

Impact of COVID-19 pandemic on videoconferencing psychotherapies for the treatment of depression in Spain

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Abstract: The present study investigated the impact of COVID-19 on the demand of Spanish psychologists for videoconferencing (VC) treatment of depression during the first wave of the pandemic. Fifty-four psychologists participated and completed an online survey to compare psychotherapy provided before and after the pandemic. Results showed that CV-treated depression increased significantly by 80.3% and had an overall relative risk (RR) of 4.4 (95%, CI: 3.1-6.1) for increasing during the first months after the outbreak compared with before the pandemic. Specifically, the therapy with the greatest increase in demand according to RR was systemic (10.10), followed by cognitive-behavioral (4.0), eclectic (3.7), humanistic (3.3), so-called “third generation” therapies (3.1), and psychodynamic (1.0). These results suggest the importance of the new approach based on non-face-to-face classic therapy.

Keywords: Mental health; depression; online psychotherapy; COVID-19.

Impacto de la pandemia de COVID-19 en las psicoterapias por videoconferencia para el tratamiento de la depresión en España

Resumen: El presente estudio investigó el impacto de la COVID-19 en la demanda experimentada por los psicólogos españoles en el tratamiento de la depresión por videoconferencia (VC) durante la primera oleada de la pandemia. Participaron 554 psicólogos que completaron una encuesta online para comparar la psicoterapia proporcionada antes y después de la pandemia. Los resultados indicaron que la depresión tratada por VC aumentó significativamente un 80.3% y tuvo un riesgo relativo (RR) global de 4.4 (95%, IC: 3.1-6.1) para su aumento durante los primeros meses después del brote en relación con antes de la pandemia. En concreto, la terapia que más incrementó su demanda, según el RR, fue la sistémica (10.10), seguida de la cognitivo-conductual (4.0), la ecléctica (3.7) la humanista (3.3), las terapias denominadas de “tercera generación” (3.1) y la psicodinámica (1.0). Estos resultados sugieren la relevancia que desempeña el nuevo enfoque basado en la terapia no presencial.

Palabras clave: Salud mental; depresión; psicoterapia online; COVID-19.

Introduction

The first wave of the COVID-19 pandemic in Spain, in March 2020, presented a great challenge for psychologists in the treatment of depression. According to the WHO recommendations (World Health Organization, 2020a) and with the aim of respecting the main preventive health measures, such as isolation and social distancing (De Abreu & Angelucci, 2023; Qian & Jiang, 2022), treatment should be administered primarily telematically (Talevi et

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al., 2020). In this context, Spanish psychologists with little experience in teletreatment, since only 10% implemented it regularly before the pandemic (González-Peña et al., 2017), had to face depression prevalence levels between 25-35%, which was an increase of up to 7 times the pre-pandemic levels, marking the highest levels measured to date in Spain (Chen et al., 2021; Sandín, 2022; Sandín et al., 2020). An increase in the prevalence of depression in a crisis situation such as that caused by COVID-19, as highlighted by the American Psychological Association, implies an increase in the demand for its treatment (APA, 2020). In the United States, as a consequence of the first wave pandemic, the teletreatment of depression increased 12-fold, increasing, according to psychologists, its demand by up to 85.5% (Pierce et al., 2021). This country can now anticipate psychological resources and prepare for similar future mental health crises. In Spain, there are no data in this regard.

Another key question in the treatment of depression during the first wave of the pandemic is its effect on the type of psychotherapy delivered (Trusty et al., 2022). Depression can be treated in many ways (García-Escalera et al., 2017; Pérez-Álvarez & García-Montes, 2001). Among the treatments available for depression in adults, Cuijpers (2020) has pointed out in several reviews that cognitive-behavioral therapy (CBT), behaviour therapy including problem solving (PST) and behavioral activation therapy (BAT), interpersonal therapy (IPT), humanistic (nondirective support therapy; NDST), and psychoanalytic therapies (psychodynamic therapy, PDT; brief therapy, BT) are effective and do not show significant differences between them. Without forgetting the efficacy of systemic therapy (ST) informed in the meta-analysis of Henken et al. (2007). But depression cannot be treated telematically in several ways as in the traditional face-to-face interventions. By videoconferencing (VC), the most similar tool to in-person treatment and in which the therapist and patient maintain synchronous communication (Lin et al., 2021; Soto-Pérez et al., 2010), only the following therapies: cognitive-behavioral (CBT), behaviorists (PST and BAT), and humanistic (TAND) have shown efficacy results for up to 6 months in adults through randomized controlled trials (Barnett et al., 2021; Berryhill et al., 2019; Lin et al., 2022; Tuerk et al., 2018; Varker et al., 2019). Therefore, currently, specifically cognitive and or behavioral therapies, together with the humanist TAND, show empirical support for their telematic use by VC, versus those of a psychoanalytic, systemic (ST) orientation, and even surprisingly, that recommended by the WHO (2020b), the IPT, whose effectiveness has

not yet been shown. These results further emphasize what Yildirim et al. (2021) indicated on the importance of knowing how the pandemic situation has affected the type of psychotherapy provided for the treatment of depression. This allows access to have the largest number of therapists in a pandemic crisis situation such as the one caused by COVID-19.

Therefore, through this study and in line with what was indicated by Barnett et al. (2021), it is expected that results will be useful for the development of future predictive models that help maximize telematic resources for the treatment of depression beyond the pandemic. For this, the experience of Spanish psychologists was used during the first wave of COVID-19 from June to September 2020, in the treatment of depression for VC. Specifically, this study hypothesizes that, compared to the pre-pandemic data: a) the demand for depression will increase significantly during the first wave of COVID-19; and b) that cognitive and/or behavioral and humanistic therapies will be the most increased for their delivery by VC. In short, we aimed that this research, the first carried out to date from the point of view of psychologists, will help to develop programs so that in future mental health emergencies that affect depression, all therapists, regardless of their orientation, can become part of your country's mental health resources.

Method

Participants

A total of 554 Spanish psychologists from an initial sample of 1,380, completed the data to analyze the use of videoconferencing in the treatment of depression from June to October 2020. All surveyed participants had to be registered psychologists in the different professional associations of any region in the kingdom of Spain. Table 1 shows the sociodemographic and affiliation characteristics of the sample.

Instruments

For data collection, an *ad hoc* questionnaire of 47 questions was designed. The first twenty-one questions focused on evaluating the use of different telematic tools (e.g., question 15. Use and management of Internet content management systems. Mark only one circle per row: 1: WordPress, 2: Blogger... 6: others). The next 15 questions explored various aspects related to online methodology both before and after the coronavirus (e.g., question 33. "Regarding online therapy: Of all those

Table 1. Sociodemographic and affiliation data (n = 554)

Gender	
men	25.1%
women	74.7%
not binary	0.2%
Age	23-78 (M = 47.7)
Years of collegiate seniority	
0-5	9.9%
6-10	18.6%
11-15	17.1%
16-20	15.5%
21-25	11.4%
+ 25 years	27.4%
Membership Official College of Psychology	
Madrid	27.4%
Cataluña	11.9%
Andalucía Occidental	10.6%
Valencia	10.3%
Extremadura	6.5%
rest of Spain	< 5%

listed both before and after the coronavirus, please choose in order of importance the top three concerns that arise when doing online therapy). Finally, the 11 remaining questions evaluated whether teletherapy had been used (0 = no; 1 = yes) for teletreatment of different diagnostic categories of DMS-5 both before and after COVID-19. The question focused on major depressive disorder is the one that has been part of this study (e.g., question 41. Indicate the degree to which you have treated major depression before and after the coronavirus: “not at all”, “some”, “quite a bit” “a lot”).

Procedure

This study was approved by the ethics committee of the General Psychology Council of Spain (CGPE), since all active professional psychologists must be registered with an Official College of Psychology and the CGPE is the institution that coordinates and represents them (Ley 7/2005 de 13 de mayo). Once the proposal was reviewed and approved by the CGPE, the final survey design was coordinated with the new technologies area. Data collection began on June 26, five days after the Spanish government announced the end of the confinement of the first state of alarm for COVID-19 and ended on October 31, 2020. To do this, an email was sent to all psychologists registered

in their respective professional associations, inviting them to answer the study anonymously and in a maximum time of 15 minutes. Finally, to fill the maximum number of respondents, the system sent an email notification while the survey was open.

Statistical analysis

To estimate the size of the sample, the following formula was used, $n = \frac{z_{1-\alpha}^2 p \cdot q N}{e^2(N-1) + z_{1-\alpha}^2 p \cdot q}$, for the case of finite populations such as Spanish psychologists, 37,611 professionals in 2021 (INE, 2022). The result indicates that with a confidence level of 95% ($p = 0.5$), a population of 381 subjects is needed, a figure that reaches and exceeds this study.

To categorically measure the demand for the telematically treatment of depression, both globally and according to the type of psychotherapy delivered by Spanish psychologists during the first wave of COVID-19, a relative *risk analysis* (RR) was carried out, as well as an analysis of residuals for proportions. In this study, the RR analysis corresponding to the ratio of two incidence rates (Tamargo et al., 2019) measures the probability of the occurrence of a phenomenon (delivering therapy by VC for depression) in a population or group (Spanish psychologists during the pandemic), compared to another group (Spanish psychologists before the pandemic). Therefore, this calculation of the RR will allow us both to make a prognosis as a result of the teletreatment by VC in Spanish psychologists and to estimate the variation of teletherapy delivering by VC for the treatment of depression, according to the type of psychotherapeutic orientation of the psychologist.

Using a calculation of residuals for proportions is useful because it allows analyzing, through the chi-square test, the difference between the observed proportion of an event with the expected proportion. For this, the residual is calculated by subtracting the observed proportion from the expected proportion and dividing the result by the square root of the expected variance. If the resulting value of the standardized residual is greater or less than 1.96 (for a significance level of 5%), the residual is considered statistically significant and, therefore, allows a prediction to be made about the incidence between the observed proportion and the expected. In the case of this study, on the incidence that the COVID-19 pandemic has had on the demand for the treatment of depression delivered by VC, between June and September 2020.

The data to analyze the proportion of change in the distribution of therapies delivered by Spanish

psychologists for teletreatment of depression were obtained by analyzing the observed frequencies. For this, the answers were dichotomized (1 = yes, for all those who had answered “rarely”, “sometimes”, “often”, “almost always”; and 2 = no, for those who had answered “never”) in relation to each of the psychotherapies that the Spanish psychologists indicated they developed for the teletreatment of depression (CBT, eclectic, humanistic, IT, PDT, ST, BT and 3GT). This procedure allowed the creation of a 2x2 multidimensional table with the percentage distribution calculated according to the number of respondents per response, and divided by the total number of responses to each of the questions.

Statistical analyses were performed with the Statistical Package for the Social Sciences program (SPSS, Version 23).

Results

The results (see Table 2) indicate that the relative risk or incidence of VC delivery for depression treatment of depression was 4.4 (95% CI: 3.1-6.1). This indicates that a pandemic event of type COVID-19 has a risk of increasing 4.4 times the teletreatment of depression by VC. Most notably, from June to October 2020, the residual analysis indicated that teletreatment for depression delivered by VC during first wave of COVID-19, increased significantly by 80.3% ($\chi^2 = 282.96, p < .01$) compared to that implemented before the pandemic.

Regarding the type of psychotherapy that increased its demand the most between the months of June to October 2020, the results indicated that was the ST, which had an increase of 10.10 (95% CI: 1.5-66), followed by CBT with a 4.0 (95% CI: 2.5-6.3); eclectic, 3.7 (95% CI: 2.01-6.82); humanist, 3.3 (95% CI: 1.01-10.62), 3GT, 3.1 (95% CI: 0.9-9.9), and PDT, 1.0 (95% CI: 0.0-0.3). The results also indicate that IT and BT were not significant, which suggests that they do not fit the model proposed by the residual analysis and, therefore, have a low incidence with respect to their demand during the first wave of the pandemic. The rest of the psychotherapies were appropriate to be part of the predictive model for the teletreatment of depression by VC. That is, the chi-square analysis indicated the following therapies as significant: ST ($\chi^2 = 20.140, p < .01$), CBT ($\chi^2 = 123.151, p < .01$); eclectic ($\chi^2 = 50.789, p < .01$); humanistic ($\chi^2 = 12.438, p < .01$), 3GT ($\chi^2 = 10.974, p < .01$) and PDT ($\chi^2 = 16.984, p < .01$).

Discussion

How much the COVID-19 pandemic has affected the incidence in the treatment for depression by VC?

To answer this question, this study explored the work of Spanish psychologists during the following four months after the end of the state of alarm in Spain in June 2020. Through these data we aimed to establish a model based on the demand experienced by Spanish psychologists to deal with depression by VC in the first wave of COVID-19; as well as through what types of psychotherapies were delivered compared to before the pandemic.

The first hypothesis of our study is confirmed by the results that indicated a significant increase in the demand for treatment of depression by VC. Specifically, Spanish psychologists reported an increase of 80.3% compared to the pre-pandemic period. This data is somewhat below that reported by American psychologists (85.5%), as is the 4.4 increase detected in Spain compared to the 12.0 experienced in the United States. But regardless of which country had the highest demand for teletreatment of depression, what both percentages above 80% indicate the great incidence that the coronavirus has had on depression. Both exceed by much of the 64.3% expected to grow globally in 2020, the demand for mental health care telematically (Imaging Technology News, 2020). Therefore, these data indicate the importance of all therapists obtaining specialized training for the treatment of depression by VC, since in the face of a public health system that has not been able to face the mental health crisis (Chacón-Fuertes et al., 2020; González-Rodríguez & Labad, 2020), psychologists are the only resources available to citizens to deal with a mental health problem such as depression, which is one of the most prevalent psychological consequences after a traumatic event (Gray et al., 2020; Lê et al., 2013), appears from the beginning (Álvarez-Palacio & Bermúdez, 2021) and lasts up to 3 years later (Liu et al., 2012; Magnúsdóttir et al., 2022).

The results of this study partially support our second hypothesis. Psychotherapy whose incidence has increased the most during the first wave of the COVID-19 pandemic for treatment of depression by VC, according to Spanish psychologists, was systemic and not cognitive-behavioral orientation. The CBT in accordance with our hypothesis was the second most increased and thirdly, surprisingly, the eclectic. They are followed in fourth place by the humanistic, the 3GT, and finally by the PDT. Interestingly, neither IPT nor BT was included in the predictive model associated with the significance of its increase, as its implementation by VC has been scarce both before and during the first phase of the pandemic between June and October 2020.

Four results call our attention. The first was that the ST obtained the largest increase. The ST focusses on the effect that a disruptive family dynamic has on the individual (Henken et al., 2007). If the pandemic forced

Table 2. Analysis of residues and relative risk of Spanish psychologists during the first wave of COVID-19

Types of therapeutic orientations		Before COVID-19		Total	χ^2	<i>p</i>	RR	CI 95%
		yes	no					
CBT	<i>n</i>	214.0	21.0	235.0	123.15	0.000	4.0	2.5-6.3
	<i>n</i> expected	181.0	54.0	235.0				
	% intra before COVID-19	93.9%	30.9%	79.4%				
	Standardized residue	11.3	-11.3					
Eclectic	<i>n</i>	102.0	15.0	117.0	50.78	.000	3.7	2.0-6.8
	<i>n</i> expected	85.2	31.8	117.0				
	% intra before COVID-19	92.7%	36.6%	77.5%				
	Standardized residue	7.3	-7.3					
Humanistic	<i>n</i>	30.0	2.0	32.0	12.43	.000	3.3	1.0-10.6
	<i>n</i> expected	26.3	5.7	32.0				
	% intra before COVID-19	93.8%	28.6%	82.1%				
	Standardized residue	4.1	-4.1					
IPT	<i>n</i>	2.0	0.0	2.0	1.33	.248		
	<i>n</i> expected	1.5	0.5	2.0				
	% intra before COVID-19	66.7%	0.0%	50.0%				
	Standardized residue	1.2	-1.2					
PDT	<i>n</i>	31.0	3.0	34.0	16.98	.000	1.0	0.03-0.26
	<i>n</i> expected	27.0	7.0	34.0				
	% intra before COVID-19	100.0%	37.5%	87.2%				
	Standardized residue	4.7	-4.7					
ST	<i>n</i>	32.0	6.0	38.0	20.14	.000	10.1	1.5-66.3
	<i>n</i> expected	25.1	12.9	38.0				
	% intra before COVID-19	97.0%	35.3%	76.0%				
	Standardized residue	4.8	-4.8					
BT	<i>n</i>	16.0	0.0	16.0	3.73	.053		
	<i>n</i> expected	15.1	.9	16.0				
	% intra before COVID-19	100.0%	0.0%	94.1%				
	Standardized residue	4.1	-4.1					
3GT (BAT)	<i>n</i>	56.0	8.0	64.0	10.97	.001	3.1	0.9-9.9
	<i>n</i> expected	52.3	11.7	64.0				
	% intra before COVID-19	96.6%	61.5%	90.1%				
	Standardized residue	3.8	-3.8					
Others	<i>n</i>	14.0	2.0	16.0				
	<i>n</i> expected	9.7	6.3	16.0				
	% intra before COVID-19	100.0%	22.2%	69.6%				
	Standardized residue	4.0	-4.0					
Total	<i>n</i>	497.0	57.0	554.0	282.961	0.000	4.4	3.1-6.2
	<i>n</i> expected	421.5	132.5	554.0				
	% intra before COVID-19	94.7%	34.5%	80.3%				
	Standardized residue	16.9	-16.9					
	<i>n</i>	525.0	165.0	690.0				
	%	100.0%	100.0%	100.0%				

Note. RR = relative risk; CI = confidence interval, CBT = cognitive behavioral therapy; therapy; IPT = interpersonal therapy; PDT = psychodynamic therapy; ST = systemic therapy; BT = brief therapy; 3GT = "third generation" therapy; BAT = behavioral activation therapy.

anything during the first wave, it was to remain locked for practically 3 months. The impact of lockdown was more negative for those who reported poor co-existence (Castaño-Ramírez et al., 2023; Jiménez et al., 2020). Therefore, it is understood that ST has been so important in its demand, according to reports from Spanish psychologists. This result, of course, supports the use of a predictive model based on incidence and where ST should be a resource of mandatory knowledge for the treatment of depression for VC in the first months of a pandemic that forces a change in the family coexistence. The second has to do with the elevated level of eclecticism delivered by professionals. A psychology that promotes its scientific status must make available to its members the empirical information necessary to move away from eclecticism (Pfender, 2020). According to Lazarus, eclecticism is defined by the application of techniques based on an amalgamation of theories that in the subjectivity of its construction only generates confusion (Lazarus et al., 1992). Therefore, professionals should be aware that their use must be limited. Another noteworthy result is the one obtained by IPT. It is surprising that IPT, the main WHO (2020b) recommendation for the treatment of depression has had such little impact among Spanish psychologists. The direction in which to direct our efforts is important. The IPT is a therapy that needs only 8 sessions to be completed. Therefore, from a clinical and political perspective, opting for the shortest therapy in periods of crisis where urgency is the norm seems like a good solution. But, interestingly, IPT still needs randomized controlled trials to be administered by the VC, as have the following therapies: CBT, PST, BAT and NDST. Therefore, their empirical reality indicates that they should be a reference for their implementation by VC for the treatment of depression, but without forgetting the idiosyncratic clinical reality of each country, such as Spain, whose professionals have indicated the importance of ST during the first wave of COVID-19.

This study has a main limitation that future research will have to address in order to match the results of population studies on the prevalence of depression with the real demand reported by professionals. Specifically, the data from this study on the demand for depression that Spanish psychologists had during the first wave of the COVID-19 pandemic have been carried out in a general way. Future studies will have to elucidate whether young adults between the ages of 18 and 30, as well as women, are who request the most therapy, in accordance with García-Álvarez et al. (2020) who indicated in those groups the highest levels of depression during the first months of the pandemic in Spain. On the other hand, this study has two great strengths. On the one hand, having

obtained a wide sample of psychologists from all over the Spanish national territory as informants, which allows the results obtained to be representative of Spanish psychology as a professional group. Likewise, the survey was available four months, from the end of lockdown due to COVID-19, from June 26 to October 31, 2020. This allowed a more comprehensive analysis of the delivery of teletherapy in that critical period after the outbreak of the pandemic.

In sum, to alleviate the serious consequences on mental health due to COVID-19, the WHO (2020c) indicated that it is vital to identify the measures implemented for the treatment of mental health during the different phases of the pandemic in response to COVID-19. This study focused on the first wave of the pandemic has showed the high demand that Spanish psychologists have endured from June to October 2020 in the telematically treatment of depression, tripling in the least of cases, the implementation of any type of therapeutic orientation, regardless of whether it is backed by randomized controlled trials on its efficacy delivered remotely by VC. Definitely, the empirical results provided will help to guarantee the well-being of citizens, in addition to being useful for mental health agendas and programs.

Conflicts of interest

The authors have no conflicts of interest to disclose.

Data availability statement

The ad hoc questionnaire designed for this study are openly available at Figshare at <https://doi.org/10.6084/m9.figshare.24790275>

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