



# SOME EFFECTS OF COVID-19 PANDEMIC ON PSYCHOTHERAPY

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**SUMMARY** – Psychotherapy is an independent, interdisciplinary science that encompasses psychotherapeutic directions based on scientific principles and methods. Through the psychotherapeutic process, psychotherapy aims to achieve personal growth, remove or lessen the intensity of existing psychosocial, psychosomatic and behavioral problems and suffering, as well as help develop more functional patterns of behavior and experiences of interpersonal relationships or value systems. Research has shown that the COVID-19 pandemic has had a strong impact on psychotherapy in terms of the way it is carried out, change in the environment in which it is performed, and online psychotherapy has been introduced. The aim of this study was to find information, through available literature, on the impact of the pandemic on mental health and psychotherapy, and also to spread awareness about the current identified risks connected to the greater morbidity of psychiatric disorders and diseases and the need of psychotherapeutic interventions. Previous studies have shown that the pandemic increased the incidence of psychological disorders and diseases and the need of psychological intervention. Available data have shown that in the times of strict epidemiological measures during the COVID-19 pandemic, certain modifications of the psychotherapeutic process were made in terms of the use of online psychotherapy.

**Key words:** *Psychotherapy; COVID-19; SARS-CoV2; Mental health; Telemedicine*

## Introduction

Psychotherapy is a method used to help individuals with their emotional problems or mental illnesses<sup>1-4</sup>. It can be conducted in an individual or group setting and can be used as a method of treatment in almost all age groups from childhood to older age. Psychotherapeutic methods include superficial psychotherapy, which is focused on counseling, changes of cognitive paradigms and behavior, and depth psychotherapy that is

related to psychoanalytically oriented psychotherapy and psychoanalysis the goal of which is not only to remove or lessen symptoms but also to moderate/moderately model defense mechanisms, affect regulation, shape the coherent self and personality reconstruction. The need of respecting epidemiological measures affected almost all psychotherapeutic approaches in a way that the in-person therapy transferred to the domain of telemedicine in which we used phones or video conferences on many different platforms. Not only did the pandemic result in the rise of psychiatric morbidity, but it also prevented the possibility of in-person contact, which greatly affected the way we have conducted psychotherapy so far. The positive aspect of online therapy, such as practicality and eliminating

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Received September 13, 2022, accepted July 10, 2023

the need to wear masks, will definitely be the topic of future research. This could change the way we conduct psychotherapy and influence psychotherapeutic process after the pandemic and what we expect to encounter in our work, resulting in a greater strain on therapists in the time to come.

The aim of this study was to present previous research that informed us about the impact of the COVID-19 pandemic on mental health, with special review of psychotherapy and the online type of psychotherapy.

## Material and Methods

We searched available databases (MEDLINE, PMC, Bookshelf, Scopus, Web of Science) for research about the impact of COVID-19 on mental health and changes in the psychotherapeutic setting, with emphasis on online psychotherapeutic possibilities. Some of the most relevant articles are reviewed and cited in this paper.

## Results

Available literature showed that the pandemic had serious effects on mental health, including an increase in psychiatric symptoms and disorders and, as a result, an overall increase in the workload of psychotherapists and physicians. Furthermore, a shift was seen from in-person therapy to online therapy, which brings its own concerns and limitations.

Under COVID-19 protective measures, non-essential personnel, including psychiatrists and psychotherapists, were pushed aside and discouraged from visiting infected patients. Therefore, the main psychological interventions were carried out by frontline workers who had little or no expertise in dealing with patients experiencing psychological distress. In addition, many of those workers also experienced symptoms of depression, anxiety, and insomnia themselves<sup>5,6</sup>. This lack of intervention could have been solved by telecommunicating sessions with mental health providers<sup>7</sup>. This way, patients in quarantine or patients in hospitals (who otherwise could not have received proper help) could have continued or started proper treatment.

There was a lack of psychotherapeutic service. The total number of available beds for psychiatric patients was decreased, as well as overall staff availability

due to sickness or quarantine<sup>8</sup>. Higher demand for psychiatric and psychotherapeutic service, and at the same time lowering the possibility of psychiatric and psychotherapeutic treatment, could lead to a great problem in the COVID-19 post pandemic era<sup>6,8</sup>. Table 1 summarizes key changes, providing a clear overview of how the pandemic reshaped the psychotherapy.

COVID-19-related lockdowns and restrictions in the lives of the general population introduced a complex variety of stressors that aggravated current psychosomatic symptoms and contributed to the onset of new ones<sup>9</sup>. Isolation, social distancing, loss of employment, changes in work environment, economic hardships, and general uncertainty about the future led many people to experience anxiety-like symptoms<sup>10-14</sup>. "The COVID-19 pandemic generated massive and complicated dynamics of suffering and loss that may intensify the need for clinicians to address spiritual and existential dynamics in psychotherapy as clients struggle with tragedy and uncertainty that can challenge prior belief systems or prompt stronger seeking within their meaning systems"<sup>15</sup>.

Due to previous experience with other catastrophic situations, such as the Croatian War of Independence and earthquakes, we can expect a rise in anxious and depressive states, as well as stress reactions<sup>9,16-18</sup>.

According to research, we can expect post-traumatic stress disorder (PTSD), panic disorders, and depression in quarantined individuals or COVID-19 positive patients<sup>7,13,14</sup>, and we indeed saw the rise of these conditions<sup>19-22</sup>. Anxiety and eating pathology symptoms are also higher now than before the pandemic<sup>23</sup>. We should not forget two very vulnerable groups, children and adolescents, who lost the structure provided by school or childcare facilities. Because of this, in those groups we can expect to encounter children experiencing boredom and irritability, which could also result in aggression towards others and themselves, psychological development issues, and anxiety-like symptoms<sup>1,14,24</sup>. The fear of a disease can be overwhelming to everyone, especially children and adolescents, for whom it causes overpowering emotions that can sometimes externalize as anxiety and depression<sup>25</sup>.

We are facing an infodemic, a phenomenon that affects mental health and deserves attention. The World Health Organization defines infodemic as "an overabundance of information – some accurate and some not – that makes it hard for people to

Table 1. Changes in psychotherapy during COVID-19 pandemic

Duan 2020	Problems with psychological intervention
Palinkas 2021	Need for better coordination of policies during crises, combination of both in-person and online therapy for children and adolescents
Lysaker 2020	Successful adaptation of Metacognitive Insight and Reflection Therapy (MERIT)
Swartz 2020	Use of video and telephones for psychotherapy
Mancinelli 2021	Positive psychotherapist's self-perception during telepsychotherapy despite higher fatigue and talkative behavior in sessions
Cowan 2020	Rise in the use of telepsychiatry, privacy concerns
Cunningham 2021	Increased use of telehealth in pediatric populations
Singh 2022	Huge demand for mental health services
Markowitz 2021	Connection issues, increased distractibility, emotional distancing, risk of suicide and violence
Bryant 2022	Videoconference group-based interventions reduce anxiety and depressive symptoms
Probst 2021	Therapeutic interventions are more typical for in-person therapy than online therapy
Messina 2021	Psychotherapist feeling less effective during online therapy, less empathy and difficulty moving therapy in a constructive direction
Doorn 2020	Therapists with more experience with video therapy experience less stress and anxiety and are more likely to utilize video therapy after pandemic
Békés 2021	Therapists with less self-doubt and with greater working alliance with their patients were more accepting telepsychotherapy
Connolly 2020	Positive overall attitude towards online therapy, advantage of increased access to care, technical problems, increased hassle and impersonality

find trustworthy sources and reliable guidance when they need it". The impact that this new phenomenon has had on the population should be assessed<sup>14,15</sup>. Patients should be advised how to critically analyze information they find in everyday life, so that they have fewer conflicts in their heads concerning how to behave during this pandemic.

There is an overall need of more support not only in academic circles but also in work and home environments<sup>15</sup>. More people are searching for psychological, psychotherapeutic and psychiatric help in this time of uncertainty and massive changes in lifestyle. It seems that many people do not receive the necessary support they seek. This also puts a big strain on psychotherapists and psychologists who not only have to continue their general work but also have to adjust to working online. They will also have to deal with damage control of existing symptoms and the emergence of new pathologies that were induced by stress connected to COVID-19 pandemic<sup>24,26,27</sup>.

This pandemic definitely caught us unprepared. We have never experienced a pandemic of this scale, and it took a lot of time to start planning psychological help for people who were affected by the pandemic. In the future, plans for psychological help should be made before pandemics or other catastrophes happen<sup>5</sup>. The sooner we start any type of therapy, the less issues we will encounter later on<sup>2,4</sup>. Table 2 provides a comprehensive summary of changes that COVID-19 pandemic had on mental health.

It is reasonable to expect an increase in the range of mental conditions. This prolonged stress from COVID-19 pandemic generates feelings of anxiety, panic disorder, and depression<sup>14</sup>. We can expect the onset of new mental health issues, worsening of the pre-existing mental illnesses, and suicide. We should take special care of vulnerable populations, including children and adolescents, the elderly, the unemployed and homeless, COVID-19 survivors, pregnant women, migrants, refugees, and racial and ethnic minorities<sup>24</sup>. The young are especially susceptible to these psychological problems, and care for them should be more accessible. While we can notice this in the increased number of calls to crisis hotlines, there also are other reports that show decreased demand because of reluctance to use telehealth<sup>8</sup>. Despite the increased need of psychological and psychotherapeutic intervention, there is evidence for resistance to use telemedicine<sup>8</sup>.

Table 2. *Effects of COVID-19 pandemic on mental health*

Dubey 2020	Loneliness, stress, anxiety, panic, depression, PTSD, burnout, substance use, discrimination
Bell 2020	Presence of infodemic increased stress on frontline health workers, increased discrimination of minorities, existential struggles, family violence and stress while living together during restriction measures
Deolmi 2020	Higher morbidity of anxiety and depressive symptoms in children and adolescents
Murata 2021	Higher report of symptoms of depression, PTSD, suicidal thoughts and sleep problems in adolescents compared to adults
Robinson 2020	Increase in mental health symptoms (anxiety, depression, mood disorders) soon after the pandemic outbreak
Medda 2022	Increase in depressive symptoms, young adults, women and people affected economically are most vulnerable
Schafer 2022	Rise in anxiety, depressive and eating pathology symptoms
Vadivel 2021	Increased stress on mental health workers, and on mental health service providers
Bradbury-Jones 2020	Increased domestic violence
Begić 2020	Higher psychological distress in general population and physicians
Wang 2020	Moderate-to-severe psychological impact of pandemic, increased anxiety
Pieh 2021	Increased prevalence of depressive, anxiety and insomnia symptoms

More people are going to suffer from major depressive disorders following a crisis, and perhaps even more of them will meet the criteria for acute and chronic reaction to stress and PTSD<sup>12</sup>.

Research on Italian students conducted during lockdown has shown increased anxiety, depression, and other behavioral disorders<sup>10</sup>. Students faced stress because of changes in education and had to adjust to online lessons, which is, among other things, difficult because not every student has the means to go online<sup>10</sup>. Because of the strong correlation

between socioeconomic position and quality of life demonstrated in earlier studies, it is not surprising that low-income households are much more impacted by the pandemic<sup>28</sup>.

“One in five Boston public school students has not logged into their school accounts since March and many are expected to be from lower-income communities”<sup>15</sup>.

Some students do not have a designated space at home for studying as the majority of them have come back to their families during lockdown. Many students also report difficulty readjusting to family life and an overall loss of energy and will for schoolwork<sup>10</sup>.

But not all is bleak during the pandemic. Some patients suffering from mental health issues realized that others now experienced their feelings of loneliness. Students who were feeling ostracized in the classroom now saw that their classmates also were cut off from each other and were feeling the same way<sup>11,29</sup>. Feeling of loneliness in students and general population could be a trigger for developing new psychopathology in healthy individuals or emphasize the existing psychopathology<sup>4,11,29</sup>.

“Specific attention needs to be paid to more vulnerable groups, such as quarantined people, HCPs (health care providers), children, older adults, marginalized communities (which include daily wage workers, migrant workers, slum dwellers, prisoners, and the homeless population), and patients with previous psychiatric morbidities”<sup>14</sup>. The incidence of domestic violence is on the rise because people are told to stay at home, and for people suffering from abusive relationships it is the most dangerous place to be<sup>30</sup>.

Physicians in countries that had a very difficult epidemiological situation experienced much higher levels of stress than the general population. On the other hand, Croatian physicians, while experiencing more stress than usual, do not differ much from the general population in terms of experiencing stress<sup>6,31</sup>.

We should identify as many long-term mental health consequences of this pandemic as possible, so that clinicians can be better prepared for the upcoming mental health issues in the COVID-19 post pandemic era and for the future similar situations (pandemics, wars, natural catastrophes, etc.)<sup>18,24</sup>.

Psychotherapists were affected by lockdowns and limited freedom during COVID-19 pandemic, just like any other group of people. They had to maintain sanity

during mass hysteria that affected almost everyone in these difficult times. The pandemic brought uncertainty and fear into our lives, especially for health care workers, who were exposed most to the chances of catching the virus. In those circumstances, it was difficult to rationalize that the virus was not that dangerous as it seemed in the beginning of the pandemic and that most people had only mild symptoms. In spite of this, the COVID-19 pandemic left us with a number of chronic illnesses and symptoms, as well as numerous fatalities predominantly in the elderly. Therefore, it was difficult for them not to feel stressed. Mutual support and understanding are crucial, and through group resilience, physicians can persevere during the times of pandemics. Our everyday lives have changed, but as with all things, this will pass too. Unfortunately, no matter how resilient we are, chances are that our mental health could be more affected than our physical health<sup>32</sup>.

Not every psychotherapist is skilled with computer technology. Not only do they have to treat patients while managing their own lockdown related stress, but they also have to learn how to operate in the online world. Psychotherapists had to endure increased workload related to learning new technological skills needed for tele-psychotherapy<sup>13-15,33</sup>. Technical problems they or their patients experienced in the way of providing therapy even demotivated some patients to continue such therapies. Psychotherapists had to persuade their patients that online therapy was better than no therapy at all and that we all had to adapt in these times of uncertainty<sup>34</sup>. Furthermore, the nature of online therapy had to change in the way that therapists had to become more talkative than usual and direct with patients<sup>33</sup>. A higher incidence of new symptoms and exacerbation of the current ones was also increasing the workload on psychologists and psychotherapists<sup>19,20</sup>.

One new ethical dilemma that has occurred during the pandemic is whether or not psychiatrists and psychotherapists should register patients who do not follow isolation or quarantine requirements<sup>7</sup>.

When the pandemic started, there was an increased need of education in telehealth<sup>35</sup>. We were forced to use it during the pandemic. We define telepsychotherapy as "... any type of professional therapeutic interaction that makes use of the Internet to connect qualified mental health professionals and their clients"<sup>36</sup>. However, it comes with a lot of challenges. The quality

of telepsychotherapy is always put into question. Therapists are concerned that the lack of face-to-face interaction will affect therapy significantly and hinder the process<sup>34</sup>.

The most common challenges in online psychotherapy are the lack of specific nonverbal communication in comparison to face-to-face psychotherapy, time delays, and the lack of the ability to intervene in cases of crisis<sup>26,36</sup>. However, the benefits of convenience and increased access, disinhibition, and internalization by far outweigh the challenges. The possibility of more frequent sessions and the change of setting resulted in the client feeling more at ease<sup>33</sup>. Paradoxically, nonverbal communication is easier in online psychotherapy at the moment as there is no need of wearing masks, and keeping this in mind, it is better to have online psychotherapy in which we do not have to use masks than to have in-person therapy in which half of the face is covered.

Taking into account how unexpected and quick the changes brought about by the pandemic were, we could be quite satisfied with the adjustments to telepsychotherapy from the usual model of in-person psychotherapy.

According to some authors, some forms of psychotherapy even work better in online form, allowing clients to reflect more on their thoughts without the influence of the therapist<sup>11</sup>. Therapists should prepare themselves for common obstacles such as distraction on their own computer, physical discomfort, transmission difficulties, and emotional distancing and work on minimizing them. On the other hand, some recommend looking into our patient's home, which could give us a clue in which direction we could head our conversation. But we should be aware that no matter what we see, we have to be discreet and respect the privacy of our patient<sup>27,37</sup>. During the COVID-19 pandemic, online psychotherapy significantly changed the setting and the patients and psychotherapist stopped sharing the same rooms or space. This way, the psychotherapy found a way in the homes of patients and psychotherapists (Figs. 1 and 2).

The therapist should strengthen the therapeutic alliance, which suffers in online mode, by exaggerating voice inflections and changes in tone, as well as gestures and mannerisms. More questions should be asked in order to better understand our patients' facial expressions and body language<sup>34</sup>.

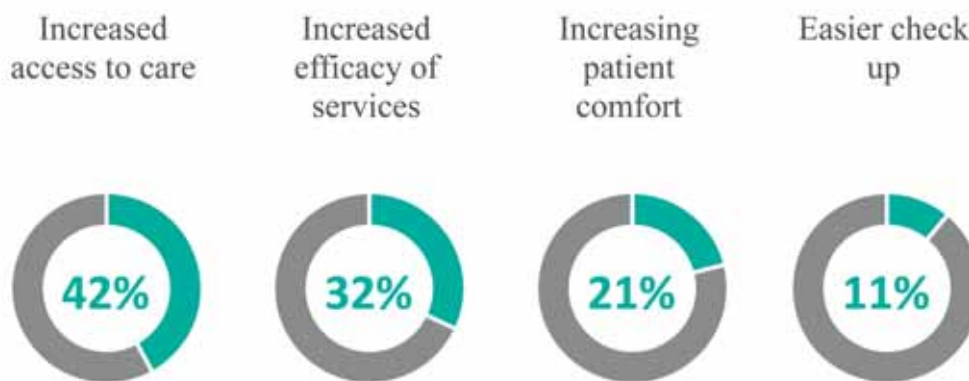


Fig. 1. Benefits of video therapy according to Connolly et al.<sup>38</sup>.

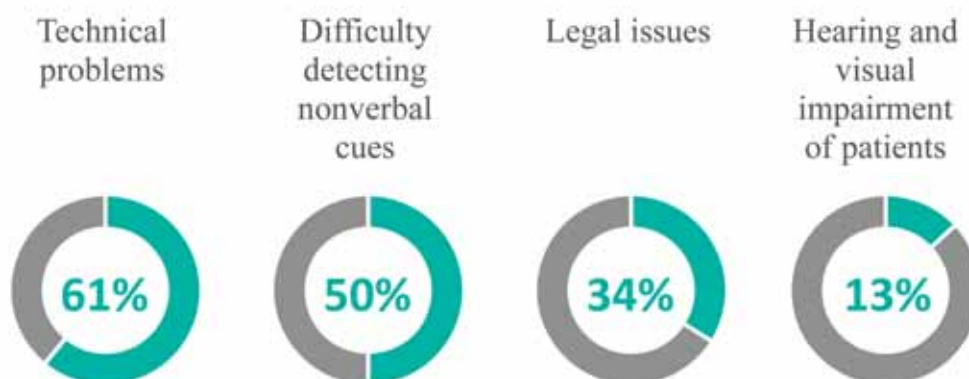


Fig. 2. Concerns about video therapy according to Connolly et al.<sup>38</sup>.

By being more depersonalized, therapists create space for a client to become more open with their thoughts and feelings. This creates a space for new psychotherapy theories about how a therapist should treat a patient. It also poses the question whether telepsychotherapy, in some cases, could be better than in-person therapy in the times of a pandemic, bearing in mind the fact that it is more practical and that there is no need of wearing masks, which makes mirroring easier<sup>27,34</sup>.

Initial trials showed that telepsychotherapy could reduce the levels of depression, anxiety, worry, sleep impairment, and COVID-19-related concerns<sup>14,19-23,39-41</sup>.

Our perceptions changed during COVID-19. Before the pandemic, studies showed that we rated online therapy or online psychological interventions as very low<sup>42</sup>. The unavailability of psychotherapists

in a city outweighs bad reviews, and when there is a need, our perception of quality changes, as we can see in the case of shuttle analysis<sup>43</sup>. During and after COVID-19 pandemic, we saw a similar change of attitude. Considering how long the pandemic has lasted, it already had a great impact not only on mental health, online therapy, and psychotherapy but also on other aspects of life concerning politics, economy, and sociology<sup>44-46</sup>.

Clients express many concerns when transferring from the known environment of a psychotherapist's office to an online space<sup>26,27,34</sup>. Therapists are usually more concerned with the effectiveness of therapy, but no significant decline has been seen. Patients are usually eager to continue treatment and do not share the same concerns as the therapists, and they are mostly concerned about their privacy and the effect that COVID has had on their lives<sup>13,34</sup>.

There are small differences in how clients rate different therapeutic branches in the online setting *versus* the in-person setting. In spite of differences between face-to-face psychotherapy and online psychotherapy, the effectiveness of both could be similar and positive. It appears that any form of quality psychotherapy is preferable to none<sup>47</sup>.

Patients are also concerned about privacy on the Internet and finding privacy within their own homes, which can be hard to find<sup>26,27</sup>. Therapists should address these concerns and explain to patients that the systems used are safe and regulated. They should also motivate patients to talk to their families about having a designated space and time where they can have their therapy sessions in private.

It is widely believed, among psychotherapists, that their clinical skills are better employed in live therapy compared to online therapy<sup>48</sup>. This could be attributed to the fact that we usually consider online work less sufficient, as well as the overall strive towards perfectionism in medicine, which can, in the end, result in psychotherapist experiencing stress<sup>6</sup>.

Additionally, therapists must take care of what the patients see in their homes. We should understand that there is going to be a difference between the professional ambience of the office and a therapist's home<sup>27,34</sup>.

### ***The future of video therapy***

Even with all the setbacks of telepsychotherapy, such as difficulties with finding an online platform, difficulties with finding a suitable place for therapy, the risk of getting distracted, feeling less connected with a patient, difficulties with reading the patient's emotions, and difficulties with feeling or expressing empathy, patients' experiences of video therapy were mostly positive<sup>49</sup>. However, even with positive experiences, therapists were ambivalent about using video therapy in the future<sup>37,49-51</sup>.

Further research is needed on therapy that was started online and whether it is possible to build the same connection that is made in in-person therapy. Over time, we can expect that patients and therapists will get better adjusted to video communication and, as a result, will find it less strange.

## **Discussion**

The pandemic has had and still has serious effects on mental health and psychotherapy globally, as well as on the political, economic, and sociological parameters<sup>44-46</sup>. This created more workload for therapists, who have had to deal with new mental health problems and worsening of the pre-existing ones while adjusting to a new workspace, i.e., the online one. New plans for the upcoming period of the post-COVID-19 era are needed. It is a great question whether abolition of pandemic measures is enough for things to go back to normal, the way they functioned before the pandemic. A transition period will probably be needed for the population to go back to the previous way of living and functioning, including psychotherapy.

Telepsychotherapy shows promising results and will probably advance as time passes. It is here to stay, even after the pandemic. Therapists should be aware of obstacles that they will encounter and how to deal with them as effectively as possible. Patients are more concerned with privacy than the effectiveness of online therapy, in contrast to the regular therapist's office, and are eager to continue therapy.

Coping with the compound stress of the pandemic can make our community stronger if we steer our mentality towards post-traumatic growth in terms of positive psychological change as a result of trauma<sup>25</sup>.

There was an evident rise in psychiatric diseases and symptoms during the pandemic. Available research has shown an increase in PTSD, anxiety, and depressive states. At the start of the pandemic, online survey data collected from the general population in China showed that 8.1% reported higher stress levels, 28.8% felt anxiety, and 16.5% had depressive symptoms<sup>40</sup>. Before the pandemic, the prevalence of anxiety disorders in Europe was 14.0%, and of depression 6.9%<sup>52</sup>. A study performed in the United Kingdom has shown the rise of depressive symptoms to 41% and of anxiety-related symptoms to 39%<sup>41</sup>. It is unclear if these symptoms from the sphere of mental health were caused exclusively by reactions of stress regarding the fear of disease or death, social isolation, economic concerns, and fear for family, or it is possible that the virus itself caused damage on a biological basis considering that it caused transitory neurological and psychiatric symptoms<sup>53-55</sup>. Certain subgroups (children, adolescents, pregnant women, and minorities) had a

higher incidence of symptoms, and future research could have great value in determining how sociological elements impact the higher incidence or resilience of certain individuals and groups<sup>14,56</sup>.

Previous research indicated that the COVID-19 pandemic increased the symptoms in the domain of mental health, mostly anxiety, depressive symptoms, and reactions to stress, which is consistent with the research carried out in other catastrophic situations such as wars, earthquakes, fires, and other natural disasters that also cause similar reactions to stress. Considering the magnitude of the pandemic, it is unclear how this massive trauma will influence global health and the health of individuals<sup>14,17,24</sup>. The COVID-19 pandemic is specific because the biological effect of the virus on mental health is still unclear<sup>53,54</sup>.

Keeping in mind that we are dealing with a still unknown infectious disease that can result in death or disability and that it is not completely possible to be certain if someone is or is not infected during the face-to-face psychotherapeutic process, online therapy becomes an even more viable option. Uncertainty in the infectivity of the patient or psychotherapist, even with protective clothing, impacts therapeutic setting and basic security that is necessary. Online therapy can be held in safe zones during war conditions, earthquakes, or other disasters, especially infectious diseases<sup>17</sup>.

Psychotherapy will play a major role in treating and rehabilitating patients from post-COVID-19 phenomena after the era of the pandemic is over<sup>6</sup>.

## Conclusion

Psychotherapy is a method that uses psychotherapeutic processes to help an individual or group with their development, problems and finding better ways to function in their environment. The COVID-19 pandemic increased the morbidity of psychiatric symptoms such as depression, anxiety, PTSD, and other reactions to stress. The biological influence of the virus in connection with these symptoms has not been fully researched. In the years to come, we can expect more symptoms of anxiety, depression, and PTSD. The most vulnerable groups are individuals who went through quarantine and those suffering from COVID-19 infection; health care providers; children and adolescents; pregnant women; the elderly; minorities; and psychiatric patients. Special care should be directed to these groups. The sociological,

economic, and political effects of the pandemic still need more research. The pandemic imposed the need of online psychotherapy, but the future will show to what extent we are going to keep using it. The possibilities and restrictions of online therapy should be discussed in the future. Further research is needed on therapy that begins online and whether an adequate therapeutic alliance can be achieved in such a way. We can certainly say that psychotherapy has been influenced by the pandemic and that it has adapted to new conditions very well at this critical time.

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### Sažetak

## NEKI UTJECAJI PANDEMIJE COVID-19 NA PSIHOTERAPIJU

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Psihoterapija je nezavisna interdisciplinarna znanost i djelatnost koja obuhvaća psihoterapijske smjerove utemeljene na znanstvenim načelima i metodama. Cilj psihoterapije je kroz psihoterapijski proces poticati osobni razvoj, ukloniti ili ublažiti intenzitet postojećih psihosocijalnih, psihosomatskih i ponašajnih smetnja ili patnja te pomoći u razvijanju funkcionalnijih obrazaca ponašanja i doživljavanja interpersonalnih odnosa ili sustava vrijednosti. Dosadašnja istraživanja pokazuju da je pandemija COVID-19 značajno utjecala na psihoterapiju, način na koji se ona izvodi, okruženje u kojem se izvodi uz uvođenje *online* psihoterapije. Cilj ovog rada bio je pretraživanjem dostupne literature pronaći podatke o utjecaju pandemije na duševno zdravlje i psihoterapiju te upozoriti na dosada otkrivene rizike vezano za povećanje pobola od psihijatrijskih poremećaja i bolesti. Prema dosadašnjim istraživanjima pandemija je povećala incidenciju nekih psihičkih poremećaja i bolesti te potrebu za psihoterapijskim intervencijama. Dostupni podatci uglavnom ukazuju na određene modifikacije psihoterapijskog procesa tijekom primjene *online* psihoterapije tijekom pandemije COVID-19 u vrijeme strogih epidemioloških mjera.

Ključne riječi: *Psihoterapija; COVID-19; SARS-CoV2; Mentalno zdravlje; Telemedicina*