



Special Issue | Social and development concerns in Africa (c)

Special Issue on Social Work During COVID-19: Article 1 | March 2021

Copyright © 2021 The International Journal of Social and Development Concerns (IJSDC) All Rights Reserved
(An International Publisher for Academic and Scientific Resources)

NEED-BASED SOCIAL WORK INTERVENTION AMONG INCARCERATED PERSONS DURING PANDEMICS: A TELE-COUNSELLING PERSPECTIVE

Authors: Simiyu Violet¹, Norvy Paul² & Teresia Mutavi³

Special Issue Editors

¹Norvy Paul

²Johnson Mavole

³Arya Chandran

¹The Catholic University
of Eastern Africa,
Nairobi

²St. Augustine
University of Tanzania,
Mwanza City

³Bharathamatha School
of Social Work, Kochin,
India

Chief Editor

Web: www.ijsdc.org

Email: info@ijsdc.org

Editing Oversight

Impericals

Consultants

International Limited

Abstract: *The justice-involved population is highly vulnerable to any pandemic owing to inhumane conditions surrounding its environment. The majority of correctional settings are characterized by overcrowding, poor sanitation, limited access to quality healthcare, poorly trained and understaffed personnel. Health organizations advocate for social distance and isolation and even cessation of movement of people as one way of curbing the spread of infection during pandemics, and this complicates the situation even further for those incarcerated to access needed health services as most of the health workers are overwhelmed with the pandemic as it sweeps across the globe. Loss of interaction with loved ones and communication caused by social distancing and isolation, profound anxiety, depression, and elevated risk of mental health problems increases tremendously among prisoners during pandemics. Social workers delivering services to inmates face challenges as they have to adhere to laid down rules of mitigating the spread of the infection as in-prison visitations are discouraged during such an unprecedented period as it potentially undermines the prevention and mitigation of the spread of the diseases both in the correctional facility and the community. As social workers are guided by social work values of service and the importance of human relationships, they ought to put their health and clients into consideration as they continue with service delivery. With this regard, this paper is looking into the implications, benefits, opportunities, and challenges of Tele-counseling among the incarcerated population in averting the effects of the pandemic. Secondary literature is reviewed to explore tele-counselling as an integral area of social work intervention. This will be dominantly a desktop review drawing conclusions and recommendations.*

Keywords: Social Work Interventions, Incarcerated, Pandemic, Tele-counselling

¹ Research Scholar, The Catholic University of Eastern Africa, Nairobi. Email: nekesaviolet2013@gmail.com

² Senior Lecturer in Social Work, The Catholic University of Eastern Africa, Nairobi. Email: fnorbypaul@gmail.com

³ Research Supervisor in social work, University of Nairobi. Email: terrymutavi254@gmail.com

Introduction

Pandemics and epidemics that have been occurring in the world in most years and dramatic failure to contain them cause grave adversities to humanity (Potter 2001). Unfortunately, bodies like World Health Organization that are tasked with the mandate to control disease outbreaks have always focused on the disease way after the pandemic has swept through the globe (Wolfe et al., 2005) as systems grappling with the surge in infections. Research indicates that in the wake of pandemics, the spread is quickest in closed environments such as jails and prisons because of poor spacing caused by overcrowding, poor and/or limited infrastructure (Lines 2008), planning and controlling the spread of the outbreak in correctional settings is usually very critical as the environment. The policies are not very favourable (CDC, 2007). People in prisons typically have a higher underlying burden of illness and poorer health outcomes than the general population. In addition to demographic characteristics, they frequently face greater exposure to risks such as smoking, bad hygiene and inadequate immune protection due to stress, poor nutrition or the prevalence of coexisting diseases, such as blood-borne viruses, tuberculosis and drug use.

The various measures laid down by the governments and health organizations to contain pandemics disadvantage inmates as they usually lead to isolation, loneliness, and other related implications. In response to pandemics, many prisons will go on lockdown during such times, locking out families that would otherwise visit their loved ones. Moreover, prison programs are cancelled (Hafz et al., 2020). Even when prisoners are not in the middle of an outbreak, the disease haunts their lives during pandemics, filling them with concern for their families outside. There are persistent physical and mental conditions in a high proportion of detained people. Once health resources are dedicated almost entirely to combat pandemics, such as the COVID-19 pandemic, these individuals may be even more neglected. Even worse, many countries lack the facilities and services to house and care for detained people in a potential quarantine (Braunack-Mayer et al., 2010). People stripped of their liberty like those in jail are likely to be more vulnerable to various illnesses and disorders. The very reality of being deprived of freedom means typically that people live in proximity to each other in prisons and other incarceration places, resulting in an increased risk of person-to-person and droplet transmission of pathogens COVID-19.

From a health care point of view, correctional facilities are not equipped to handle a pandemic. It is unrealistic to expect correctional healthcare staff to minimize or treat outbreaks

with limited resources at their disposal Gatherer & Stover, 2007). Correctional healthcare facilities are designed to treat relatively mild respiratory problems for a limited number of people and rely on transfer to local community hospitals to deliver more complex care (Marshall & Stevens, 2000). While the primary intervention of isolation may well achieve its goals, it leads to reduced access to support from family and friends, and degrades standard social support systems and causes loneliness, and is a risk for worsening anxiety and depressive symptoms (Zhou et al., 2020). In addition to the severe threats raised by the pandemic itself, there are now new problems for clinicians charged with attending to the vast proportion of prisoners with mental illness.

The COVID-19 pandemic has threatened all the world's current healthcare systems. The face-to-face interaction of healthcare professionals with the patient carries a risk of dissemination as it spreads through the droplet, fomite, and touch dissemination (Ghai, 2020). To avoid disruption and help individuals continue to foster their mental well-being while abiding by social distancing guidelines and flattening the curve of the spread of infection, many practitioners have swiftly transitioned to offering online therapy (Sheldon, 2011). In the wake of lockdown and cessation of people's movement during the pandemic, correctional facilities can reduce costs associated with access to care, including transportation, security, and healthcare costs, and improve healthcare outcomes by providing speciality services. Inquests to avoid potential carriers from the community causing transmission into the prison, families or advocates are banned from visiting prisoners. When inmates lack contact with their families, they become edgy, which causes a strain on their mental health. Furthermore, cases of depression will undoubtedly set in motion and tempers that are likely to flare up during such difficulties.

The use of the Internet and telephone-based resources is becoming an alternative and supporting method of providing many services in a healthcare and health management setting (Downes et al., 2017, Small et al., 2017). Information Technology-based consultations, as Downes et al. (2017) argue, provide a promising alternative and supporting service for face-to-face general practice care in situations where traditional methods of service delivery are not possible. Increasing the phone time as compensation for the lack of visits has a bearing on calming prisoners since their apprehensions about their families' well-being would rest by prolonging phone conversations and increasing the same frequency. Phone calls via mobile phones introduced by the department and regulated by the staff can be used temporarily to ease the limited communication systems within the prisons (Chritie, 2010). The same may go a long way in positively engaging and enabling the

mind to change focus from distress occasioned by uncertain times.

Tele-counseling can be described as "the process whereby patients receive medical advice by one or more qualified healthcare professionals via the telephone" (Vaona et al., 2017). In other words, Tele counselling may refer to the practice of providing counselling services by telephone, video conferencing, or internet media (Dorstyn, Saniotis & Sobhanian, 2013). As a solution, telehealth or tele counselling can help manage health care and improve outcomes in correctional facilities. Telecounseling care is more than a solution to the limited access to mental health care in prisons. Telehealth is ideal for managing communicable diseases as crucial in slowing the transmission of a virus regarding 'social distancing', thus decreasing person-to-person contact (Smith et al., 2020). Telecounseling, as a telehealth component, is a modern intervention health and service delivery service practitioners use to ensure clients receive therapy through secured platforms such as video sessions and direct messaging treatment (Reinhardt et al., 2019). It is a process of offering health service to clients from a distance by use of technology-based means (World health organization, 2010). Tele-counseling, as a communication model that involves a third party method, is delivered without being present in person or face-to-face. These third-party methods or platforms may include telephone, email, texts, Skype, and other media. Tele-counseling is a rudimentary form of telemedicine (Downes, 2017).

In correctional settings such as jails and prisons, this telehealth sub-speciality has shown potential for expanded use. Prisoners have long earned substandard health services, including mental health care, in correctional facilities (Leonard 2004). Lack of sufficient medical care has resulted in untreated mental illnesses such as depression, anxiety, bipolar disorders, and schizophrenia becoming prevalent in the prison population, especially during a pandemic when all family and friends' prison visits are stopped for fear of infectious disease transmission (James, & Glaze 2006)

Since its inception, telemedicine has been lauded by policymakers as a field with the power to transform healthcare provision in rural areas and in areas where services are underdeveloped (Bagchi, 2006). Even when not facing a pandemic, transporting prisoners outside correctional treatment facilities has not been efficient. Transportation costs, actual transportation costs, travel hours, and increased risks to public safety and security have been significant obstacle to getting prisoners to treatment providers. Telecounseling, as a subunit of telehealth, plays a crucial role in

reducing such barriers while ensuring inmates get necessary treatment from social and health providers. Social distancing requirements during pandemics cause a surge in the need for online services. Therapists rise to the occasion to best help the individuals within their care. As the need for online service increase during pandemics, therapists should be informed about best practices in telehealth and a legal obligation to follow governmental guidelines (Dorsey & Topol, 2016, Tuckson & Hodgkins, 2017). Despite various changes, the ability to utilize teletherapy during the pandemic is a privilege that allows clients and practitioners to continue the client's growth journey in a time in which much has been changed, postponed, or cancelled. Through video conferencing, inmates get to see specialists and psychiatrists without ever leaving the facility as they adhere to directives of flattening the curve of the pandemic.

1. Methodology

This was a desktop review that utilized search engines applying specific keywords to get data related to tele-counselling in the context of incarceration. The literature review examined the benefits and opportunities of tele-counselling and the challenges of implementing tele-counselling in correctional facilities during pandemics. Keywords included "telehealth", "tele-counselling", "inmates", "prisoners" and "access to distance counseling". Both general and specific engines were searched.

2. Results of the Study

During the pandemic, telephone therapy provides increased access to mental health and other social services for inmates where face-to-face consultation is not available. This improvement in access is accomplished across the continuum of mental health care, which has played a vital role in enhancing the standard of inmate care. The tele-counselling professional advocated using technology-based interventions to improve access and lower costs for supplying correctional facilities with mental and health care services.

2.1 Benefits of Tele-Counseling in Correction Facilities

Research suggests that inmates are comfortable with consulting, initial therapy assessment, drug management, and psychotherapy for telehealthcare. Besides, prisoners in some instances, such as treatment for sexual assault and sexual dysfunction, have favoured telehealth (Tucker et al., 2006). Since inmates have little confidentiality or privacy in general, it has been found that,

compared to face-to-face treatment, patient acceptance and satisfaction with providers and multiple staff involved in Tele counselling therapy as a subunit of telehealth remains high. Researchers note that privacy of treatment is no more at risk than in face-to-face interactions in correctional facilities in social and mental health care because safe applications and Internet connectivity are used to deliver those services (Lexcen et al., 2006) Telecounseling is an option that can also protect health care providers and social workers working with inmates in a situation where cross-infection is inevitable. Teletherapy allows inmates to get mental health treatment in the correctional facility without risking the spread of infection during epidemics and pandemics. Lastly, Tele counselling is a perfect option for anyone who is already seeing a therapist in-person but cannot make every appointment in-person.

2.2 Opportunities Tele-counseling in Correction Facility

This counselling model mitigates the potential health care barriers of distance, lack of transportation, cost, and a lack of providers (Sharer et al. 2010). Bearing in mind that most inmates suffer various chronic diseases, tele-counseling would be the best disease management model among physical and mental health practitioners. During pandemics, when the majority of health care providers and social workers working within correction facilities seek to add the telehealth model to their practice, it is recommended they first consider proper training and learn best practices to provide the best high-quality services possible to their patients (Smith et al., 2020).

Previous studies have revealed some success in this model of intervention. The literature points to significant short-term treatment effects associated with a telephone- and Internet-mediated services (Barak et al., 2008). Specifically, it includes moderate to substantial improvements across measures of depression, anxiety, quality of life, and psychosocial functioning reported. Besides, longer-term treatment effects are also reported, although based on minimal data. Researchers recommend the need for additional rigorous research to determine Tele counselling's clinical efficacy as a treatment option for depression among communities of which similar interventions can be extended to prison environments (Dorstyn et al, 2013).

Another related study on telepsychiatry showed both clinical utility and non-clinical uses, for example, administrative, learning, and research applications (Chakrabarti, 2015). Videoconferencing-based telepsychiatric assessments were reliable too, and clinical outcomes of such interventions were comparable to conventional treatment among diverse patient populations,

ages, and diagnostic groups and on a wide range of measures (Chakrabarti, 2015).

2.3 Challenges of Acceptance and Implementation of Tele-counseling in Correction Facilities

Many of the disadvantages of using tele-counseling at correctional facilities are technological. Many providers who use the Internet access of correctional facilities must obtain access past the firewalls of the facilities. It needs the continued collaboration of the prison administrators, which has not always been given, and an adept team in the IT department (Menachemi et al., 2004). The lack of acceptance of social and health care providers and prisoners to embrace tele-counseling in counseling and treating the inmates can be because they will find it complex and even resistant to new skills. Service providers may be challenged technologically, afraid of making an incorrect diagnosis (Estai et al., 2016). Prison servers are not always efficient, and connections may be unreliable for tele-counseling services to be offered. Another identified challenge associated with tele-counseling is the difficulty in establishing an atmosphere of openness and trust with new patients on the telephone, in the case of inmates where inflow and outflow are very high. Without adequate training in using such a medium as with face-to-face consulting skills, it is challenging to engage the client effectively. It is expected that this training may occur at any stage of a professional's career (Vaona et al., 2017)

Online counseling has also been criticized in terms of its absence of verbal and nonverbal cues, difficulties in maintaining confidentiality and security, overall effectiveness, technological challenges, and limits of being able to guarantee the therapist's credibility (Evans, 2008). Overlooked clinical cues known as "Reading" a person's body language, facial expressions, or other important nonverbal signals is best done when the client is sitting in front of the therapist. This opportunity is lost once a counsellor starts engaging a client doing therapy by telephone or email. Distance counseling can impede or prevent the development of a therapeutic alliance (Robb 2004)

In adopting steps to minimize the infection rate and flatten the curve during a pandemic, time is essential, but sometimes the sluggish speed at which things happen is one of the notable aspects of prison work. Because of the complicated agreements with telecommunications companies in the contract (Leonard 2004)

The inmate's digital skills and literacy are also a determinant for them to benefit from online therapy, especially if the communication setting involves installing and learning new software

and/or hardware (Kamel Boulos & Wheeler, 2007). This may disrupt the session and can potentially be distressing for the inmates and the practitioner. There is currently little research supporting the lack of effectiveness of counselling provided solely through such a medium. The lack of face-to-face interaction could increase the therapist's risk of misdiagnosis (Richards & Timuak, 2013).

3. Recommendation

Based on this study's findings, it is recommended that concerned stakeholders shun this wait-and-respond approach which is not sufficient and that the development of health systems by governments under the health sector be embraced to prevent novel pandemics. This should be considered imperative to human health.

In online counselling, a clear benefit of video calls versus phone calls is the ability to see your provider and these non-verbal cues, almost like in face-to-face counselling. However, eye contact, expressions, body position, gestures, voice tone, and silence may be slightly skewed via telehealth. There may also be a connectivity concern during counselling. The internet connectivity problem may be a common way these non-verbal cues get distorted. Nevertheless, even with a stable connection, key aspects of body language may differ in virtual sessions. Choosing a suitable platform and harmony is the therapist's or supervisor's responsibility. This is because of ethical consideration, such as technological platforms that adhere to standards of best practices related to confidentiality and quality of services and meet applicable laws. Clients and supervisees must be made aware in writing of the limitations and protections offered by the therapist's or supervisor's technology.

Conclusion

The usefulness of the Internet is now unimaginable concerning online therapy that is growing rapidly. It is no longer only used as traditionally as it has been used for chatting with friends and relatives. Increasing access to social work services during pandemics through tele-counselling for mental and health care services for this underserved population will enhance living conditions and protection within correctional facilities. With the use of tele-counselling, social and health care services, facilities, and state and federal governments may expect to reduce the likelihood of community transmission of the viral disease, such as the novel COVID-19.

References

- Bagchi, S. (2006). Telemedicine in rural India. *PLoS medicine*, 3(3).
- Barak, A., Hen, L., Boniel-Nissim, M., & Shapira, N. A. (2008). A comprehensive review and a meta-analysis of the effectiveness of internet-based psychotherapeutic interventions. *Journal of Technology in Human Services*, 26(2-4), 109-160.
- Braunack-Mayer, A. J., Street, J. M., Rogers, W. A., Givney, R., Moss, J. R., & Hiller, J. E. (2010). Including the public in pandemic planning: a deliberative approach. *BMC public health*, 10(1), 501.
- Centres for Disease Control and Prevention. (2007). Correctional Facilities Pandemic Influenza Planning Checklist.
- Chakrabarti, S. (2015). The usefulness of telepsychiatry: A critical evaluation of videoconferencing-based approaches. *World journal of psychiatry*, 5(3), 286.
- Chakrabarti, S. (2015). Usefulness of telepsychiatry: A critical evaluation of videoconferencing-based approaches. *World journal of psychiatry*, 5(3), 286.
- Christie, J. C. (2010). Disconnected: The safe prisons communications act fails to address prison communications. *Jurimetrics*, 17-59.
- Dorsey, E. R., & Topol, E. J. (2016). State of telehealth. *New England Journal of Medicine*, 375(2), 154-1
- Dorstyn, D. S., Saniotis, A., & Sobhanian, F. (2013). A systematic review of telecounseling and its effectiveness in managing depression amongst minority ethnic communities. *Journal of telemedicine and telecare*, 19(6), 338-346.
- Dorstyn, D. S., Saniotis, A., & Sobhanian, F. (2013). A systematic review of telecounseling and its effectiveness in managing depression amongst minority ethnic communities. *Journal of telemedicine and telecare*, 19(6), 338-346.
- Downes, M. J., Mervin, M. C., Byrnes, J. M., & Scuffham, P. A. (2017). Telephone consultations for general practice: a systematic review. *Systematic reviews*, 6(1), 128.
- Downes, M. J., Mervin, M. C., Byrnes, J. M., & Scuffham, P. A. (2017). Telephone consultations for general practice: a systematic review. *Systematic reviews*, 6(1), 128.
- Estai, M., Kruger, E., Tennant, M., Bunt, S., & Kanagasigam, Y. (2016). Challenges in the uptake of telemedicine in dentistry. *Rural and remote health*, 16(4), 168.
- Evans, J. (2008). *Online counselling and guidance skills: A practical resource for trainees and*

- practitioners*. Sage.
- Gainsbury, S., & Blaszczynski, A. (2011). A systematic review of Internet-based therapy for the treatment of addictions. *Clinical psychology review*, 31(3), 490-498.
- Gatherer, A., Jürgens, R., & Stöver, H. (2007). *Health in prisons: a WHO guide to the essentials in prison health*. WHO Regional Office, Europe.
- Hafiz, H., Oei, S. Y., Ring, D. M., & Shnitser, N. (2020). Regulating in Pandemic: Evaluating Economic and Financial Policy Responses to the Coronavirus Crisis. *Boston College Law School Legal Studies Research Paper*, (527). 61.
- Hall, L. K. (2016). *Counseling military families: What mental health professionals need to know*. Routledge
- James, D. J., & Glaze, L. E. Bureau of Justice Statistics special report: mental health problems of prison and jail inmates [monograph on the Internet]. Washington, DC: US Department of Justice, Office of Justice Programs; 2006 Sep [cited 2012 Feb 20].
- Kamel Boulos, M. N., & Wheeler, S. (2007). The emerging Web 2.0 social software: an enabling suite of sociable technologies in health and health care education 1. *Health Information & Libraries Journal*, 24(1), 2-23.
- Khezr, S., Moniruzzaman, M., Yassine, A., & Benlamri, R. (2019). Blockchain technology in healthcare: A comprehensive review and directions for future research. *Applied Sciences*, 9(9), 1736.
- L. J. (2020). telehealth for global emergencies: Implications for coronavirus disease 2019 (COVID-19). *Journal of telemedicine and telecare*, 1357633X20916567.
- Leonard, S. (2004). The successes and challenges of developing a prison telepsychiatry service. *Journal of telemedicine and telecare*, 10(1_suppl), 69-71.
- Lexcen, F. J., Hawk, G. L., Herrick, S., & Blank, M. B. (2006). Use of video conferencing for psychiatric and forensic evaluations. *Psychiatric Services*, 57(5), 713-715.
- Lifshitz, L., & Marash, M. (2009). US Patent Application No. 12/185,303.
- Lines, R. (2008). The right to health of prisoners in international human rights law. *International Journal of Prisoner Health*, 4(1), 3-53.
- Maben, J., & Bridges, J. (2020). Covid-19: Supporting nurses' psychological and mental health. *Journal of clinical nursing*.
- Marshall, T., Simpson, S., & Stevens, A. (2000). *Health care in prisons: a health care needs*

- assessment*. Birmingham: University of Birmingham.
- Menachemi, N., Burke, D. E., & Ayers, D. J. (2004). Factors affecting the adoption of telemedicine—a multiple adopter perspective. *Journal of medical systems*, 28(6), 617-632.
- Olwill, C., Mc Nally, D., & Douglas, L. (2020). Psychiatrist Experience of Remote Consultations by Telephone in an Outpatient Psychiatric Department during the Covid-19 Pandemic. *Irish Journal of Psychological Medicine*, 1-22.
- Pope, K. S., & Vasquez, M. J. (2016). *Ethics in psychotherapy and counselling: A practical guide*. John Wiley & Sons.
- Potter, C. W. (2001). A history of influenza. *Journal of applied microbiology*, 91(4), 572-579.
- Reinhardt, I., Gouzoulis-Mayfrank, E., & Zielasek, J. (2019). Use of telepsychiatry in emergency and crisis intervention: current evidence: current psychiatry reports, 21(8), 63.
- Richards, D., & Timulak, L. (2013). Satisfaction with therapist-delivered vs. self-administered online cognitive behavioural treatments for depression symptoms in college students. *British Journal of Guidance & Counselling*, 41(2), 193-207.
- Robb, M. (2004). The "distance counselling" cyberfrontier, part 1. *Practice Pointers*, Washington.
- Ryu, S. (2012). Telemedicine: opportunities and developments in member states: report on the second global survey on eHealth 2009 (global observatory for eHealth series, volume 2). *Healthcare informatics research*, 18(2), 153-155.
- Sharar, D. A., Popovits, R. M., & Donohue, E. (2010). Telephone Counseling in Employee Assistance Programs: Is It Effective? Is It Legal?.
- Sheldon, B. (2011). *Cognitive-behavioural therapy: research and practice in health and social care*. Routledge.
- Small, N., Blickem, C., Blakeman, T., Panagioti, M., Chew-Graham, C. A., & Bower, P. (2013). Telephone based self-management support by 'lay health workers' and 'peer support workers' to prevent and manage vascular diseases: a systematic review and meta-analysis. *BMC health services research*, 13(1), 533.
- Smith, A. C., Thomas, E., Snoswell, C. L., Haydon, H., Mehrotra, A., Clemensen, J., & Caffery, L. J. (2020). telehealth for global emergencies: Implications for coronavirus disease 2019 (COVID-19). *Journal of telemedicine and telecare*, 1357633X20916567.
- Tucker, W., Olfson, M., Simring, S., Goodman, W., & Bienenfeld, S. (2006). A pilot survey of inmate preferences for on-site, visiting consultant, and telemedicine psychiatric services. *CNS*

- spectrums*, 11(10), 783-787.
- Tuckson, R. V., Edmunds, M., & Hodgkins, M. L. (2017). Telehealth. *New England Journal of Medicine*, 377(16), 1585-1592.
- Van't Hoff, G., Fedosejeva, R., & Mihailescu, L. (2009). Prisons' preparedness for pandemic flu and the ethical issues. *Public Health*, 123(6), 422-425.
- Vaona, A., Pappas, Y., Grewal, R. S., Ajaz, M., Majeed, A., & Car, J. (2017). Training interventions for improving telephone consultation skills in clinicians. *Cochrane Database of Systematic Reviews*, (1).
- Wolfe, N. D., Daszak, P., Kilpatrick, A. M., & Burke, D. S. (2005). Bushmeat hunting, deforestation, and prediction of zoonotic disease. *Emerging infectious diseases*, 11(12), 1822.
- World Health Organization. (2010). Telemedicine: opportunities and developments in member states. Report on the second global survey on eHealth. World Health Organization.
- Zhou, X., Snoswell, C. L., Harding, L. E., Bambling, M., Edirippulige, S., Bai, X., & Smith, A. C. (2020). The role of telehealth in reducing the mental health burden from COVID-19. *Telemedicine and e-Health*, 26(4), 377-379.