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Suggested Principles of Professional Ethics for the Online Provision of Mental Health Services

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Abstract

The goal of this project was to suggest principles of professional ethics for the online provision of clinical mental health services that could guide both clinicians who provide and patients who receive such services. A joint committee of the International Society for Mental Health Online (ISMHO) and the Psychiatric Society for Informatics (PSI) was formed. Discussion and development of these principles took place online. A set of principles was produced and endorsed by ISMHO on January 9, 2000, and by PSI on May 13, 2000. The principles involve informed consent (about the process, the clinician, the potential risks and benefits, safeguards, and alternatives), standard operating procedure (competence, legal requirements, the structure of the services, evaluation, multiple treatment providers, confidentiality, records, and existing guidelines), and emergencies (procedures and local backup). This project demonstrates that traditional principles of professional ethics can be extended to online services, that comprehensive ethical principles can be developed by groups that cross disciplinary and national boundaries, and that productive collaboration can take place entirely online; and suggest that online clinicians have the potential to regulate themselves.

Keywords:

Professional Ethics, Medical; Telepsychiatry; Mental Health Services; Internet

Introduction

Mental health professionals are exploring the new world of the Internet, but what signposts guide them? Clinical, legal, and ethical risks abound. Legal and regulatory barriers will be erected around certain hazards by legislatures and administrative bodies. The most effective clinical pathways will emerge through scientific study and the case-by-case accumulation of experience.

This is a report on the development, by a joint committee of the International Society for Mental Health Online and the Psychiatric Society for Informatics, of a set of suggested principles of professional ethics for the online provision of mental health services. It is hoped that these principles will help the pioneers who provide—and receive—online services to stay on course.

Ethical principles have long existed for the provision of mental health services in person. Traditionally, their formulations have been specific to particular disciplines in particular countries. [1-11] For example, the American Psychiatric Association has annotated [2] the seven principles of the American Medical Association, and the American Psychological Association has issued its own much more detailed principles. [3] Some degree of international collaboration has, however, taken place. The Danish, Norwegian, and Swedish psychological associations, for example, share principles for Nordic psychologists. [7, 9, 11]

Individuals [12-14] and professional organizations have started to address the provision of clinical services online. The American Psychological Association has stated [15] that its general principles also apply to the Internet, that services provided online should follow the same guidelines as those provided in person. The Health On the Net Foundation has issued principles that broadly address "medical and health" web sites. [16, 17] The National Board for Certified Counselors [18, 19] and the American Counseling Association [20] have developed principles for online counseling, and the Australian Psychological Society [21] has developed principles for both education and clinical services online.

The International Society for Mental Health Online (ISMHO) and the Psychiatric Society for Informatics (PSI) are organizations with a special interest in online mental health issues. The latter was founded in May 1995 and is composed exclusively of psychiatrists. The former was founded in August 1997 and is composed of mental health professionals of various disciplines (mostly clinical psychologists) as well as lay persons. These organizations set out to synthesize and expand upon these existing principles.

Materials and Methods

Early in its existence, ISMHO formed "Committee A," chaired by Martha Ainsworth, to develop guidelines for informational mental health web sites. In July 1998, the Committee's mission was broadened to include the development of these principles, and the author became its co-chair. In September 1998, it became a joint ISMHO/PSI committee when it was opened to members of the latter organization.

The goal of the Committee was to suggest principles of professional ethics for the online provision of clinical mental health services. The principles were to be broad enough to apply to the entire continuum of mental health services that might be provided online, from email exchanged between office sessions (at this time probably the most common model) to one-time consultations to ongoing treatment by email, chat, or videoconferencing without any meetings in person. The principles were also to be general enough to have international application.

The development of these principles was conducted completely online. An electronic mailing list was created for the Committee. The author drafted an initial set of principles, based on four existing sets of guidelines [15, 17, 19, 22] and work of his own, and revised it as discussion progressed.

On September 7, 1999, the principles were put before the ISMHO and PSI memberships (again, online). There was wider discussion and further revision. An online ISMHO vote, concluded on January 9, 2000, was unanimous in favor of endorsement, and PSI endorsed them with some additional revisions when it met in person on May 13, 2000.

This work was submitted to the American Telemedicine Association in an earlier form, presented at its annual meeting on May 23, 2000, revised, and accepted for publication in the Spring 2001 issue of its Telemedicine Journal and e-Health.

Results

Principles

Below is the current version of the principles, with the PSI terminology ("psychiatrist" and "patient" as opposed to "counselor" and "client").

version 3.15.psi, 9/13/00

Suggested Principles of Professional Ethics for the Online Provision of Mental Health Services [23]

A. Informed consent

Informed consent is one of the foundations of ethical health care today. Before the patient consents to receive online mental health services, he or she should be informed about the process, the psychiatrist, the potential risks and benefits, safeguards, and alternatives.

1. Process

a. Possible misunderstandings

The patient should be informed that when interacting online with the psychiatrist, less information about each may be available to the other, so misunderstandings may be more likely. With text-based modalities such as email, nonverbal cues are relatively lacking, and even with videoconferencing, bandwidth is limited.

b. Turnaround time

One issue specific to the provision of mental health services using asynchronous (not in "real time") communication is that of turnaround time. The patient should be informed of how soon after sending an email, for example, he or she may expect a response.

c. Privacy of the psychiatrist

Privacy is more of an issue online than in person. The psychiatrist has a right to his or her privacy and may wish to restrict the use of any copies or recordings the patient makes of their communications. See also the below on the confidentiality of the patient.

2. Psychiatrist

When the patient and the psychiatrist do not meet in person, the patient may be less able to assess the psychiatrist and to decide whether or not to enter into a treatment relationship with him or her.

a. Name

The patient should be informed of the name of the psychiatrist. The use of pseudonyms is common online, but is insufficient in a clinical context.

b. Qualifications and how to confirm them

The patient should be informed of the qualifications (for example, having a degree or being licensed, certified, or registered) of the psychiatrist. The psychiatrist may also wish to provide supplemental information such as areas of special training or experience. So that the patient can confirm the qualifications, the psychiatrist should provide the telephone numbers or web page URLs of the relevant organizations.

3. Potential benefits

The patient should be informed of the potential benefits of receiving mental health services online. This includes both the circumstances in which the psychiatrist considers online mental health services appropriate and the possible advantages of providing those services online. An example of the latter is that the patient might feel safer and therefore less inhibited.

4. Potential risks

The patient should be informed of the potential risks of receiving mental health services online, for example, that misunderstandings might interfere with evaluation or treatment or that confidentiality might be breached.

5. Safeguards

The patient should be informed of safeguards (such as the use of encryption) that are taken by the psychiatrist and could be taken by himself or herself against the potential risks. Extra safeguards should be considered when family members, students, library patrons, etc., share a computer.

6. Alternatives

The patient should be informed of alternatives to receiving mental health services online.

7. Proxies

Some patients are not in a position to consent themselves to receive mental health services. In those cases, consent should be obtained from a parent, legal guardian, or other authorized party—and the identity of that party should be verified.

B. Standard operating procedure

The mental health professions have evolved a standard service delivery framework. When treatment is provided online, that framework need not—indeed, should not—be discarded.

1. Competence

The psychiatrist should remain within the boundaries of competence determined by his or her education and training, both in regard to the types of problems addressed and the online provision of services.

2. Legal requirements to practice

The psychiatrist should meet any legal requirements (for example, have a degree or be licensed, certified, or registered) to provide mental health services where he or she is located. In fact, the requirements where the patient is located may also need to be met for it to be legal to provide services to that patient. See also the above on qualifications.

3. Structure of the online services

The psychiatrist and the patient should agree on the frequency and mode of communication, the method for determining the fee, the estimated total cost to the patient (third-party coverage may or may not apply), the payment procedure, etc.

4. Evaluation

The psychiatrist should adequately evaluate the patient when providing mental health services online. The patient should understand that that evaluation could potentially be helped or hindered by communicating online.

5. Multiple treatment providers

When the patient receives mental health services from others at the same time, either online or in person, the psychiatrist should carefully consider the potential effects of his or her interventions in the overall treatment context.

6. Confidentiality of the patient

The confidentiality of the patient should be protected. Information about the patient should be released only with his or her permission. The patient should be informed of any exceptions to this general rule.

7. Records

The psychiatrist should maintain records of the services provided. If those records include copies or recordings of communications with the patient, the patient should be informed.

8. Existing guidelines

The psychiatrist should of course follow the laws and other existing guidelines (such as those of professional organizations) that apply to him or her.

C. Emergencies

When mental health services are provided online, the psychiatrist can be a great distance from the patient. This may limit the ability to respond in an emergency.

1. Procedures

The procedures to follow in an emergency should be discussed. These procedures should address the possibility that the psychiatrist might not immediately receive an online communication (perhaps because of technical problems) and might include trying to call the psychiatrist, an answering service, or a local backup.

2. Local backup

When the psychiatrist and the patient are in fact geographically separated, the psychiatrist should identify and obtain the telephone number of a qualified local health care provider. A local backup who already knows the patient, such as his or her primary care physician, may be preferable.

Terminology

The Committee referred to these principles as "suggested" because its goal was to guide and to educate, not to regulate. There was some debate over the terms for the provider and recipient of services. "Provider" and "recipient" themselves seemed too bureaucratic. ISMHO endorsed "counselor" and "client," but a significant number of PSI members felt there were unique aspects of the physician-patient relationship, and PSI endorsed "psychiatrist" and "patient."

A contentious question was "where" online services were provided. Was it where the clinician or the patient was located? Some have argued that it was "in cyberspace"! A more productive way to frame the issue was in terms of what was legally required to practice. The clinician should meet any legal requirements where he or she is located, but may also need to meet the legal requirements where the patient is located, one rationale being that it is the local authorities there whose role it is to protect the patient. The more general "legal requirements to practice" was preferred over the more specific "license" because being licensed is a requirement for psychiatrists and clinical psychologists throughout the US, but is not, for example, for pastoral

counselors in ten states or for clinical psychologists in Australia or Italy.

"Estimated total cost to the patient" was added to "structure of the online services" because it was considered inadequate to inform the patient of the cost, for example, in per-minute terms without even a range of how many minutes would be billed. Finally, a term such as "clinician" was not used for the local backup so that a hospital emergency room or other service could serve that function.

Discussion

Limitations

These principles were developed by a small self-selected group that consisted primarily of psychiatrists and clinical psychologists in the US. This might have limited its perspective. In addition, the very undertaking of the development of these principles could be taken to imply a general bias in favor of online services. Also, though these principles were intended not to be technology-specific, technology can change quickly and new developments may require their revision.

Other limitations stem from the scope of the principles. They are ethical, not clinical or legal, in nature. Adequately evaluating the patient is an ethical issue, but how to evaluate a particular patient online—and whether such an evaluation is even possible—is a clinical question (though prescribing sildenafil based solely on the checking off of an "impotence" box on a web page would clearly be unethical). Meeting requirements to practice is an ethical issue, but what specific requirements need to be met for a particular clinician to treat a particular patient is a legal and regulatory question (and varies from one discipline, jurisdiction, and point in time to another). Maintaining records of services provided is a ethical issue, but in what form (electronic or paper, transcripts or summaries, etc.) to keep those records is an administrative question.

These are principles, not a blueprint. Once there is agreement on the principles, how best to implement them given a particular clinician, patient, and practice setting will then need to be the subject of further discussion. A particularly difficult problem is how to verify the identity of a proxy, since the signature of a parent or guardian could easily be forged. Two other issues also remain unresolved. First, someone who is not a qualified clinician could pose as someone else who is; but that is equally possible offline. Second, there is the question of how or even whether to work with a patient who insists on anonymity.

Other guidelines

The Committee was not aware of the Internet-specific American Counseling Association (ACA) "standards" [20] and the Australian Psychological Society (APS) "considerations" [21] while it was working on these principles. Of the 19 points these principles address, 9 are covered by the National Board for Certified Counselors (NBCC) "standards" and 16 by the ACA standards (all except possible misunderstandings, privacy of the clinician, and local backup) and the APS considerations (all except evaluation, established guidelines, and local backup). Specific issues mentioned only by these principles are the extra risk to confidentiality of sharing a computer, the need to inform the patient of the method of determining the fee and the estimated total cost, and the potential for the process to be aided by communicating online.

On the other hand, the NBCC and ACA standards each cover points that these principles do not: the former, identifying the patient and making self-disclosures; the latter, identifying the patient, contacting the patient in an emergency, informing the patient of how long records are kept, and seeking appropriate legal and technical assistance in developing online services. These are principles that may yet be added to those suggested here. Making self-disclosures and informing the patient of how long records are kept, however, are not specific to online services.

Tradeoffs

The use of the Internet to provide mental health services is a double-edged sword. For example, one of the potential benefits of online services, especially with text-based modalities such as email, is that it is relatively easy to record communications. Having such a record to refer to can help the patient, but also increases the ease with which the patient can violate the privacy of the clinician (for example, by distributing the words or image of the clinician online).

There are also profound clinical consequences. Online, the patient will tend to feel more safe and less inhibited than in person and therefore may reveal thoughts or feelings and make therapeutic progress that he or she might not otherwise. On the other hand, visual, auditory, and olfactory channels of information are limited by bandwidth, so the clinician has less data with which to work (and also with which to assess the age and decision-making capacity of the patient).

Finally, the Internet gives each clinician access to more patients and each patient access to more clinicians than if contact had to be in person. Efficiency should result from this freer "market." However, this increased freedom needs to be balanced by the ability of governmental and regulatory bodies to protect patients.

Conclusion

This project demonstrates that traditional principles of professional ethics can be extended to online services; that comprehensive ethical principles can be developed by groups that cross disciplinary and national boundaries; and that productive collaboration can take place entirely online. That these guiding principles were able to be agreed upon suggests that consensus might also be able to be reached regarding binding principles and therefore that online clinicians have the potential to regulate themselves.

The hope is that these principles will guide both clinicians who provide and patients who receive online mental health services.

The Committee views these principles as a work in progress. Additional input is sought from other interested parties—including readers of this communication. In particular, data regarding the relevance and utility of these principles in practice will be essential. More productive than simple one-way transmission of feedback to the Committee, however, may be discussion among others and the Committee, discussion that may only be possible online.

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