

# Bridging the Mental Healthcare Gap Through Technology-based Counselling: A Critical Multicultural Review

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## Abstract

Multiculturalism in psychology emphasises the recognition of racial and ethnic identities, cultural values and the perspectives of both practitioners and clients. This approach promotes fairness and cultural relevance in counselling. While cultural adaptation frameworks offer practical solutions for diverse groups, their implementation is inconsistent. Technology-based counselling shows promise in reducing symptoms but raises concerns about safety, bias, accountability and over-reliance, especially among young people. This paper aims to examine technology-based counselling services through a multicultural lens. It addresses cultural and structural factors and provides recommendations for equitable practice, design and research in mental healthcare. The paper follows PRISMA (2020) guidelines. Data were gathered primarily from journals indexed and abstracted in SCOPUS, PubMed, Web of Science, PsycINFO and DOAJ. Thirty-eight full-text articles from 2000 to 2025 that used telephone, email, chat, videoconferencing and web-based counselling for mental health concerns were included. Themes from a multicultural perspective reveal how digital interventions can worsen existing inequalities in terms of unequal access to technology, language barriers, under-representation of minority groups in research, data privacy and surveillance concerns and culturally inappropriate content. In conclusion, the study urges counsellors to consider the complex psycho-socio-cultural context and the intersectionality of clients' identities, especially when working online with diverse individuals.

**Keywords:** Inequality, Mental Healthcare, Multicultural and Social Justice Competence, Service Gap, Technology-based Counselling.

## Introduction

The coronavirus disease (COVID-19) was declared a global emergency in late 2019 and early 2020. The 21-day lockdown significantly impacted the mental well-being of many, particularly marginalised groups facing resource disruptions and a lack of preparedness. Many lost their homes and jobs, struggled to afford necessities and faced social stigma (1). For individuals with pre-existing mental health conditions, the pandemic's effects extend beyond biomedical issues such as medication shortages and limited-service access, causing relapses of severe disorders like depression and schizophrenia, as well as alcohol withdrawal (1). Healthcare access for vulnerable populations decreased due to strict regulations (2-4). COVID-19 affected physical and mental health across all age and gender groups witnessing heightened symptoms such as anxiety, fear, aggression, guilt, panic, sleep issues, hyperactivity in special needs children, strained family ties, uncertainty, substance abuse and suicides and constant updates about the pandemic's severity

and movement restrictions further harmed mental well-being (1, 3, 5, 6).

The majority of counsellors and mental health professionals shifted from traditional face-to-face (offline) counselling to videoconferencing, telephone, or asynchronous communication (7). The popularity of online counselling surged, especially during COVID-19 and is likely to be an important communication medium in counselling and psychotherapy (8). The World Health Organization (WHO) defines telemedicine as "delivery of healthcare services where distance is a critical factor, by all healthcare professionals using information and communication technologies for the exchange of valid information for diagnosis, treatment and prevention of diseases and injuries, research and evaluation and for the continuing education of healthcare providers, all in the interest of advancing the health of individuals and their communities" (9, 10). Telemedicine has been integral to healthcare, delivering services through information and communication technology.

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the United States defines tele-mental health as “the use of video conferencing or telecommunications to provide mental health services,” offering evaluations, interventions, medical management and psychotherapy via phone or Videoconferencing (11). In culturally diverse India, the shortage of mental health professionals is significant and distance-based healthcare can effectively bridge this service gap. However, outcomes may vary between trained professionals and volunteers.

The present review defines technology-based counselling as including a synchronous teletherapy/telepsychology (video or phone sessions with a clinician); a remote therapist-guided CBT and other evidence-based therapies via telehealth; electronic or internet-based CBT self-guided or guided modules often with messaging or coaching; mobile mental health apps (supporting counselling skill, monitoring and brief interventions) and Artificial Intelligence (AI) chatbots or conversational agents (rule-based or AI driven tools providing psychoeducation, CBT exercises or support).

The World Health Organisation (WHO) defines mental health as “a state of mental well-being that enables people to cope with the stresses of life, realise their potential, learn well, work well and contribute to their community”. WHO notes that many mental health conditions are treated at relatively low cost; however, due to an under-resourced health system, treatment gaps widen, leading to poor quality healthcare delivery, experiences of stigma, discrimination and human rights violations (WHO, Mental Health). According to the 2017 WHO Mental Health Atlas for India, the burden of mental disorders is estimated at 2443 disability-adjusted life years per 100,000 population. The number of psychiatrists and psychologists as mental health professionals is 0.29 and 0.07 per 100,000 population, respectively (12). India’s national mental health survey (2015-16) found that 10.6% individuals suffer from mental disorders and that the treatment gap for them ranges between 70-90%. It indicates a huge burden of mental health disability and a scarcity of mental health professionals to intervene and reduce the treatment gap (13).

Multiculturalism in psychology is considered as the fourth main theoretical perspective, alongside psychodynamic, cognitive-behavioural and

humanistic-existential approaches (14). This paradigm shift was primarily driven by the recognition of the importance of considering racial and ethnic identity, culture and cultural values of ethnically minor clients in counselling and psychotherapy processes (15). To effectively and competently serve this population, White counsellors needed to proactively integrate standards of practice that reflect societal diversity. It is essential to recognise that counselling does not occur in isolation as larger societal factors may influence the process (14).

Multicultural counselling and therapy are referred to as “a helping role and process which utilises modalities and sets goals aligned with clients’ life experiences and cultural values, acknowledges client identities, promotes universal and culture-specific healing strategies and balances individualism and collectivism in assessment, diagnosis and treatment” (15). There are three dimensions to cultural competency: (a) attitudes and beliefs, (b) knowledge and (c) skills (14). As cultural beings, both counsellors and clients bring their worldviews into the counselling process (15). When evaluating technology-based counselling, a multicultural perspective questions: (a) who has access to devices, internet, privacy and digital literacy? (b) Whose cultural views on mental health and help-seeking are reflected? (c) What risks arise from surveillance, stigma, bias, or discrimination?

## Methodology

Given the recent surge in the use of technology-based communication media in counselling and psychotherapy during the pandemic, it is imperative to assess and understand their applicability to culturally diverse populations. Thus, the rationale for the present study is to assess the use of technology-based counselling and therapy and the culturally diverse population it aims to serve, in bridging the mental healthcare gap, particularly in a culturally diverse society. The study aims to critically examine technology-based counselling from a multicultural perspective in addressing the mental healthcare gap.

## Procedure

The Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA, 2020) was used to guide the collection of resources/reports/

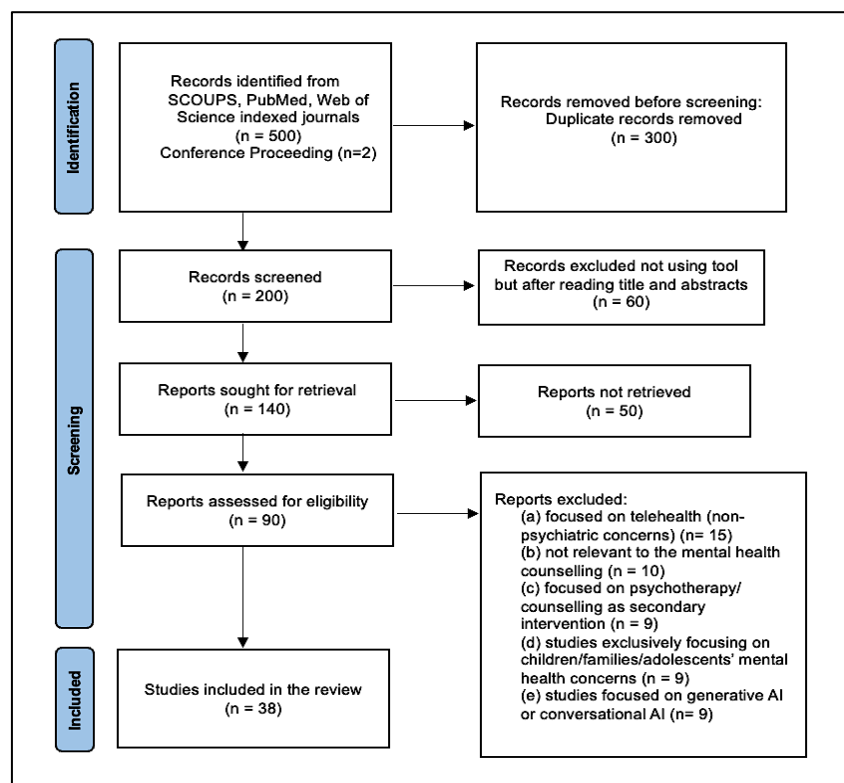
records for the present study (16). The researchers accessed journals indexed and/or abstracted in databases such as SCOPUS, PubMed, MEDLINE, Web of Science and DOAJ. Some of the articles (grey literature) that were not available in these databases were retrieved from ResearchGate or Google Scholar. Studies conducted from 2000 to 2025 were examined for insights into counselling practices pre- and post-COVID-19, yielding 38 full-length research articles, editorials and conference papers from governmental and non-governmental bodies on various counselling modalities. The corresponding author was responsible for the search, screening and analysis of the literature by title, abstract, technology and content. Since the articles searched used varied methodologies, no statistical analysis was conducted in the present study. The corresponding author (TP) was simultaneously reading and searching the data. After repeated readings of the materials, common themes began to emerge. At the saturation point, when no new themes were emerging, the search for relevant data was stopped. After having a detailed discussion between the authors, the draft of the paper was written.

### Inclusion and Exclusion Criteria

The inclusion criteria for the present study are the use and concerns regarding various technologies, such as telephones, mobile devices, web-based services, video conferencing and chatbot services, to address mental health concerns among young adults, adults and seniors in diverse settings. It also included service users' and service providers' perceptions of the modalities. Additionally, the voices of trainers and frontline health workers, as well as editorials, are included in the study.

The exclusion criteria for the present study were irrelevant data, studies focused exclusively on digital interventions for children, adolescents, families, or couples, health issues unrelated to mental health and studies that were not fully accessible. Apart from it, studies with a specific focus on a particular concern, such as telephone-based counselling for prevention against suicide or violence against women, etc., were excluded from the study.

The PRISMA flow diagram, as shown in Figure 1, illustrates the identification, screening, exclusion and review process of the available literature for the present study. The PRISMA flow diagram is freely available on their official website and has been downloaded for the present study (16).



**Figure 1:** PRISMA Flow Diagram for Literature Review – Identification of Studies via Database and Registers

## Identification

The literature was searched through different journals which were indexed or abstracted in databases like SCOPUS, Web of Science, PubMed, ProQuest, PsycINFO using keywords like 'online counselling', 'telemental health', 'virtual counselling', 'e-therapy', 'use of technology for counselling', 'COVID-19 and online counselling', 'counselling helplines', 'technology in counselling', 'e-therapy and counselling in India', 'volunteer-based counselling', 'telephone counselling in India' and 'online counselling and accessibility'. Some literary materials (grey literature) that were not available through these databases were searched using search engines such as Google Scholar and ResearchGate. The literature identified through this search consisted primarily of research articles of varied nature, such as original empirical articles, narrative and systematic reviews, meta-analyses, editorials and commentaries, along with governmental and non-governmental documents related to technology-based counselling. From this search, a total of 502 literary records were identified.

## Screening and Eligibility

The articles were screened from 2000 to 2025 to identify which technologies were used in mental healthcare service delivery. Since the beginning of 2020, due to an unprecedented pandemic, the

majority of mental health professionals, especially psychiatrists and psychologists, have been shifted from the traditional offline mode of communication to online communication. Yet technology-based counselling was also taking place beforehand. Thus, to better represent the data, the year range appears wide. Records were screened based on titles and abstracts. Since several volumes were published on COVID-19 and its impact on mental health, they were full of research studies on the use of technology in counselling and psychotherapy during that period. Therefore, records with overlapping variables or minute changes were excluded from these pooled data. Besides titles that depicted the use of technology-based counselling for physical health, other health concerns were excluded from the study. At this stage, abstracts of 140 articles were matched against the inclusion criteria of the present study. From these data, 90 articles were eligible for further full-length availability.

## Inclusion

From these 90 full-length records, articles that pertained to the children's mental health, or where psychological counselling was depicted as a secondary intervention, were removed. Finally, 38 full-length records, comprising journal articles and conference papers, were included in the present study.

**Table 1:** Literature Included in the Review

Type of literature	Topic and Mode of Technology	Key Findings	References
Journal article	Review of online counselling in COVID-19: Indian perspectives	The study found that to address emotional distress from COVID-19, various organisations created accessible, affordable helplines and chat forums for mental health support. Young individuals used helplines more than the elderly.	(17)
Conference proceeding	Digital mental health initiatives in India	Government-established toll-free helplines for mental health support during lockdown. The paper outlines how State governments developed digital platforms pre-COVID-19 through District mental health programs, ASHA workers and trained community counsellors to improve access to counselling.	(18)
Journal article	COVID-19 pandemic in India: through a psycho-social lens	The psychosocial helpline, run by trained mental health professionals, was mainly used by young male callers aged 18-30 during COVID-19. It also offered accessibility and a safe space for marginalised individuals, including the LGBTQ community, women facing violence and estranged internal migrants.	(6)
Journal article	Artificially Intelligent (AI) chatbots in digital mental health interventions.	A review revealed that these tools have alleviated practitioners' challenges. While they prove beneficial in delivering mental health care services, substantial literature lacks addressing their long-term effects on treatment and intervention outcomes. Certain ethical considerations need more thorough exploration.	(19)
Journal article	Evaluation of online counselling through the experiences of therapists	A qualitative study on practitioners' experiences revealed it to be time- and cost-effective and accessible. Concerns included confidentiality, limited non-verbal communication, inadequate	(20)

		technology skills among some counsellors and clients and challenges faced by elderly clients.	
Journal article	Effectiveness and preferences of cyber counselling	The paper examines the prevalence, preferences and effectiveness of online counselling for individuals aged 19-30 and reveals that improved access, disinhibition and anonymity make it a preferred choice for youth seeking help. The study emphasises the need for counsellors to effectively use cyber technologies in their practice.	(21)
Journal article	Barriers and facilitators of digital mental health interventions (DMHI)	The review of DMHIs showed higher usage among individuals, especially women aged 16 to 30, compared to men. To enhance user engagement, the service must offer relevant, customizable content and provide technical support.	(22)
Journal article	Web-based mental health support for youth	The study involved youth aged 12-25 seeking help from centre-based and web-based counselling services. It found that women, transsexual, intersex and transgender clients aged 18-25 preferred web-based services over male clients. Most sought e-help for anxiety, sadness and depression. The study concludes that early web-based support can reduce serious illness.	(23)
Journal article	Effectiveness of online counselling in Zambia: client and therapist perspectives	The study found online counselling to be less effective, as therapists (60%) reported unpreparedness, network issues, trust problems and technological incompetence. Clients experienced connectivity issues and confidentiality concerns and preferred videoconferencing to text chats. Older clients utilised online counselling less than younger ones. The study concluded that online counselling is not entirely ineffective for counsellors and clients in developing countries.	(24)
Journal article	Impact of digital technology on psychological treatments	A review found that most interventions are CBT-based, focusing on behavioural change rather than cognitive functioning, disorder-specific and a few addressing suicidal ideations. These interventions are delivered via websites and are accessible on various devices, differing in session formats. The paper highlights a treatment divide that these digital interventions address, despite being available in English and notes that access is limited by internet access, low digital literacy and inadequate privacy regulations.	(25)
Journal article	Mental health screening in general practices for enhancing uptake of digital mental health interventions	The study found 40.2% of patients screened for depression and 25.2% for anxiety. Digital interventions helped practitioners identify individuals with untreated mild-to-moderate symptoms. General Practitioners (GPs) preferred high-intensity interventions. Patients using digital tools engaged effectively, suggesting these could assist GPs in addressing mental health issues through screening and intervention.	(26)
Journal article	Online psychotherapy during COVID-19	Online psychotherapy requires a stable internet connection and devices, but digital literacy issues may hinder access. Concerns shared by therapists are feeling uneasy about long sessions, turning camera-off may misinterpret shared information, reduced therapist's empathic gestures and calming environment both vital for well-being and strengthening the therapeutic alliance, safety and confidentiality of personal data and risk of untrained individuals offering online therapy. Despite this, the pandemic provided safe spaces for therapy.	(27)
Journal article	Smartphone apps for treatment of mental health conditions	Smartphone apps are prevalent for mental health issues, particularly mood disorders, suicidal thoughts, PTSD and schizophrenia. Main treatments include CBT, mindfulness, mood tracking and DBT. Successful integration of smartphone apps into clinical practice needs to address issues of privacy, safety and data protection, users' decreased motivation due to unstable moods, emotional intensity, heavy workloads and limited tech training for providers.	(8)
Journal article	Tele-psychotherapy and telephone care management for primary care patients	In primary care, depression usually doesn't require pharmacology or psychotherapy, except for severe cases. The study found that structured psychotherapy, when patients are engaged, offers better outcomes than pharmacotherapy alone for moderate depression. It concludes that a telephone-based program	(28)

Journal article	Telephonic psychotherapy in India	combining medication management, care coordination and structured psychotherapy is practical for patients in primary care. The study highlighted challenges in telephone-based counselling for psychotherapists and clients. Therapists struggle with rapport, lack of visual cues, connectivity issues, privacy concerns and insufficient training. Clients, on the other hand, face higher costs for helplines, compromised privacy, network problems and reluctance to participate in telephone counselling.	(7)
Journal article	Systematic review of face-to-face vs. internet-based CBT	The paper reviews CBT delivery in face-to-face and online settings for psychiatric and somatic disorders. It found no significant difference between internet-based CBT and face-to-face CBT for most patients, except for social anxiety disorder, where ICBT showed greater efficacy.	(29)
Journal article	Digital mental health apps for racially/ethnically marginalised groups	The authors noted digital mental health tools enhanced access for those facing systemic racism through remote assessment, reducing treatment costs, transportation hurdles and stigma. Digital disparities vary by socioeconomic status, location, age and other factors, reflecting social determinants of health. To ensure equitable healthcare for marginalised communities, the authors advocate for secure, accessible services and call for collaboration among stakeholders to address disparities affecting these groups.	(30)
Journal article	Online counselling: past, present and future	This paper examines the evolution of online counselling during the COVID-19 pandemic and notes initial hesitations about online counselling; yet, many practitioners adapted and benefited from online therapy and computerised CT, improving mental health for most users. The author concludes that technological advancements are imminent, urging counselling and psychotherapy researchers and practitioners to embrace these changes.	(31)
Journal article	Online emotional support delivered by trained volunteers: users' satisfaction and perception	A comparative study found that clients preferred volunteer-based counselling for being more genuine and supportive than others. They appreciated the non-judgmental approach and freedom to choose listeners, contrasting with their experiences with psychotherapists. Clients considered volunteer support informal, immediate and accessible, which they found more beneficial.	(32)
Journal article	Ethical issues in online psychotherapy	A narrative review found improved accessibility, flexibility, communication, support for underserved populations, economic advantages, anonymity, reduced stigma, personalised care and emergency assistance. Ethical concerns involve therapist competence, relationship issues, boundaries, patient dependence and dehumanisation. The authors recommend legal and ethical frameworks for future online psychotherapy.	(33)
Journal article	Systematic review of online mental health services in help-seeking among young people	The study found that women use services more than men. The review highlighted that while affordability, accessibility, anonymity and reduced stigma are advantages, online counselling may not suit everyone, particularly men, who might feel unmotivated by unfavourable content or usability challenges.	(34)
Journal article	Technology-assisted peer therapy: evidence-based interventions	The paper examines digitally-assisted, peer-delivered psychotherapy for perinatal depression in resource-limited settings, addressing gaps in psychological care. It identifies challenges like reliance on internet connectivity for digital interventions and insufficient human interaction, which is vital for effective therapy. Human connection is crucial when participants share similar experiences and sociocultural backgrounds. Peer supporters and digital applications acted as co-therapists, providing essential support and empathy.	(35)
Journal article	Attentional harms and digital inequalities	The paper examines attentional harms and digital disparities through a socioeconomic lens, highlighting access to digital devices, reliance on technology, digital literacy and strategies to limit engagement that contribute to attentional inequalities, imposing psychological strains. Individuals from vulnerable socioeconomic backgrounds spend more time online, raising the risk of internet addiction. The study concludes that awareness of strategies for disconnecting individuals and protecting attention	(36)

		values is crucial for bridging digital disparities and fostering empowerment.	
Journal article	Older-adults' perspectives on technology-based mental health support	The study assessed technology use among older participants (50+years). While they appreciate benefits such as booking appointments and accessing online meditation, they still face challenges. Small font sizes in apps, anxiety about technology use, mood fluctuations that affect engagement and a preference for human interaction. Findings indicated that older adults primarily use technology to combat loneliness, improve mood and promote independence. Therefore, app developers need to understand older users' preferences to create effective tools.	(37)
Journal article	Digital privacy in mental health care: issues and recommendations	Mental health providers need to inform clients of confidentiality limitations with email, text, phone and app-based counseling. "In-transit" encryption and informed consent should be ensured beforehand and choices regarding assessments be provided. Both service providers and users should understand their technologies and keep devices password-protected and be updated with evolving technologies.	(38)
Journal article	Ethical issues in Email-based counseling	Email and interactive text-based counselling lack non-verbal, physical and social cues that affect communication. The study noted ethical considerations for psychotherapy providers, including assessing the harms of email counselling, the risks of confidentiality breaches, the risk of incorrect diagnoses due to missing cues and the potential for unintentional harm to clients. Additionally, providers must obtain informed consent, plan for crisis intervention, address grievances and aware of boundary issues.	(39)
Journal article	Therapists' experiences of online counselling	The research identified two key themes: environmental adaptation and skill enhancement. It explored how the "online" framework functions for therapists and clients, addressing uncontrollable circumstances, especially in gathering client information and managing risks by adopting more directive interventions. Therapists used reflective practices, enhanced listening skills and became more empowering caregivers.	(40)
Journal article	Video-based counselling and psychotherapy: a critical commentary	The study found that video counselling effectively reduces symptoms, particularly when combined with CBT for specific needs. These sessions do not always have to be at home. During the pandemic, mandatory stay-at-home orders may have diminished the effectiveness of video counselling for some clients. However, there is limited data on clients' perceptions of the effectiveness of video counselling. The study emphasizes the need for further investigation into video counselling's effectiveness, considering clients' experiences, non-CBT treatments and other relevant factors.	(41)
Journal article	Therapist's perceptions of working alliance, relationship and presence in-person and online	The study found that therapists experienced a diminished sense of therapeutic presence during tele psychotherapy, as opposed to in-person sessions. This reduction in therapeutic presence was particularly significant among those utilising process-oriented therapies rather than CBT. They also noted that the real relationship appeared to be of lower quality than the working alliance in tele-psychotherapy.	(42)
Editorial article	Trends related to ethics, technology, counselling and careers	The authors note that communication technology has evolved significantly, leading to common mediated interactions and learning. Cyberspace can be personal, as one chooses its use. In addressing counsellor training for technological advancement, it is essential to acknowledge that each technology presents unique opportunities and processing styles.	(43)
Editorial article	Digital mental health: answer to the global mental health crisis?	The editorial highlights that, despite the enhanced implementation of digital mental health care, the role of social support remains crucial. The authors also contend that digital mental health interventions incorporating some element of human interaction lead to increased client engagement.	(44)

Journal Article	Internet-mediated psychotherapy: ethical challenges	A review paper examines and elaborates on the ethical considerations of internet-mediated psychotherapy, particularly in India as a developing country. The paper highlights that, in the Indian context, for internet-mediated psychotherapy to be accepted socio-culturally, counsellors have to be sensitive and familiar with the realities of the different population groups. While outlining the advantages of internet-mediated counselling services, the authors listed them as convenient, accessible, de-stigmatising, offering a sense of anonymity and invisibility and providing telepresence of counsellors. Whereas feelings of dehumanisation of the therapeutic environment, privacy and confidentiality concerns, client's identity verification concerns, technological knowledge of the medium used, jurisdiction constraints, training and monitoring of therapists and disclosure forms and consent are some of the ethical concerns need to be addressed.	(45)
Journal article	Helpline counsellors' experiences during COVID-19	Some of the concerns and insights from their interviews showed that the concerns were complex, requiring them to re-conceptualise the intervention strategies, as they went beyond traditional distress reduction and also made referrals to other health care services and resources. The counsellors also faced difficulties with language diversity, technology, a dearth of resources and constant exposure to crisis narratives, which may have blurred the boundaries.	(46)
Journal article	Cyberpsychology and Mental Health: Trends and Practice	The paper found that younger individuals are more prone to using the internet than adults. However, a set timing needs to be decided to prevent them from dependency. Professionals who provide support and counselling through the internet or technology-based media need training to deliver better service. Online counselling is useful for those who have physical limitations and can work as a first aid for them.	(47)
Journal article	Effectiveness of telephone counselling: Field-based investigation	The study found that clients perceived telephone counselling as effective and satisfactory. Counsellors' social influence and therapeutic relationship were associated with effective outcomes in telephone counselling. However, clients who reported feelings of dissatisfaction experienced less improvement in their overall concerns, highlighting the need to examine clients' level of functioning at the beginning of the telephone counselling.	(48)
Journal article	Trainers' perspectives towards digital mental health training for primary care providers	According to trainers (n=15), health workers from rural areas often face difficulties with digital literacy, digital presence such as not having email addresses or smartphones. They also observed that training can be effective only when it aligns with the participants' immediate and professional goals. The trainings are effective only when they are hybrid i.e. in-person settings for rapport-building, followed by online modules. Lastly, they observed logistical and technical challenges due to poor network, gaps in digital literacy underlining systemic inequalities in accessing training content. Trainers suggested incorporating vernacular language and culturally appropriate examples in training for better outcomes.	(49)
Journal article	Feasibility and effectiveness of tele counseling on psychological problems of frontline workers	The study found that a telephone-based psychological intervention is possible with frontline health workers with certain limitations. When given an opportunity to seek in-person mental health care services, participants preferred in-person services rather than tele-counseling service. It was also found that the intervention was impacted due to time-constrained heavy duties of the health workers, stigma associated with mental disorders, spontaneous improvement in their problems with time, change in the work environment, tendency towards self-help and a lack of perceived need towards professional help.	(50)
Journal article	Online mental health counselling in post-COVID-19 India	The paper highlights the current dichotomous state of the Indian mental healthcare scenario, where there is a dearth of mental health professionals on one side and, on the other hand, the popularity of online counselling services provided by trained	(51)

psychologists, yoga experts, life coaches, etc. The paper underscores challenges such as privacy, confidentiality and data security; disclosure of therapists' competence with respect to working alliance and techniques used; inadequate social security in terms of health insurance; lack of assessment and measurement of online platforms; and lack of accessibility and immediate support to clients. Despite of wide internet use network connectivity issues lead to discontinuity making them feel betrayed and frustrated. It may also lead to a delayed response to clients' concerns, which may be interpreted as a lack of empathy and attention from the therapist.

## Results

Table 1 summarises the extracted literary data. Some ethical challenges and common themes emerged from it. Because the extracted data comprised different study types, such as empirical studies, meta-analyses and editorials, no specific statistical analysis was performed in the present study. The literature review reveals several common themes addressing the mental healthcare gap, as well as ethical challenges and considerations from a multicultural perspective.

### Accessibility and Affordability

Technology-based counselling is accessible and affordable. Helplines provide mental health counselling via volunteers or professionals, (19, 20, 48, 51). Institutions such as Mumbai situations such as Mumbai University (MU), the National Institute of Mental Health and Neuro Sciences (NIMHANS) and Calcutta University (CU) began offering free online counselling in April 2020 (17). Chatbot services like Your Dost and Talk Space have offered significant support during the pandemic. The Government of India, through the Ministry of Health and Family Welfare, established a toll-free helpline to address mental health issues during the lockdown, sharing relaxation techniques, videos, tips and suggestions (18). iCALL, staffed with mental health professionals, received calls from estranged migrants, women facing domestic violence, LGBTQI+ individuals and others with mental health issues (6). Over time, mental healthcare services have been delineated through primary care providers, particularly in the Indian context (49).

### Age/Gender

Technology-based counselling is more commonly used by youth than by seniors, with only a small percentage of the elderly concerned about teletherapy during the pandemic (17, 24). Males aged 18-30 accessed mental health helplines more than females, with 39.7% compared to 0.6% of the

elderly (6). A review indicated that individuals aged 19-39, regardless of gender, effectively used online counselling, influenced by factors like anonymity, disinhibition, self-monitoring, asynchronous conversations and locus of control (21, 47).

### Specific Mental Health Conditions and Treatment Approaches

Digital treatments for mental health issues such as depression, anxiety and insomnia increased during COVID-19, with many choosing online counselling and self-help tools (25). However, severe psychiatric conditions are less suitable for online treatment (27). Common digital counselling methods, including Dialectical Behavioural Therapy (DBT), Acceptance-Commitment Therapy (ACT) and CBT, as well as mindfulness and relaxation techniques, are often limited and time-bound (7, 8, 28). Digital mental health tools like mobile apps provide remote assessments and support while reducing transportation and healthcare costs, all privately and without stigma for those facing racism or discrimination (30). Additionally, computerised cognitive behavioural therapy (cCBT) is common in technology-based counselling services (29, 31).

### Immediate Response/Gratification of Concerns

Digital mental health services, including online therapy and telephone counselling, leverage technology to facilitate faster communication and relieve current stressors (32). Issues are addressed quickly in chat-based counselling or mental health apps. The absence of a required physical presence from counsellors or volunteers allows for immediate resolution (25).

### Self-motivated Help-seeking Behaviour

Online counselling services alleviate the pressure to seek help in person. They are accessible anytime, anywhere, encouraging help-seeking (33, 34, 45). During the pandemic, more people utilised

helplines or chat/email counselling for self-care. Support is offered through audio/video files, self-help techniques and guided meditation. Hence, online counselling often arises from self-motivation (6).

### **Barriers and Challenges in Access and Use**

The articles argue that many lack access to online counselling due to stigma, discrimination against racial/ethnic groups, mental health conditions like schizophrenia, low-income individuals without smartphones and seniors who are uncomfortable with technology (37). Digital inequalities complicate access, especially for those in remote areas with network issues (22, 35, 49, 51). The costs of devices, data and therapy create barriers that disproportionately affect lower socioeconomic groups and older adults who struggle with technology (24, 36).

#### **Sense of Safety and Privacy when Sharing Data**

Many feel uneasy sharing personal demographic information such as age, gender and location during online counselling or teletherapy, especially amid the COVID-19 pandemic, which heightened privacy issues involving abuse, troubled relationships and work-life balance (6). There is also a risk of data misuse or phishing in these services (8, 19, 38). Client consent is essential for online counselling (27, 45).

#### **Lower Client Engagement**

Most apps and email counselling services are in English, making it hard for non-native speakers to share concerns. Additionally, counsellors and clients often lack the necessary technology, hindering communication.

. When videoconferencing happens, clients can keep their 'camera off', losing visual cues present in face-to-face counselling (39). Online counselling can distress clients who feel ignored, especially in email or chat-based services. Visual cues reveal cultural backgrounds, prompting counsellors to reflect on biases regarding class, religion and socioeconomic status (27). Moreover, using mobile apps for therapy can lead to inconsistent client engagement due to mood fluctuations, reduced motivation and symptom variability, complicating the delivery of uniform interventions (8, 40, 41).

#### **Limited Opportunity and Scope for Interventions**

Online counselling limits the counsellor's ability to explore issues deeply, as the client controls the

discussion and decides how much to share. This restricts the use of varied intervention strategies beyond structured methods like computerised CBT (cCBT), DBT, or ACT, which are short and technique-focused (31, 42). Additionally, some clients find being on screen for long periods uncomfortable, making it harder to address their concerns (27).

#### **Lack of Guidelines**

Before the pandemic, India lacked guidelines for mental health professionals. Following strict COVID-19 lockdowns, the Government partnered with NIMHANS to develop online counselling guidelines for licensed clinical psychologists, specifically for tele-psychotherapy (7). Before COVID-19, counsellors struggled with insufficient training and needed guidance on using technology such as mobile apps and software (25, 43).

#### **Social Support**

Despite the literature stressing the significance of social support for mental health, standalone digital services may further isolate individuals (35, 40, 44). Furthermore, participants in their research studies reported a preference for a combination of online and offline sessions for better outcomes, or for in-person settings (49, 50).

## **Discussion**

It can be inferred from the above-described themes and challenges that technology-based counselling appears to be accessible and affordable to certain individuals; however, counsellors providing such services need to consider clients' socio-cultural factors, such as their geographical location and preferred language. Since the majority of mobile apps or email-based counselling take place in English, not everyone is fluent/comfortable in it, which can lead to an inability to fully express their concerns. Individuals from rural areas, where broadband connectivity was poor, experienced increased inequality and equity, which further led to difficulties in accessing mental health care services (52). Furthermore, there are significant disparities in the telehealth use of non-Hispanic Whites and other racial and ethnic minorities, such as Asian and Hispanic, which often go unmeasured and unexplained by the conventional social determinants and internet use patterns. The study further found that limited English proficiency (LEP) often limits access to telemental health

unless culturally adapted materials and bilingual interpretation are integrated (53).

Secondly, the literature emphasises the importance of culture in mental health development, evaluation and intervention (54). Counsellors are required to consistently strive to understand clients' diverse backgrounds as part of cultural competence. Reflecting on one's own cultural understanding, biases and judgments while communicating virtually to better serve diverse clients becomes all the more crucial (55). In such online platforms, hiding one's identity/ies and appearance (socioeconomic/religious/socio-cultural/sex-gender) is possible. To better serve diverse clients, including those seeking technology-based counselling, an array of intervention strategies is recommended, as not all clients are comfortable with cognitive or behaviour-based approaches. Counsellors can provide downloadable files or audio and video clips and explore alternative strategies that suit their needs and preferences. Adapting intervention strategies for telephone or email counselling is essential to better address clients' needs.

Recently, the National Records Bureau of India released its 'Accidental Deaths and Suicides in India' report for 2023 (56). The report states that a total of 171418 suicides occurred in 2023, with a suicide rate of 12.3. Almost half of the causes for these suicides were 'Family Problems' (31.9%) and 'Illness' (19.0%), followed Marriage-Related Issues' (5.3%) and 'Love Affairs' (4.7%). Age and gender-wise distribution of suicide victims shows that the male-to-female ratio was 72.8:27.2, which is higher than last year's ratio. Age-wise, the number of female victims below 18 years was larger (5823 cases) than male victims of the same age; whereas, for the age groups 18 to below 30 years and 30 to below 45 years, male victims outnumbered females, constituting 32.8% and 32.5%, respectively. A pressing concern for female victims was 'Marriage-Related Issues', particularly 'dowry-related' and 'impotency/infertility-related issues'. Among suicide victims, daily wage earners (27.5%), housewives (14.0%) and self-employed persons (11.8%) make up the largest shares compared to other professionals. For students below 18 years, comprising 8.1% of victims, failures in exams, love affairs and family problems are the main causes of suicide (56). In such scenarios, perhaps understanding clients' socio-

cultural context would be helpful to the counsellor. The literature indicates that youth's engagement in technology-based counselling is greater than that of other age groups (6, 17). Despite this, the recent governmental report suggests a completely different view.

Thirdly, the elderly may not feel comfortable with technology-based counselling services due to unfamiliarity with mobile apps and extended phone conversations. Exploring both face-to-face and digital counselling may better meet their needs. To bridge the healthcare delivery gap through digital interventions, it is essential to identify various identity groups, including the elderly, women, children, adolescents, youth, individuals with diverse gender and sexual identities and those from developing countries and those lacking skills to use digital mental health services (57). Additionally, consideration of how these groups have been marginalised in accessing such interventions is vital, as, despite having smartphones, they may not be aware of mental healthcare apps or use AI for mental healthcare. The prevalence of stigma related to mental health and illness still prevails amongst people (50).

It's been more than three decades since multicultural counselling competencies (1992) were theorised and became professional guidelines (2002). The revised multicultural and social justice counselling competencies (2017) have been utilized with respect to understanding and taking into account the intersectionality of the identities, biopsychosocial contexts, power and privilege (58). Going beyond the realm of gender and sexual identities and language barriers in accessing mental healthcare services, this gap can be looked at from a social justice framework to reduce the inequality in accessing, approaching and using mental healthcare service delivery. The guidelines encourage practitioners to strive for the recognition and acceptance of culturally appropriate intervention strategies. It was also recommended that counselling training take into account a multicultural and social-justice framework and view counsellors as change agents (46).

While technology-based counselling offers instant gratification in addressing emotional vulnerability, the seeker's genuineness remains unaddressed, particularly when the seeker uses telephone or email-based counselling services (33). In the

online counselling services, it becomes difficult for the practitioner to know whether the client is being presented to them as reality or a fantasy, as the client may 'try on' different identities or personalities (59). Genuine help-seeking behaviour can be obstructed by geographical disparity, lack of insurance coverage, people seeking help from shared spaces like hostels or paying guest (PG), or homes where many people are residing under one roof (6, 27, 60). For a professional counsellor to provide an appropriate counselling service through synchronous counselling, it is essential to have a genuine individual who is seeking help; otherwise, in such a scenario, the authenticity of the help-seeker remains questionable and for a genuine client, the counsellor's identity needs to be disclosed or accessible for a trustworthy relationship. Besides genuine help-seekers, counsellor's qualification/s also need to be made available through proper accrediting systems. It will help reassure service users that the therapist or counsellor is genuine and authentic (27, 45).

Tele-psychotherapy has been utilised for over two decades and mobile apps have recently emerged to detect and address mental health concerns. Having a robust regulatory framework is crucial in light of the rapidly changing AI landscape. It is only recently that the APA has launched the guidelines (2024) for practitioners who use/prefer online legal challenges (61).

Finally, the literature reviewed emphasises that the therapist's empathetic presence is vital to counselling (42). And counsellors' providing telephone counselling services appeared to be emotionally engaged and influential in counselling relationship which determined positive outcome (48). However, when one is using email or chat-based counselling services, it may be difficult for a counsellor to be empathetic or to elaborate their expressions or show to better serve the diverse population, particularly in non-WEIRD countries or culturally plural societies like India, where technological advances in mobile accessibility have occurred, the question remains: how many individuals are aware of mental health mobile applications or online counselling services? Considering the intersection of an individual's identity with the socio-cultural context in which they live, a counsellor needs to be aware of and

have basic knowledge of this to apply socially just, culturally sensitive intervention techniques.

Looking at the recent data from the accidental deaths and suicides in India highlights those professions such as daily wage earners or housewives were amongst the top victims of suicide. A critical multicultural review of such technology-based counselling thus highlights that, despite the availability of a tele-manas helpline (government-led helpline) and other helplines and mobile apps for better mental healthcare, these have probably not reached such marginalised and vulnerable individuals.

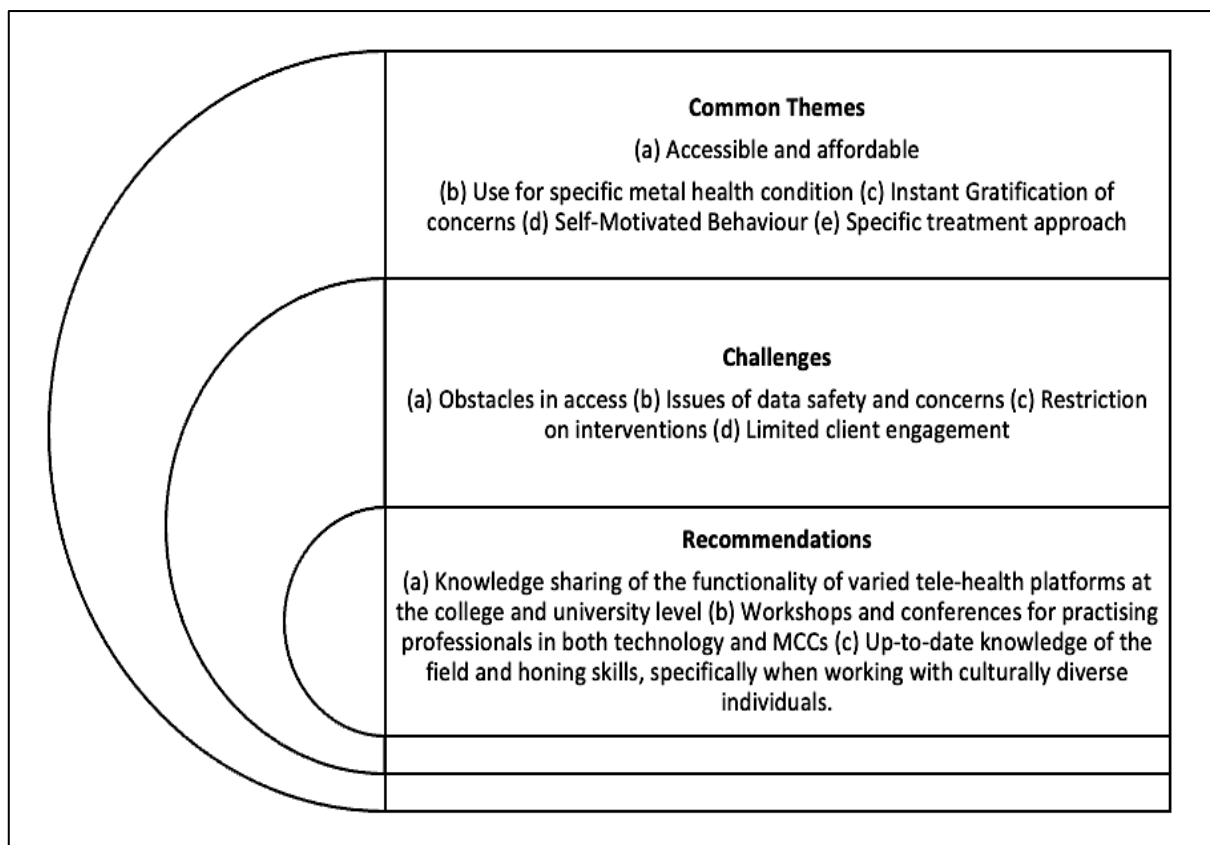
Technology-based counselling and psychotherapy saw notable adoption during the global pandemic due to government restrictions on movement, leading to emotional distress and increased issues like anxiety, stress and depression (27). It has made mental healthcare service delivery more accessible by reaching a diverse population. However, addressing digital inequalities remains essential, as not everyone can use technology effectively (27).

While these modalities offer great benefits for both counsellors and clients, certain characteristics make them unique. For instance, telephone conversations or video conferencing have traditionally been considered substitutes for face-to-face counselling services, as they can facilitate stronger rapport-building, better outcomes and improved session results (62). Conversely, for asynchronous counselling via email,

communication is perceived as immediate, since writing down emotions in an email serve as a space for venting for some individuals (62). Additionally, email-based counselling can be conducted at unconventional times and may provide a safe space for clients who do not want to seek face-to-face services due to fears of discrimination based on gender or race (59). While real-time texting as a counselling modality offers easy access, comfort and relevance for individuals, it may also promote an increased sense of autonomy and self-compassion (63). Furthermore, a critical analysis of various technology-based counselling modes suggests that, although counsellors generally prefer face-to-face counselling, amongst all technological options, synchronous communication methods such as video-conferencing, phone conversations and text messages are the most preferred for online counselling (62).

Counsellors are required to obtain clients' consent for online counselling and to ensure the confidentiality and security of client data (45). A reliable method for data safety and encryption is essential. End-to-end safety of client data, paired with human-machine learning interfaces, is critical for all demographics, especially in youth mental health services, which respond positively to digital counselling (64). The study shows the pros and cons of technology-based counselling for both counsellors and clients. For better online services, counsellors need proficiency in various technologies and cultural competence to meet diverse client needs. Perhaps trainee psychologists approach to counselling and psychotherapy, particularly in bridging the mental healthcare gap. Secondly, the nature of the included research studies was varied, making it difficult to run an appropriate statistical analysis. Thus, it is a narrative review rather than a comprehensive

can have training at college or university level in cultural competencies along with various platforms of technology-based counselling. Furthermore, practising psychologists and counsellors may attend workshops or conferences to hone their skills and competence in using such technologies. A culturally competent counsellor needs to be aware of their own strengths and limitations to be authentic. Effective practices require updated knowledge of technological modalities and the therapeutic approaches they use. There are limitations to the present study. At first, it reviews technology-based counselling services solely through the cultural competency systematic review. Moreover, the present study does not include rapidly growing AI tools being used in mental healthcare services. A schematic representation depicting the discussion of technology-based counselling and cultural competency is given in Figure 2.



**Figure 2:** Schematic Diagram Depicting Discussion of Technology-based Counselling and Cultural Competency

### Conclusion

The present narrative review notes that technology has long been utilised in healthcare services; however, it was only during the recent pandemic

that technology-based healthcare services, in general and counselling services, in particular, grew rapidly. These services have reached many

individuals by lowering barriers to mental healthcare, especially through therapist-guided remote CBT or cCBT. However, technology alone does not ensure equity, as not everyone can access or use such technology-based counselling services. A critical multicultural perspective thus emphasises that neglecting issues such as gender, the intersectionality of identity, access, language, cultural adaptation, privacy and governance may further widen existing disparities and the treatment gap. Counsellors with multicultural competencies and digital mental health skills can effectively support clients from diverse backgrounds. A balanced approach that adheres to telepsychology standards and global digital health guidelines can help bridge existing gaps. Additionally, staying up to date on cultural competencies and ever-evolving technological advancements through conferences or workshops can keep counsellors' skills sharp for culturally responsive and appropriate counselling through technology-based counselling. Although technological advances in mental healthcare have shown success, they do not diminish the importance of in-person counselling and therapy.

### Abbreviations

DOAJ: Directory of Open Access Journal, LGBTQI: Lesbian/Gay/Bisexual/Transgender/Queer/Asexual/Intersex/Agender/Non-Binary, MCCs: multicultural counselling competencies, NIMHANS: National Institute of Mental Health and Neuro Sciences, Non-WEIRD: Non-Western-Educated-Industrialised-Rich-Democratic.

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### Conflict of Interest

The authors declare no conflict of interest.

### Data Availability

No new data were generated during the present study.

### Declaration of Artificial Intelligence (AI) Assistance

The authors have written the present manuscript. For grammatical and typographical corrections, the Grammarly website was used. Before submitting the manuscript, the authors have verified that the data has been checked for grammatical errors. The authors take full responsibility for the content's originality, interpretation and accuracy.

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