

# **Mental Health Services Provider 2001 Survey**

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## Provider Information

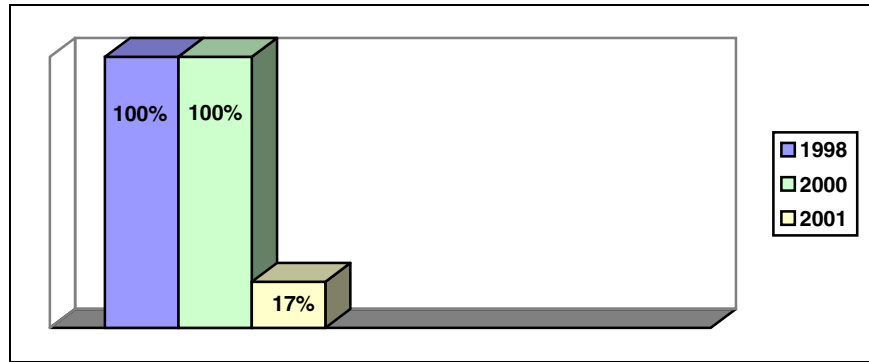


Figure 1 – Respondents Listed on Metanoia

2000	2001
33%	66%

Figure 2a – Respondents Who Were Members of ISMHO

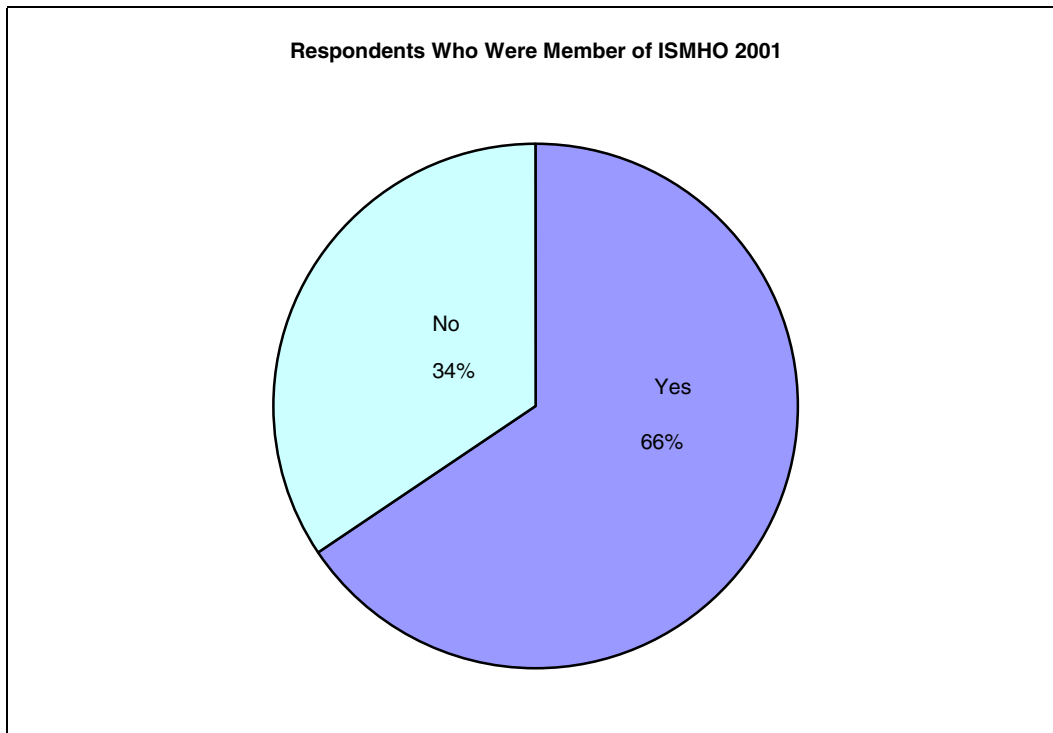
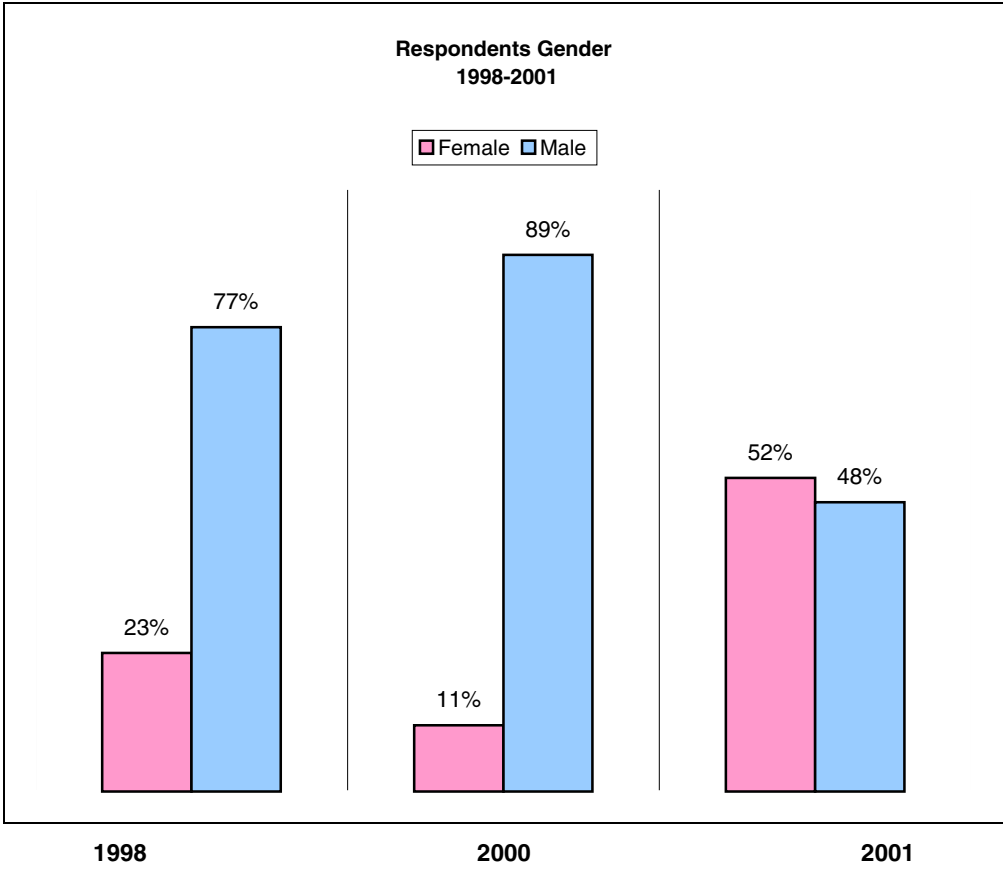
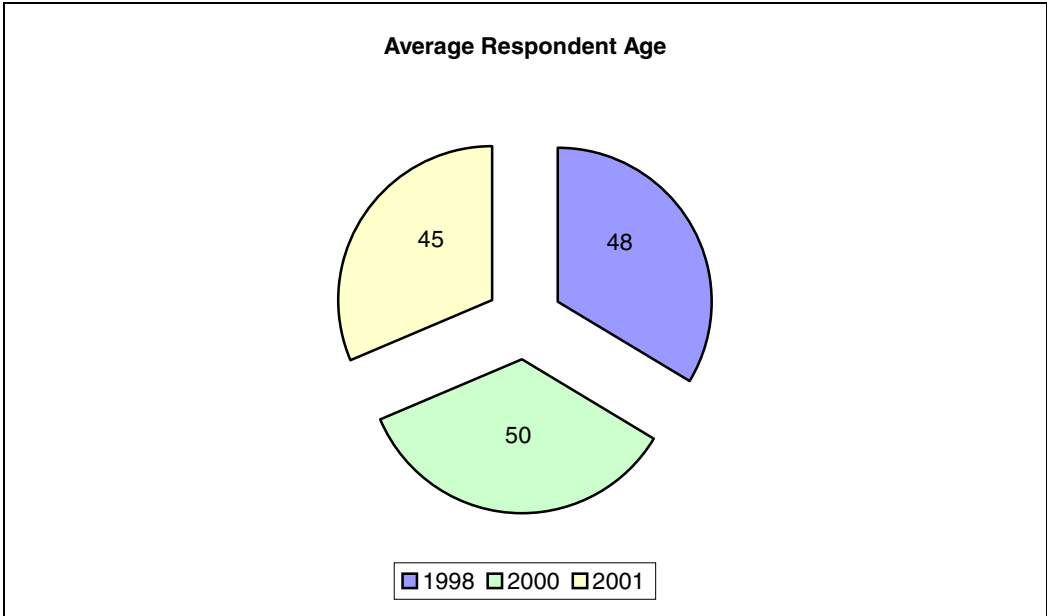


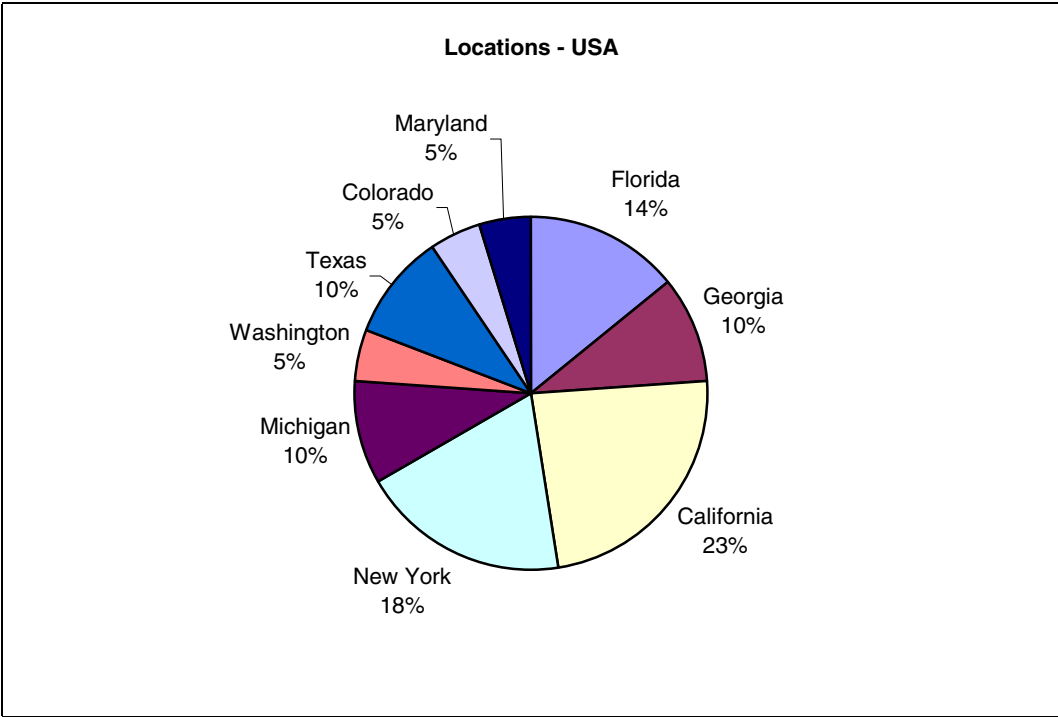
Figure 2b – Respondents Who Were Member of ISMHO 2001



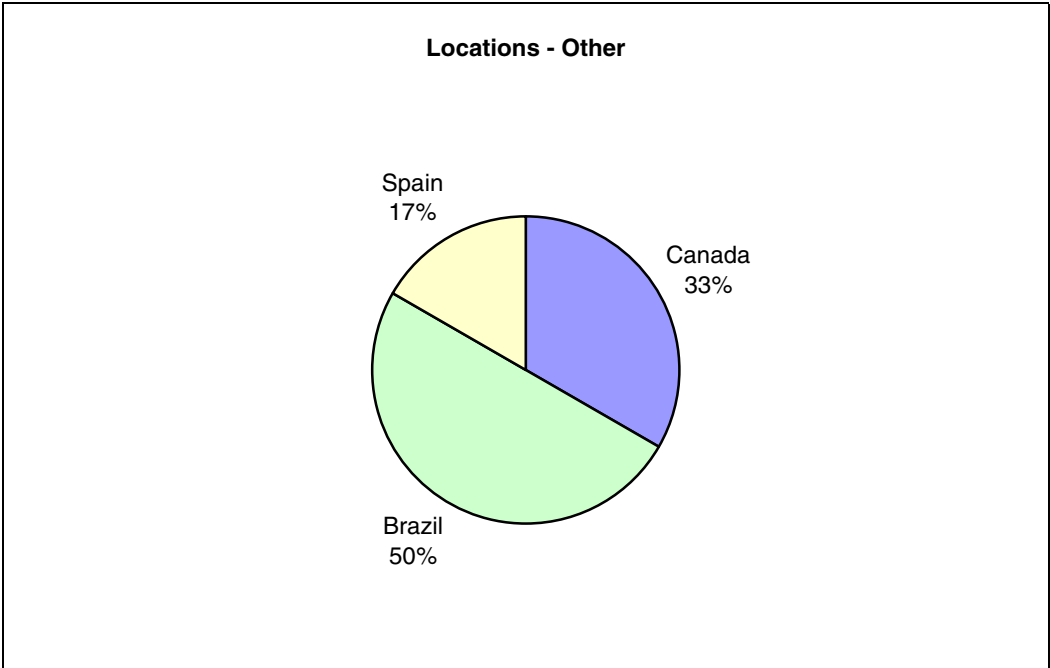
**Figure 3 – Respondents Gender**



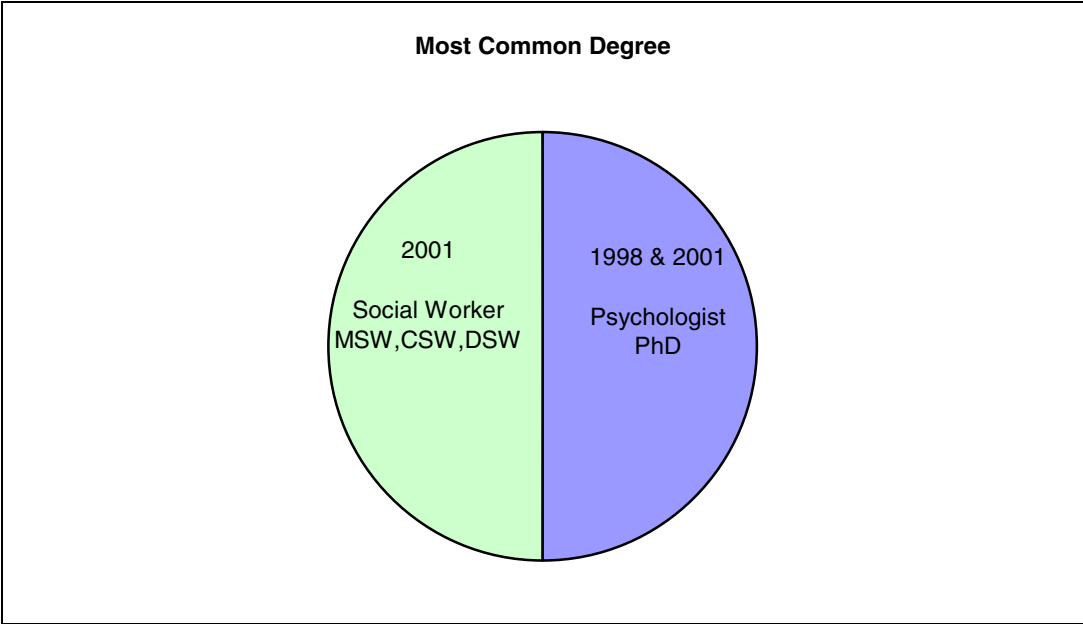
**Figure 4 - Respondents Age 2001**



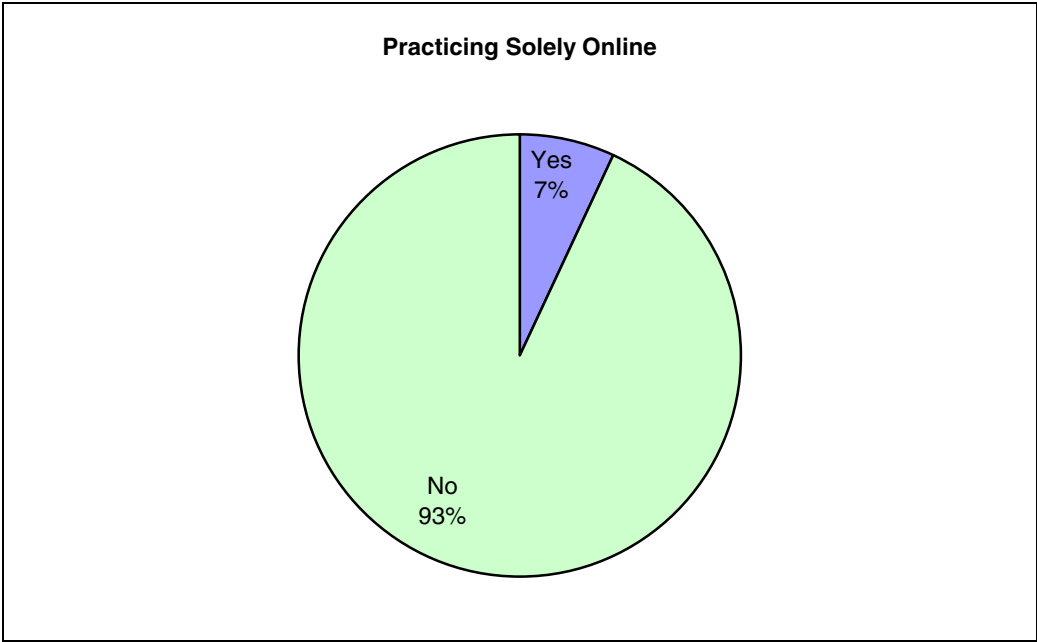
**Figure 5 - Respondents Locations USA 2001**



**Figure 6 - Respondents Locations Other 2001**



**Figure 7 – Most Common Respondent Degree 2001**



**Figure 8 – Respondents Practicing Solely Online 2001**

## Client Information

2001	2000	1999	1998
39	42	7	6

Figure 9 – Average Number of Clients Served Per Provider

2001
5

Figure 10 – Average Number of Client Interactions Per Provider 2001

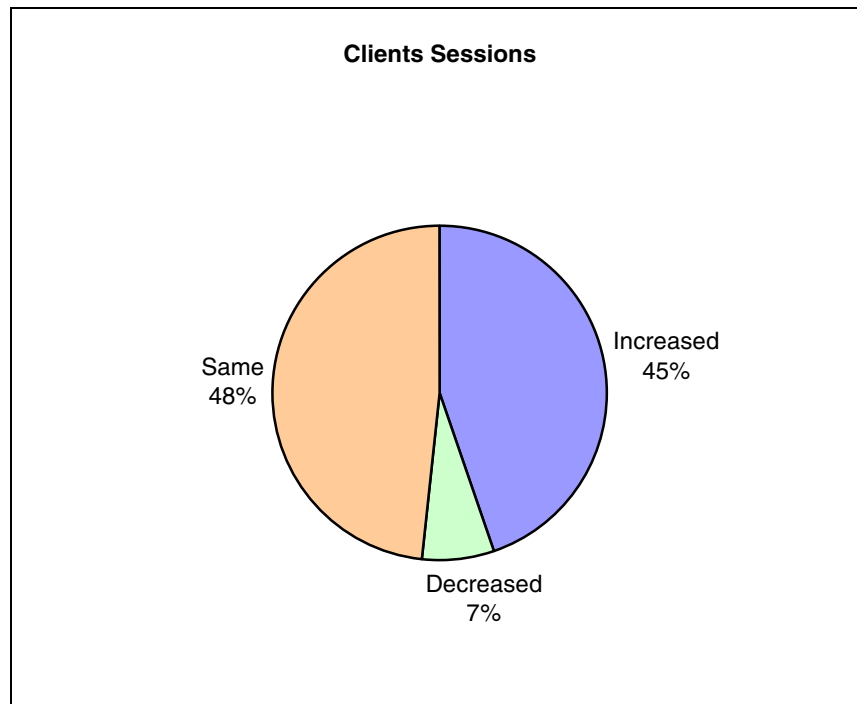


Figure 11 – Number of Client Sessions 2001

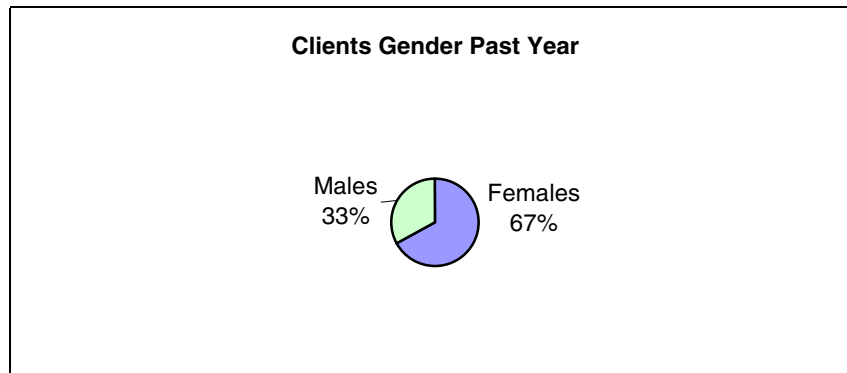


Figure 12 – Clients Gender (Past Year) Estimated #

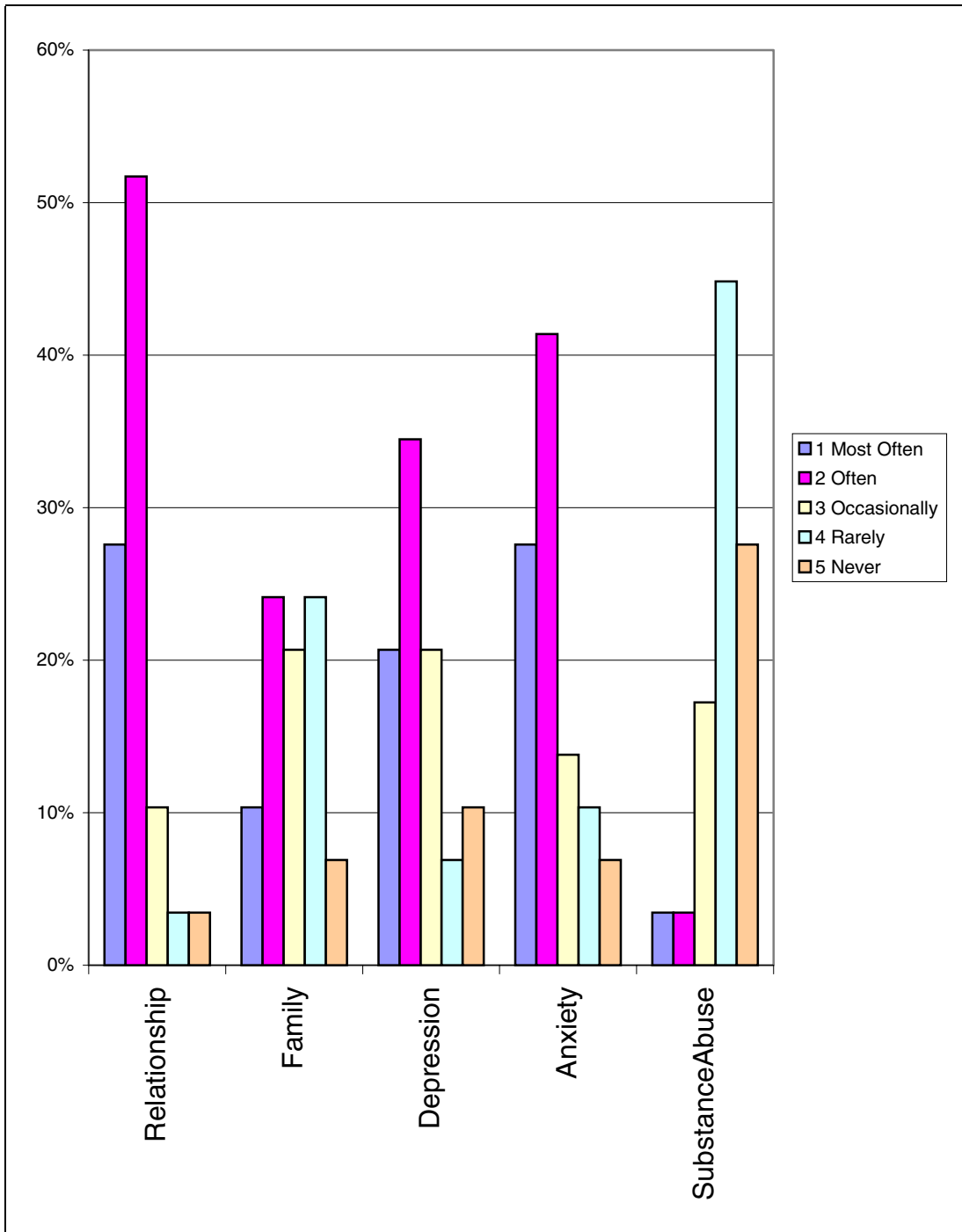
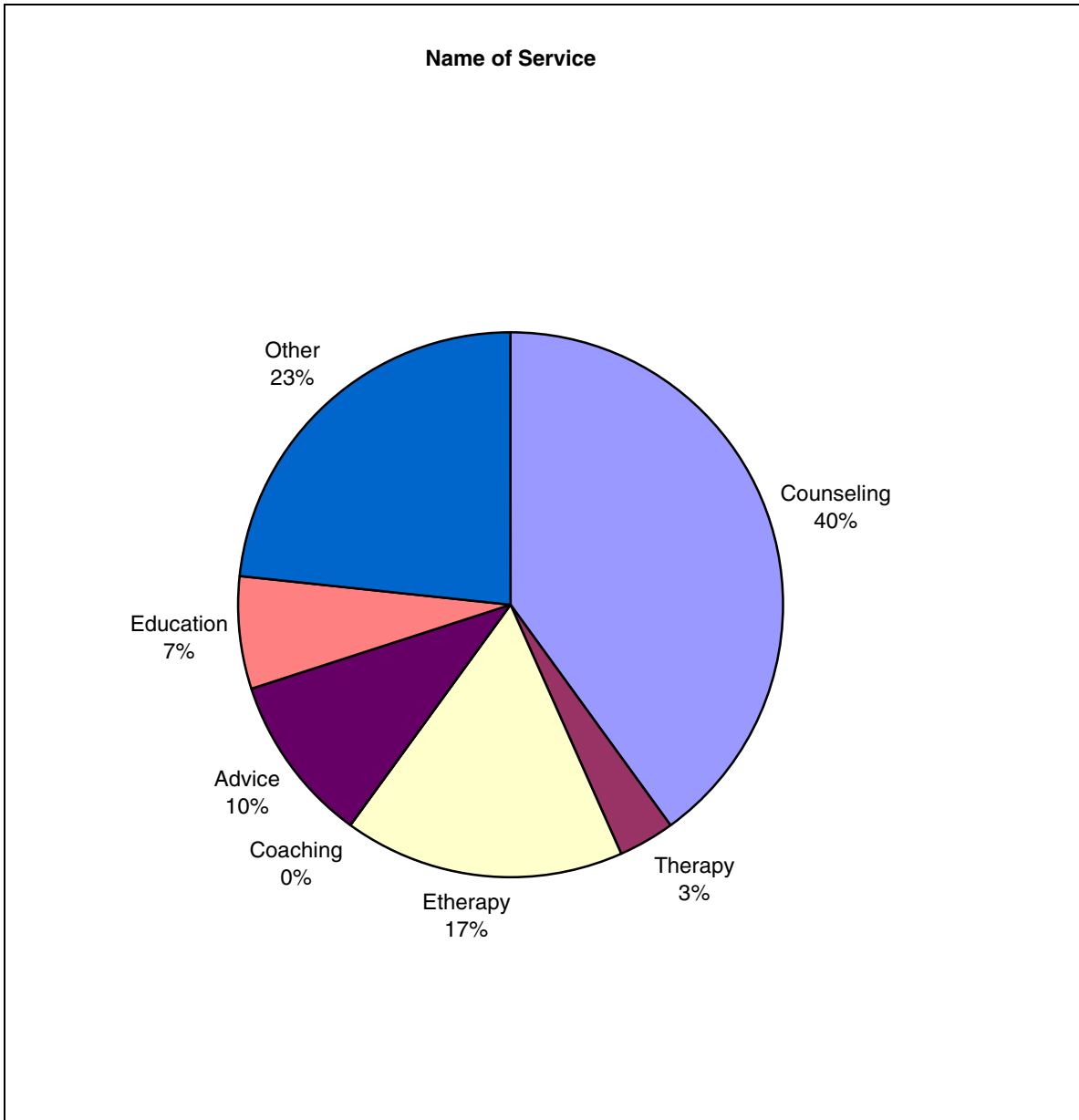


Figure 13 – Issues Clients Were Assisted With 2001

## Practice Information

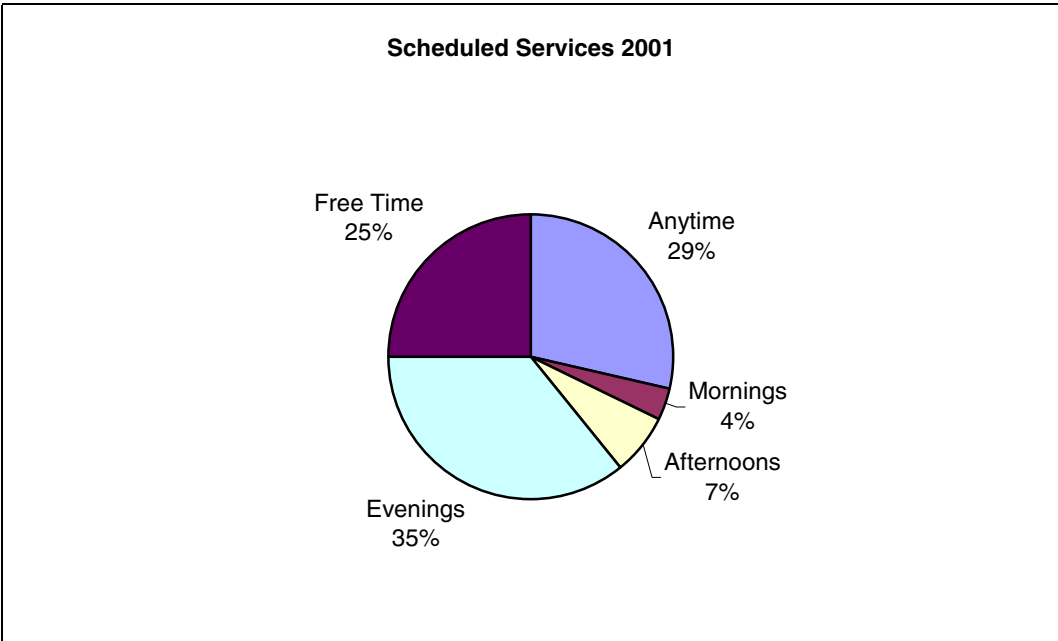


**Figure 14 - Name of Respondents Service Provided 2001**

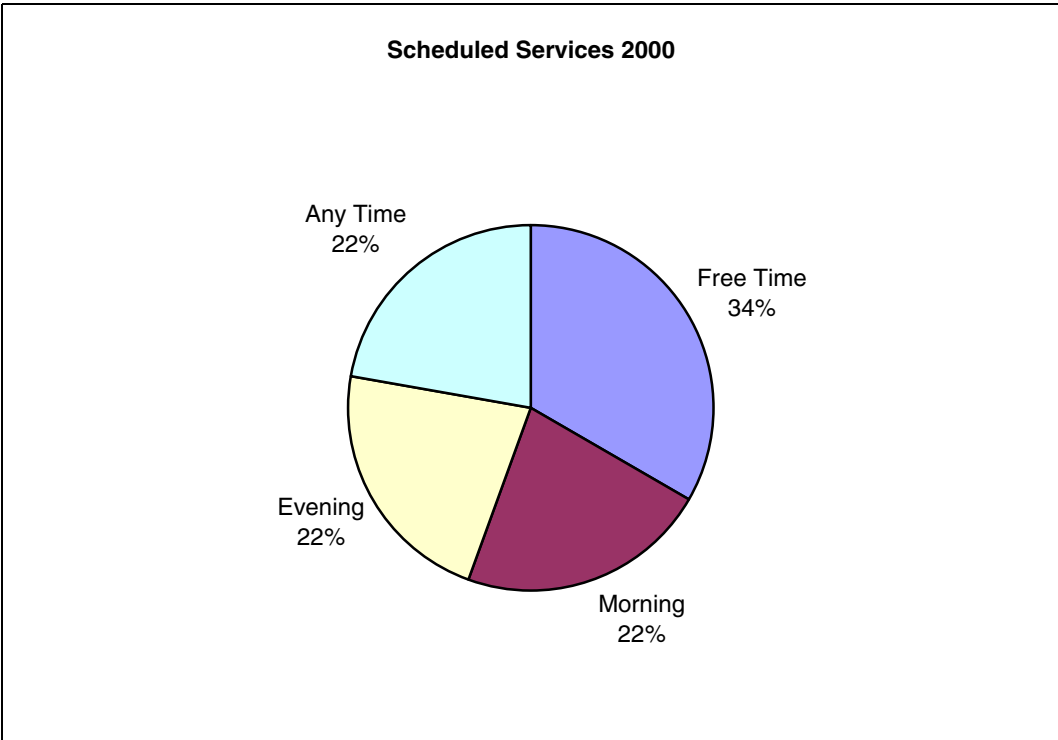
<b>Online Practice Length Average Years/Months</b>	<b>Offline Practice Length Average Years/Months</b>
1.6	12.0

**Figure 15 - Average Length of Practice Online/Offline 2001**





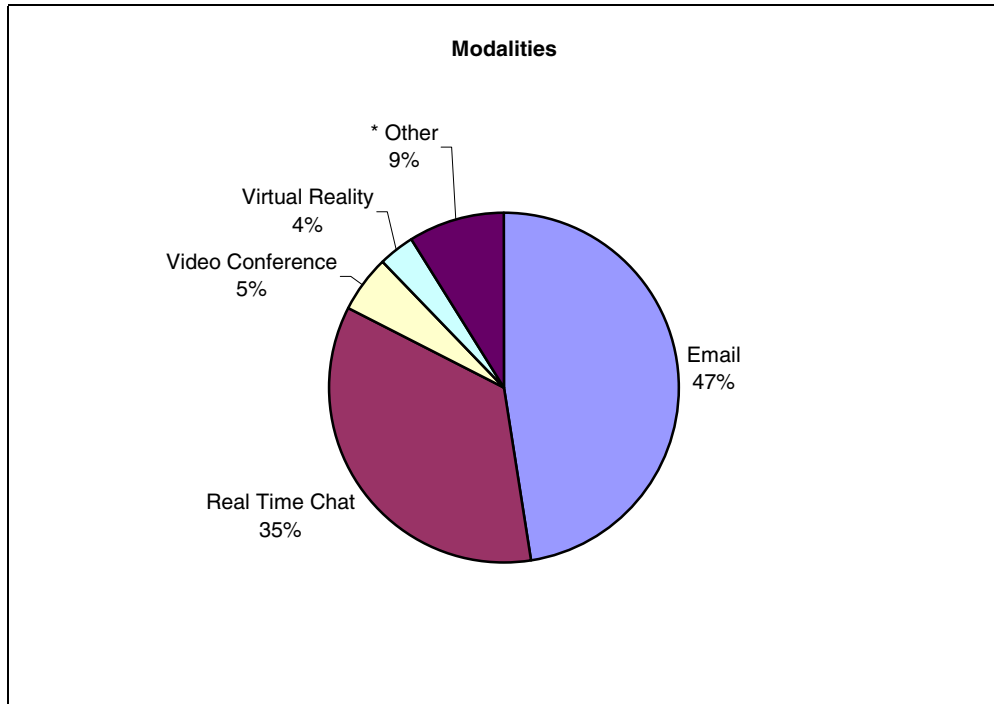
**Figure 16 - Scheduled Services 2001**



**Figure 17 - Scheduled Services 2000**

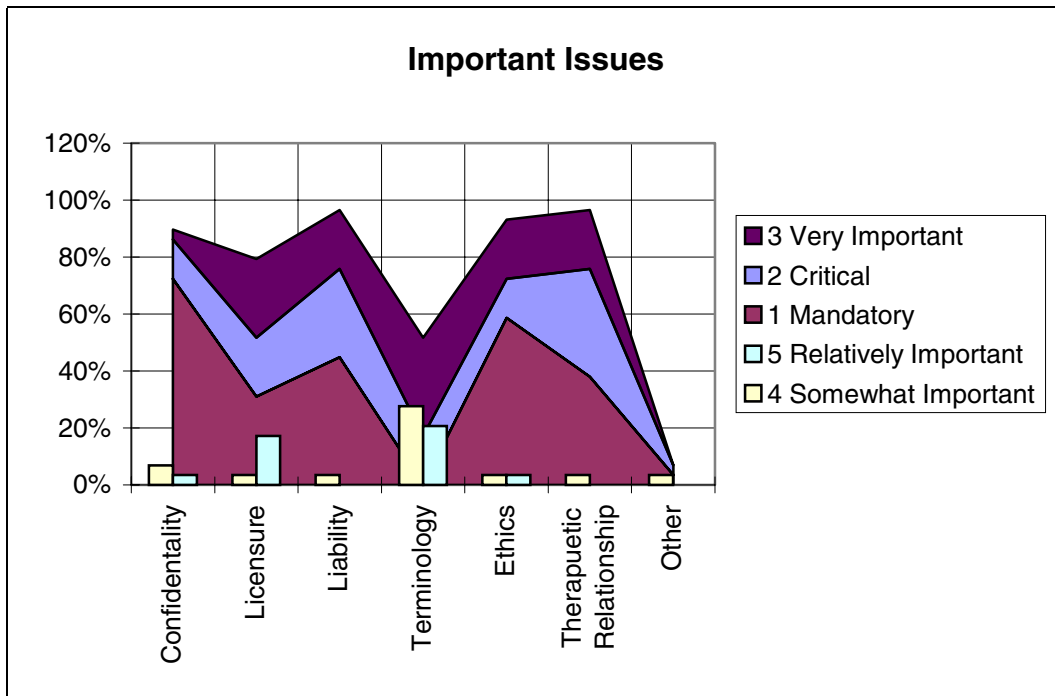


**Figure 18 – Average Percentage of Practice Online 2001**

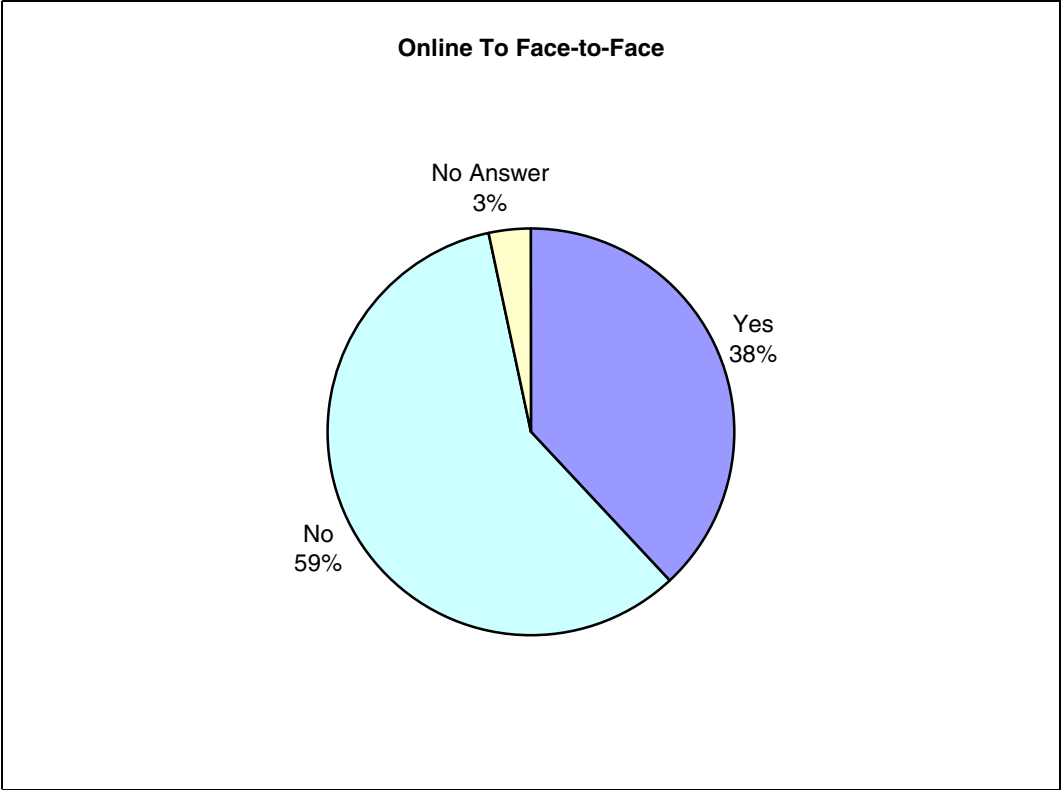


\*Other: included: telephone contact, snail mail, workshops, web forums, dyad work

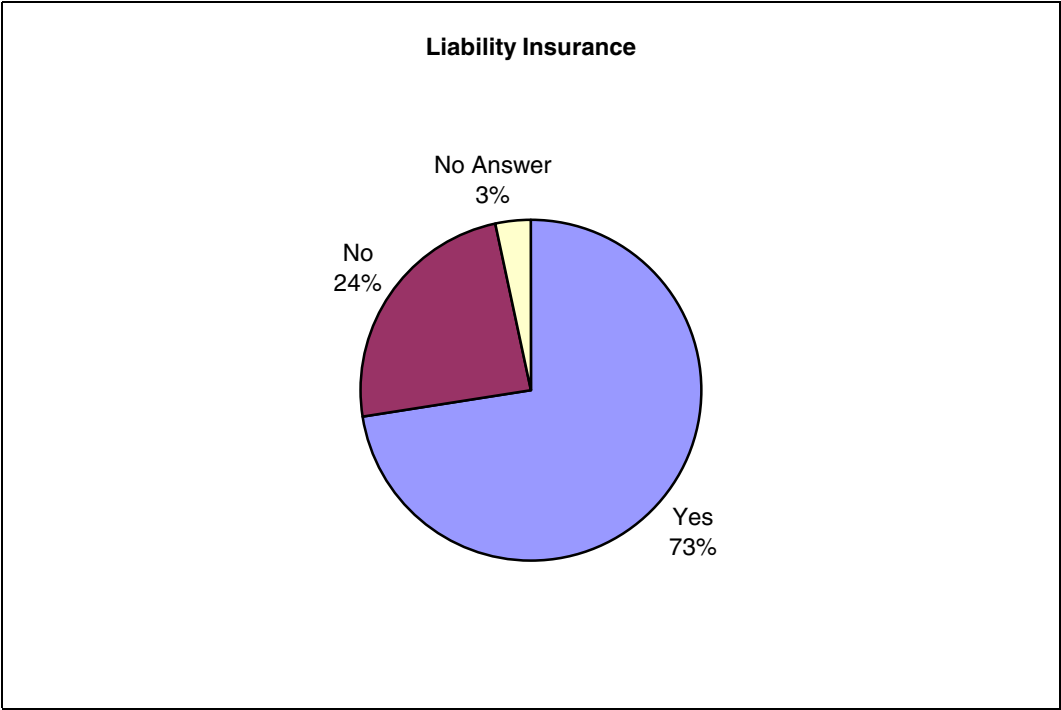
**Figure 19 - Top Modalities Used To Provide Services 2001**



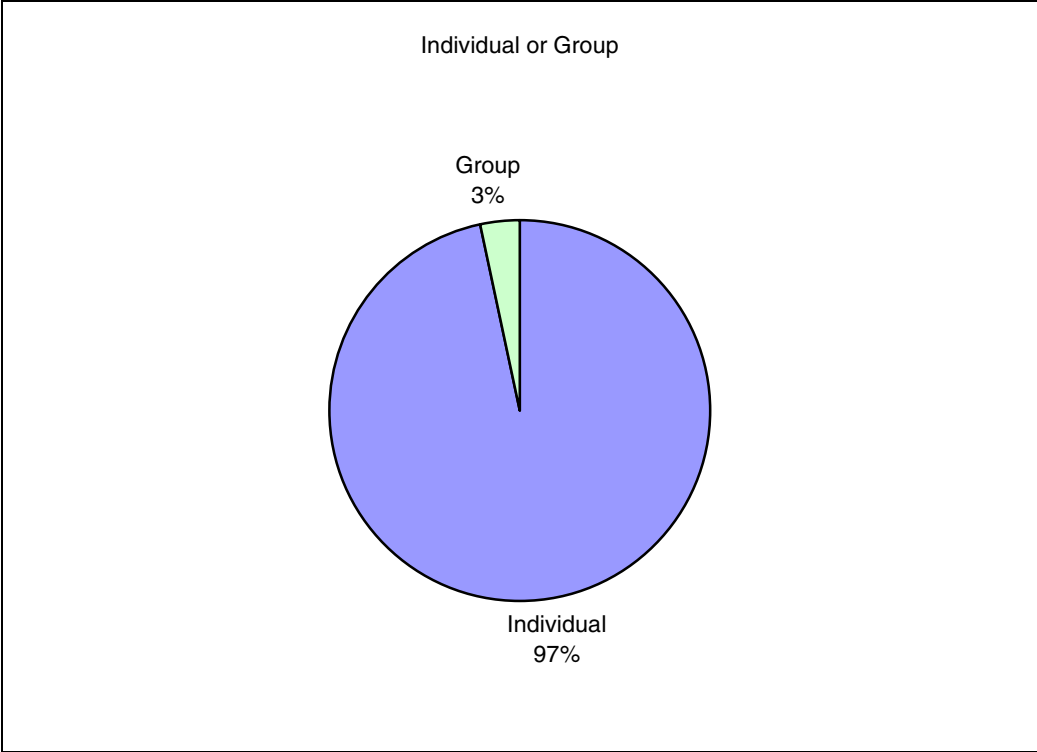
**Figure 20 - Important Practice Issues 2001**



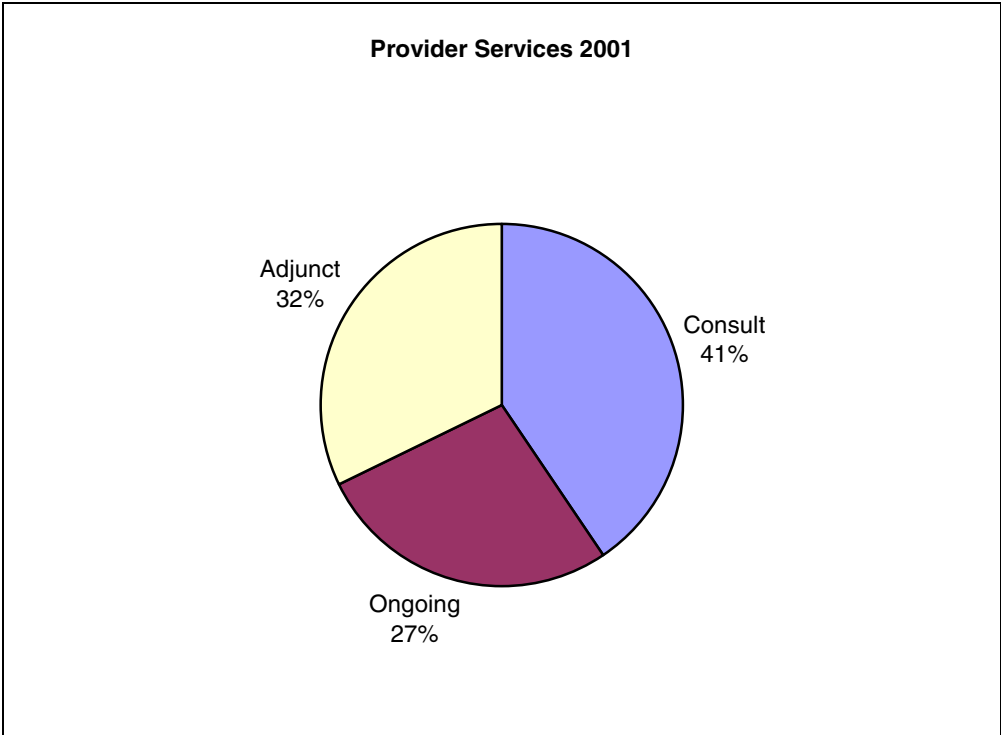
**Figure 21 – From Online to Face-to-Face 2001**



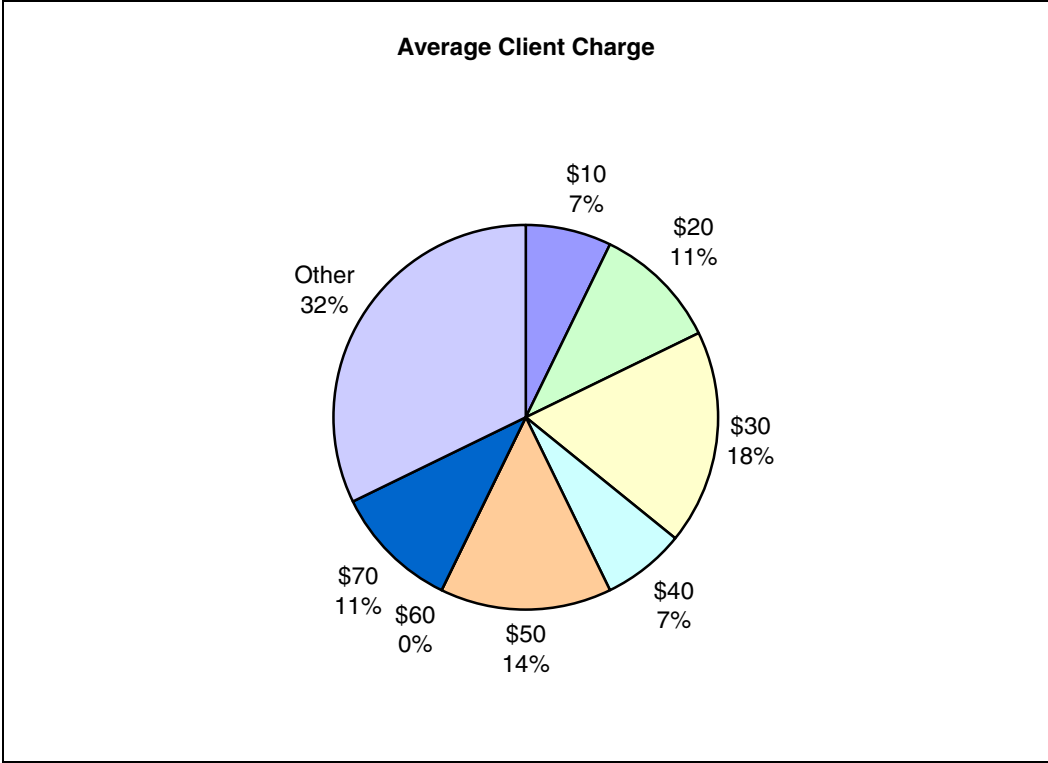
**Figure 22 - Provider Liability Insurance 2001**



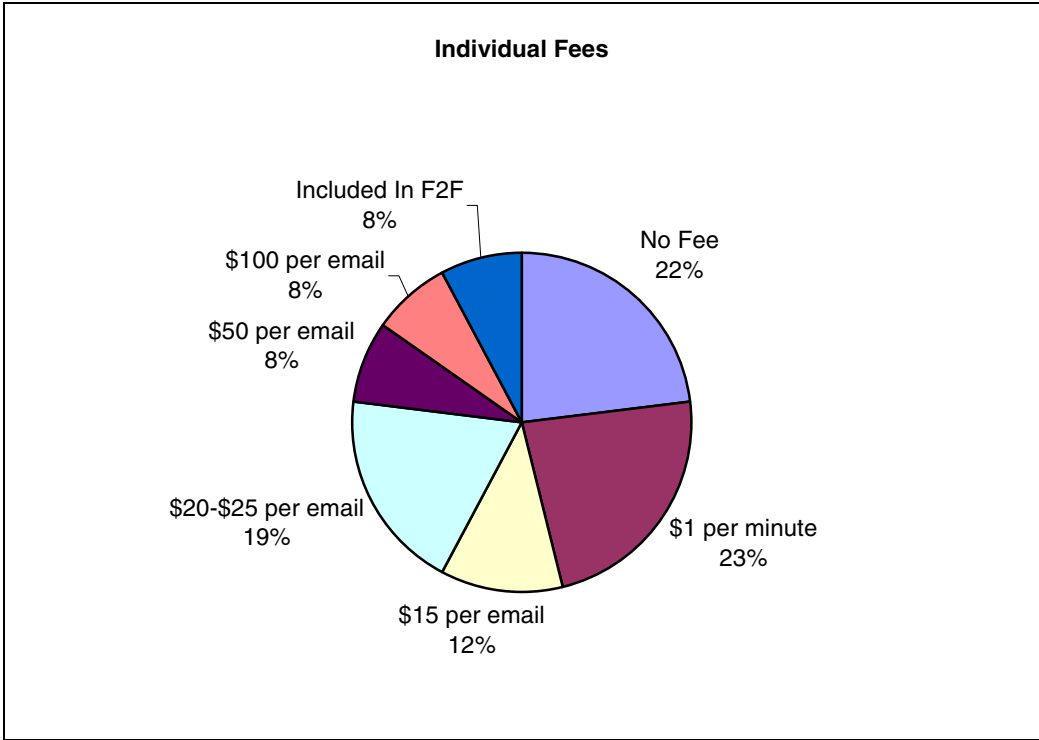
**Figure 23 - Majority of Interactions with Clients 2001**



**Figure 24 - Use of Services 2001**



**Figure 25 - Average Client Charge**



**Figure 26 - Individual Fees 2001**

## Strengths:

- accessibility
- client disclosure seems easier (anonymity)
- more frequent return after significant disclosure
- cost effective
- convenient treatment times
- convenient location
- easy to adapt to solution focus process
- forces more effective therapist communication and questions
- more client choices
- may lead to face-to-face treatment
- reduces client shame and discomfort in seeking services
- privacy for deaf clients
- portability for continuity of care
- adjunct for face-to-face treatment
- quick availability of information to augment sessions
- affordable client fees
- quick networking for emergency situations
- time for better treatment planning
- supplemental income
- therapeutic value of asynchronous writing
- all records saved
- more motivated clients

## Weaknesses:

- lack of face-to-face cues
- client can halt communication and may cease responding
- client vulnerability to charlatanism
- lack of research and validity of treatment validity
- real identity of client not known
- easier to fraud
- new skills needed (effective in face-to-face doesn't necessarily translate to effective online)
- ethics and licensure guidelines make it impossible to respond to the needs of some clients who must than go elsewhere for help
- loss of spontaneity
- synchronous communication
- problems for those who are not articulate in writing
- technology glitches
- prone to more misunderstandings
- billing issues (distrust in using internet for payment)
- time consuming
- licensing and ethical committees have come down hard against this making it scary to work online
- mandated reporting laws for crisis situations
- confidentiality issues
- lack of control over qualifications of providers

## **Comments:**

"I have seen the positive results of my online discussions and they are often achieved much quicker than the face-to-face sessions. I believe some of my online clients would have never taken the opportunity to go to someone's office."

"I don't find online services to be vastly different from face-to-face treatment in the area of weaknesses. There can always be communication problems, and I think a lot of explanation about the process and education about therapy in general needs to take place while still trying to balance the needs and expectations of the client for quick relief of symptoms. This happens in face-to-face therapy also, but there might be an increased expectation for fast results online because of the nature of the speed of the medium."

"I would really like to see online therapists begin to work together to form a national network for referral purposes. This way, if a client needed to be seen face-to-face, referrals could be made quickly to be qualified therapists who understood the online process, and the previous treatment could be staffed to provide continuity."