Attitudes towards online psychological counseling in healthy and psychiatric patient populations

Magdalena Chęć; Agnieszka Samochowiec; Karol Karasiewicz; Krystian Konieczny; Maria Ligocka
Institute of Psychology, University of Szczecin
Email: magda.chec@gmail.com

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I. BACKGROUND

- Remote communication is an opportunity for those who do not decide on the traditional form of communication. Online psychological counseling is the help of a psychologist or psychotherapist through the Internet.
- Forms of online communication are divided into synchronous and asynchronous.
- Due to the problems reported by patients, there are various forms of online help, for e.g. psychoeducation, counseling, crisis intervention, and psychotherapy.
- Attitude is a mechanism that regulates human behavior and combines emotional, motivational and cognitive elements.
- A person's attitude to online psychological counseling is a relatively stable tendency to positive or negative evaluation of this type of assistance, irrespective of whether this attitude takes the form of beliefs, feelings or behavioral tendencies.
- World research shows that the attitude towards online psychological help is diverse and depends on many factors, including gender, age and experience associated with the use of this kind of help. In connection with the theory that psychological help is addressed to both healthy and ill people, this study is an analysis of both groups.

II. AIM

The main goal of this work was to determine the attitudes towards online psychological counseling in healthy population and psychiatric patients.

III. METHODOLOGY

Hypotheses:

H1: Psychiatric patients have more positive attitudes toward online psychological help than healthy controls.

H2: Sex moderates the differences in attitudes toward psychological help between psychiatric patients and healthy controls.

Method:

The study was conducted in north-western Poland, using:

- a self-constructed Attitude Scale for Online Psychological Assistance – 2, which consists of 10 scales that measure attitudes towards online psychological help: (1) provided in chat; (2) provided by Skype; (3) provided by e-mail; (4) in the form of psychotherapy; (5) in the form of psychoeducation; (6) in the form of a crisis intervention; (7) in the form of psychological advice; (8) given to mentally ill people; (9) provided to people with mental disorders; (10) granted to people experiencing life difficulties;
- a socio-demographic survey.

Sample:

315 persons (66% women and 34% men), aged 18 to 68 years, including 215 psychiatric patients and 100 healthy controls.

Table 1: Distribution of different diagnoses in psychiatric sample

Diagnosis	n	%
1 - depression	106	49,3
2 - schizophrenia	28	13
3 - bipolar disorder	13	6
4 - psychotic disorders / psychosis	4	1,9
5 - personality disorders	23	10,7
6 - abuse of psychoactive substances/alcohol	10	4,7
7 - mood disorders	3	1,4
8 - anxiety disorders	19	8,8
9 - life difficulties	5	2,3
10 - eating disorders	3	1,4
11 - other	1	0,5

IV. RESULTS

H1:

In order to verify this hypothesis the independent samples t test was performed.

Table 2: Attitudes toward online psychological help in groups of controls and psychiatric patients

	Controls (n=100)		Patients (n=215)		Student's t		Cohen's d		
	M	SD	M	SD	t(313)	p	Estimate	LB	UB
SCALE1	39,1	4,33	36,88	6,31	3,182**	<0,001	0,39	0,14	0,63
SCALE2	36,55	4,2	36,67	7,35	-0,151	0,599	-0,02	0,26	-0,22
SCALE3	36,17	6,81	38,71	7,93	-2,753	0,999	-0,33	-0,58	-0,09
SCALE4	43,65	9,55	39,89	9,53	3,259***	<0,001	0,39	0,15	0,64
SCALE5	30,32	4,12	30,61	5,81	-0,449	0,668	-0,05	0,29	0,18
SCALE6	28,16	7,74	30,01	7,48	-2,026	0,978	-0,25	-0,49	0,00
SCALE7	29,13	3,3	30,32	5,74	1,920	0,972	0,23	-0,01	0,47
SCALE8	25,76	6,86	24,47	6,07	1,678*	0,048	0,20	-0,04	0,44
SCALE9	40,02	6,43	42,02	8,85	-2,019	0,978	-0,25	-0,48	0,00
SCALE10	45,54	6,81	45,8	8,51	-0,267	0,605	-0,03	-0,29	0,20

The first hypothesis has not been confirmed.

Our analyses suggest that psychiatric patients are more skeptical than controls when online psychological help is provided via chat ($t=3.182$; $p<.001$), it assumes the form of psychotherapy ($t=3.259$; $p<.001$) and is used to treat mental illness ($t=1.678$; $p=.048$). There are no significant differences between the two samples in their attitudes towards other forms and communication in online psychological help ($p>.05$).

H2:

In order to verify the hypothesis 2x2 between-subject ANOVA was performed against ten aspects of attitude toward online help. Results are presented in table below.

Table 3: Summary of ANOVA

Group	Sex			Group * Sex		
	F(1;311)	p	η^2	F(1;311)	p	η^2
SCALE1	8,727	0,003	0,03	0,014	0,905	0,00
SCALE2	0,007	0,935	0,00	0,913	0,340	0,00
SCALE3	7,656	0,006	0,02	0,001	0,981	0,00
SCALE4	8,872	0,003	0,03	0,097	0,756	0,00
SCALE5	0,125	0,724	0,00	0,198	0,656	0,00
SCALE6	4,629	0,032	0,01	0,253	0,616	0,00
SCALE7	2,606	0,107	0,01	1,304	0,254	0,00
SCALE8	3,515	0,062	0,01	0,287	0,593	0,00
SCALE9	3,757	0,053	0,01	0,490	0,484	0,00
SCALE10	0,212	0,646	0,00	0,114	0,735	0,00

Results of analyses don't support the hypothesis that sex is a significant moderator of relationship between participant state (controls vs. psychiatric patients) and attitude toward online help. Non of tested interaction effects is significant and meaningful in sense of an effect size. Moreover analyses revealed no significant effects of participant sex on attitudes toward online psychological help. It means, sex doesn't differentiate the attitudes toward online psychological help, and is not a significant moderator of relationship between participant's state and attitudes.

Table 4: Descriptive statistics of attitudes toward online psychological help in controls and psychiatric patients of both sex

	Control (n=100)		Patients (n=215)		Patients (n=134)		Patients (n=81)	
	M	SD	M	SD	M	SD	M	SD
SCALE1	39,07	4,30	39,19	4,51	37,00	6,32	36,69	6,32
SCALE2	36,36	4,40	37,06	3,51	36,30	7,34	37,27	7,38
SCALE3	36,40	6,46	35,58	7,73	38,42	8,17	39,20	7,54
SCALE4	43,54	9,27	43,96	10,50	39,75	9,62	40,12	9,42
SCALE5	30,24	3,93	30,56	4,61	30,49	5,65	30,81	6,10
SCALE6	28,49	7,09	27,23	9,44	29,93	7,17	30,16	8,01
SCALE7	28,95	3,54	29,69	2,36	30,01	5,81	30,83	5,64
SCALE8	25,46	6,36	26,62	8,18	24,57	6,09	24,32	6,07
SCALE9	39,99	6,19	40,15	7,07	41,51	8,63	42,88	9,19
SCALE10	45,77	6,42	44,87	7,80	45,73	8,54	45,90	8,50

V. CONCLUSIONS

- Psychiatric patients are more skeptical about psychological online help than healthy people.
- Sex does not differentiate attitudes towards online psychological help.

Our results suggest an important need for social psychoeducation concerning online psychological help, especially among psychiatric patients, which could promote this method of counseling and increase the quality of service provided in this area in Central and Eastern Europe.