

Acceptance of Telemental Health Among Practicing Filipino Psychologists: Basis for the PATH (Pinoy Acceptance of Telemental Health) Program

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Article Details:

Received: 6 June 2026

Revised: 18 June 2026

Accepted: 29 June 2026

Published: 15 July 2026

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Recommended Citation:

Barrios, M. S., Eje-Dimaculangan, G. A. (2026). Acceptance of Telemental Health Among Practicing Filipino Psychologists: Basis for the PATH (Pinoy Acceptance of Telemental Health) Program. *The International Review of Multidisciplinary Research*. 1 (9), 31-43.
<https://doi.org/10.67167/vertex.604>

Index Terms:

telemental health, theory of planned behavior, Filipino Psychologists, explanatory sequential mixed-methods, hybrid modality

Abstract. Traditional face-to-face interventions remain the standard for establishing therapeutic trust; however, the COVID-19 pandemic accelerated the adoption of telemental health as a vital alternative, particularly in the Philippines where shortages of mental health professionals continue to limit access to care in underserved areas. Using an explanatory sequential mixed-methods design grounded in the Theory of Planned Behavior (TPB), this study surveyed 94 Filipino psychologists and conducted focus group discussions with seven participants to explore their acceptance levels regarding digital practice. Quantitative results revealed a "Moderate Acceptance" of telemental health across core TPB domains, specifically regarding Attitude ($M=13.70$), Perceived Behavioral Control ($M=14.04$), and Subjective Norms ($M=14.57$). Conversely, Behavioral Intention indicated a "High Acceptance" ($M=15.23$). Qualitative findings contextualized these scores, highlighting that while psychologists deeply value increased geographical accessibility and other benefits of telemental health, their systemic acceptance is heavily tempered by "practitioner fatigue," complex ethical concerns, and technological barriers like unstable internet connectivity. Consequently, participants favored a hybrid model that strategically merges virtual efficiency with the clinical depth of traditional in-person sessions. The study concludes that while Filipino psychologists exhibit a high baseline willingness to adopt telemental health, their operational confidence depends heavily on improved infrastructure and specialized skill development. To bridge this critical gap, this study proposes the Pinoy Acceptance of Telemental Health (PATH) Training Program. This tailored framework is designed to address identified ethical, technological, and practice-related challenges, thereby promoting the safe, responsible, and sustainable implementation of telemental health services in the Philippines while enhancing practitioner preparedness and supporting equitable access to quality care.

Introduction

Psychological interventions are traditionally delivered face-to-face in controlled environments like clinics to foster trust and strengthen therapist-client relationships. However, technology is rapidly driving the rise of telemental health or the delivery of services via video conferencing and mobile applications. The growing acceptance of telemental health is reflected in the increasing recognition and support provided by both international and local professional organizations. Telemental health offers critical benefits, including reduced travel time and expanded accessibility. This is vital in the Philippines, where a severe shortage of fewer than two psychologists per 100,000 individuals persists (World Health Organization, 2021). Despite its promise, acceptance among Filipino practitioners remains varied due to skepticism regarding therapeutic depth, ethical concerns over data security, and infrastructural barriers like unstable connectivity and low digital literacy.

Despite its objective promise, a significant tension exists between clinical data and subjective practitioner sentiment. While a growing body of empirical evidence consistently demonstrates the effectiveness, accessibility, and clinical utility of telepsychology, many practitioners continue to express reservations regarding its adoption and implementation. Research

suggests that institutional acceptance of telepsychology may, in some cases, represent a surface-level adoption driven by necessity rather than a genuine commitment to integrating digital mental health services into routine practice (Doran & Lawson, 2021). Consequently, the presence of positive organizational policies does not always translate into practitioner confidence, competence, or sustained utilization. This discrepancy highlights the persistent gap between evidence-based support for telepsychology and the lived experiences of professionals responsible for delivering these services.

Furthermore, a practitioner's willingness to engage in telepsychology is often constrained by a "hard ceiling" of contextual and infrastructural barriers that extend beyond individual attitudes or intentions. In many developing settings, particularly within localized regions, chronic power interruptions, unstable internet connectivity, inadequate technological resources, and varying levels of digital literacy continue to impede the effective delivery of remote psychological services (Candelario et al., 2024; Espinol et al., 2025). These challenges not only disrupt service continuity but also contribute to concerns regarding therapeutic effectiveness, confidentiality, client engagement, and professional preparedness. Beyond these structural barriers, literature remains constrained by three critical research gaps: a lack of culturally grounded empirical data addressing local realities like collectivist household structures; a participant sample bias favoring students or school counselors over licensed, practicing psychologists; and a methodological binarism relying solely on isolated quantitative or qualitative metrics. This study addresses these gaps using an explanatory sequential mixed-methods design to investigate telemental health acceptance, defined as a psychologist's openness and willingness to utilize technology-mediated services among practicing Filipino psychologists. Ultimately, these findings aim to inform culturally responsive training programs, enhance local policy frameworks, and foster equitable, inclusive digital healthcare delivery tailored to Philippine realities. The findings of this study have meaningful implications for mental health service delivery in the Philippines. By providing empirical data on the actual level of acceptance and use of telemental health among practitioners, this research can inform the development of culturally responsive training programs, enhance policy frameworks, and guide the implementation of more accessible digital mental health systems. This will not only support practitioners but also help bridge service gaps and make psychological care more inclusive and equitable for Filipinos across different settings.

Statement of the Problem

This study aims to investigate the acceptance and experiences of professional psychologists providing telemental health. Specifically, it aims to answer the following questions:

1. How may the level of acceptance of use of telemental health be described in terms of:
 - 1.1. Attitude
 - 1.2. Perceived Behavioral Control
 - 1.3. Subjective Norm
 - 1.4. Behavioral Intention
2. How do professional psychologists describe their acceptance of use of telemental health?
3. What training program can be proposed to address challenges and improve psychologists' level of acceptance of the use of telemental health?

Methodology

Research Design

This study utilized an explanatory sequential mixed-methods design. As defined by Creswell and Creswell (2022), this model operates in two distinct phases: an initial quantitative phase to collect and analyze numerical data, followed immediately by a qualitative phase to elaborate on and explain the initial results in greater detail. In this framework, the qualitative data directly follows up on the quantitative findings, allowing the researcher to probe deeper into significant results, outlying statistics, or surprising trends with a smaller group of participants.

The utilization of an explanatory sequential design is justified by the complex nature of psychological practice within the Philippine context. While the quantitative phase provides a broad description of statistical tendencies regarding practitioners' attitudes, perceived behavioral control, subjective norms, and behavioral intentions, numerical data alone cannot fully capture the underlying reasoning or environmental factors behind these scores. A follow-up qualitative phase is essential to explore the professional narratives, ethical calculations, and localized systemic barriers that characterize clinicians' lived experiences.

Participants and Sampling Technique

This study targeted Professional Regulatory Commission (PRC) licensed practitioners residing and practicing in the Philippines who have transitioned to digital practice. The inclusion criteria required a minimum of six months of telemental

health experience, ensuring participants had moved past an initial trial phase. The quantitative phase utilized convenience and snowball sampling, gathering responses from 94 registered psychologists (RPsys).

As shown in Table 1, the sample is predominantly female (84%). Geographically, the heavy concentration in the National Capital Region (51%) and Calabarzon (12%) underscores the urban-centric distribution of local mental health services, while the largest age cohort falls between 27–34 years old (37%). Crucially, a discrepancy exists between general clinical experience and digital practice longevity; while 51% have practiced as psychologists for over three years, nearly 40% possess only six months to one year of telemental health experience.

Demographic	Frequency	Percentage (%)
Sex		
Male	15	16
Female	79	84
Age		
27 – 34	35	37
35 – 45	26	28
46 – 56	33	35
Years of Practice as a RPsy		
6 months to 1 year	17	18
1 to 2 years	17	18
2 to 3 years	12	13
3 to 5 year	25	27
more than 5 years	23	24
Years of Practice in Telemental Health		
6 months to 1 year	37	39
1 to 2 years	10	11
2 to 3 years	31	33
3 to 5 year	13	14
more than 5 years	3	3
Region/location		
NCR (Metro Manila)	48	51
Region VI (Western Visayas)	17	18
Region IV-A (Calabarzon)	11	12
Region XI (Davao Region)	7	7
Region VII (Central Visayas)	3	3
Region VIII (Eastern Visayas)	3	3
Region CAR (Cordillera)	3	3
Region X (Northern Mindanao)	1	1
Region XII (SOCCSKSARGEN)	1	1

Table 1. Demographic profile of the respondents

Following the initial survey, the study transitioned to a purposive sampling technique, selecting a subset of seven participants who demonstrated moderate to high levels of acceptance for focus group discussions (FGD). According to Hennink and Kaiser (2022), a smaller, focused sample size for qualitative follow-ups is appropriate when the goal is to achieve code saturation and gain deep insights into information-rich cases.

Research Instruments

The quantitative phase used the 12-item e-Therapy Attitudes and Process Questionnaire – Therapist Version (eTAP-T), adapted from Clough et al. (2022), to assess the Theory of Planned Behavior (TPB) constructs. Validated by three experts (two psychologists, one counselor) and pilot-tested locally, the term "digital intervention" was changed to "telemental health." It uses a 7-point Likert scale, takes 5–10 minutes, and accounts for 82% of variance across TPB domains. Subscale scores (1–21) were categorized into Low, Moderate, and High groups.

The subsequent qualitative phase employed a researcher-developed, 8-section semi-structured focus group discussion guide. The 60-to-90-minute conversational sessions explored psychologists' experiences. The expert panel refined the guide for content validity, ensuring non-leading, culturally appropriate phrasing aligned with the TPB framework and research objectives.

Data Gathering Procedures

Following oral defense and approval from the University of Batangas Ethics Committee, data gathering proceeded with mandatory, informed consent. For the quantitative phase, licensed Filipino psychologists with at least six months of telemental health experience were recruited via convenience sampling. Participants completed an online demographic profile and questionnaire to measure telemental health acceptance. Statistical analysis informed the purposeful selection of participants for the qualitative phase, targeting diverse demographics and varying acceptance levels.

Because no low-acceptance individuals volunteered, the final subgroup comprised seven participants with moderate-to-high acceptance. After which, a virtual semi-structured focus group discussion was conducted and recorded with permission for participants across NCR and Calabarzon. The researcher maintained a neutral role using a validated guide. To ensure confidentiality, the session was transcribed verbatim, identifying details were redacted, and participants were assigned codes. These transcripts underwent thematic analysis to explain the quantitative trends.

Data Analysis

Data analysis followed a two-step explanatory sequential design, integrating quantitative statistics with qualitative thematic insights to uncover the lived experiences of Filipino psychologists. For the quantitative phase, survey data were cleaned and analyzed with a statistician. Descriptive statistics such as frequency and percentage distributions were used to summarize demographics (age, gender, practice years, telemental health experience, and location). Mean scores were computed for the four Theory of Planned Behavior (TPB) constructs: Attitude, Subjective Norms, Perceived Behavioral Control (PBC), and Behavioral Intention.

The qualitative analysis followed Braun and Clarke's (2021) six-step deductive thematic framework, using TPB as a structured lens as illustrated in Figure 2 below.

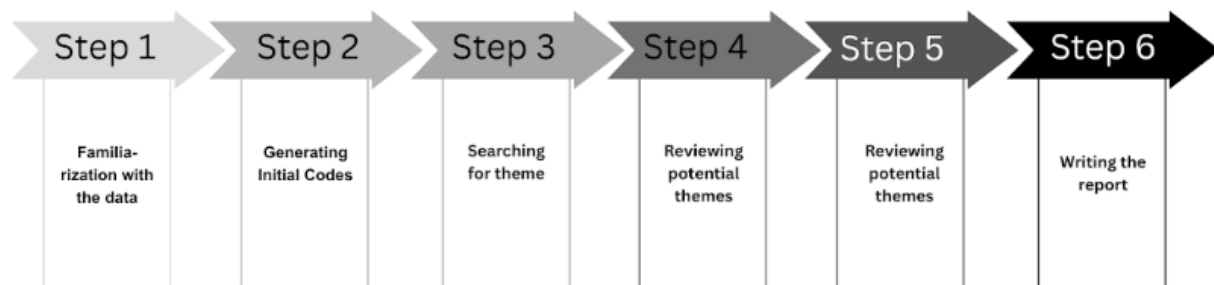


Figure 1. The six-step thematic framework of Braun and Clarke

Ethical Considerations

Ethical integrity was maintained by adhering to the standards of the University of Batangas Ethics Committee, the Data Privacy Act of 2012, and the Code of Ethics for Philippine Psychologists and Psychometricians. Informed consent was obtained from all participants, emphasizing voluntary participation and the right to withdraw without penalty. To ensure confidentiality, all identifying information was removed, and digital records were secured on password-protected devices. The study was guided by the principle of beneficence, aiming to protect participants while contributing valuable, culturally responsive insights to the field of telemental health in the Philippines.

Results and Discussion

This section presents the results of the study to answer the specific research questions regarding the acceptance and experience of professional psychologists providing telemental health. In accordance with the explanatory sequential mixed-methods design, this section is divided into two phases. Phase 1 addresses the level of acceptance of use of telemental health in terms of Attitude, Perceived Behavioral Control, Subjective Norms, and Behavioral Intention. Table 2 below revealed that while psychologists possess a high behavioral intention to use telemental health, their attitude, perceived behavioral control, and subjective norm are restricted within the moderate range.

Domain	Mean Score	Level of Acceptance of Use of Telemental Health
Attitude	13.70	Moderate Acceptance
Perceived Behavioral Control	14.04	Moderate Acceptance
Subjective Norms	14.57	Moderate Acceptance
Behavioral Intention	15.23	High Acceptance

Legend: 15-21 = High Acceptance, 8-14 = Moderate Acceptance, and 1-7 = Low Acceptance

Table 2. Level of acceptance of use of telemental health

The quantitative findings revealed a mean attitude score of 13.70. This score indicates a moderate and ambivalent acceptance level, reflecting a conditional perspective. This conditional outlook aligns with broader literature; for instance, Appleton et al. (2021) observed that telehealth adoption was often a fragile, emergency-driven response to the pandemic rather than a core attitudinal shift. Furthermore, despite evidence supporting clinical parity, a notable minority of practitioners maintain professional biases, viewing digital interventions as less equivalent to traditional face-to-face sessions (Doran & Lawson, 2021).

Beyond attitude, a psychologist's confidence in their own capabilities is a critical factor in adoption, as evidenced by the Perceived Behavioral Control (PBC) domain yielding a mean score of 14.04. This quantitative result indicates a moderate, conditional level of acceptance. While prior research underscores that a robust sense of control, often grounded in structured learning and hands-on practice, heavily drives telemental health integration, Lipschitz et al. (2022) noted that successful navigation and troubleshooting early technological barriers ultimately enhances counselor confidence. Nevertheless, even experienced clinicians face notable uncertainty during high-stakes situations like crisis management, securing client privacy, or virtual tailoring, a vulnerability Glass and Bickler (2021) attribute to an "observation gap." This remote experience obscures vital non-verbal cues and internal stimuli, creating a literal "data gap" that fuels professional anxiety due to the loss of physical presence.

The next domain examined is Subjective Norms yielding a mean score of 14.57, placing it within the moderate acceptance range. This score indicates that while psychologists perceive a fair degree of approval for telemental health within their professional and social networks, this support is not uniformly widespread; some peers and institutions offer strong affirmation, while others remain cautious or disengaged. This finding aligns with the broader literature emphasizing that a supportive professional community and strong institutional backing heavily drive adoption. Specifically, Wilczewski et al. (2022) identified social influence as the strongest predictor of continued telehealth use, anchoring Ajzen's Theory of Planned Behavior principle that subjective norms are shaped by the perceived expectations of important groups, such as clients, fellow professionals, or institutional bodies. Ultimately, this moderate domain highlights a variance in practitioner perspectives, warranting a closer examination of endorsement patterns across the field. Moreover, institutional support accelerates adoption, Pierce et al. (2021) point out that peer attitudes and generational differences can slow the normalization of online therapy, as older or less tech-comfortable practitioners often show greater reluctance to transition.

In terms of Behavioral Intention, participants reported a mean score of 15.23, which indicates a high level of acceptance of telemental health. This high score shows a strong motivation to adopt digital platforms. However, the score sits at the lower end of the "high" range, a positioning that literature suggests is heavily shaped by external constraints. Specifically, a psychologist's commitment depends on social support from peers (Wilczewski et al., 2022). Phase 2 of this study will seek to qualitatively explain the moderate scores on attitude, perceived behavioral control and subjective norm and why their behavioral intentions are capped at this lower threshold.

Professional Psychologists' Description of their Acceptance of Use of Telemental Health

To investigate the underlying factors behind the quantitative data, a qualitative Phase 2 follow-up was conducted using focus group discussions. The resulting data revealed enabling factors and barriers, yielding nine emerging themes: Positive Acceptance Based on Client-Centered Benefits, Positive Acceptance Based on Practitioner-Centered Benefits, Conditional

Acceptance Due to Ethical and Clinical Concerns, Practitioner Fatigue as Barrier to Acceptance, Acceptance Strengthened by Professional Readiness and Training, Conditional Acceptance Due to Technological and Infrastructure Barriers, Positive Acceptance Influenced by Institutional and External Endorsement, Conditional Acceptance Due to Mixed Social Norms and Client Preferences, and Commitment to Long-Term Integration via Hybrid Set-up.

Theme 1: Positive Acceptance Based on Client-Centered Benefits

The first theme, Positive Acceptance Based on Client-Centered Benefits highlights telemental health's practical value in removing barriers and making mental health services convenient and inclusive. This is supported by five key subthemes: Improved Accessibility and Inclusion, Continuity of Care During Emergencies, Convenience and Time Efficiency, Cost Efficiency, and Comfortable and Familiar Settings. Specifically, Improved Accessibility and Inclusion expands a practitioner's reach to remote and marginalized clients, with participants noting, *"We were able to reach remote and marginalized clients"* and *"Parents of children with autism prefer remote check-ins"*. This is consistent with Hernani (2023), who viewed the modality as a primary vehicle for social equity by breaking geographical barriers, and the World Health Organization (2021), which underscores the necessity of such models for the Philippines' rural and underserved regions. Furthermore, Continuity of Care During Emergencies allows therapy to continue during natural disasters, public health crises, or scheduling conflicts, as one participant explained, *"Telemental health helps clients continue sessions even when emergencies arise"*. Telemental health served as a vital emergency response to ensure service continuity in the Philippines during prolonged crises (Appleton et al., 2021; Hernani, 2023). Beyond crisis management, the modality offers distinct practical advantages. First, it maximizes convenience and time efficiency by eliminating heavy traffic and long commutes; as participants noted, *"clients save time, no need to travel."* This echoes findings by (Perez, 2025) regarding reduced indirect travel costs. Second, it drives cost efficiency by removing transportation and fuel expenses, allowing clients to *"conserve limited resources while maintaining consistent therapy"*. Finally, utilizing comfortable and familiar settings enhances psychological safety and combats clinical stigma, because—as one practitioner highlighted—*"clients often feel more comfortable in their own home"*.

Collectively, these findings highlight that telemental health is most positively received when it clearly benefits the client, particularly by enhancing accessibility, convenience, and continuity of care within the everyday realities of Filipino life. Moreover, these client-centered advantages reflect why telemental health has become increasingly accepted as a complementary mode of service delivery rather than merely an emergency alternative. The findings suggest that practitioners value telemental health when it addresses longstanding barriers to mental health care that have historically limited service utilization in the Philippines. By reducing geographical distance, transportation difficulties, financial burdens, and scheduling constraints, it creates opportunities for clients who might otherwise delay or forgo treatment altogether. This is particularly important in a context where mental health resources remain concentrated in urban centers while many individuals reside in underserved communities. The ability to maintain regular therapeutic contact despite these challenges reinforces the role of telemental health as a practical and client-responsive approach to care. Consequently, participants viewed the modality as an effective means of promoting equitable access to psychological services while supporting sustained engagement in treatment, ultimately contributing to improved mental health outcomes and greater continuity of care.

Theme 2: Positive Acceptance Based on Practitioner-Centered Benefits

The second theme, Positive Acceptance Based on Practitioner-Centered Benefits, outlines how psychologists describe telemental health as beneficial directly to practitioners, reinforcing its acceptance beyond client-centered considerations. This is supported by three key subthemes: Professionally Comfortable, Flexible, and Efficient; Work-Life Balance; and Geographically Flexible. Specifically, Professionally Comfortable, Flexible, and Efficient captures how telemental health enables practitioners to feel more at ease, streamline workflows, and gain professional flexibility, with practitioners sharing, *"I am more comfortable with it... more efficient... better for work-life balance"* and *"As a professor and part-time telepsychology... It gives more flexibility."* These accounts echo McAlearney et al. (2022) found "silver linings" in the digital transition, where the proven feasibility of remote care and high levels of patient gratitude provided a sense of professional validation. Furthermore, Work-Life Balance allows practitioners to better manage personal and professional responsibilities, as exemplified by a practitioner who *"opted to handle clients online to manage family life."* This is particularly resonant in the Filipino context, where many professionals juggle caregiving roles alongside their work duties. Finally, being Geographically Flexible focuses on the advantage of practicing from different locations to expand reach and clinical autonomy, as captured when a participant shared, *"I can work from different places."* This highlights that this flexibility provides practitioners with significant organizational convenience, effectively decreasing the indirect costs and professional strain associated with travel time.

Overall, Filipino psychologists tend to reserve telemental health for follow-ups or stable cases, while relying on face-to-face sessions for assessments, high-risk interventions, or therapies that require deep relational depth. This cautious, case-by-case approach helps explain the moderate attitude scores toward telemental health.

Theme 3: Conditional Acceptance due to Ethical and Clinical Limitations

The third theme, Conditional Acceptance Due to Ethical and Clinical Limitations explains how psychologists often accept telemental health only under certain circumstances, mainly depending on the client's needs, case severity, and type of intervention. This is supported by four key subthemes: Clinical Limitations and Efficiency, Client Demographics and Developmental Factors, Intervention and Modality Limitations, and Ethical and Security Concerns. Specifically, Clinical Limitations and Efficiency captures practitioners' concerns about suitability for specific clinical presentations, with clinicians emphasizing that *"some sessions/cases work better online, others don't," "bipolar and high-risk need to be hybrid or in-person," "suicidal clients are very difficult online,"* and *"dysregulated emotions are not best for online."* This caution aligns with Mazziotti & Rutigliano (2021), whose findings on clinician skepticism underscore a persistent professional boundary: that high-complexity or serious cases are often optimally handled in person to mitigate risks in crisis management and ensure effective rapport-building. Furthermore, Client Demographics and Developmental Factors highlights the challenges of using telemental health with certain client populations based on age and environment, as one participant stated directly, *"Children struggle with screen therapy."* More so, Intervention and Modality Limitations were also evident, where a virtual format interferes with specific therapeutic dynamics, as reflected by the observation that *"couples therapy is hard online."* Finally, Ethical and Security Concerns reflect the constant worry regarding data privacy laws and platform compliance, as practitioners stressed that *"the platform must meet certain security standards.."*

Taken together, these findings demonstrate that psychologists' acceptance of telemental health is highly dependent on the clinical context rather than a blanket endorsement of the modality. While practitioners recognize the value of online services for many clients and situations, they remain cautious when therapeutic effectiveness, client safety, or ethical obligations may be compromised. The results suggest that clinicians continuously evaluate whether the benefits of accessibility and convenience outweigh potential limitations in assessment accuracy, emotional attunement, crisis intervention, and confidentiality. This reflects a professional commitment to ensuring that the modality fits the client's needs rather than adapting the client to the modality. Consequently, acceptance of telemental health appears to be guided by clinical judgment and ethical responsibility, with practitioners favoring a flexible approach that incorporates face-to-face services when case complexity, developmental considerations, or risk factors require a higher level of therapeutic oversight. These findings further reinforce the importance of establishing clear practice guidelines, specialized training, and robust ethical protocols to support clinicians in making informed decisions regarding the appropriate use of telemental health across diverse client populations and clinical presentations.

Theme 4: Practitioner Fatigue as a Barrier to Acceptance

The fourth theme, Practitioner Fatigue as a Barrier to Acceptance, explores how the physical and psychological toll of telemental health acts as a significant barrier to its full acceptance among practitioners. This is supported by the key subtheme: Online/Zoom Fatigue. This captures the constant demands of a virtual environment that lead to mental and physical exhaustion caused by the cognitive effort required to process screen-based interactions, as a participant clearly articulated, *"You feel more tired after multiple online sessions.."* This is supported by Bailenson (2021) on his research on videoconference fatigue which identified psychological strain, feelings of confinement, and sensory overload as primary contributors to post-session exhaustion.

This suggests that while telemental health offers many benefits, its sustainability is limited by the practitioner's capacity to manage the mental and physical demands of the virtual environment. Beyond individual discomfort, practitioner fatigue raises important concerns regarding the long-term sustainability of telemental health practice. Participants' experiences suggest that prolonged exposure to screen-based consultations may gradually affect concentration, attentiveness, and emotional availability during sessions. Unlike face-to-face interactions, virtual consultations require clinicians to continuously monitor facial expressions, vocal cues, technological issues, and on-screen engagement, often simultaneously. This increased cognitive load can accumulate throughout the day, contributing to burnout and reduced professional well-being. As a result, practitioners may limit the number of online sessions they conduct, prefer hybrid arrangements, or reserve telemental health for specific client populations and clinical concerns. These findings indicate that acceptance of telemental health is influenced not only by its effectiveness for clients but also by its impact on the psychologist's well-being. Therefore, strategies such as manageable caseloads, scheduled screen breaks, ergonomic workspaces, and organizational support may be necessary to mitigate fatigue and promote the sustainable integration of telemental health into professional practice.

Theme 5: Acceptance Strengthened by Professional Readiness and Training

The fifth theme, Acceptance Strengthened by Professional Readiness and Training, highlights how psychologists shared that their confidence in delivering telemental health grew through adapting their practices and engaging in continuous professional development. This is supported by two key subthemes: Practice Adaptation, and Professional Development and Competence. Specifically, Practice Adaptation highlights the concrete, active steps practitioners took to make their practice effective and ethical, with participants highlighting specific steps: *"Created a digital intake system," "We revised consent forms to adapt online,"* and *"Adjusted the techniques to fit the screen."* Furthermore, Professional Development and Competence focuses on how formal learning, targeted training, and experience over time directly increased psychologists' confidence and perceived competence, as shown in comments like: *"I felt more confident doing it after two years."* and *"Attended trainings.. these experiences have built my confidence in delivering services and troubleshooting issues during sessions."* This theme aligns with literature showing that specialized training blocks negative clinical perceptions, while mastering technical troubleshooting directly boosts counselor confidence (Lipschitz et al., 2022).

The findings suggest that acceptance of telemental health is not a static attitude but a developmental process that evolves through experience, learning, and adaptation. As practitioners became more familiar with digital platforms and accumulated practical experience in remote service delivery, many reported increased confidence in their ability to manage both clinical and technical challenges. This progression reflects how perceived behavioral control can be strengthened when psychologists are provided with opportunities to develop relevant competencies and apply them in practice. Moreover, the willingness of participants to modify existing procedures, update ethical safeguards, and tailor interventions for virtual environments demonstrates a proactive commitment to maintaining professional standards despite changes in service delivery. These adaptations indicate that psychologists are not merely adopting technology but are actively integrating it into their professional practice in ways that preserve therapeutic effectiveness and client welfare. Consequently, ongoing professional development, supervision, and telepsychology-specific training appear to be essential factors in fostering greater acceptance, competence, and long-term utilization of telemental health services.

Theme 6: Conditional Acceptance Due to Technological and Infrastructure Barriers

The sixth theme, Conditional Acceptance Due to Technological and Infrastructure Barriers, explains the limiting side of the moderate Perceived Behavioral Control score, where a practitioner's ability to deliver services is compromised by factors beyond their control. This is supported by the key subtheme: Technological and Infrastructure Barriers. Specifically, Technological and Infrastructure Barriers captures how insufficient bandwidth, software instability, and hardware limitations frequently disrupt the continuity of telemental health consultations, a reality supported by participants sharing that *"sometimes the session just freezes, and you lose the flow,"* and they *"lose connection mid-session."* This is consistent with Espinol et al. (2025) who identified "Digital and Productivity Challenges," such as power supply stability, as the "ultimate deal-breakers" for Filipino professionals. This highlights the importance of technological infrastructure for telemental health.

These findings demonstrate that practitioners' acceptance of telemental health is often contingent upon the reliability of the technological environment in which services are delivered. Unlike barriers that can be addressed through training or professional experience, technological and infrastructure challenges frequently remain outside the direct control of psychologists, making them particularly difficult to overcome. Participants' experiences suggest that disruptions caused by unstable internet connections, power interruptions, and platform malfunctions can negatively affect therapeutic flow, reduce client engagement, and hinder the development of rapport. Such interruptions may also increase practitioner stress and decrease confidence in the consistency of online service delivery. Furthermore, concerns regarding unequal access to technology among clients highlight broader issues of digital inequality that may limit the effectiveness of telepsychology in certain communities. Consequently, while psychologists may possess the necessary skills and willingness to provide telemental health services, the absence of reliable technological infrastructure can significantly constrain their perceived ability to deliver quality care. These findings underscore the need for investments in digital infrastructure, stable internet connectivity, and accessible technological resources to support the sustainable implementation of telemental health in the Philippine context.

Theme 7: Positive Acceptance Influenced by Institutional and External Endorsement

The seventh theme, Positive Acceptance Influenced by Institutional and External Endorsement, shows that beyond individual motivations, the acceptance of telemental health was significantly driven by external forces, including client demands and directives or support from government and institutional bodies. This is supported by two key subthemes: Clients as Drivers of Acceptance, and Government and Institutions as Drivers of Acceptance. Specifically, Clients as Drivers of Acceptance captures how clear and urgent consumer requests for remote sessions, driven by convenience and necessity during lockdowns or for specific populations, made the modality a required part of practice, with practitioners recalling

that “clients requested it during lockdown..” and “parents of children with autism prefer remote check-ins..”. This aligns with evaluations by the World Health Organization (2021), which noted that shifting consumer expectations and urgent public demand rapidly accelerated the adoption of telehealth platforms globally. Furthermore, Government and Institutions as Drivers of Acceptance highlights how support from government and institutional bodies played a crucial role in legitimizing and mainstreaming telemental health by providing platforms, creating avenues for e-therapy, and establishing protocols, as one practitioner stated: “Government provided MH platforms..hospitals opened avenues for E-therapy”. These experiences aligned with the Psychological Association of the Philippines (PAP) when they issued its official Telepsychology Guidelines in 2020, providing a clear ethical framework that gave many practitioners the confidence to adopt online methods. Such systemic backing strengthened the perception that telemental health was a legitimate and encouraged form of practice.

This result means that psychologists' acceptance of telemental health was shaped not only by personal attitudes or technological readiness but also by broader environmental influences. Consistent with the principles of the Technology Acceptance Model and the Theory of Planned Behavior, external support, social expectations, and institutional endorsement reinforced positive perceptions of telemental health, facilitating its integration into routine psychological practice and strengthening its long-term sustainability beyond the immediate demands of the pandemic.

Theme 8: Conditional Acceptance Due to Mixed Social Norms and Client Preferences

The eighth theme, Conditional Acceptance Due to Mixed Social Norms and Client Preferences, reveals why the subjective norm score did not reach a high level, showing that strong endorsements from institutions are counterbalanced by inconsistent peer support and varied client preferences. This is supported by the key subtheme: Colleague or Peers Preferences. Specifically, Colleague or Peers Preferences highlights the mixed social influences, varying degrees of professional endorsement, and generational differences within academic or clinical environments, which is validated by participants observing that “clients are mixed... some prefer face-to-face” and “my peers have mixed views about this. Maybe it's also generational”. This aligns with global findings (Pierce et al., 2021) that peer attitudes influence individual adoption rates, and generational differences can slow the normalization of online therapy. Together, these sub-themes explain why Subjective Norm is moderate: strong endorsements from institutions, clients, and government agencies are counterbalanced by inconsistent peer support and client preferences for face-to-face engagement.

Overall, these findings suggest that while telemental health has gained considerable legitimacy through institutional endorsement and increasing client demand, its full normalization within psychological practice remains conditional. Variations in peer attitudes, generational perspectives, and client preferences for face-to-face services continue to shape practitioners' perceptions of social acceptance. Consequently, although psychologists generally perceive support for telemental health, the presence of mixed social norms contributes to only a moderate level of subjective norm, reflecting an environment where acceptance is growing but not yet universally established.

Theme 9: Commitment to Long-Term Integration via Hybrid Set-Up

The ninth theme, Commitment to Long-Term Integration via Hybrid Set-Up, highlights that while psychologists are highly willing to continue using the modality, this commitment is driven by a flexible and pragmatic approach that relies on a hybrid model. This is supported by the key subtheme: Preference for Hybrid Set-up. Specifically, Preference for Hybrid Set-up captures the strong and forward-looking preference for a permanent model that combines traditional face-to-face services with telemental health allowing clinicians to adapt flexibly to diverse needs, as captured in the statements: “Hybrid setup is already happening. Traditional face-to-face combined with telepsychology.” and “Telepsychology is here to stay—hybrid setup. As clinicians, how we're able to be flexible in adapting online but then also being able to cater face to face.”. As highlighted by Hilty et al. (2022), integrating digital health into a hybrid model increases adaptability to client needs, maintains professional satisfaction, and reduces the resistance often associated with an exclusive reliance on telehealth. This flexible approach allows practitioners to continue benefiting from telemental health's accessibility while mitigating its perceived drawbacks, thereby acting as a balancing mechanism that enhances perceived behavioral control and sustains positive intentions.

Overall, these findings suggest that psychologists' strong behavioral intention to continue using telemental health is not rooted in a preference for fully replacing traditional services but rather in the perceived value of integrating both modalities. The hybrid model offers a practical solution that maximizes accessibility, flexibility, and continuity of care while preserving the relational strengths of face-to-face interactions. As a result, psychologists view telemental health as a sustainable and complementary component of future practice, reinforcing their commitment to its long-term integration within mental health service delivery.

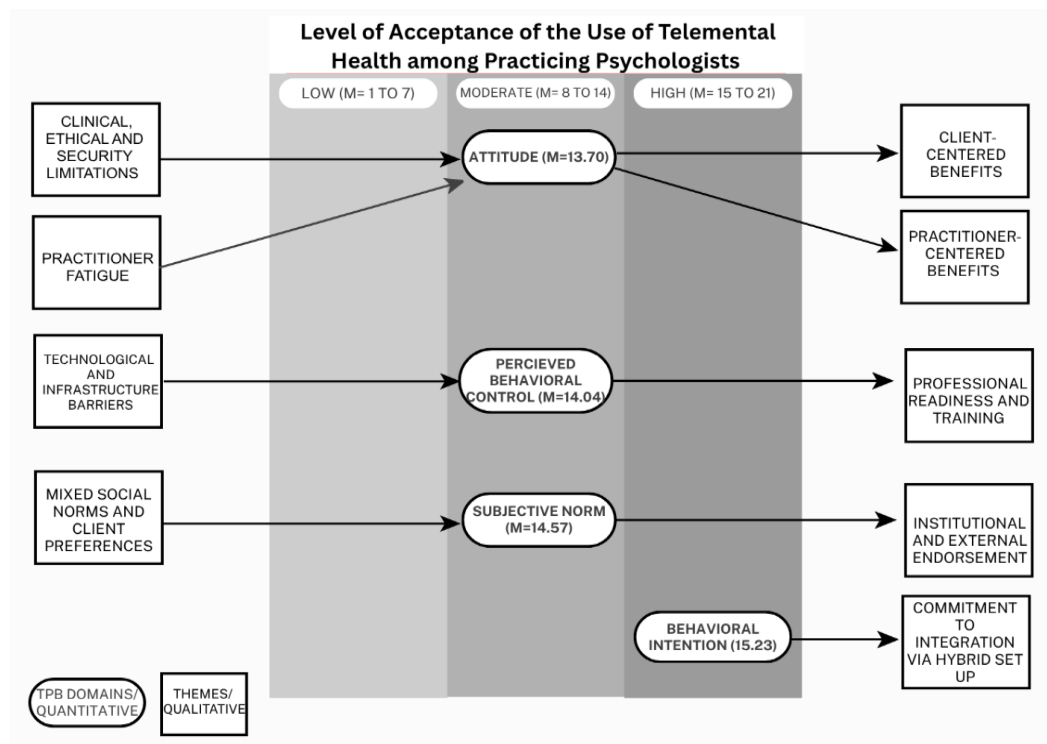


Figure 2. Framework of telemental health acceptance in the Philippines based on a mixed-methods analysis

The provided diagram is a mixed-methods research model that visually connects the quantitative scores of the Theory of Planned Behavior (TPB) with the qualitative themes explaining these results. This combination shows how Filipino psychologists' level of acceptance of telemental health is influenced by a set of factors, rather than a simple pro or con dynamic.

The highest score in the model, Behavioral Intention, is strongly explained by the theme of Commitment to a Long-Term Hybrid Set-Up. This finding clearly shows that practitioners want to keep using telemental health. This implies that their commitment to telemental health isn't blind but it's strategic. Their intention is to deliberately integrate telemental health into a flexible hybrid model that acts as their primary risk management tool. This means they can selectively leverage the benefits of the modality (like accessibility and convenience) precisely when they're appropriate, while quickly shifting back to in-person sessions to avoid known drawbacks (such as poor rapport building or technical failures). This flexibility of the hybrid telemental health modality enables practitioners to choose the right tool for the right situation. This also allows them to take advantage of the benefits, while also being cautious of the perceived disadvantages of full telemental health. This is the defining factor that keeps their intent to continue using telemental health high.

The moderate score for Subjective Norm is a result of mixed social and professional influences. On the one hand, a positive push for adoption comes from Institutional and External Endorsement, as seen with government and hospital platforms that legitimize telemental health. This is, however, counterbalanced by themes of Mixed Social Norms and Client Preferences. Practitioners report that while some clients and peers are enthusiastic, others prefer face-to-face sessions, and there are generational differences in acceptance. This lack of a uniform endorsement prevents the subjective norm from becoming a high-level driver of acceptance.

The moderate score for Perceived Behavioral Control (PBC) reflects a similar balance of enabling and constraining factors. The score is boosted by themes of Professional Readiness and Training, which show that practitioners feel more capable and confident after receiving training and adapting their practices. This sense of control is, however, significantly hampered by themes related to Technological and Infrastructure Barriers. The inability to control external factors like unstable internet connections, power outages, and clients' lack of access to technology directly undermines their sense of efficacy, keeping the overall PBC score in the moderate range.

The moderate score for Attitude is explained by a clear tug-of-war between positive and negative themes. On the positive side, Client-Centered Benefits and Practitioner-Centered Benefits significantly contribute to a favorable attitude. These

themes highlight the practical advantages that make telemental health an appealing modality. However, this positive sentiment is moderated by the strong influence of negative themes, specifically Clinical, Ethical, and Security Limitations and Practitioner Fatigue. The concerns about managing high-risk cases, maintaining data security, and the personal toll of online sessions prevent the overall attitude from reaching a high, unconditional level.

The integration of the quantitative and qualitative findings served as the foundation for the development of the Pinoy Acceptance on Telemental Health (PATH) Training Program. The design of the program was intentionally aligned with the identified levels of acceptance and the underlying themes that emerged from the participants' experiences. Specifically, the moderate level of Perceived Behavioral Control revealed that psychologists' confidence in delivering telemental health services was largely dependent on their access to training, technological competence, and ability to manage ethical and clinical concerns. To address these needs, PATH incorporates two foundational modules: Session 1: Ethical Compass: Navigating Clinical, Legal, and Security Protocols and Session 2: Digital Readiness: Mastering Tools, Troubleshooting, and Infrastructure. These sessions provide structured and hands-on learning experiences focused on ethical decision-making, data privacy protection, digital security, technology management, contingency planning, and troubleshooting strategies. Through these activities, practitioners are expected to strengthen both their technical competence and professional confidence, thereby increasing their perceived control over telemental health practice. Furthermore, to capitalize on the high behavioral intentions and recognized client-centered benefits, Session 3 ("Hybrid in Action") offers flexible clinical strategies that support long-term integration through a hybrid delivery model. Additionally, Session 4 (Risk and Crisis Management) targets moderate attitudes by providing standardized, actionable intervention workflows by establishing emergency protocols for high-risk clients seeing telemental health. Finally, the program includes "Connection Circles" to directly address practitioner fatigue and moderate attitudes, providing clinician-focused well-being activities that foster peer social support and institutional endorsement.

The program also builds upon the study's finding of high Behavioral Intention, which indicated that psychologists were highly motivated to continue using telemental health, particularly through hybrid service delivery models. Consistent with the qualitative theme of commitment to long-term integration through a hybrid setup, Session 3: Hybrid in Action: Strategies for Flexible and Effective Practice equips practitioners with practical approaches for blending online and face-to-face services. The session focuses on hybrid scheduling, client triaging, and adapting interventions across different service modalities, allowing psychologists to capitalize on the recognized client-centered benefits of telemental health while maintaining clinical flexibility. By providing concrete strategies for hybrid implementation, the session reinforces practitioners' motivation and supports the sustainable integration of telemental health into routine psychological practice. Furthermore, the study revealed that attitudes toward telemental health remained moderate due to concerns regarding clinical limitations, ethical risks, and the management of high-risk clients in virtual environments. To address these concerns, Session 4: Risk and Crisis Management: Promoting Client Safety and Remote Protocols provides standardized and actionable intervention workflows for remote practice. The session focuses on conducting virtual risk assessments, managing psychiatric emergencies, establishing localized emergency response networks, and implementing safety protocols for clients presenting with suicidal ideation, self-harm behaviors, or other high-risk concerns. By equipping practitioners with clear procedures and emergency response tools, the module aims to reduce uncertainty and strengthen confidence in managing complex clinical situations through telemental health.

In addition to technical and clinical competencies, the qualitative findings highlighted practitioner fatigue, online exhaustion, and concerns regarding long-term sustainability as barriers to acceptance. To address these issues, PATH incorporates Connection Circles, an enrichment component entitled *The Psychologist Behind the Screen*. These facilitated peer-support sessions provide structured opportunities for reflection, sharing of experiences, discussion of professional challenges, and exploration of self-care strategies. Beyond promoting well-being, the Connection Circles foster collegial support, professional connectedness, and a sense of institutional endorsement, thereby strengthening subjective norms surrounding telemental health practice. Through the development of supportive professional networks and collective learning experiences, the activity aims to cultivate a more positive and sustainable professional climate for telemental health adoption.

Overall, the PATH Training Program translates the empirical findings of the study into a practical capacity-building framework. By simultaneously addressing ethical concerns, technological readiness, hybrid practice competencies, crisis management skills, and practitioner well-being, the program seeks to enhance psychologists' acceptance of telemental health and support its ethical, effective, and sustainable implementation within the Philippine mental health context.

Conclusion and Recommendations

Based on the findings of the study, several key conclusions are drawn regarding the use of telemental health among Filipino practitioners. First, Filipino psychologists show moderate-to-high acceptance, meaning they are very willing to adopt it (High Behavioral Intention), but their confidence remains moderate (Perceived Behavioral Control) because it depends

heavily on their technical skills, digital infrastructure, and systemic support. This friction stems from an ongoing digital divide and the reality of unstable local internet connectivity, which threatens clinical continuity; furthermore, their moderate attitude and subjective norms show they are open to telemental health, but their acceptance remains strictly conditional and deeply rooted in ethical awareness and professional responsibility. Second, psychologists typically prefer a hybrid model to expertly balance client accessibility and continuous care with crucial clinical and ethical considerations, valuing the efficiency of telemental health while remaining cautious about its clinical limits and potential impact on practitioners' well-being. Third, to move from cautious acceptance to sustained practice, a structured training program is essential to focus on building ethical, clinical, and technological skills, while also offering peer support, institutional guidance, and practical applications like managing digital fatigue for grounded and effective integration.

In light of these conclusions, the study offers targeted recommendations for key stakeholders in the local mental health sector. First, for Professional Psychologists, they may embrace a hybrid approach to balance accessibility with clinical needs, and commit to ongoing skill development in telemental health techniques, digital tools, and online ethics to ensure responsible use. Second, for Psychological Associations of the Philippines (PAP), they may provide structured training and certifications and develop clear guidelines and resources to promote safe and effective telemental health across the profession, all while building strong peer support networks. Third, for Policymakers, they may implement regulations that protect client privacy and ensure professional accountability, and work to guarantee equitable access to necessary technology and infrastructure to support public mental health integration of telemental health. Fourth, for Future Researchers, they may expand the scope of this inquiry by incorporating alternative theoretical perspectives to better understand the dynamics of telemental health adoption, as applying other models would allow for the investigation of critical, unexamined factors not covered in this study.

Acknowledgement

The authors would like to thank Dr. Gladiola A. Eje-Dimaculangan, Dr. Carl Reman M. Maranan, the panelists, validators, statistician, research participants, and all the mental health professionals who have been part of this journey. Any remaining errors or omissions are the sole responsibility of the authors.

Funding

This research received no external funding from any public, commercial, or not-for-profit funding agency, and no organization provided financial support for the conduct of the study, authorship, or publication of this article.

Competing Interests Statement

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this article.

Data Availability Statement

The data supporting this study are available from the corresponding author upon reasonable request

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Appendices

No appendices are attached to this study.