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AN EVALUATION ON ATTITUDES OF POLISH PROFESSIONALS TOWARDS THE RAPID EMERGENCE OF REMOTE PSYCHOTHERAPY ARISING AT THE OUTSET OF THE COVID-19 PANDEMIC, WITHIN A LEGAL CONTEXT

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Summary

Background and objectives: *The outbreak of the Covid-19 pandemic impacted on everyday life and made necessary to deploy remote medical services. Delivering psychiatric health care remotely for children and adolescents posed a major challenge to healthcare professionals.*
The study aimed to describe the status and trends in remote psychotherapy used during the pandemic Covid-19 and lockdown in Poland with focus on factors affecting the decisions made by therapists, particularly those specific to child and adolescent therapy.

Methods: *An on-line survey on psychotherapy professionals was conducted in Poland at the beginning of the lockdown. Descriptive statistics and the chi-square test were used.*

Results: *There were 386 completed questionnaires. The higher levels found of accepting remote therapy were linked to working in the private sector, to using audio+video facilities, having previously experienced remote therapy and knowing both the theoretical background to remote therapy along with an appropriate level of internet literacy. There were no associations found between subject categories, gender, age nor theoretical specializations of the respondents.*

Conclusion: *Remote psychotherapy may become permanently introduced into mental healthcare systems, providing safe and effective methods of treatment. Further studies are however required, and medical, organizational and administrative standards need to be developed.*

Keywords: *telepsychotherapy; telepsychiatry; recommendations; legal regulations; pandemic*

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INTRODUCTION

The Covid-19 pandemic was an unprecedented event suddenly affecting the everyday lives of people throughout almost the entire world. The Mental Health Services were no exception and faced numerous challenges (Jakovljevic 2021). Within a few days of the outbreak, significant organizational changes became necessary where the majority of staff was untrained and unaccustomed to provide any online forms of psychotherapy. The current study was focused on the period between 1st to 11th April 2020.

The coronavirus SARS-CoV-2 disease (Covid-19) firstly appeared in Wuhan, Hubei province, China, in November 2019 and was recognized as a pandemic by The World Health Organization on 11th March 2020.

The first confirmed cases in Europe were found in France on 24th January 2020, and as of 11th April 2020, approximately 837,000 cases of Covid-19 had been reported on the continent.

In Poland, the first case of Covid-19 was confirmed on 5th March 2020, and a week later, (12th of March), a state of an epidemiological threat was announced. The number of cases rapidly increased, with 100 confirmed cases reported daily in March 2021, with a then total of 6,356 confirmed cases and 208 deaths. By Oct 2022, over 117,000 deaths and over 6.3 million cases were recorded. In 2021; there have been a 29% increase in mortality

rates compared to the average rates from previous years (2016-2019) before the Covid-19 outbreak. This excess increase is believed to be due to under-diagnosed cases and a limited patient access to then already overloaded health services.

The legal framework for managing the Covid-19 outbreak in Poland was established by the Crisis Act of 2nd March 2020 in regard to introducing extraordinary measures aimed at preventing, counteracting, and combating Covid-19 together with any other infectious diseases and crisis situations arising thereof.

The Polish Mental Health System during the pandemic

Discussions were widely held throughout the world on how best to support people and patients during the virus pandemic. Whilst there is no one central organization responsible for psychotherapy in Poland, numerous institutions had prepared their own recommendations, some of which are summarized in Table 2.

Telepsychotherapy worldwide: the pre-epidemic situation

Telepsychotherapy refers to the provision of psychotherapy without physical contact using telecommunication technologies with audio, audiovisual or text modality. It can be delivered via telephones, videoconferencing or other devices having Internet access (Kocsis & Yellowlees 2018, Kaplan 1997, Satalkar et al. 2015, Rochlen et al. 2004). Psychological intervention must meet three criteria to be termed online psychotherapy: (1) a professional psychotherapist must provide the psychotherapy (2) the communication device requires internet access and (3) mutual consent is needed from both patient/subject and the psychotherapist (Satalkar et al. 2015, Rochlen et al. 2004).

Online psychotherapy sessions can be set up synchronously, in real time, or asynchronously via e-mails or similar tools where mutual communication is delayed. Patients may communicate with a therapist in text-based fashion or directly in sessions using either their own screen image or an avatar (Satalkar et al. 2015, Stoll et al. 2020, De Angelis 2012).

Table 1. Legislation in Poland concerning the COVID-19 pandemic (source: Ministry of Health and other rulings)

11th March 2020	• Schools lockdown announced: partial lockdown since 12th • March, total lockdown since 16th March.
13th March 2020	• Minister of Health ruling announces an epidemiological threat in the Republic of Poland • Lockdown in many public institutions. • Ban on gatherings of more then 50 persons.
15th March 2020	• Borders closed to foreigners. • Compulsory 14-day quarantine for all nationals returning to Poland.
20th March 2020	• Minister of Health ruling announcing an epidemic status in the Republic of Poland.
24th March 2020	Safety measures in the aforementioned legislation extended to include: • Complete ban on gatherings. • Freedom of movement restrictions except for essential work travel, essential purchases and volunteering to fight the Covid-19 pandemic.
1st April 2020	Further regulations introduced: • Restrictions on the number of customers simultaneously present in shops. • Persons aged below 18 not allowed outdoors without adult supervision. • Compulsory social distancing of at least 2 meters.
16th April 2020	obligatory covering of mouth and nose outdoor and in public places
Also since 16th April 2020	Gradual loosening of restrictions
Summer 2020	Little restrictions remained. Those remaining were neglected both by common people and many public figures including politics.

Table 2. Mental health services during pandemic – a summary of recommendations.

When	Who	Recommendation
12th March 2020	Polish Psychiatric Association	• The Covid pandemic is an unprecedented experience for all. Recommendations focused on societal solidarity and empathy.
13th March 2020	Association of Christian Psychologists	• Performing therapies by using applications such as www.wire.com, zoom.us or WhatsApp.
15th March 2020	Polish Psychodynamic Psychotherapy Association	• Psychodynamic therapy is most effective via **face to face** contact with the patient. Online meetings or telephone conversations can be used to maintain a therapeutic relationship and support interventions in crisis.
17th March 2020	Psychotherapy Section of Polish Psychological Association	• Consider working online for maintaining both psychotherapeutic and supervisory relationships.
18th March 2020	Polish Gestalt Psychotherapy Association	• Online or telephone work should be considered only if direct contact is not possible. A pre-assessment of the therapist's potential is recommended for any given patient. • Patient consent and data security are crucial. • Whenever face-to-face contact occurs, appropriate sanitary procedures are described.
20th March 2020	Polish Psychotherapy Council	
23th March 2020	Polish Psychoanalytical Association	• The priority suggested by WHO is to remain isolated. In a health or life threatening situation, using the internet or telephone seems to be the best and most sensible solution.
International recommendations		
20th March 2020	European Association of Psychotherapy (EAP)	• Direct personal contact in most European countries is discouraged or even banned. The only help provided to patients during the pandemic is by using information and communication technology services**.**
23th March 2020	Psychotherapy and Counselling Federation of Australia	• Encourage all counselors and psychotherapists to continue therapies. If face to face contact is needed with the patient, then precautionary hygienic measures are required.
24th March 2020	American Psychological Association	• Refers to the statement of the US Government that it is essential to deliver psychological support through telehealth

There is however no reliable data available worldwide that summarizes the application of telepsychotherapy. Efforts need to be made to find out whether telepsychotherapy was available in each country before the pandemic struck. This can be deduced from online research in a given country's native language using commonly available search engines, websites of therapeutic organizations or analyzing completed or ongoing clinical programs and trials. For example, according to Satalkar et al. (2015), there are no official national guidelines for professionals regarding online psychotherapy in India. Telepsychotherapy also appears to be a common method of psychological intervention in the USA, where a number of state programs have been investigated in such as studies by Morland et al. (Morland et al. 2011, 2013, 2014), with the support from United States Department of Veterans Affairs, on the use of telemedicine services in post- traumatic stress disorder psychotherapy on veterans from the Hawaiian Islands. Moreover, a few states have introduced legislation for online psychotherapy which actually implies that internet-based interventions are of significant interest there (Morland et al. 2013).

Many studies have confirmed that psychodynamic psychotherapy and cognitive-behavioral therapy within a telemedicine modality are as effective as face-to–face psychotherapy (Kocsis & Yellowlees 2018, Morland et al. 2011, 2013, 2014). Pre-pandemic literature has described favorable outcomes when using telepsychotherapy in patients suffering from psychosis, autism spectrum disorder, eating disorders, affective disorders, anxiety, psychiatric symptoms in adults and children with chronic physical illnesses and in those that had experienced trauma (Fichter et al. 2013, Mitchell et al. 2008, Salcedo et al. 2016).

Before the outbreak of the Covid-19 pandemic in 2020, online family therapy was rarely described in the scientific literature and mainly focused on families of

children and adolescents with severe disabilities, like traumatic brain injury and neoplastic diseases (Wade et al. 2019).

Telepsychotherapy in Poland; the pre-pandemic situation

To our best knowledge, the first paper dealing with telepsychiatry was in Poland and was published in the official Polish Psychiatric Association Journal in 2000 (Kmiotek et al. 2019). This work analyzed queries anonymously sent to psychiatrists by hospital web page users in 2019. It showed that only 1 out of 4 Polish hospitalized patients and 1 out of 5 out-patients were in any way at all aware of the concept of telemedicine. Nevertheless, once introduced to this, most patients in every age group said that they were willing to consult with a doctor remotely. Another study based in Katowice from 2015, included 207 psychiatrists and patients who were surveyed on digital methods of psychiatric therapy (Wojtuszek et al. 2015). Most patients were found not to even know what telepsychiatry was, and whilst almost every doctor was familiar with the concept, only 15% thought they knew about this topic in depth. Both groups nevertheless recognized the usefulness of this new technology in psychiatry, although some psychiatrists expressed anxiety regarding the risk of losing confidentiality and personal data. A clinical study from 2017 was performed on 199 patients with paranoid schizophrenia who had been provided with smartphones possessing a pre-installed telemedicine platform intended to improve subject compliance by inviting them to confirm whenever an administered drug dose was taken (Krzystanek et al. 2017). By such means, a 47.6% compliance was observed during the first month of the

Table 3. Legal regulations in force (unchanged since the advent of the pandemic) (Medical and Dentist Profession Act, 1997 and later modifications, Psychologist profession and psychologist professional self-government Act, 2001)

	Physician	**Psychologist**	**Psychotherapist**
Legal regulations	Regulated profession • Graduated in medicine at a Medical University • Completed post-graduate internship. • Awarded a Medical Practitioner license issued by regional Chambers of Physicians.	Regulated profession • Graduated in psychology and awarded a MA degree. An Act on the Psychological Profession exists, but is considered a dead letter because there are no operating procedure rules. The act stipulates: • Completed post-graduate internship. • Awarded a Practitioner license issued by regional Chambers of Psychologists (which does not exist!).	An unregulated profession. The National Health Fund (financier of public health services) requires training or a certificate issued by one of the main scientific associations. Recently, (post-current survey), a training specialization on child and adolescent psychotherapy was introduced, acknowledged by the public health sector. The private sector is unregulated. Requirements for a psychotherapist certificate include: • MA or MD degree in an appropriate discipline. • Completed 4-year certified course (1200 hours). • Completed at least 250 hours of psychotherapy practice. • Completed at least 150 hours of supervisory practice. • Awarded a supervisory recommendation. • At least 5 years of clinical practice. • At least 360 hours of internship. • Passed the final exam.
Professional self-government	Supreme and Regional Chambers of Physicians	Supreme and Regional Chambers of Psychologists are defined in the Act but do not actually exist.	none

study but significantly decreased over the next 11 months. A nationwide survey conducted in Poland on psychotherapeutic practice (Suszek et al. 2017) did not however include any study on remote methods of therapy, and we have been unable to find any other studies on this topic.

Psychotherapy in Poland; legal regulations

In Poland, there is no formal definition of psychotherapy existing, nevertheless there are vocational regulations that apply to physicians and psychologists. Scientific associations issue licenses and certificates, some of which are acknowledged by the National Health Fund, which finances public health system services. In the private sector, which covers the majority of psychotherapeutic services, no license is needed. The data are summarized in Table 3.

STUDY AIM

This was to elucidate the status and trends present in remote psychotherapy during the Covid-19 pandemic and lockdown in Poland. Moreover, this also included determining the factors that could affect decisions made by therapists and their professional practice, particularly those regarding child and adolescent therapy.

SUBJECTS AND METHODS

This survey on the Importance of Remote Therapy Survey was carried out between 1st Apr 2020 and 11th Apr 2020. The webpage was viewed 1262 times. Three hundred eighty-six completed surveys were obtained giving a response rate of 30.59%.

The survey aimed to gain insight into therapists' experiences, challenges faced and the perceived pros and cons of remote therapy; compared to traditional therapy as a reference. Respondents were asked a series of questions linked to their demographics, education and qualifications as well as their type of employment, therapeutic approaches undertaken and counseling specialties. Basic computer skills were assessed (basing on some items from Smahel et al. 2020 survey) and the types of communication modalities used in remote therapy were determined. Several aspects of legal and privacy issues were considered and relevant sources of knowledge were investigated regarding how remote therapy had been conducted.

The survey was prepared by the authors. The first stage survey team included the Child and Adolescent Psychiatry National Consultant (BR), the Child and Adolescent Psychotherapy National Consultant (AS) and the former President of the Psychotherapy section of the Polish Psychiatric Association (MP). Computer skills were assessed by an items subset from a previously used scale (20)

The preliminary version of the questionnaire was piloted on an in-house group of psychologists and psychotherapists at our clinic. After collecting their remarks and comments the survey was modified as appropriate. The final version was then accepted by the aforementioned experts team.

The online questionnaire was made available on the Webankieta.pl website.

The link was posted via psychotherapy associations' pages (Web Pages and Facebook). A request for link distribution was also made to national and regional experts in psychiatry and psychotherapy and supervisors of psychotherapy. This was deemed necessary because at this time the COVID-19 restrictions were in force and it was the only way of obtaining the relevant sample. Table 4 summarizes sample demographic data. Most participants were female and had a psychological professional background having worked in the psychoanalytic/psychodynamic fields and possessed moderate professional experience. The sample profile is similar to the results of a pre-epidemic survey analyzing the provision of psychotherapy in Poland (Suszek et al. 2017), however some discrepancies were observed.

According to Polish law this type of anonymous survey does not require any Bioethics Committee review. Nevertheless, in keeping with good scientific practice, the President of the Bioethics Committee at the Institute of Psychiatry and Neurology was notified about the survey.

Descriptive statistics was first performed on all study subjects. A separate group was then split away based on the composite index of e-therapy acceptance. The two subgroups were thus compared.

The following procedure was used for those respondents having had experience of online therapy in order to gauge their acceptance of this therapy. The efficiency of online therapy was assessed on 5 chosen aspects in comparison to traditional therapy by graded scores according to the following replies: 'is similar' or 'is better' than traditional therapy were scored as 1 point, whilst 'I don't have an opinion' or 'is worse' than traditional therapy were given 0 points. The sum from the 5 aspects were then calculated. All those scoring 3 points or more were classified as highly accepting online therapy highly, whilst those scoring 0-2 points were classified as having low acceptance. The same procedure was repeated for

Table 4. Demographic and occupational data. Note: aMA, MSc and MD are obtained after 5 or 6 years' studies and are considered the same (higher) education level.

		n	% of valid
Total		386	100
Gender	Male	44	11.5
	Female	336	88.0
	Prefer not to say	2	0.5
Level of formal education	PhD or higher	31	8.1
	MA, MSc or MD[a]	351	90.5
	Baccalaureate	1	0.26
	High school	1	0.26
General occupation/education Multiple choice allowed	Physician	26	6.7
	Psychologist	296	76.3
	Teacher	51	13.1
	Other/own answers	61	15.8
Formal education in the field of psychotherapy	Certified supervisor	34	8.8
	During or after the supervisor training, before exams	14	3.6
	Certified psychotherapist	70	18.0
	After psychotherapeutic training but before exams	178	45.1
	During psychotherapeutic training	72	18.6
	Before psychotherapeutic training	8	2
	No plans regarding psychotherapeutic training	9	2.3
Experience in the field of psychotherapy	More than 20 years	65	16.8
	16-20 years	36	9.3
	11-15 years	85	21.9
	6-10 years	105	27.1
	1-5 years	8	2.1
	Less than a year	2	1.0
Theoretical specialization	Psychoanalytic	54	14.0
	Psychodynamic	131	33.9
	Cognitive-behavioral	44	11.4
	Systemic	42	10.9
	Integrative	54	14.0
	Humanistic-experiential	40	10.4
	Substance dependence therapy	6	1.6
	Other/own answer	14	3.6
Setting	Only public sector	29	7.5
	Mainly public sector	38	9.8
	Both public and private sector	114	29.4
	Mainly private sector	61	15.7
	Only private sector	143	36.9
Financial aspects to providing psychotherapy	The only income source in the household	97	25.0
	Important income source in the household	186	48.2
	Additional income source in the household	89	22.9
	Prefer not to say	10	2.6
		3	1.3
Previous experience with remote therapy	Yes	295	76.4
	No	91	23.6
	If yes, previously:		
	Almost all patients in e-therapy	4	1.3
	More than half of the patients in e-therapy	4	1.3
	30-50% of the patients in e-therapy	18	6.1
	Only exceptional cases	271	91.9
Main use of remote therapy mode (multiple choice)	Audio only	104	35.3
	Audio + video	234	79.3
	Real time correspondence (e.g. communicatiors)	30	10.2
	Correspondence with not-immediate answers (e.g. e-mail)	26	8.8

Table 5. Survey: questions regarding opinions on remote therapy and main types of patients/subjects treated.

Remote therapy compared to traditional therapy		**n**	**% of valid**
In my opinion, case conceptualization:	Is more difficult	177	62.3
	Is similar	105	37.0
	Is easier	2	0.7
In my opinion, establishing a therapeutic alliance:	Is more difficult	228	79,7
	Is similar	55	19.2
	Is easier	3	1.0
In my opinion, maintaining a therapeutic alliance:	Is more difficult	141	48.8
	Is similar	143	49.5
	Is easier	5	1.7
In my opinion, the rapport:	Is poorer	214	74.3
	Is similar	73	25.5
	Is better	1	0.3
In my opinion, I can assess if the patient is authentic and veracious when conducting remote therapy	Is more difficult	121	44.6
	Is similar	148	54.6
	Is easier	2	0.7
Question: patients/clients			
Whom do you mainly work with in the remote setting?	Adults	248	83,8
	Adolescents	40	13,5
	Children	6	2.0
	Families/couples	2	0,8
Additionally, whom do you work with in the remote setting?	Adults	133	45.2
	Adolescents	91	31.0
	Children	18	6.1
	Families/couples	52	17.7

Note: the answer „I do not have an opinion" was considered a missing data

those having no experience in online therapy, where respondents answered slightly modified versions of questions and due to their lack of experience. They were asked to provide presumed answers, for eg. I presume that therapeutic relation in online therapy is…). All questions are presented in Table 5.

There was also calculated th Digital Competence Index, the group variable summing up all the digital competences. It was done by using the following numbering of answer categories Not true – 0, Rather not true 1, neither true nor not true – 2, rather true – 3, true – 4. The index was calculated as the sum of all answers in 10 digital competences answers.

Statistical analysis was performed by STATISTICA 13.1 software. Descriptive statistics were obtained and a chi-square test was performed for inter-group comparisons. Due to low numbers in some cells in two cases when chi square was used, the maximum likelihood chi square test has been performed, which is taking into account the small values in some cells.

The level of statistical significance was taken as $p<.05$.

RESULTS

The level of acceptance of the remote therapy was estimated according to answers to five sentences presented in Table 5. None of the participants was providing only asynchronous remote therapy, while some declared it as one of several used modalities.

A further analysis investigated other factors associated with remote therapy acceptance. The following factors were taken into consideration in the subgroup of subjects that had previous remote therapy experience: general experience in using electronic media, theoretical specialization, the remote therapy mode used (audio+video vs others), patient characteristics, public vs private sector, age, gender and level of professional experience. Those therapists who had previously and often used remote therapy, had a statistically more significant positive approach to this method. Subjects who accepted remote therapy more frequently, also used the audio+video mode and more often declared having some or an in-depth theoretical background in this area; they also practiced more frequently in the private sector. The statistically significant findings are presented in Table 6.

Table 6. Factors associated with remote therapy acceptance. Note: a for those who had already conducted remote therapy.

	Remote therapy acceptance, n (%)	Skeptical about remote therapy, n (%)	p
Practice type – public vs private:			
• Only public sector	4 (3.9)	12 (6.2)	0.019
• Mainly public sector	3 (2.9)	20 (10.4)	
• Both	25 (24.5)	62 (32.1)	
• Mainly private sector	22 (21.6)	25 (12.9)	
• Only private sector	48 (47.0)	74 (38.3)	
Therapy mode before pandemic: remote therapy used in:			
• Never or almost never	82 (80.4)	185 (96.9)	0.00002
• 30-50% of patients	14 (13.7)	4 (2.1)	
• 50% and more	4 (3.9)	0 (0)	
• All or almost all	2 (2.0)	2 (1.0)	
Remote therapy mode[a]:			0.017
• audio only	26 (25.2)	75 (39.1)	
• other	77 (74.8)	117 (60.9)	
Remote therapy mode:			0,001
• audio and video	92 (89.3)	141 (73.4)	
• other	11 (10.7)	51 (26.6)	
Knowledgeable about remote therapy			0.002
• Not been interested in remote therapy	14 (13.6)	48 (25)	
• Having some knowledge	66 (64.1)	126 (65.7)	
• Have established knowledge	23 (22.3)	18 (9.4)	

The survey also assessed internet literacy. The questions and relations to remote therapy acceptance are summarized in Table 7.

It should be noted that there are also numerous variables found that were not associated with remote therapy acceptance; these included the type of patients (adolescents, adults, couples/families), age and gender of the respondent as well as theoretical orientation and supervision.

DISCUSSION

At the beginning of the pandemic, mental health care professionals in many countries have responded to the changes arising thereof by offering remote forms of therapy, delivered either synchronously, (by audio or video call means), or asynchronously (e.g. by e-mail, chat or text) (Whaibeh et al. 2020, Taylor et al. 2020, Stoll et al. 2020).

Our study has been conducted at the very pandemic begginning, before the wide introduction of remote therapy in Poland and before it real-life effectiveness in new circumstances could be assessed. Thus in the discussion we may refer either to pre-pandemic telehealth studies or to the more recent research describing further idea development.

Although the possibilities of telemedicine has been discussed since years (May et al. 2001), the issue has seldom been systematically assessed. The main telemedicine advantages discussed before pandemic were facilitating access for people residing in remote areas or in case of resources scarcity and enabling counsultations with high-rank specialists. Cost-effectivenes was also noted. Interesting idea was presented by Saeed et al. (2015) who indicated, that telepsychiatry may enable psychodynamically-oriented patients find psychodynamically-oriented psychiatrists and vice versa, which seems to be especially important in the remote areas.

Metaanalyzes confirm efficacy of telephone-derived CBT therapy (Muller et al. 2011) which additionaly has been characterized by lower attrition rate. Despite that, the wide introduction of the technique had not happened. Mental health proffesionalists who participated in the study by Bee et al. (2016) raised numerous issues which should be resolved before the telephone-based therapy introduction. Similarily, in our sample about two-thirds of participants were sceptical about remote therapy, while about one-third presented remote therapy acceptance.

Randomized study by Preschl et al. (2011) comparing online and face-to face CBT therapy shows that working alliance is comparable in both groups. These results were against the authors' expectations as well as are discrepant

with views presented by the majority of our participants. However, metanalysis focused on remote therapy working alliance was presented by Norwood et al. (2018) and confirmed noninferiority of quality of working alliance and treatment efficacy in remote modality.

Rapid development of remote therapy was observed after the pandemic outbrake.

Against views of majority of our participants, the efficacy of remote therapy seems to be similar to the classical one. A study in Austria, for instance, investigated four types of therapy used, (psychodynamic, humanistic, systemic, behavioral), and showed that the number of patients treated personally per week decreased, (on average by 81%), whilst the number of patients using teletherapy increased rapidly (over the phone by 979% and over the Internet by 1561%). There were no significant differences between the above-mentioned therapeutic methods, which proves that the transition to remote therapy is possible in each and is comparably effective (Probst et al. 2020). Another study on patients from the Czech Republic, Slovakia and Germany also showed a similar tendency to switch to remote treatment, with the total number of patients participating in the therapy noticeably decreasing after the pandemic outbreak (Humer et al. 2021).

The influence of Covid-19 can be discerned in four main areas: the experiences of patients and therapists along with their therapeutic relationships and the technical aspect of the transition to remote forms of communication (Ronen-Setter et al. 2020). It is worth noting that the trauma associated with the effects of the pandemia, affected not only patients but also therapists who are subject to the same stress as the rest of society. On the one hand, it helps therapists to understand the situation of their patients, but on the other, it may intensify their own concerns, leading to a conflict between the responsibility towards the patient and the responsibility towards themselves and their relatives (Stoll et al. 2020, Ronen-Setter et al. 2020).

Other challenges faced by therapists concern the lack of mental health training programs (22). Teletherapy in mental health (Telemental therapy) is not yet however a

Table 7. Survey items related to Internet literacy

Question (The answers were on the 5-point Likert scale ranging "True" to "not true at all").	**Relation to remote therapy**
I know how to save a photo found in the Internet.	ns
I know how to change my privacy settings.	ns
It is easy for me to check if the information found in the Internet is true.	ns
It is easy for me to find good keywords during an Internet search.	p=0.004 People accepting remote therapy felt more competent when choosing key-words.
I know how to remove persons from my contacts list.	ns
I know how to install applications on a mobile device.	p=0.045 People accepting remote therapy declared better knowledge about installing applications.
I know how to check the cost of using mobile applications.	p=0.029 People accepting remote therapy declared better knowledge about checking application costs.
I know how to shop with mobile applications.	ns
I know how to use mobile banking.	ns
I know how to find an abstract of a scientific article.	p=0.049 People accepting remote therapy declared better knowledge about finding abstracts.
I know how to get full access to scientific papers.	ns
I know how to register and participate in on-line training.	ns
Digital competence index	ns

common part of routine care practice. There is also a significant research gap in this context (Wind et al. 2020). Similarily, only minority of our subjects had established theoretical knowledge regarding remote therapy. Other important problems are found in the technical aspects of teletherapy. In our study the some aspects of internet literacy was associated with remote therapy acceptance. Additionally, there is a risk of security issues and violation of patient confidentiality being compromised that may deter some patients from this form of contact with their therapist (Taylor et al. 2020). No less important an issue, is that of providing an adequate therapeutic area.

Despite the concerns of many therapists, studies show that telemental therapy can be as effective as conventional therapy (Venturo-Conerly et al. 2022). New studies comparing the effectiveness of different therapeutic methods in teletherapy and personal therapy has been developed since the pandemic. Moreover, the spread of this form of therapy may contribute to its availability, especially in remote or rural locations (Hall et al. 2022).

In January 2021, Zadka and Olajossy (2021) summarized the rapid introduction, (along with reimbursement possibilities), of remote therapy in Poland, which the authors believe to constitute significant progress in this field. This treatment mode may also be highly advantageous to patients requiring more frequent contacts with health services and may be considered as being part of a de-institutionalization process.

After three years from the pandemic outbreak, some new recapitulations have now become possible. In 2023, a review by Sharma and Devan focused on telepsychiatry efficacy, which in general was consistent with the aforementioned studies. The results indicate satisfaction in both patients and professionals, along with a good quality of service. Such clinical outcomes seem to be equivalent to those obtained by face-to-face therapy. In some studies, inpatient admissions were also reduced. Unfortunately, only 14 out of the 325 included papers had had a RCT design.

Technical issues were amongst the difficulties mentioned in studies by Sharma and Devan (2023) as well as Butz et al. (2022) consisting of insufficient infrastructure, problems with legal regulations and insufficiently developed organizational support. Data safety issues were also mentioned by Kilova et al. (2022).

The presented survey shows that factors associated with remote therapy acceptance may be considered as being linked to logistic factors, previous experience and theoretical knowledge regarding digital technology/facilities. Internet literacy was also associated with remote therapy acceptance.

Demographic variables, as well as theoretical specialization were not linked to remote therapy acceptance. It is however also worth noting, that the main professional associations in Poland, (listed in Table 3), were highly consistent in their recommendations, which in general emphasized the usefulness of remote therapy, despite the differences in the theoretical background as well as the previous lack of consensus in many other associated areas (data not shown).

This online survey design has several limitations. The sample is probably not representative. The remote therapy modality was not controlled for.

The results of the chi-square tests should be taken with caution due to small numbers in some cells. Nevertheless, the maximum likelihood chi square test has been performed, which is taking into account the small values in some cells.

Also, self-reporting is a subjective measure. This may be significant especially regarding internet literacy and the responders' input on psychotherapy efficacy. Data were obtained from responders but none objective measures were available.

CONCLUSIONS

Even though remote psychotherapy applications have rapidly grown due to the limitations imposed by the emergence of the Covid-19 pandemic, changes in this area can be permanently incorporated into the mental healthcare system, providing a safe and effective way of treatment. Further studies are however needed, along with developing appropriate medical and organizational standards.

Conflict of Interest: The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as being a potential conflict of interest.

Ethical considerations: According to Polish law this type of anonymous survey does not require any Bioethics Committee review. Nevertheless, in keeping with good scientific practice, the President of the Bioethics Committee at the Institute of Psychiatry and Neurology was notified about the survey.

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