

A Qualitative Study of University Students' Attitudes Toward Telehealth and Face-to-Face Mental Health Support

Ms. Sneha Chand

Student, Department of Psychology, Kristu Jayanti (Deemed to be University), Bengaluru- 560077

ABSTRACT

The rapid growth of tele-mental health after the pandemic has improved access to psychological support for Indian university students, but help-seeking remains limited due to stigma, barriers, and doubts about effectiveness. Most research focuses on Western populations and treatment outcomes, with little attention to how Indian non-psychology students perceive telehealth versus face-to-face therapy and how this affects their help-seeking decisions. A qualitative exploratory design was adopted within an interpretivist paradigm. Semi-structured interviews were conducted with purposely sampled university students aged 18–25 years from non-psychology academic backgrounds across multiple regions of India. Data were analysed using Braun and Clarke's thematic analysis. The main theme, *Contextual Decision-Making*, reflected how students approached telehealth and face-to-face therapy not as fixed alternatives but as flexible options shaped by personal circumstances. Participants described telehealth as convenient and accessible due to affordability, reduced travel, and lower stigma, while face-to-face therapy was seen as offering stronger relationships, deeper emotional connection and greater legitimacy. These findings suggest that hybrid mental health services combining telehealth and in-person options may best meet student's needs. By highlighting how accessibility, cost, emotional readiness, and trust in technology interact with attitudes toward therapy, this study provides insights for designing culturally sensitive mental health services and informing university-level mental health policies in India.

Keywords: Telehealth, Face-to-Face Therapy, University Students, Help-Seeking Behaviour, Contextual decision – making

CHAPTER I: INTRODUCTION

University students in India represent a vulnerable population due to academic demands, life transitions and socioeconomic stressors. These contributed to increased psychological distress. These problems were made much worse by the COVID-19 epidemic, which resulted in numerous complaints of anxiety, depression and general declines in students' mental health in higher education. Although pre-pandemic projections already pointed to alarming patterns, the crisis significantly exacerbated them. Research done both during and after the pandemic showed a high prevalence rate of young adults in higher education in major Indian cities had moderate

to high anxiety, depression, loss of behavioral and emotional control and had general distress (Suresh et al., 2025). Earlier cross-sectional surveys conducted during the pandemic waves revealed that college students had medium to severe anxiety and had moderate to severe depression. These conditions are frequently associated with academic uncertainty, familial disturbances, isolation and fear of infection (Chaudhary et al., 2021).

Despite the evident need, help seeking behaviour among Indian university students is still frighteningly low. Pervasive stigma, which discourages disclosure and professional engagement, is one of the main obstacles (Gonsalves et al., 2019). The issue is made worse by structural elements such as lack of counselling resources on campus, lengthy wait periods, geographic inaccessibility in urban-rural and budgetary limitations. Even if as institutional knowledge increases, these hurdles continue to exist, leading to low service utilization despite an increase in distress and suicide risks (Suresh et al., 2025)

During lockdowns, the COVID-19 epidemic accelerated the transition to telehealth and tele-mental health services. Through programs like Tele-MANAS (Tele Mental Health Assistance and Networking Across States), which was introduced nationwide to offer remote counselling, crisis intervention and psychiatric support via toll-free helplines. This initiative filled immediate access gaps, especially for people who were geographically remote or had limited mobility, in conjunction with institutional telemedicine interventions (Mehrotra, 2025; Ganesh et al., 2022)

While telehealth has expanded availability, uncertainties linger regarding how university students perceive conventional in-person therapy. Preferences vary; some value telehealth's reduced stigma and logistical ease, while others question its legitimacy, therapeutic alliance, privacy, and emotional depth compared to in-person interactions. There is a dearth of qualitative data, particularly from non-psychology students, where cultural stigma, digital divides, and post-pandemic normalization intersect uniquely. This gap in understanding lived perceptions, particularly how factors like effectiveness, legitimacy, accessibility, and stigma influence help-seeking attitudes and behaviour emphasizes the need for targeted exploration to develop student-centered, culturally sensitive mental health services in Indian universities.

CHAPTER II: REVIEW OF LITERATURE

Theoretical Framework

This qualitative exploratory study is grounded in two complementary health behaviour theories: the Health Belief Model (HBM) and elements of Social Cognitive Theory (SCT). When it comes to effectiveness, legitimacy, stigma and help seeking behaviour these frameworks provide a strong lens through which to view how college students view and interact with telehealth as opposed to in-person mental health support. The post- COVID setting in India, where digital mental health services (Tele-MANAS) have grown quickly despite ongoing stigma and access restrictions, is very relevant to both theories because they highlight the cognitive and social elements that influence decisions regarding health interventions. People are more likely to act when they perceive a threat and think the benefits outweigh the risks, according to the Health Belief Model (HBM), which was first created in the 1950s to explain preventive health behaviours. Key constructs include - perceived susceptibility and severity, perceived benefits, perceived barriers, self-efficacy. Social Cognitive Theory (SCT), proposed by Bandura (1986) highlights

the reciprocal relationships between behaviour, the environment, and personal characteristics, with self-efficacy serving as a key predictor of conduct. SCT is helpful for comprehending how self-efficacy and beliefs are shaped in India by cultural and environmental factors. The framework's direct investigation of how these beliefs collectively impact behaviours, guiding recommendations for hybrid services in the Indian university context, where stigma is still significant despite telehealth's rise. This integration provided a theoretically sound basis for interpreting qualitative findings on student lived experiences.

Aim And Objectives of the Study

This exploratory qualitative study is to investigate non-psychology university students' perceptions of telehealth compared to traditional face to face therapy. It aims to comprehend how these perceptions pertaining to efficacy, therapeutic alliance, legitimacy, accessibility, and stigma affects students' attitudes regarding mental health care and their subsequent behaviour related to seeking help in the aftermath of COVID-19.

Objectives of the study

1. To explore students' perceptions of telehealth's effectiveness for overall mental health compared to face-to-face therapy and its impact on stigma.
2. To understand how perceptions of telehealth's legitimacy shape students' attitudes and stigma.
3. To examine how these attitudes (effectiveness, legitimacy and accessibility) collectively influence help seeking behaviours.

Research Questions

1. What do you understand about telehealth and face to face therapy? (How would you describe each, and what differences do you notice in how they are delivered?)
2. To what extent do you feel that telehealth can provide the same level of therapeutic alliance? Why? (any interaction that stood out) e.g.- connection with your therapist)
3. How legitimate do you perceive telehealth compared to face-to-face therapy, and what factors, such as technology like app functionality or therapist behaviour, shape your view? (experience)
4. Do you trust telehealth as a credible form of mental health support? If yes or no, why and are there any specific experiences or factors that have influenced this view?
5. How do aspects like anonymity and effectiveness affect your comfort level and any stigma you associate with seeking mental health support?
6. Can you share a time when telehealth felt less uncomfortable or judging than in-person therapy? What made it feel that way, and did it help you open up more?
7. Do you prefer telehealth or face-to-face therapy overall, and why? How do factors like convenience, cost, accessibility, your personal circumstances, past experiences, or advice from others affect your ability to attend and continue therapy over time?
8. Do you think telehealth makes mental health support more accessible to people who might find it difficult to access face to face therapy? Why? (Rural areas, busy schedules) (can you share any experiences or observations related to this)

9. Looking ahead, how do you think telehealth will evolve to better support mental health in the future, and what steps could be taken to make it more accessible and helpful for the community (or students like you) ?

Statement of the Problem

In the post-COVID age, university students continue to face frighteningly high levels of psychological suffering. Persistent symptoms are associated with academic pressure, social isolation, uncertainty, and lingering pandemic effects (Chaudhary et al.,2025). Help seeking behaviour is still disproportionately low, despite the obvious burden of distress. In the Indian context it is still a stigma, both public and self-stigma. Important questions are yet unresolved; Do students view telehealth as equally effective in reducing distress? Is it regarded as legitimate and credible or is trust undermined by worries about the therapeutic partnership, emotional depth, privacy dangers, and technological limitations? How are preferences and real help seeking behaviour influenced by these assumptions as well as a cultural stigma? Although previous research has shown similar clinical results in many instances, it mostly focuses on western or general populations and does not thoroughly examine the lived realities of Indian university students.

Need and Significance of the Study

The significance of this research lies in its potential to inform more effective, student centered mental health services in Indian higher education. By centering student voices, it highlights preferences for hybrid models that blend telehealth's convenience and anonymity with face-to-face therapy depth and rapport building essential for complex needs (Mehrotra,2025; Wagner et al.,2023). The results can guide universities in designing flexible services that mitigate stigma, enhance accessibility and improve utilization of existing resources. The study theoretically applies concepts such as the Social Cognitive Theory and the Health Belief Model to Indian situations, where help seeking is influenced by cultural norms surrounding family privacy and self-reliance. It closes gaps in qualitative research on students' experiences in low and middle resource settings by providing empirical insights into how behaviour is influenced by perceptions of legitimacy and self-efficacy in digital interaction. This aligns with national priorities for mental health promotion in higher education and could reduce the treatment gap, foster early intervention and promote long-term well-being among India's large youth population in universities and empower help-seeking and build a resilient mental health ecosystem in Indian higher education.

CHAPTER III: METHOD

Research Design

A qualitative exploratory design was employed to examine university students' perceptions of telehealth and face to face mental health service and their influence on help-seeking behaviour. The study adopted an interpretivist framework to understand subjective meaning attached to effectiveness, legitimacy, accessibility, and stigma associated with different service modalities.

Participants

The sample comprised 10 university students enrolled in non-psychology academic programs in Delhi. Participants ranged in age from 18-25 years and represented undergraduate and

postgraduate levels of study. Inclusion criteria a) enrollment in a non- psychology academic program, b) age between 18-25 years and c) prior experience with both telehealth and face to face mental health services within the past 12 months. Exclusion criteria included: a) current psychiatric hospitalization) severe mental health crises at the time of participation and c) insufficient digital access to engage in telehealth services. Participation was voluntary.

Measures

Demographic information

A brief demographic sheet collected information on age,gender,academic program,year of study,and prior experience with telehealth and face to face therapy.

Semi-Structured Interview Schedule

A semi-structured interview guide was developed to explore participants' perceptions of telehealth effectiveness, legitimacy, anonymity, accessibility, and stigma, as well as preferences between telehealth and in-person therapy. Open-ended questions allowed participants to describe their experiences and help-seeking attitudes in depth. The interview guide was reviewed by academic peers prior to administration to ensure clarity and relevance.

Procedure

Institutional ethics approval was obtained prior to data collection. Participants were recruited through

institutional networks and provided informed consent before participation. Interviews were conducted either in person or via telephone, depending on participant convenience, and lasted approximately 30–40 minutes. With consent, interviews were audio-recorded and later transcribed verbatim. Identifying information was removed during transcription to ensure anonymity.

Data Analysis

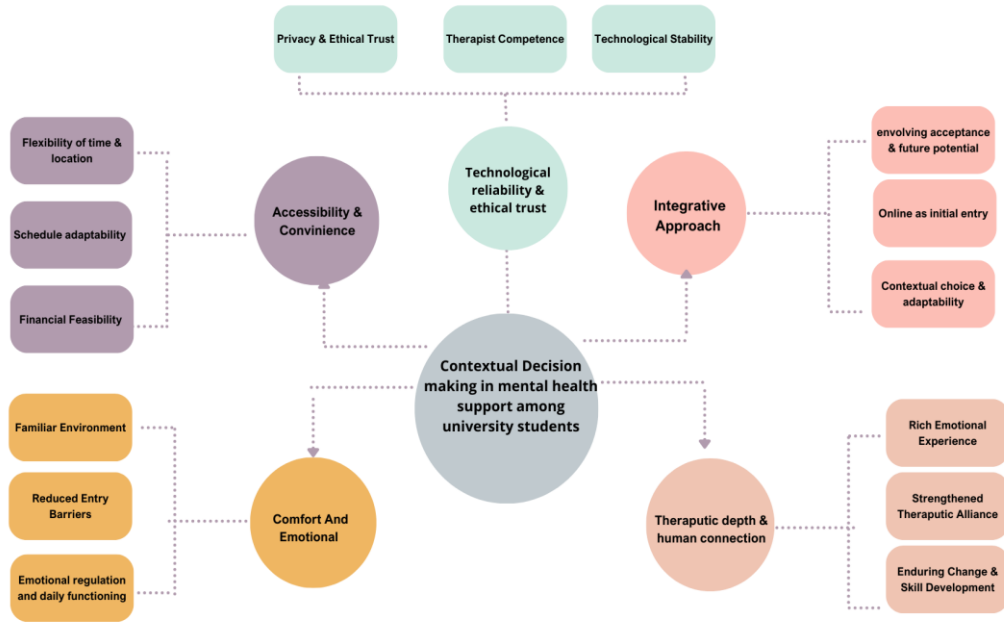
Data were analysed using thematic analysis following the framework proposed by Virginia Braun and Victoria Clarke (2006). An inductive approach was adopted, allowing themes to emerge from participants' narratives. Analysis involved familiarisation with the data, generation of initial codes, theme development, review and refinement of themes, and final thematic definition. Themes were examined for internal coherence and alignment with the study objectives.

Ethical Consideration

The study adhered to established ethical guidelines for research involving human participants. Participation was voluntary, and written informed consent was obtained from all participants. Confidentiality was maintained by anonymising transcripts and securely storing data with restricted access. Participants were informed of their right to withdraw at any stage without consequence. Individuals who reported distress during the interview were provided with information regarding appropriate mental health support services

CHAPTER IV: RESULTS & DISCUSSION

Figure 1 Shows Contextual Decision Making In Mental Health Support Among University Students



Global, Organizational and Local themes based on the results

The global theme, Contextual Decision-Making in Mental Health Support captures the central finding that students do not view telehealth and face-to-face therapy as mutually exclusive. Instead, decisions are shaped by contextual factors such as accessibility, emotional needs, trust and personal circumstances. Participants reported selecting different modes of support depending on situational demands, reflecting the interpretivist emphasis on subjective experience.

Five organizing themes emerged. Accessibility and Convenience highlights the role of flexibility, affordability, and reduced travel in facilitating telehealth use. Students valued its ability to fit within academic schedules and reduce financial burden.

Integrative Approach reflects the complementary use of telehealth and face-to-face therapy. Telehealth was often described as an initial entry point into therapy, with students transitioning between modalities based on evolving needs. This indicates a preference for a flexible, hybrid model of care.

Comfort and Emotional Experience emphasizes the psychological ease associated with telehealth. Being in familiar environments reduced anxiety and lowered entry barriers, particularly for first-time users. Telehealth also supported emotional regulation and continuity in daily functioning.

Therapeutic Depth and Human Connection underscores the value of face-to-face therapy in providing richer emotional engagement, stronger therapeutic alliance, and deeper interpersonal connection. Participants perceived in-person therapy as more effective for sustained psychological growth and meaningful therapeutic work.

Technological Reliability and Ethical Trust captures concerns related to privacy, therapist credibility, and platform stability. Trust in technology, along with therapist competence and professionalism, emerged as critical factors influencing engagement with telehealth services.

Organizational Theme 1: Accessibility & Convenience

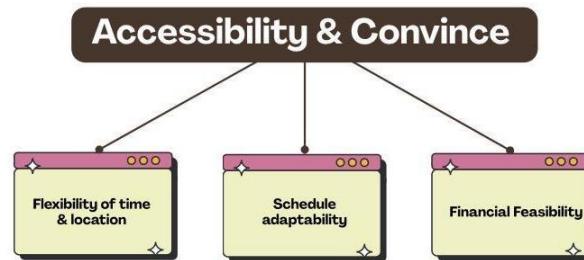


Figure 2

Organizational Theme 1 of Accessibility and convenience and three local themes

This theme highlights the practical factors influencing students' ability to access and sustain mental health support, including time constraints, location barriers, scheduling challenges, and financial affordability. These factors often determine whether students engage with services, making accessibility a critical component of help-seeking. Digital and hybrid models, such as BetterHelp and university counselling platforms, help address these barriers by offering flexible and remote options.

Flexibility of time and location enables students to attend sessions within busy academic schedules, reducing reliance on fixed settings and travel. It also supports continuity across different environments. Reduced travel demands further enhance accessibility by saving time, energy, and cost.

Schedule adaptability allows students to remain engaged despite unpredictable routines. Features such as easy rescheduling, flexible session lengths, and timetable integration, improve attendance and reduce dropout by making therapy easier to fit into daily life.

Financial feasibility plays a key role in both access and continuity. Lower per-session costs, transparent pricing, and long-term affordability mechanisms make therapy more accessible and sustainable for students.

Organizational Theme 2: Integrative Approach

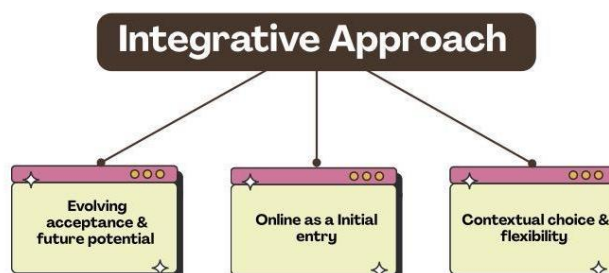


Figure 3

Organizational Theme 2 of Integrative Approach and three local themes

This theme conceptualizes online therapy as a strategic entry point within a hybrid continuum of care, rather than a replacement for face-to-face therapy. Online services function as a low-threshold “on-ramp”, allowing students to explore support safely before engaging in deeper therapeutic work. This approach normalizes help-seeking, respects autonomy, and reduces early dropout.

Online as the initial entry highlights how students often begin therapy remotely to assess comfort before choosing to continue online, shift to in-person sessions, or adopt a hybrid model. A gradual or temporary introduction allows students to engage in a low-commitment trial phase, reducing the pressure of long-term engagement and supporting readiness for deeper work.

The transition pathway ensures smooth movement between modalities through continuity of care, minimizing disruptions and maintaining therapeutic relationships. Online therapy also serves as a temporary option, helping students sustain support during periods when in person access is limited.

Contextual choice and adaptability reflect how students dynamically switch between online and face-to-face formats based on situational and emotional needs. This includes responsive switching and phase-based preferences, where online therapy is preferred for immediate or short-term support, and in person therapy for deeper emotional processing. Over time, hybrid sustainability emerges as an effective model, balancing flexibility and therapeutic depth.

Theme 3: Therapeutic Depth & Human Connection

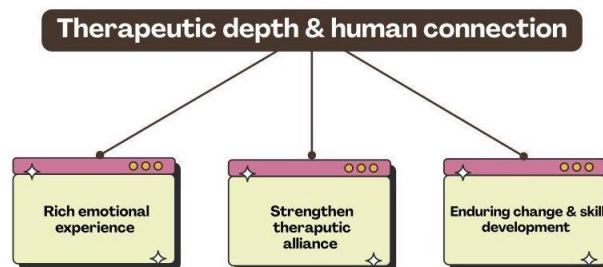


Figure 4

Organizational Theme 3 of therapeutic depth & human connection and three local themes

The findings emphasize the importance of therapeutic depth and human connection in in-person therapy, highlighting how shared physical presence enhances emotional exploration, empathy, and the therapeutic alliance. Consistent with previous research (Horvath et al., 2011), participants reported deeper engagement and more meaningful breakthroughs in face-to-face settings compared to online modalities.

In-person therapy facilitated a richer emotional experience, where clients felt more immersed and able to express vulnerability, supporting the role of emotional engagement in therapeutic change (Greenberg, 2011). The observation of nonverbal cues further strengthened therapists’ understanding, aligning with evidence that cues are critical for accurate emotional interpretation and are often limited in online settings (Turgoose et al. 2018)

Authentic emotional resonance and empathy were also more strongly perceived in in-person sessions, contributing to reduced feelings of isolation and increased trust (Elliott et al., 2018).

Additionally, immediate interpersonal feedback enabled therapeutic alliance and supported better outcomes.

Theme 4: Comfort & Emotional Continuity

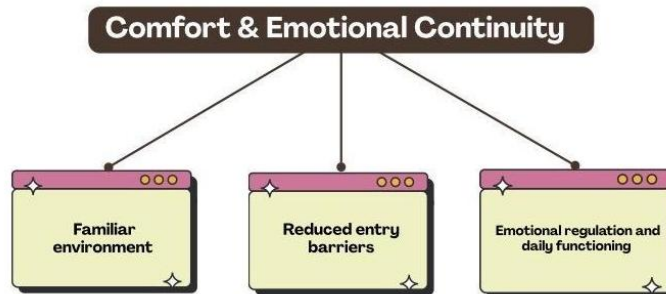


Figure 5

Organizational Theme 4 of Comfort & Emotional Continuity and three local themes

The findings emphasize that comfort and emotional continuity play a crucial role in online therapy engagement. Familiar environment and personal control enhance safety, reduce anxiety, and support open disclosure. Reduced eye-contact pressure and informal interaction further increase comfort, particularly for students with social anxiety (Weinberg, 2020).

Online therapy also lowers entry barriers by minimizing clinical intimidation, making help-seeking more accessible (Gulliver et al., 2010). Gradual trust- building and repeated exposure to the same platform foster consistency and emotional stability over time (Mohr et a; 2017).

Immediate access to support and regular check-ins aid emotional regulation and daily functioning by preventing distress escalation and maintaining continuity. Overall , online therapy provides a safe, flexible and continuous space that supports emotional well-being among students.

Theme 5 Technological Reliability & Ethical Trust

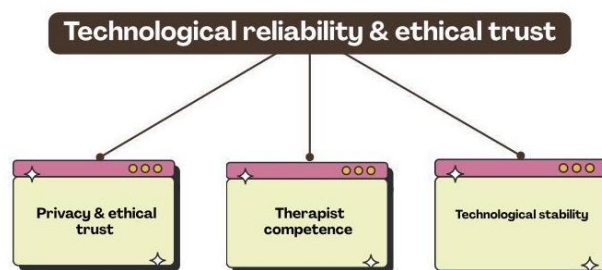


Figure 6

Organizational Theme 5 of Technological reliability & ethical trust and three local themes

The findings highlight technological stability as a critical foundation for effective online therapy, where reliable audio-visual quality and secure systems enable emotional engagement and disclosure. Disruptions in connectivity were found to interrupt emotional flow and reduce therapeutic depth, underscoring the importance of stable digital infrastructure.

Backup communication options and ease of access further supported continuity by reducing anxiety and preventing session dropouts. Additionally ,therapist competence in online settings particularly adaptability, warmth, and professional presence was essential in maintaining trust and a strong therapeutic alliance (Connolly et al.,202).

Privacy and ethical trust also emerged as key determinants of disclosure. Platform credibility, therapist transparency, and clear confidentiality safeguards increased participants' willingness to share sensitive experiences, whereas doubts about privacy limited the depth of engagement (Barnett,2017; Torus et al.,2018).

Overall, these findings suggest that technological reliability, therapist competence, and ethical assurance collectively shape the quality, safety, and effectiveness of online therapeutic experiences,

CHAPTER V: SUMMARY & CONCLUSION

Summary of Findings

According to the study, university students make contextual and dynamic judgments about online versus in-person treatment based on perceived therapeutic benefit, practical limits, emotional requirements, and technical trust. Initial involvement was affected by accessibility and ease, and flexible switching between modalities was made possible by an integrative, hybrid approach. While internet treatment offered comfort, continuity, and less stigma, in-person therapy was chosen for deeper emotional processing and a greater therapeutic relationship. Maintaining participation and transparency required both ethical trust and technological dependability. In general, students saw both approaches as complimentary parts of an adaptable mental health care system.

Conclusion

On the basis of this study, students' help-seeking behavior is primarily influenced by contextual decision-making. While in-person treatment was thought to be more beneficial for depth, insight, and relationship bonding, telehealth was praised for accessibility, flexibility, and stigma reduction. Effectiveness depended on the demands of the scenario rather than a particular modality. The results lend credence to a hybrid model of treatment in which students actively transition between online and in-person therapy in response to evolving situations, including mental health assistance into their everyday routines.

Implications

The findings indicate that therapeutic preferences are influenced by lived experiences rather than set views, which is consistent with interpretivist and help-seeking theories. While in face-to-face treatment enhances therapeutic relationship and emotional depth, telehealth lowers stigma and increases access. In order to improve student participation, mental health services should practically implement adaptable hybrid models, guarantee technological dependability, uphold ethical transparency, and offer accessible, reasonably priced care.

Limitation

The study's small sample size (N=10) and qualitative design limit generalizability. Findings are based on subjective, self-reported experiences and may be influenced by recall bias and researcher interpretation. The cross-sectional nature restricts understanding of changing perceptions over time, and the focus on help-seekers excludes perspectives of non-users. Additionally, rapid technological changes may affect the relevance of findings in the future.

Recommendation for Future Research

Future studies should include larger, more diverse samples and adopt longitudinal designs to examine changes over time. By connecting experiences with quantifiable results, mixed-method and experimental research can improve the evidence. Specific therapy strategies, digital literacy, and technical elements affecting participation should all be investigated in future studies. Further understanding of the future of mental health services may be gained by looking at new digital technologies and developing hybrid care models.

REFERENCES

1. Ambady, N., & Rosenthal, R. (1992). Thin slices of expressive behavior as predictors of interpersonal consequences: A meta-analysis. *Psychological Bulletin*.
2. Andersson, G., Carlbring, P., & Titov, N. (2014). Internet interventions for adults with anxiety and mood disorders. *World Psychiatry*.
3. Backhaus, A., Agha, Z., Maglione, M. L., Repp, A., Ross, B., Zuest, D., & Thorp, S. R. (2012). Videoconferencing psychotherapy: A systematic review. *Psychological Services*.
4. Backhaus, A., Agha, Z., Maglione, M. L., Repp, A., Ross, B., Zuest, D., & Thorp, S. R. (2012). Videoconferencing psychotherapy: A systematic review. *Psychological Services*, 9(2), 111–131. <https://doi.org/10.1037/a0027924>
5. Bandura, A. (1986). *Social foundations of thought and action: A social cognitive theory*. Prentice-Hall.
6. Barnett, J. E. (2017). Ethical issues in telepsychology. *Professional Psychology: Research and Practice*.
7. Békés, V., & Aafjes-van Doorn, K. (2020). Psychotherapists' experiences with online therapy *Psychotherapy*.
8. Bull, S., Levine, D., Black, S., Schmiede, S., & Santelli, J. (2016). Social media–delivered sexual health intervention: A cluster randomized controlled trial. *American Journal of Preventive Medicine*, 50(3), 293–302. <https://doi.org/10.1016/j.amepre.2015.08.004>
9. Bulkes, N. Z., Davis, K., Kay, B., & Riemann, B. C. (2022). Comparing efficacy of telehealth to in-person mental health care in intensive-treatment-seeking adults. *Journal of Psychiatric Research*, 145, 347–352. <https://doi.org/10.1016/j.jpsychires.2021.11.003>
10. Chaudhary, A. P., Sonar, N. S., Jamuna, T. R., Banerjee, M., & Yadav, S. (2021). Impact of COVID-19 on mental health of college students in India. *Indian Journal of Psychological Medicine*, 43(3), 239–242. <https://doi.org/10.1177/02537176211006915>
11. Connolly, S. L., Miller, C. J., Lindsay, J. A., & Bauer, M. S. (2020). A systematic review of telepsychology training. *Journal of Telemedicine and Telecare*.
12. Conrad, R. C., Rayala, H. J., Menon, M., Vora, K., & Kramer, N. (2024). Telemental health adoption and student satisfaction in university counseling centers. *Journal of American College Health*.
13. Creswell, J. W. (2013). *Qualitative inquiry and research design: Choosing among five approaches* (3rd ed.). Sage.
14. D'Adamo, L., Lattie, E., Mohr, D. C., et al. (2023). Reach and uptake of digital mental health interventions based on cognitive-behavioral therapy for college students: A systematic review. *Internet Interventions*.
15. Ebert, D. D., Zarski, A. C., Christensen, H., Stikkelbroek, Y., Cuijpers, P., Berking, M., & Riper, H. (2015). Internet-based interventions for mental health. *Journal of Medical Internet Research*.
16. Eichenberg, C., Aranyi, G., Rach, P., & Winter, L. (2022). Therapeutic alliance in psychotherapy across online and face-to-face settings: A quantitative analysis. *Internet Interventions*.

17. Eisenberg, D., Lipson, S. K., Heinze, J., & Zhou, S. (2021). Mental health service utilization among college students. *Journal of American College Health*, 69(5), 562–571. <https://doi.org/10.1080/07448481.2019.1660365>
18. Elliott, R., Bohart, A. C., Watson, J. C., & Murphy, D. (2018). Therapist empathy and client outcome: An updated meta-analysis. *Psychotherapy*.
19. Everly, G. S., & Mitchell, J. T. (2008). *Critical incident stress management*.
20. Flückiger, C., Del Re, A. C., Wampold, B. E., & Horvath, A. O. (2018). The alliance in adult psychotherapy: A meta-analytic synthesis. *Psychotherapy*.
21. Ganesh, R., John, N., Sagar, R., & Mehta, M. (2022). Tele-MANAS: India's national tele-mental health program. *Indian Journal of Psychiatry*, 64(6), 582–584.
22. Gatdula, N., Costa, C. B., Rascón, M. S., Deckers, C. M., & Bird, M. (2022). College students' perceptions of telemental health to address their mental health needs. *Journal of American College Health*, 72(2), 515–521. <https://doi.org/10.1080/07448481.2022.2047697>
23. Glueckauf, R. L., Maheu, M. M., Drude, K. P., Wells, B. A., Wang, Y., Gustafson, D. J., & Nelson, E. L. (2018). Survey of telebehavioral health guidelines. *Telemedicine and e-Health*.
24. Gonsalves, P. P., Hodgson, E. S., Kumar, A., et al. (2019). Design and development of the ARTEMIS intervention for youth mental health in India. *BMC Health Services Research*, 19, 918.
25. Greenberg, L. S. (2011). *Emotion-focused therapy*. American Psychological Association.
26. Greenwood, H., Krzyzaniak, N., Peiris, R., Clark, J., Scott, A. M., Cardona, M., Griffith, R., & Glasziou, P. (2022). Telehealth versus face-to-face psychotherapy for less common mental health conditions: Systematic review and meta-analysis. *JMIR Mental Health*, 9(3), e31780.
27. Gulliver, A., Griffiths, K. M., & Christensen, H. (2010). Perceived barriers and facilitators to mental health help-seeking in young people: A systematic review. *BMC Psychiatry*, 10, 113. <https://doi.org/10.1186/1471-244X-10-113>
28. Hadler, N. L., Curtis, P., Gillings, D., & Stinnett, S. (2020). Telehealth interventions and patient satisfaction: A systematic review. *Health Services Research*, 55(2), 345–356.
29. Hadler, N. L., Curtis, P., Gillings, D., & Stinnett, S. (2021). Telehealth and mental health service delivery: Patient and provider perspectives. *Health Services Research*, 56(4), 657–665.
30. Hall, J. A., Harrigan, J. A., & Rosenthal, R. (2009). Nonverbal behavior in clinician–patient interaction. *Applied and Preventive Psychology*.
31. Hayati, M. S., et al. (2024). The effects of a telenursing scheduled intervention of brief behavioral activation therapy.
32. Henderson, C., Evans-Lacko, S., & Thornicroft, G. (2013). Mental illness stigma, help seeking, and public health programs. *American Journal of Public Health*, 103(5), 777–780. <https://doi.org/10.2105/AJPH.2012.301056>
33. Hill, C. E. (2014). *Helping skills: Facilitating exploration, insight, and action*. American Psychological Association.
34. Hogan, J. N., et al. (2022). Conducting couple therapy via telehealth: Special considerations for virtual success.

35. Horvath, A. O., Del Re, A. C., Flückiger, C., & Symonds, D. (2011). Alliance in individual psychotherapy. *Psychotherapy, 48*(1), 9–16. <https://doi.org/10.1037/a0022186>
36. Ierardi, E., Bottini, M., Zotti, A. M., & Ruggeri, M. (2022). Psychodynamic counseling in university students: Online versus face-to-face intervention. *Frontiers in Psychology, 13*, 834509.
37. Kvale, S., & Brinkmann, S. (2009). *InterViews: Learning the craft of qualitative research interviewing* (2nd ed.). Sage.
38. Lambert, M. J., & Ogles, B. M. (2004). The efficacy and effectiveness of psychotherapy. In *Bergin and Garfield's handbook of psychotherapy*.
39. Lopez, A. (2019). Technology-based mental health treatment and the impact on the therapeutic alliance.
40. Madrid-Cagigal, A., García-Molina, A., & Ruiz-López, M. (2024). Digital mental health interventions for university students: A systematic review and meta-analysis. *Internet Interventions*.
41. Mallinckrodt, B. (2010). Attachment theory and psychotherapy. *Psychotherapy*.
42. Mehrotra, S. (2025). Tele-mental health services in India: Opportunities and challenges. *Indian Journal of Clinical Psychology*.
43. Montagni, I., et al. (2020). Mental health-related digital use by university students: Perceived benefits and concerns. *Telemedicine Journal and e-Health*.
44. Morland, L. A., et al. (2013). Telemedicine: A cost-reducing means of delivering mental health care to veterans with PTSD.
45. Mohr, D. C., Zhang, M., & Schueller, S. M. (2017). Personal sensing: Understanding mental health using smartphones. *Annual Review of Clinical Psychology*.
46. Newcombe, R., Walker, S., & Smith, J. (2025). Hybrid mental health services in higher education: Student preferences and outcomes. *Journal of Mental Health, 34*(1), 45–54.
47. Norcross, J. C., & Lambert, M. J. (2019). *Psychotherapy relationships that work*. Oxford University Press.
48. Norwood, C., Moghaddam, N., Malins, S., & Sabin-Farrell, R. (2018). Working alliance and outcome effectiveness in videoconferencing psychotherapy: A systematic review and noninferiority meta-analysis. *Clinical Psychology & Psychotherapy, 25*(6), 797–808. <https://doi.org/10.1002/cpp.2315>
49. Parikh, S. V., Huniewicz, P., & Eftekhari, A. (2019). Digital mental health interventions: Current evidence and future directions. *Canadian Journal of Psychiatry*.
50. Rees, C. S., & Stone, S. (2005). Therapeutic alliance in online therapy. *Journal of Telemedicine and Telecare*.
51. Resandono, D., & Basri. (2023). Technical issues in teletherapy: Implementation challenges and user impact.
52. Ryan, R. M., & Deci, E. L. (2000). Self-determination theory and the facilitation of intrinsic motivation. *American Psychologist*.
53. Simpson, S., & Reid, C. (2014). Therapeutic alliance in videoconferencing psychotherapy. *Journal of Telemedicine and Telecare*.

54. Sperandeo, R., et al. (2025). Effectiveness and therapeutic alliance between face-to-face and online psychological interventions: A longitudinal study. *Frontiers in Psychology*.
55. Suresh, R., Thomas, S., & Nair, P. (2025). Mental health status of university students in post-pandemic India. *Asian Journal of Psychiatry*.
56. Sweetman, J., Knapp, P., Varley, D., Woodhouse, R., McMillan, D., & Coventry, P. (2021). Barriers to attending initial psychological therapy service appointments. *Journal of Affective Disorders*.
57. Torous, J., Wisniewski, H., Liu, G., & Keshavan, M. (2018). Mental health mobile applications. *World Psychiatry*.
58. Turgoose, D., Ashwick, R., & Murphy, D. (2018). Interactional differences between telephone and face-to-face psychological therapy. *Journal of Affective Disorders*.
59. U.S. Department of Health and Human Services. (2023). Telehealth programs. <https://telehealth.hhs.gov>
60. Wagner, B., Horn, A. B., & Maercker, A. (2023). Internet-based mental health interventions for university students: Accessibility and effectiveness. *Clinical Psychology Review*.
61. Witteveen, A. B., et al. (2022). Remote mental health care interventions during the COVID-19 pandemic: An umbrella review. *Behaviour Research and Therapy*.
62. Wong, C. A., Ming, D., Maslow, G., & Gifford, E. J. (2018). Digital mental health services for adolescents and young adults: A systematic review. *Journal of Adolescent Health*.
63. You, J. H. S., et al. (2022). Cost-effectiveness of internet-supported cognitive behavioral therapy for university students with anxiety symptoms. *PLoS One*.