4 per 1000 (Kumar, 2011).

Mental health in India is a growing concern, with increasing awareness highlighting the need for accessible and effective support. In this context, e-counseling has emerged as a significant tool to address these needs, offering a viable solution to the country's mental health challenges. With a vast and diverse population, many individuals in India face barriers to accessing traditional mental health services due to geographical isolation, stigma, and a shortage of mental health professionals. E-counseling addresses these issues by providing remote access to mental health support through digital platforms, allowing individuals to connect with trained counselors from the comfort of their homes. This approach not only helps overcome logistical barriers but also provides anonymity, which can reduce the stigma associated with seeking help. Moreover, e-counseling can reach underserved regions, offering timely intervention and support to those who might otherwise go without essential mental health care. However, as India continues to confront mental health challenges, e-counseling represents

a promising development in expanding access and improving the quality of mental health care across the country. Moreover, e-counseling, or remote counseling services, is quickly emerging as a desirable substitute for more conventional in-person counseling. (Lau, Jaladin & Abdullah, 2013; Wong et al., 2018). According to Mallen et al. (2011), any mental health or behavioral health services that are provided to a client in a non-face-to-face setting by a licensed practitioner using technologies like the phone, synchronous chat, email, and videoconferencing, including but not limited to therapy, consultation, and psycho-education known as e-counseling.

E counseling - The origin and history

E-counseling is the provision of psychological support and therapeutic services through digital means, such as video calls, text chats, or email, allowing clients to receive counseling remotely. The technology behind the e-counseling platforms including the apps, websites, and telecommunication tools, etc. There have been several attempts to integrate computer technology and the counseling process long before the Internet emerged, so it's safe to say that e-counseling is not at all new to the counseling industry when we discuss consulting and computer contact (Rummell & Joyce, 2010; Zainudin, et.al, 2019). Many researches concerning online counseling and Internet communication concentrate on the usage of chat (Hanley, 2012; Sanchez, 2014), email (Hanley, 2012; Kolog, Sutinen, & Vanhalakka-Ruoho, 2014; Sanchez, 2014), and phone (Tannous, 2017) for counseling that is provided remotely. Additionally, the terms like e-mail therapy (Lau, Jalaludin & Abdullah, 2013), e-therapy (Abbot, Klein & Ciechowski, 2008), computer-mediated communication (CMC) (Sanchez, 2014), Internet-based therapy (Andersson et al., 2014), cyber-counseling (Tannous, 2017), and many more are closely connected to e-counseling but may have distinct definitions. However, the delivery of therapeutic interventions in which a client and a trained professional counselor communicate using online technologies at two separate locations without meeting in person is known as e-counseling, also known as online counseling, cyber-therapy, and e-therapy (Richards & Viganó, 2013, Richard & Viganó, 2012; Zainudin & Yusop,

2018). Moreover, E-counseling is predicted to increase as a result of the robust Internet, as counseling relationships in schools are traditionally facilitated by face-to-face interactions patterns (Wilczenski, & Coomey, 2006; Teh, Acosta, Hechanova, Garabiles, & Alianan Jr, 2014).

The origin and history of e-counseling trace back to the broader integration of technology into healthcare, evolving significantly over the past few decades. The concept began to take shape in the late 20th century with the advent of the internet and digital communication tools. Early forms of e-counseling emerged through email and chat-based platforms, allowing mental health professionals to reach clients remotely. As technology advanced, video conferencing and dedicated telehealth platforms became more prevalent, enhancing the interactivity and effectiveness of online therapy. The early 2000s saw a rise in the establishment of specialized e-counseling platforms, offering structured services and connecting users with licensed therapists. Over time, these platforms have grown in sophistication, incorporating features such as real-time chat, video sessions, and mobile applications to improve accessibility and user experience. The COVID-19 pandemic further accelerated the adoption of e-counseling, as lockdowns and social distancing measures highlighted the need for remote mental health services. Today, e-counseling is recognized as a vital component of modern mental health care, providing an accessible, flexible, and effective means of support for individuals worldwide.

E- Counseling in India;

E-counseling in India has rapidly evolved into a crucial component of the mental health landscape, driven by the need for accessible and scalable mental health support across the country. Historically, mental health services in India faced significant barriers, including geographical isolation, stigma, and a shortage of trained professionals. The advent of e-counseling has addressed these challenges by leveraging digital platforms to connect individuals with mental health professionals remotely. This model has proved particularly beneficial in bridging gaps in accessibility, allowing people from remote and underserved areas to receive professional support

without the constraints of travel. E-counseling platforms such as Your DOST, Inner Hour, and others have emerged, offering a range of services from therapy to self-help tools, thereby catering to the diverse needs of the Indian population. The flexibility, anonymity, and convenience provided by e-counseling are helping to reduce stigma and encourage more individuals to seek help. Additionally, the COVID-19 pandemic has accelerated the adoption of e-counseling in India, highlighting its role in ensuring continuity of care during times of crisis and further establishing it as a vital element in the country's mental health infrastructure.

E-counseling Helpline in India;

In India, there are several e-counseling and mental health helplines available for those seeking support. Here are some of the key ones:

1. National Mental Health Helpline (KIRAN):

- a. Number: 1800-599-0019
- b. Availability: 24/7
- c. Languages: Multiple languages
- d. Description: This helpline is operated by the Ministry of Social Justice and Empowerment and offers support for mental health issues including anxiety, depression, and suicidal thoughts.

2. Snehi Helpline:

- a. Number: 91-22-25521111 / 91-22-25521112
- b. Availability: 10 AM - 10 PM
- c. Languages: Hindi, English
- d. Description: Snehi provides emotional support and counseling to individuals dealing with stress, anxiety, and other mental health concerns.

3. iCALL (TISS):

- a. Number: 9152987821
- b. Availability: Monday to Saturday, 10 AM - 8 PM
- c. Languages: Multiple languages
- d. Description: iCALL is a free and confidential helpline by the Tata Institute of Social Sciences (TISS) offering counseling services via phone, email, and chat.

- 4. Lifeline Foundation:**
 - a. Number: 033-40447437 / 91-9051-728728
 - b. Availability: 10 AM - 10 PM
 - c. Languages: English, Bengali, Hindi
 - d. Description: Offers free counseling services, primarily focused on suicide prevention and mental health support.
- 5. Vandrevala Foundation Helpline:**
 - a. Number: 1860-266-2345 / 9152987821
 - b. Availability: 24/7
 - c. Languages: Multiple languages
 - d. Description: Provides immediate mental health support and counseling for individuals in distress.
- 6. Sumaitri Helpline:**
 - a. Number: 91-11-23389090
 - b. Availability: 2 PM - 10 PM (Monday to Friday), 10 AM - 10 PM (Saturday and Sunday)
 - c. Languages: English, Hindi
 - d. Description: Sumaitri offers support for those experiencing emotional distress, loneliness, or contemplating suicide.

Training of counselors:

Training counselors for e-counseling involves a comprehensive process that integrates core psychological concepts with the unique demands of virtual therapeutic environments. Counselors are first grounded in fundamental psychological theories, including cognitive-behavioral therapy (CBT), psychodynamic theory, and humanistic approaches. These frameworks are essential for understanding psychopathology, therapeutic interventions, and the dynamics of the therapeutic alliance, which remains central even in a digital format. A significant aspect of e-counseling training is the adaptation to non-traditional modalities of communication. In the absence of physical presence, the counselor must develop heightened attunement to verbal and textual cues, utilizing advanced skills in active listening and reflective responding. This involves understanding the subtleties of language, tone, and timing in text-based or voice-based communication

to compensate for the lack of non-verbal cues such as body language and facial expressions, which are integral to in-person therapy.

Counselors are trained in the use of digital platforms, with an emphasis on maintaining therapeutic boundaries, managing transference and countertransference in a virtual context, and ensuring the stability of the therapeutic frame. This includes technical competence in navigating secure communication tools and platforms, as well as an understanding of the implications of digital confidentiality and HIPAA compliance to protect client data and privacy.

Ethical considerations:

Ethical considerations are paramount in e-counseling, requiring a deep understanding of concepts such as informed consent, risk assessment, and crisis intervention in a remote context. For instance, training covers how to conduct a risk assessment for suicide ideation or self-harm when physical cues are absent and how to establish safety plans and emergency protocols remotely. The training also emphasizes the importance of self-reflection and supervision in e-counseling practice, encouraging counselors to engage in ongoing self-assessment of their competencies and the impact of the digital medium on their therapeutic work. Supervision often includes discussions about the emotional impact of remote counseling on the therapist, as well as strategies for maintaining professional resilience in a potentially isolating work environment. Finally, the training incorporates continuous professional development in emerging digital tools and trends in telepsychology, ensuring that counselors remain adept at delivering evidence-based interventions through the most current and effective virtual means. This ongoing learning process helps counselors stay aligned with the evolving landscape of e-counseling, ensuring they can meet the diverse needs of their clients effectively.

Counseling duration:

In e-counseling, the duration of counseling sessions can vary significantly depending on the therapeutic goals, the client's psychological needs, and the modality of communication. Typically, e-counseling sessions range from 30 to 60 minutes, similar to traditional in-person therapy, but adjustments may be necessary based on factors

such as client engagement, the complexity of issues being addressed, and the nature of the therapeutic relationship. One of the key considerations in determining the duration is the concept of “therapeutic pacing,” which refers to the speed at which therapeutic work progresses. In e-counseling, where communication may occur via text, email, or video, the pacing can differ from face-to-face interactions. For instance, text-based counseling might require shorter, more frequent sessions to allow for reflective processing, while video sessions may adhere more closely to traditional session lengths. The counselor must also consider the phenomenon of “screen fatigue,” particularly in video or phone-based counseling, where prolonged sessions may lead to diminished attention and engagement from the client. This can affect the depth of processing and the overall effectiveness of the therapy. To mitigate this, counselors might structure sessions with regular breaks or opt for shorter, more focused interactions.

From a psychological perspective, the duration of e-counseling also relates to the concept of “dose-response” in therapy, where the frequency and length of sessions are tailored to optimize therapeutic outcomes. Research suggests that the effectiveness of therapy is not solely dependent on session length but on the quality of the therapeutic alliance and the alignment of session duration with the client’s readiness to engage in therapeutic work.

In conclusion, while the duration of e-counseling sessions is influenced by standard therapeutic practices, it is also shaped by the unique demands of the virtual environment. Counselors must be attuned to both the psychological and practical needs of their clients, adjusting session lengths to foster effective therapeutic engagement while preventing digital burnout.

Supervision:

Supervision in the context of e-counseling is a critical component of professional development and ensures the quality and effectiveness of therapeutic services provided in a digital environment. Supervision involves a more experienced mental health professional overseeing the work of a less experienced counselor or therapist, offering guidance, feedback, and support to enhance the supervisor’s

clinical skills, ethical decision-making, and professional growth.

In e-counseling, supervision adapts to the digital format, utilizing tools such as video conferencing, secure messaging, and virtual supervision platforms. The core elements of supervision—such as case discussions, reflective practice, and skill development—remain central, but the supervisor must also address specific challenges related to the digital medium. For instance, supervisors guide e-counselors in managing the therapeutic relationship in a virtual space, including maintaining boundaries, handling transference and countertransference, and navigating the technical aspects of online therapy. A key focus in e-counseling supervision is ensuring that counselors are competent in using digital tools while adhering to ethical standards, such as confidentiality, informed consent, and data security. Supervisors also emphasize the importance of cultural competence in e-counseling, as the digital format often involves working with clients from diverse backgrounds and geographic locations.

Supervision also serves as a space for addressing the emotional impact of e-counseling on the counselor. The remote nature of e-counseling can sometimes lead to feelings of isolation or burnout, and supervisors play a crucial role in helping counselors manage these challenges through reflective practices, self-care strategies, and peer support.

Furthermore, supervision in e-counseling includes the evaluation of the counselor's ability to effectively assess and manage risk in a virtual setting. This might involve reviewing protocols for handling emergencies, such as suicidal ideation or severe mental health crises, where immediate physical intervention is not possible.

In essence, supervision in e-counseling is not only about ensuring clinical competence but also about adapting traditional supervisory practices to the unique demands of the digital environment. This ensures that e-counselors can provide safe, effective, and ethical care to their clients while continuing to grow as professionals in an evolving field.

Data handling and process;

Data handling and storage in e-counseling are critical

components of maintaining client confidentiality, ethical practice, and compliance with legal standards. Given that e-counseling relies heavily on digital communication and record-keeping, counselors must be proficient in managing sensitive client information securely throughout the counseling process.

Data Handling:

In e-counseling, data handling involves the secure transmission, processing, and retrieval of client information. This includes personal details, session notes, assessments, and any other communications exchanged between the counselor and client. To ensure data integrity and confidentiality, counselors are required to use encrypted communication channels for all client interactions, such as secure email services, encrypted video conferencing platforms, and secure messaging apps.

Counselors must also be aware of the potential vulnerabilities in data handling, such as the risks posed by using unsecured networks, the potential for unauthorized access, and the importance of verifying the identity of clients in digital interactions. Proper data handling protocols, including the use of multi-factor authentication (MFA) and regular updates to software and security systems, are essential to protect against breaches and ensure that client data remains confidential.

Data Storage:

Data storage in e-counseling refers to the secure archiving of client records, including session notes, assessments, and communication logs. These records must be stored in compliance with legal and ethical standards, such as the Health Insurance Portability and Accountability Act (HIPAA) in the United States, or similar regulations in other countries.

Counselors are advised to use secure, cloud-based storage solutions that offer encryption, access controls, and regular backups. These platforms should also provide audit trails to track access to client data, ensuring that only authorized personnel can view or modify records. Additionally, counselors should be familiar with the retention policies relevant to their practice, which dictate how long client records must be kept and when they can be securely disposed of.

In addition to digital storage, counselors must have protocols

in place for data destruction, ensuring that outdated or unnecessary records are securely deleted in a manner that prevents recovery, thereby protecting client confidentiality even after the data is no longer needed.

Compliance and Ethical Considerations:

Counselors must stay informed about the legal and ethical guidelines governing data handling and storage in their region. This includes understanding the rights of clients to access their records, the procedures for handling data breaches, and the importance of obtaining informed consent that clearly explains how client data will be managed. Regular training on data security, privacy laws, and the ethical implications of digital record-keeping is essential for maintaining a high standard of care in e-counseling. By adhering to best practices in data handling and storage, counselors can build trust with their clients, ensuring that sensitive information is protected throughout the counseling process.

The journey of e-counseling - Challenges and Growth

The journey of e-counseling reflects a significant evolution in the field of mental health services, marked by both challenges and substantial growth. Initially, e-counseling emerged as a response to the increasing demand for accessible mental health care, especially in remote or underserved areas. This modality leverages technology to bridge the gap between clients and therapists, offering flexibility and convenience that traditional in-person therapy often lacks. However, the transition from face-to-face counseling to a digital format has presented several challenges, both in terms of therapeutic effectiveness and the maintenance of ethical standards.

One of the primary challenges in the early stages of e-counseling was the concern about the therapeutic alliance, a cornerstone of effective psychotherapy. Clinicians worried that the absence of in-person interactions could impair the development of rapport, empathy, and trust—critical elements that underpin successful therapeutic outcomes. Additionally, the lack of non-verbal cues, such as body language and facial expressions, posed challenges in accurately assessing client emotions and responses, which are vital for effective interventions.

Another significant hurdle was the issue of confidentiality and data security. The digital transmission of sensitive client information introduced risks of breaches and unauthorized access, necessitating the development of robust encryption and secure communication protocols. Moreover, the ethical management of crisis situations in a virtual environment required new strategies, as counselors had to navigate the complexities of assessing and intervening in cases of severe distress or suicidal ideation without the immediate physical presence to ensure safety.

Despite these challenges, e-counseling has experienced remarkable growth, driven by advancements in technology and increasing societal acceptance of online services. The COVID-19 pandemic acted as a catalyst, significantly accelerating the adoption of e-counseling as it became a necessity for continuity of care during lockdowns. During this period, many counselors and clients who were initially skeptical of e-counseling discovered its efficacy and convenience, leading to a broader acceptance of this modality.

The field of e-counseling has also seen growth in the development of specialized training programs, where counselors are equipped with the skills to navigate the digital therapeutic landscape effectively. These programs emphasize the importance of adapting traditional therapeutic techniques to an online format, ensuring that the quality of care remains high. Additionally, there has been a proliferation of research validating the effectiveness of e-counseling across various psychological issues, from anxiety and depression to relationship counseling, further solidifying its place in mainstream mental health services.

Conclusion:

In conclusion, e-counseling has transformed the landscape of mental health services, offering unprecedented accessibility, flexibility, and convenience for clients and counselors alike. Despite initial challenges—such as concerns over the therapeutic alliance, data security, and crisis management—the field has adapted and evolved, driven by technological advancements and societal needs. The growth of e-counseling has been marked by the development of specialized

training, increased research validation, and a broader acceptance of digital therapeutic modalities. As e-counseling continues to integrate into mainstream mental health care, it stands as a testament to the resilience and adaptability of psychological practice in the digital age, ensuring that quality mental health support is accessible to a global audience.

References

1. Abbot, J.M., Klein, B., & Ciechomski, L. (2008). Best practices in Online Therapy. *Journal of Technology in Human Services*, 24(2/4), 360-375.
2. Andersson G., Cuijpers P., Carlbring P., Riper H., Hedman E. (2014). Guided Internet-based vs. face-to-face cognitive behavior therapy for psychiatric and somatic disorders: A systematic review and meta-analysis. *World Psychiatry*, 13(3), 288-295. doi:10.1002/wps.20151
3. Chatterjee, P. (2009) Economic crisis highlights mental health issues in India. *The Lancet*, 373, 1160-1161. doi:10.1016/S0140-6736(09)60666-8
4. Gururaj, G. and Issac, M.K. (2004) Psychiatric epidemiology in India: Moving beyond numbers. In: Agarwal, S.P., Goel, D.S., Salhan, R.N., Ichhpujani, R.L. and Shrivastava, S., Eds., *Mental Health—An Indian Perspective (1946-2003)*, Directorate General of Health Services, Ministry of Health and Family Welfare, New Delhi, 37-61.
5. Hanley, T. (2012). Understanding the online therapeutic alliance through the eyes of adolescent service users. *Counseling and Psychotherapy Research: Linking research with practice*, 12(1), 35-43. doi:10.1080/14733145.2011.560273
6. Kolog, E.A., Sutinen, E., & Vanhalakka-Ruoho, M. (2014). E-counseling implementation: Students' life stories and counseling technologies in perspective. *International Journal of Education and Development using Information and Communication Technology (IJEDICT)*, 10(3), 32-48.

7. Kumar, A. (2001) Mental health in a public health perspective. The Bihar Times, Bihar.
8. Kumar, A. (2005) National rural health mission and mental health. Health Action, 18.
9. Kumar, A. (2010) Mental health services in India: A case study of Jahangirpuri. LAP Lambert Academic Publishing, Germany.
10. Kumar, A. (2010) Mental health services in India: A case study of Jahangirpuri. LAP Lambert Academic Publishing, Germany.
11. Lau, P.L., Jaladin, R.A.M., Abdullah, H.S. (2013). Understanding the two sides of online counseling and their ethical and legal ramifications. Social and Behavioral Sciences, 103, 1243 – 1251.
12. Mallen, M., Jenkins, I., Vogel, D., & Day, S. (2011). Online counseling: An initial examination of the process in a synchronous chat environment. Counseling and Psychotherapy Research, 11(3), 220-227. doi:10.1080/14733145.2010.486865
13. Meltzer, M. (2008) Mental health care in India: Prescribing the right policy. Pepperdine Policy Review. <http://publicpolicy.pepperdine.edu/policy-review/2008v1/mental-health-care.htm>.
14. Namboodhri, 1986 Namboodhri, V. M. D. (1986). Ancient Indian Systems. In M. S. Menon & U. G. Das (Eds), Schizophrenia—Historical trends (pp. 31–47). Madras, India: SCARF.
15. National Commission on Farmers (2006) Serving farmers and saving farmers, fifth and final report. Government of India, Ministry of Agriculture, Shastri Bhavan, New Delhi.
16. National Commission on Macroeconomics and Health Background Papers—Burden of Disease in India (New Delhi, India). (2005) Ministry of Health & Family Welfare, New Delhi. [http://www.who.int/macrohealth/action/NCMH_Burden%20of%20disease_\(29%20Sep%202005\)](http://www.who.int/macrohealth/action/NCMH_Burden%20of%20disease_(29%20Sep%202005)).

17. National Commission on Macroeconomics and Health Background Papers—Burden of Disease in India (New Delhi, India). (2005) Ministry of Health & Family Welfare, New Delhi. [http://www.who.int/macrohealth/action/NCMH_Burden%20of%20disease_\(29%20Sep%202005\).pdf](http://www.who.int/macrohealth/action/NCMH_Burden%20of%20disease_(29%20Sep%202005).pdf)
18. Pathare, S. (2011) Less than 1% of our health budget is spent on mental health. InfoChange News & Features. <http://infochangeindia.org/agenda/access-denied/less-than-1-of-our-health-budget-is-spent-on-mental-health.html>
19. Pathare, S. (2011) Less than 1% of our health budget is spent on mental health. InfoChange News & Features. <http://infochangeindia.org/agenda/access-denied/less-than-1-of-our-health-budget-is-spent-on-mental-health.html>
20. Peters, D., Yazbeck, A., Ramana, G., Sharma, R., Pritchett, L. and Wagstaff, A. (2001) Raising the sights: Better health systems for India's poor. The World Bank, Washington, DC.
21. Report of the National Commission on Macroeconomics and Health (2005) National Commission on Macroeconomics and Health Ministry of Health & Family Welfare Government of India, New Delhi.
22. Richards, D., & Viganó, N. (2013). Online counseling: A narrative and critical review of the literature. *Journal of Clinical Psychology*, 69(9), 994-1011. <https://doi.org/10.1002/jclp.21974>
23. Richards, D., & Viganó, N. (2013). Online Counseling: A Narrative and Critical Review of the Literature. *Journal of Clinical Psychology*, 69(9), 994–1011.
24. Rummell, C., & Joyce, N. (2010). “So what do u want to work on today?”: The ethical implications of online counseling. *Ethics & Behavior*, 20(6), 482–496. doi:10.1080/10508422.2010.521450.
25. Sanchez, M.G. (2014). E-counseling through computer-mediated communication. *CVCITC Research Journal*, 1(1), 1-15.

26. Tannous, A. (2017). Perceptions towards Online Counseling among University of Jordan Students. *Modern Applied Science*, 11(12), 68-76.
27. Teh, A, L., Acosta, C. A., Hechanova, M. R.M., Garabiles, R. M., & Alianan Jr, S. A. (2014). Attitudes of Psychology Graduate Students toward Face-to-Face and Online Counseling. *Philippine Journal of Psychology*, 47(2), 65-97.
28. Thara, R., & Srinivasan, T. N. (2004). Management of schizophrenia: Pharmacological and non-pharmacological approaches. In M. K. Mandal & H. S. Nizamie, *Current developments in schizophrenia* (Chapter 14). New Delhi: Allied Publishers Private Limited.
29. Thara, R., Padmavati, R. and Srinivasan, T. (2004) Focus on psychiatry in India. *British Journal of Psychiatry*, 184, 366-373. doi.org/10.1192/bjp.184.4.366
30. Wilczenski, F. L., & Coomey, S. M. (2006). Cyber Communication: Finding its Place in School Practice, Education, and Professional Development. *Professional School Counselor*, 9(4), 327-331.
31. Wong, K., Bonn, G., Tam, C., & Wong, C. (2018). Preferences for online and/or face-to-face counseling among university students in Malaysia. *Frontiers in Psychology*, 9(64), 1-5.
32. Zainudin, Z, N., & Yusof, M. Y. (2018). Client's Satisfaction in Face-To-Face Counselling and Online Counseling Approaches: A Comparison. *International Journal of Academic Research in Business and Social Sciences*, 8(3), 677-684.
33. Zainudin, Z.N., Yusop, Y.M., Hassan, S.A., Alias, B.S. (2019). The effectiveness of cybertherapy for the introvert and extrovert personality traits. *Malaysian Journal of Medicine and Health Sciences*, 15(SUPP1): 105-109.