
ОТВЕЧАЯ НА ВЫЗОВЫ COVID-19
FACING THE CHALLENGES OF COVID-19

INTERNET INTERVENTIONS FOR MENTAL HEALTH: CURRENT STATE OF RESEARCH, LESSONS LEARNED AND FUTURE DIRECTIONS

LAURA LUISA BIELINSKI

University of Bern, Bern, Switzerland

ORCID: <https://orcid.org/0000-0002-4145-6253>,

e-mail: laura.bielinski@psy.unibe.ch

THOMAS BERGER

University of Bern, Bern, Switzerland

ORCID: <https://orcid.org/0000-0002-2432-7791>,

e-mail: thomas.berger@psy.unibe.ch

This article gives an overview of current research on internet interventions in the field of mental health. As a result of COVID-19, the implementation of internet interventions has been given a boost in the mental health sectors of several countries all over the world. With regard to these developments, a definition of internet interventions is provided and the current state of research on different formats, treatment contents, and settings of internet interventions is discussed. Current research on the therapeutic alliance in internet interventions and possible negative effects is also described. The review closes with lessons learned from the past decades of research on internet interventions along with possible implications and future directions.

Keywords: internet interventions, online interventions, e-mental health.

Funding. Department of Clinical Psychology and Psychotherapy, University of Bern, Bern, Switzerland.

For citation: Bielinski L.L., Berger T. Internet Interventions for Mental Health: Current State of Research, Lessons Learned and Future Directions. *Konsul'tativnaya psikhologiya i psikhoterapiya* [Counseling Psychology and Psychotherapy], 2020. Vol. 28, no. 3, pp. 65–83. DOI: <https://doi.org/10.17759/cpp.2020280305>

ИНТЕРНЕТ-ИНТЕРВЕНЦИИ В СФЕРЕ ПСИХИЧЕСКОГО ЗДОРОВЬЯ: ОБЗОР ИССЛЕДОВАНИЙ, УРОКИ И ПЕРСПЕКТИВЫ

Л.Л. БЕЛИНСКИ

Бернский университет, Берн, Швейцария
ORCID: <https://orcid.org/0000-0002-4145-6253>,
e-mail: laura.bielinski@psy.unibe.ch

Т. БЕРГЕР

Бернский университет, Берн, Швейцария
ORCID: <https://orcid.org/0000-0002-2432-7791>,
e-mail: thomas.berger@psy.unibe.ch

Представлен обзор текущих исследований терапевтических вмешательств онлайн в сфере психического здоровья. В результате пандемии COVID-19 реализация интернет-интервенций получила поддержку в секторе психического здоровья разных стран во всем мире. С учетом этих событий дается определение интернет-интервенций и обсуждаются текущие исследования разных форматов, содержание терапии и сеттингов интернет-интервенций. Также описываются текущие исследования терапевтического альянса в рамках интернет-интервенций и возможные негативные последствия. Обзор завершается выводами, полученными на основе исследований интернет-интервенций, проведенных в последние десятилетия, наряду с возможными последствиями и будущими направлениями исследований.

Ключевые слова: интернет-интервенции, терапия в Интернете, психическое здоровье в Интернете.

Финансирование. Департамент клинической психологии и психотерапии, Бернский университет, Берн, Швейцария.

Для цитаты: *Bielinski L.L., Berger T. Internet Interventions for Mental Health: Current State of Research, Lessons Learned and Future Directions // Консультативная психология и психотерапия. 2020. Т. 28. № 3. С. 65–83. DOI: <https://doi.org/10.17759/cpp.2020280305>*

Research on internet interventions in the field of mental health problems is not a novel topic of interest. Decades of research in various countries have focused on a variety of internet interventions and their effects [1; 15; 20; 25; 30; 61; 78]. Hundreds of controlled trials have been conducted with internet interventions [1]. However, large scale implementation of such interventions has lagged behind [85]. Reasons for this lag in the implementation of internet interventions are assumed to be varied. They may include but are not limited to unsuccessful implementation attempts [35], resistance to change amongst healthcare systems [80] and resistance amongst therapists [85].

In January 2020, the World Health Organization (WHO) Director-General declared the novel coronavirus outbreak a public health emergency of international concern, and as of March 2020, COVID-19 was declared a pandemic by the WHO [86]. Resultantly, the way of life for individuals in various countries all over the world changed drastically. COVID-19 also impacted the mental health services with, for example, the need for social distancing requiring the provision of mental health services at a distance. With regard to Covid-19 and mental health care, Wind and colleagues use the term “black swan”, and mention “a turning point for e-health” [85]. “The virus seems a greater catalyst for the implementation of online therapy and e-health tools in routine practice than two decades of many brilliant but failed attempts in this domain” [85, p. 1].

In China, the widespread use of internet services and smartphones allowed mental health providers to use e-mental health services during the COVID-19 pandemic [50]. With regard to Australia, Zhou and colleagues [88] reported that the Australian government increased funding for the delivery of telehealth interventions as a result of COVID-19. Similar efforts have been made in several other countries. In Canada, millions of dollars have been invested in the provision of e-mental health since COVID-19 [55]. Similarly, in Scotland an increased government funding has been provided [72]. In Germany, health insurance providers gave approval for the unlimited provision of video-therapy as a result of COVID-19 [44]. In summary, the use of various types of internet interventions has increased as a result of COVID-19.

These recent developments pose an essential question, one which may be forgotten amidst the increasing efforts to implement internet interventions: *based on research findings, what exactly should we be implementing?* How can we make the best use of this catalyst situation occurring due to COVID-19, while also preventing a “wild west e-health” situation as previously described by Ruwaard & Kok [66, p. 47]? In their article, the authors describe how untested e-health interventions were implemented in the Netherlands without enough consideration of what was evidence-based [66].

In order to help answer these questions, and in light of recent developments with COVID-19 and the fact that an increased implementation of e-mental

health may be more than just temporary [85], this article aims to give an overview of the current state of research in the field of internet interventions. The objective is to provide important definitions and inform on the current state of research by including information from reviews and meta-analyses in the field of internet interventions, along with examples from studies conducted by our research group. Finally, lessons learned are summarized and implications and future directions for research on and implementation of internet interventions are considered.

Internet interventions: a variety of terminology

In the internet interventions literature, a variety of terms such as e-mental health, online interventions, online therapy, internet-interventions, iCBT (internet-based cognitive-behavioral therapy), telehealth, web-based interventions, etc., are used to describe various forms of intervention [10]. A recent article by Smoktunowicz and colleagues [73] describes in detail the terminology concerns in this field of research and proposes the idea of a common glossary to remedy the situation in the future. Some terms used in the literature focus on the content of the intervention (for example iCBT); the medium of communication used (e-mail, video, smartphone, etc.), or the format of the intervention (unguided interventions, guided interventions, or blended interventions) [14] (Table 1).

In this article, the term “internet intervention” will be used as an umbrella term, in accordance to Andersson [1], who credits Ritterbrand [61] with coming up with the term. Internet interventions refer to all psychosocial interventions, that by using the medium of the Internet, aim to aid affected individuals in the prevention and treatment of symptoms of mental disorders [14].

State of research

In the following section, the current state of research on internet interventions will be highlighted by discussing different formats, treatment contents, settings, therapeutic alliance in internet interventions, and negative effects. Overall, various reviews and meta-analyses show that internet interventions are efficacious for a variety of mental health disorders and symptoms [4; 5; 10; 20; 60]. Moreover, several effectiveness studies suggest that such interventions work in routine care settings [7; 31; 37]. However, the state of research should also be examined by looking at different treatment formats, contents, and settings.

Format. Internet interventions can be grouped into unguided, guided and blended formats that include a web-based self-help program combined with more or less online or face-to-face therapist contact. Moreover, there are on-

Table 1

Common formats of internet interventions [13; 14]

Format of intervention	Definition
Unguided interventions	Unguided interventions are self-help programs that do not include actual contact with a therapist during the intervention. The Internet is used to provide information to the client. Often the client works on different modules within a specified timeframe, for example, one module a week. Such modules may include text, audio, and video content. Psychoeducative elements are common in unguided interventions.
Guided interventions	Guided interventions combine self-help programs with regular, often brief online contact with a therapist. This contact can be synchronous or asynchronous and often serves to motivate clients to continue the self-help program and to answer questions. There are also interventions in which longer emails are exchanged in the context of writing assignments [49].
Blended interventions	Blended interventions refer to a combination of internet interventions and face-to-face treatment. The type of combination can vary. Internet interventions can be used in direct combination with face-to-face treatment, before face-to-face treatment or after face-to-face treatment.
Chat / E-Mail / Videoconference	In these types of interventions, the Internet is used as a medium of communication between a therapist and a patient (for example, psychotherapy via Skype or Zoom or therapy solely per e-mail contact). The term “telemedicine” is sometimes used in this context [69].

line therapies such as e-mail, chat or video-conferencing therapies, in which the Internet is used as a communication medium between the therapist and the patient (Table 1).

Unguided treatments. A large variety of unguided internet interventions exist that have not been tested for efficacy. This is evident when one takes a look at different app-stores such as iTunes or Google Play where a plethora of apps and programs are available. This article, however, will only describe unguided interventions where research has been conducted.

With regard to depressive symptoms, a meta-analysis by Cuijpers and colleagues [24] showed small but significant effect sizes for unguided self-help programs in comparison with control groups (Cohen's $d=0.28$). At 4 to 12 months follow-up the between-group effect size was $d=0.23$. Control groups in the meta-analysis ranged from wait list to care-as-usual controls [24]. In a more recent meta-analysis of individual participant data by Karyotaki and colleagues [43], self-guided iCBT was more effective compared with controls for individu-

als with depressive symptoms. Control conditions included usual care, waiting list, or attention control [43]. Medium-to-large effect sizes in comparison with controls for unguided treatments were found in other conditions such as social anxiety disorder [15] or insomnia [87].

Overall, the current literature suggests that unguided interventions with no human support at any stage (including no initial intake interview) tend to be associated with high dropout rates, lower adherence [23], and also lower effects [12]. However, although Baumeister and colleagues [12] report a superiority of guided over unguided interventions, they also mention the lack of generalizability as the studies examined focused mainly on depression and social anxiety disorder.

Guided treatments. Several controlled trials and meta-analyses suggest that guided treatments can be as effective as face-to-face psychotherapy in common mental disorders such as depression and anxiety disorders [20; 62]. Furthermore, guided interventions are most likely not associated with higher dropout rates compared with regular face-to-face psychotherapy [81]. The intensity of guidance can vary. Often, therapist guidance is minimal, timesaving and provided by e-mail; therapists spend around 10–15 minutes per week per client [6]. Examples of guidance that fall into this category often include feedback on exercises completed by the client, clarification of content or advice and support. Other examples of guidance require more time on behalf of the therapist. One such example is a treatment protocol called Interapy [49]. Guided interventions have been efficacious in the treatment of anxiety disorders [54], depressive symptoms [41], body dysmorphic disorder, problematic alcohol use, and insomnia [34; 75; 83], showing large effect sizes in comparison with control groups.

A study by Titov and colleagues [76] suggests that guidance does not necessarily need to be provided by a trained therapist. In many studies with promising results, the guides were psychology students under supervision. A further line of research has investigated guidance in a group format [68]. This study compared clinician-guided iCBT with guided iCBT in a group format and a waitlist control group for the treatment of social anxiety disorder. At post-treatment, both active conditions showed superior outcomes regarding symptoms of social anxiety disorder in comparison with the waitlist. According to the study, the two active conditions did not differ significantly in symptom reduction, diagnostic response rate or attrition. However, the group format reduced weekly therapist time per client by 71% [68].

Blended treatments. Blended treatment refers to a combination of internet interventions with face-to-face therapy. According to Schuster and colleagues [69], the beginnings of blended therapy can be traced back to the late 1980s and early 1990s. Compared to the research on guided interventions, fewer studies have investigated the efficacy and effectiveness of blended interventions [16; 46; 51]. Some available studies show feasibility, positive trends or positive effects of blended treatment [16; 33; 47]. A systematic review by Erbe and colleagues

[32] emphasizes how there is still a lack of studies investigating the superiority of blended treatments compared to face-to-face treatment. At the same time, Erbe and colleagues [32] mention possible advantages of blended treatments: cost-effectiveness, increased effectiveness of treatment, improved transfer to everyday life, and increased utilization of effective treatment. According to Ruwaard and Kok [66], however, it should also be taken into account that blended therapy may also include the disadvantages of both online and face-to-face therapy.

According to Van der Vaart and colleagues [82], blended therapy is viewed positively by therapists and patients. Therapists in Austria found blended therapy to have fewer disadvantages than web-based treatment [70]. This was replicated in a newer study with therapists from Germany [71]. A further interesting aspect of the study of blended therapy is its cost-effectiveness compared with face-to-face therapy. According to a pilot randomized controlled trial by Kooistra and colleagues [48], blended CBT was not considered cost-effective from a societal perspective in comparison with face-to-face therapy but had an acceptable probability of being cost-effective from the health care provider perspective.

E-Mail, Chat and Videotherapy. There has been less research on these types of intervention than on other forms of internet intervention [14]. However, recent developments with COVID-19 have seen an increase specifically in the use of e-mail and videotherapy in various countries all over the world. For example, there has been specific media coverage of services such as betterhelp.com, which offer therapy via chat or video-chat.

With regard to research, there is a large depression trial on online therapy delivered in real-time via text chats [45]. This study, conducted with patients in a routine care setting, showed that this way of delivering CBT proved to be effective, with treatment benefits being maintained for over 8 months. The authors mention that this type of delivery via chat could broaden access to CBT for patients. Furthermore, individualized e-mail therapy has been compared with a guided self-help approach, both based on CBT, for individuals with major depression [84]. Results showed significant symptom reductions in both treatment groups with moderate-to-large effect sizes in comparison with a waiting list control group. Overall, these findings indicate that both guided self-help and individualized e-mail therapy can be effective.

With regard to the use of video-conferencing for the treatment of mental health problems, several studies have been conducted with a variety of mental health disorders [9; 11; 74]. A systematic review including 65 studies showed that psychotherapy via videoconferencing led to similar clinical outcomes as face-to-face psychotherapy for a variety of disorders [9]. A more recent review by Rees and Maclaine [59] concerning anxiety disorders proved that videoconferencing was a valuable treatment option with outcomes comparable to face-to-face treatment. Most of the studies in the review concerned the treatment of PTSD. The authors also mentioned a lack of studies concerning the treatment

of generalized anxiety disorder [59]. With regard to the treatment of depression, a systematic review by Berryhill and colleagues [17] showed that videoconferencing was also a valuable treatment option. Out of the 33 studies included in the systematic review, 21 studies reported statistically significant reductions in depressive symptoms after videoconferencing therapy.

Treatment content. Most evidence-based internet interventions are based on CBT [3]. However, there are also trials on internet interventions based on other therapeutic approaches. For example, Johansson and colleagues [40] examined the use of an online, guided psychodynamic self-help intervention for depression, which showed good treatment effects. Zwerenz and colleagues [89] also examined the effects of a psychodynamic web-based intervention to support return to work. This intervention showed favorable effects, however small effect sizes were observed.

Furthermore, Boettcher and colleagues [18] examined a stand-alone, unguided mindfulness intervention for anxiety disorders. In comparison to the control group (an online discussion forum), individuals in the intervention group showed a larger decrease of anxiety symptoms, depressive symptoms and insomnia. The effect sizes for the intervention group were large in comparison to the effect sizes in the control group, which were small to moderate effects [18].

Donker and colleagues [27] compared an internet-delivered interpersonal therapy treatment (IPT) with an internet-delivered cognitive behavioral therapy (CBT e-couch) and an internet-delivered CBT (Moodgym). Results showed that self-guided IPT was effective at reducing depressive symptoms. Finally, several studies have also been conducted on internet-delivered acceptance and commitment therapy [21; 26].

Studies have also shown that tailored and transdiagnostic treatments are valuable options for patients [56], and they have been used to provide treatment for patients with comorbidity [8]. Transdiagnostic interventions refer to interventions that target the core symptoms and underlying vulnerabilities of several disorders simultaneously [79]. Tailored interventions allow both the therapist and the patient to influence the protocol [53] and interventions can be tailored to, for example, patient characteristics [22].

Different settings. Many internet interventions recruited participants from the community (Internet; newspapers; forums). In recent years, more and more studies have been conducted in routine care settings [36; 37; 52; 77].

A recent review by Dülßen and colleagues [29] has outlined the current research on internet and mobile-based interventions in different healthcare settings with diagnosed patients. Studies with outpatients analyzed in this review show that internet interventions can be effective forms of treatment in routine practice, and that blended approaches might also be effective ways to combine online and face-to-face therapy [29]. The review also suggests that studies with inpatient samples are still scarce.

A few studies have looked at internet interventions during inpatient treatment [28; 90], however most studies on internet interventions with inpatient populations have been conducted as aftercare studies [39]. One study investigating blended therapy for inpatients during inpatient treatment was conducted by Zwerenz and colleagues [90]. This study provided Deprexis, an online self-help program, as an add-on to inpatient psychodynamic psychotherapy and compared the intervention group with an active control group that received weekly information on depression in addition to psychodynamic psychotherapy. After treatment, depressive symptoms were significantly lower in the intervention group as compared to the control group with a moderate between-group effect size of $d=0.44$ [90]. A further study by Dorow and colleagues [28] investigated the acceptance of MoodGym among inpatients with depression, showing moderate-to-high user acceptance.

Concerning aftercare of inpatient populations, a systematic review by Hennemann and colleagues [39], which investigated web or mobile-based aftercare (mainly after inpatient treatment), revealed small-to-medium effects with regard to symptom severity in comparison with control groups. As far as recurrence and rehospitalization are concerned, study results were not consistent with regard to positive effects of internet interventions [39].

Therapeutic Alliance. Therapeutic alliance in internet interventions has been a topic of interest, especially among therapists new to internet interventions. *Can a therapeutic relationship occur in internet interventions?* According to a narrative review by Berger [13], research on therapeutic alliance in internet interventions is available but still limited and several questions remain concerning the methods used to assess the construct in internet interventions. The review concludes that an alliance from a patient perspective can be established in internet interventions, independent of the delivery mode or a mode of communication [13]. Similarly, a systematic review by Pilahja and colleagues [57] showed that therapeutic alliance in iCBT for depression and anxiety disorders was high. Moreover, alliance appeared to be associated with clinical outcomes in the review, but a lack of available studies was mentioned as only 3 out of 6 studies described alliance–outcome relations. A more recent correlational meta-analysis by Probst, Berger and Flückiger [58] showed a moderate relationship between alliance and treatment outcome.

According to Berger [13], new measures for alliance in internet interventions that take into consideration the specificities of internet interventions need to be developed. Also, observer rated and therapist rated alliance ratings are lacking and more studies are needed to complement available research on client ratings of alliance [13].

Negative effects? Negative effects of internet interventions have been the content of several publications in the past years [19; 42; 64; 65]. A meta-analysis by Rozental and colleagues [65] found that deterioration rates among

treated participants were 5.8% and 17.4% amongst controls. In a meta-analysis by Karyotaki and colleagues [42] examining the harmful effects of self-guided internet interventions, 7.2% of participants showed clinically significant deterioration (5.8% in the intervention and 9.1% in the control groups). The types of control groups included in the meta-analysis by Karyotaki and colleagues [42] were wait list, treatment as usual, attention placebo and no treatment. Both of these meta-analyses showed that internet intervention participants displayed lower rates of negative outcomes than control participants. A further negative effect can be defined as non-response to treatment. According to Rozental and colleagues, this occurs amongst a quarter of all patients in iCBT [63].

It seems that therapists and other healthcare workers specifically have more reservations with regard to the implementation of internet interventions than patients. For example, a study investigating attitudes of inpatient healthcare workers showed that acceptance of e-health interventions for inpatient treatment was rather low [38]. A further study by Schröder and colleagues [67] discovered that psychotherapists had more negative attitudes toward internet interventions than clients. According to Andersson [2], there may also be country-specific differences in positivity towards internet interventions.

Lessons learned

Internet interventions have been studied for several decades, in treatment of a variety of mental disorders. A plethora of terms for internet interventions exist in the literature. This article aimed to describe different treatment formats, contents, and settings and to provide information on therapeutic alliance in internet interventions and their negative effects. In summary, what are the key findings described in this article that are relevant for practitioners, specifically with recently increased implementation of these interventions due to COVID-19?

1. Many internet interventions are efficacious and effective. However there are also many interventions available, for example, in app stores or on the Internet, that have not been tested in randomized controlled trials or equal methodologies. They are not evidence-based. This seems a necessary distinction.

2. Guided internet interventions seem to be superior to unguided treatments.

3. More research needs to be conducted on the potential superiority of blended treatment compared to face-to-face treatments. Health-care professionals seem to prefer blended options in comparison to stand-alone internet interventions.

4. Therapy via videoconference seems to be a valuable treatment option for a variety of mental health disorders.

5. Most evidence-based internet interventions are based on CBT, but other approaches seem to be effective as well.

6. Studies on the use and efficacy of internet interventions for inpatients are scarce in comparison to efforts with community samples and outpatient samples.

7. A therapeutic alliance can be developed in internet interventions, although new forms of assessment for the alliance are needed to meet the specificities of internet interventions.

8. Negative effects also occur with internet interventions and can take different forms.

Conclusion and Implications: Black swan in the wild west?

The last few decades have seen huge research efforts in the area of internet interventions in several countries all over the world. COVID-19 has now confronted us with a “black swan moment”, a potential turning point for e-mental health [85, p. 1]. This article has tried to highlight that it is essential that the currently implemented interventions are informed by research efforts. In order to avoid a wild west situation as described by Ruwaard & Kok [66], they should not be implemented blindly. According to several authors, internet interventions are not and should not be seen as a panacea [80].

Moreover, recent developments seem to provide a chance to further advance research in the domain of internet interventions. Interesting topics for prospective studies include the combination of internet interventions and face-to-face therapy (blended treatment), the efficacy of internet interventions with inpatient populations, mechanisms of change and barriers and facilitators of intervention implementation in less studied countries. Finally, new studies taking into account the specific experiences of patients and therapists using internet interventions during the COVID-19 pandemic will provide an interesting and important complement to the already active and dynamic field of internet interventions research.

REFERENCES

1. Andersson G. Internet interventions: past, present and future. *Internet Interventions*, 2018. Vol. 12, pp. 181–188. DOI:10.1016/j.invent.2018.03.008
2. Andersson G. Internet-delivered psychological treatments. *Annual Review of Clinical Psychology*, 2016. Vol. 12, pp. 157–179. DOI:10.1146/annurev-clinpsy-021815-093006

3. Andersson G., Carlbring P., Lindefors N. History and current status of ICBT. In Lindefors N., Andersson G. (eds.) *Guided internet-based treatments in psychiatry*. Cham, Switzerland: Springer, 2016, pp. 1—16.
4. Andersson G., Carlbring P., Titov N., et al. Internet interventions for adults with anxiety and mood disorders: A narrative umbrella review of recent meta-analyses. *The Canadian Journal of Psychiatry*, 2019. Vol. 64 (7), pp. 465—470. DOI:10.1177/0706743719839381
5. Andersson G., Cuijpers P. Internet-based and other computerized psychological treatments for adult depression: a meta-analysis. *Cognitive Behaviour Therapy*, 2009. Vol. 38 (4), pp. 196—205. DOI:10.1080/16506070903318960
6. Andersson G., Cuijpers P., Carlbring P., et al. Guided Internet-based vs. face-to-face cognitive behavior therapy for psychiatric and somatic disorders: a systematic review and meta-analysis. *World Psychiatry*, 2014. Vol. 13 (3), pp. 288—295. DOI:10.1002/wps.20151
7. Andersson G., Hedman E. Effectiveness of guided internet-based cognitive behavior therapy in regular clinical settings. *Verhaltenstherapie*, 2013. Vol. 23 (3), pp. 140—148. DOI:10.1159/000354779
8. Andersson G., Titov N. Advantages and limitations of internet-based interventions for common mental disorders. *World Psychiatry*, 2014. Vol. 13 (1), pp. 4—11. DOI:10.1002/wps.20083
9. Backhaus A., Agha Z., Maglione M., et al. Videoconferencing psychotherapy: A systematic review. *Psychological Services*, 2012. Vol. 9 (2), pp. 111—131. DOI:10.1037/a0027924
10. Barak A., Klein B., Proudfoot J.G. Defining Internet-Supported Therapeutic Interventions. *Annals of Behavioral Medicine*, 2008. Vol. 38 (1), pp. 4—17. DOI:10.1007/s12160-009-9130-7
11. Bashshur R.L, Shannon G.W, Bashshur N., et al.. The empirical evidence for telemedicine interventions in mental disorders. *Telemed e-Health*, 2016. Vol. 22 (2), pp. 87—113. DOI:10.1089/tmj.2015.0206
12. Baumeister H., Reichler L., Munzinger M., et al. The impact of guidance on Internet-based mental health interventions — a systematic review. *Internet Interventions*, 2014. Vol. 1 (4), pp. 205—215. DOI:10.1016/j.invent.2014.08.003
13. Berger T. The therapeutic alliance in internet interventions: a narrative review and suggestions for future research. *Psychotherapy Research*, 2016. Vol. 27 (5), pp. 511—524. DOI:10.1080/10503307.2015.1119908
14. Berger T., Bur O., Krieger T. Internet-based psychotherapeutic interventions. *Psychotherapie, Psychosomatik, medizinische Psychologie*, 2019. Vol. 69 (9—10), pp. 413—426. DOI:10.1055/a-0963-9055
15. Berger T., Caspar F., Richardson R., et al. Internet-based treatment of social phobia: a randomized controlled trial comparing unguided with two types of guided self-help. *Behaviour Research and Therapy*, 2011. Vol. 49 (3), pp. 158—169. DOI:10.1016/j.brat.2010.12.007
16. Berger T., Krieger T., Sude K., et al. Evaluating an e-mental health program (“deprexis”) as adjunctive treatment tool in psychotherapy for depression: Results of a pragmatic randomized controlled trial. *Journal of Affective Disorders*, 2018. Vol. 227, pp. 455—462. DOI:10.1016/j.jad.2017.11.021

17. Berryhill M.B., Culmer N., Williams N., et al. Videoconferencing psychotherapy and depression: a systematic review. *Telemedicine and e-Health*, 2019. Vol. 25 (6), pp. 435—446. DOI:10.1089/tmj.2018.0058
18. Boettcher J., Åström V., Pahlsson D., et al. Internet-based mindfulness treatment for anxiety disorders: a randomised controlled trial. *Behavior Therapy*, 2014. Vol. 45 (2), pp. 241—253. DOI:10.1016/j.beth.2013.11.003
19. Bystedt S., Rozentel A., Andersson G., et al. Clinicians' perspectives on negative effects of psychological treatments. *Cognitive Behaviour Therapy*, 2014. Vol. 43 (4), pp. 319—331. DOI:10.1080/16506073.2014.939593
20. Carlbring P., Andersson G., Cuijpers P., et al. Internet-based vs. face-to-face cognitive behavior therapy for psychiatric and somatic disorders: an updated systematic review and meta-analysis. *Cognitive Behaviour Therapy*, 2018. Vol. 47 (1), pp. 1—18. DOI:10.1080/16506073.2017.1401115
21. Carlbring P., Hägglund M., Luthström A., et al. Internet-based behavioral activation and acceptance-based treatment for depression: a randomized controlled trial. *Journal of Affective Disorders*, 2013. Vol. 148 (2—3), pp. 331—337. DOI:10.1016/j.jad.2012.12.020
22. Carlbring P., Maurin L., Törngren C., et al. Individually-tailored, Internet-based treatment for anxiety disorders: A randomized controlled trial. *Behaviour Research and Therapy*, 2011. Vol. 49 (1), pp. 18—24. DOI:10.1016/j.brat.2010.10.002
23. Christensen H., Griffiths K.M., Farrer L. Adherence in internet interventions for anxiety and depression [Elektronnyi resurs]. *Journal of Medical Internet Research*, 2009. Vol. 11. Available at: <https://www.jmir.org/2009/2/e13/> (Accessed 20.04.2020). DOI:10.2196/jmir.1194
24. Cuijpers P., Donker T., Johansson R., et al. Self-guided psychological treatment for depressive symptoms: a meta-analysis [Elektronnyi resurs]. *PloS One*, 2011. Vol. 6 (6). Available at: <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0021274> (Accessed 15.05.2020). DOI:10.1371/journal.pone.0021274
25. Cuijpers P., Kleiboer A., Karyotaki E., et al. Internet and mobile interventions for depression: Opportunities and challenges. *Depression and Anxiety*, 2017. Vol. 34 (7), pp. 596—602. DOI:10.1002/da.22641
26. Dahlin M., Andersson G., Magnusson K., et al. Internet-delivered acceptance-based behaviour therapy for generalized anxiety disorder: a randomized controlled trial. *Behaviour Research and Therapy*, 2016. Vol. 77, pp. 86—95. DOI:10.1016/j.brat.2015.12.007
27. Donker T., Bennett K., Bennett A., et al. Internet-delivered interpersonal psychotherapy versus internet-delivered cognitive behavioral therapy for adults with depressive symptoms: randomized controlled noninferiority trial [Elektronnyi resurs]. *Journal of Medical Internet Research*, 2013. Vol. 15 (5). Available at: <https://www.jmir.org/2013/5/e82/> (Accessed 20.04.2020). DOI:10.2196/jmir.2307
28. Dorow M., Stein J., Foerster F., et al. Implementation of the internet-based self-management program “moodgym” in patients with depressive disorders in inpatient clinical settings — Patient and expert perspectives. *Psychiatrische Praxis*, 2018. Vol. 45 (5), pp. 256—262. DOI:10.1055/s-0043-117049
29. Dülßen P., Bednig E., Küchler A.M., et al. Digital interventions in adult mental healthcare settings: Recent evidence and future directions. *Current Opinion in Psychiatry*, 2020. Vol 33 (4), pp. 422—431. DOI:10.1097/YCO.0000000000000614

30. Ebert D.D., Van Daele T., Nordgreen T. Internet- and mobile-based psychological interventions: applications, efficacy, and potential for improving mental health. *European Psychologist*, 2018. Vol. 23 (2), pp. 167—187. DOI: 10.1027/1016-9040/a000318
31. El Alaoui S., Hedman E., Kaldo V., et al. Effectiveness of internet-based cognitive behavior therapy for social anxiety disorder in clinical psychiatry. *Journal of Consulting and Clinical Psychology*, 2015. Vol. 83 (5), pp. 902—914. DOI:10.1037/a0039198
32. Erbe D., Eichert H.C., Riper H., et al. Blending face-to-face and internet-based interventions for the treatment of mental disorders in adults: systematic review [Elektronnyi resurs]. *Journal of Medical Internet Research*, 2017. Vol. 19 (9). Available at: <https://www.jmir.org/2017/9/e306/> (Accessed 05.04.2020). DOI:10.2196/jmir.6588
33. Fitzpatrick M., Nedeljkovic M., Abbott J.A., et al. “Blended” therapy: The development and pilot evaluation of an internet-facilitated cognitive behavioral intervention to supplement face-to-face therapy for hoarding disorder. *Internet Interventions*, 2018. Vol. 12, pp. 16—25. DOI:10.1016/j.invent.2018.02.006
34. Gentile A.J., La Lima C., Flygare O., et al. Internet-based, therapist-guided, cognitive-behavioural therapy for body dysmorphic disorder with global eligibility for inclusion: an uncontrolled pilot study [Elektronnyi resurs]. *BMJ*, 2019. Vol. 9 (3). Available at: <https://bmjopen.bmj.com/content/9/3/e024693> (Accessed 15.05.2020). DOI:10.1136/bmjopen-2018-024693
35. Gilbody S., Littlewood E., Hewitt C., et al. Computerised cognitive behaviour therapy (cCBT) as treatment for depression in primary care (REEACT trial): Large scale pragmatic randomised controlled trial [Elektronnyi resurs]. *BMJ*, 2015. Vol. 351. Available at: <https://www.bmj.com/content/351/bmj.h5627> (Accessed: 12.04.2020). DOI:10.1136/bmj.h5627
36. Hadjistavropoulos H.D., Nugent M.M., Dirkse D., et al. Implementation of internet-delivered cognitive behavior therapy within community mental health clinics: A process evaluation using the consolidated framework for implementation research [Elektronnyi resurs]. *BMC Psychiatry*, 2017. Vol. 17 (1). Available at: <https://bmcp psychiatry.biomedcentral.com/articles/10.1186/s12888-017-1496-7> (Accessed 20.05.2020). DOI:10.1186/s12888-017-1496-7
37. Hedman E., Ljótsson B., Kaldo V., et al. Effectiveness of Internet-based cognitive behaviour therapy for depression in routine psychiatric care. *Journal of Affective Disorders*, 2014. Vol. 155, pp. 49—58. DOI:10.1016/j.jad.2013.10.023
38. Hennemann S., Beutel M.E., Zwerenz R. Ready for eHealth? Health professionals’ acceptance and adoption of eHealth interventions in inpatient routine care. *Journal of Health Communication*, 2017. Vol. 22 (3), pp. 274—284. DOI:10.1080/10810730.2017.1284286
39. Hennemann S., Farnsteiner S., Sander L. Internet- and mobile-based aftercare and relapse prevention in mental disorders: a systematic review and recommendations for future research. *Internet Interventions*, 2018. Vol. 14, pp. 1—17. DOI:10.1016/j.invent.2018.09.001
40. Johansson R., Ekbladh S., Hebert A., et al. Psychodynamic guided self-help for adult depression through the Internet: A randomised controlled trial [Elektronnyi resurs]. *PLoS One*, 2012. Vol. 7. Available at: <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0038021> (Accessed 10.05.2020). DOI:10.1371/journal.pone.0038021

41. Karyotaki E., Ebert D., Donkin L., et al. Do guided internet-based interventions result in clinically relevant changes for patients with depression? An individual participant data meta-analysis. *Clinical Psychology Review*, 2018. Vol. 63, pp. 80—92. DOI:10.1016/j.cpr.2018.06.007
42. Karyotaki E., Kemmeren L., Riper H., et al. Is self-guided internet-based cognitive behavioural therapy (iCBT) harmful? An individual participant data meta-analysis. *Psychological Medicine*, 2018. Vol. 48 (15), pp. 2456—2466. DOI:10.1017/S0033291718000648
43. Karyotaki E., Riper H., Twisk J., et al. Efficacy of self-guided internet-based cognitive behavioral therapy in the treatment of depressive symptoms: a meta-analysis of individual participant data. *JAMA Psychiatry*, 2017. Vol. 74 (4), pp. 351—359. DOI:10.1001/jamapsychiatry.2017.0044
44. Kassenärztliche Bundesvereinigung. Praxismeldungen, Coronavirus: Videosprechstunden unbegrenzt möglich [Elektronnyi resurs]. March 2020. Available at: https://www.kbv.de/html/1150_44943.php (Accessed 28.5.20).
45. Kessler D., Lewis G., Kaur S., et al. Therapist-delivered Internet psychotherapy for depression in primary care: A randomised controlled trial. *The Lancet*, 2009. Vol. 374 (9690), pp. 628—634. DOI:10.1016/S0140-6736(09)61257-5
46. Kleiboer A., Smit J., Bosmans J., et al. European COMPARative effectiveness research on blended depression treatment versus treatment-as-usual (E-COMPARED): Study protocol for a randomized controlled, non-inferiority trial in eight European countries [Elektronnyi resurs]. *Trials*, 2016. Vol. 17 (1). Available at: <https://trialsjournal.biomedcentral.com/articles/10.1186/s13063-016-1511-1> (Accessed 20.05.2020). DOI:10.1186/s13063-016-1511-1
47. Kooistra L.C., Ruwaard J., Wiersma J.E., et al. Development and initial evaluation of blended cognitive behavioural treatment for major depression in routine specialized mental health care. *Internet Interventions*, 2016. Vol. 4, pp. 61—71. DOI:10.1016/j.invent.2016.01.003
48. Kooistra L.C., Wiersma J.E., Ruwaard J., et al. Cost and effectiveness of blended versus standard cognitive behavioral therapy for outpatients with depression in routine specialized mental health care: Pilot randomized controlled trial [Elektronnyi resurs]. *Journal of Medical Internet Research*, 2019. Vol. 21 (10). Available at: <https://www.jmir.org/2019/10/e14261/> (Accessed 10.05.2020). DOI:10.2196/14261
49. Lange A., Rietdijk D., Hudcovicova M., et al. Interapy: A controlled randomized trial of the standardized treatment of posttraumatic stress through the internet. *Journal of Consulting and Clinical Psychology*, 2003. Vol. 71 (5), pp. 901—909. DOI:10.1037/0022-006X.71.5.901
50. Liu S., Yang L., Zhang C., et al. Online mental health services in China during the COVID-19 outbreak. *The Lancet Psychiatry*, 2020. Vol. 7 (4). DOI:10.1016/S2215-0366(20)30077-8
51. Ly K.H., Topocco N., Cederlund H., et al. Smartphone-supported versus full behavioural activation for depression: A randomised controlled trial [Elektronnyi resurs]. *PloS One*, 2015. Vol. 10 (5). Available at: <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0126559> (Accessed 10.04.2020). DOI:10.1371/journal.pone.0126559
52. Nordgreen T., Gjestad R., Andersson G., et al. The implementation of guided Internet-based cognitive behaviour therapy for panic disorder in a routine-care

- setting: Effectiveness and implementation efforts. *Cognitive Behaviour Therapy*, 2018. Vol. 47 (1), pp. 62—75. DOI:10.1080/16506073.2017.1348389
53. Nordgren L.B., Hedman E., Etienne J., et al. Effectiveness and cost-effectiveness of individually tailored Internet-delivered cognitive behavior therapy for anxiety disorders in a primary care population: A randomized controlled trial. *Behaviour Research and Therapy*, 2014. Vol. 59, pp. 1—11. DOI:10.1016/j.brat.2014.05.007
54. Olthuis J.V., Watt M.C., Bailey K. Therapist-supported Internet cognitive behavioural therapy for anxiety disorders in adults [Elektronnyi resurs]. *Cochrane Database of Systematic Reviews*, 2016. Available at: <https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD011565.pub2/full> (Accessed 21.05.2020). DOI:10.1002/14651858.CD011565.pub2
55. Ontario, Office of the Premier. Ontario expands virtual mental health services during COVID-19 [Elektronnyi resurs]. May 2020. Available at: <https://news.ontario.ca/opo/en/2020/05/ontario-expands-virtual-mental-health-services-during-covid-19.html> (Accessed 15.05.2020).
56. Păsărelu C.R., Andersson G., Bergman Nordgren L., et al. Internet-delivered transdiagnostic and tailored cognitive behavioral therapy for anxiety and depression: A systematic review and meta-analysis of randomized controlled trials. *Cognitive Behaviour Therapy*, 2017. Vol 46 (1), pp. 1—28. DOI:10.1080/16506073.2016.1231219
57. Pihlaja S., Stenberg J.H., Joutsenniemi K., et al. Therapeutic alliance in guided internet therapy programs for depression and anxiety disorders—a systematic review. *Internet Interventions*, 2018. Vol. 11, pp. 1—10. DOI:10.1016/j.invent.2017.11.005
58. Probst G.H., Berger T., Flückiger C. The alliance-outcome relation in internet-based interventions for psychological disorders: A correlational meta-analysis [Elektronnyi resurs]. *Verhaltenstherapie*, 2019. Available at: <https://www.karger.com/Article/FullText/503432> (Accessed 20.04.2020). DOI:10.1159/000503432
59. Rees C.S., Maclaine E. A systematic review of videoconference-delivered psychological treatment for anxiety disorders. *Australian Psychologist*, 2015. Vol. 50 (4), pp. 259—264. DOI:10.1111/ap.12122
60. Riper H., Blankers M., Hadiwijaya H., et al. Effectiveness of guided and unguided low-intensity internet interventions for adult alcohol misuse: A meta-analysis [Elektronnyi resurs]. *PLoS One*, 2014. Vol. 9 (6). Available at: <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0099912> (Accessed 10.05.2020). DOI:10.1371/journal.pone.0099912
61. Ritterband L.M., Gonder-Frederick L.A., Cox D.J., et al. Internet interventions: In review, in use, and into the future. *Professional Psychology: Research and Practice*, 2003. Vol. 34 (5), pp. 527—534. DOI:10.1037/0735-7028.34.5.527
62. Romijn G., Batelaan N., Kok R., et al. Internet-delivered cognitive behavioral therapy for anxiety disorders in open community versus clinical service recruitment: Meta-analysis [Elektronnyi resurs]. *Journal of Medical Internet Research*, 2019. Vol. 21. Available at: <https://www.jmir.org/2019/4/e11706/> (Accessed 14.05.2020). DOI:10.2196/11706
63. Rozental A., Andersson G., Carlbring P. In the absence of effects: An individual patient data meta-analysis of non-response and its predictors in internet-based cognitive behavior therapy [Elektronnyi resurs]. *Frontiers in Psychology*, 2019. Vol. 10.

Available at: <https://www.frontiersin.org/articles/10.3389/fpsyg.2019.00589/full>
(Accessed 15.04.2020). DOI:10.3389/fpsyg.2019.00589

64. Rozental A., Boettcher J., Andersson G., et al. Negative effects of internet interventions: A qualitative content analysis of patients' experiences with treatments delivered online. *Cognitive Behaviour Therapy*, 2015. Vol. 44 (3), pp. 223—236. DOI: 10.1080/16506073.2015.1008033
65. Rozental A., Magnusson K., Boettcher J., et al. For better or worse: An individual patient data meta-analysis of deterioration among participants receiving Internet-based cognitive behavior therapy. *Journal of Consulting and Clinical Psychology*, 2017. Vol. 85 (2), pp. 160—177. DOI:10.1037/ccp0000158
66. Ruwaard J., Kok R. Wild West eHealth: Time to hold our horses? *European Health Psychologist*, 2015. Vol. 17 (1), pp. 45—49.
67. Schröder J., Berger T., Meyer B., et al. Attitudes towards internet interventions among psychotherapists and individuals with mild to moderate depression symptoms. *Cognitive Therapy and Research*, 2017. Vol. 41 (5), pp. 745—756. DOI:10.1007/s10608-017-9850-0
68. Schulz A., Stolz T., Vincent A., et al. A sorrow shared is a sorrow halved? A three-arm randomized controlled trial comparing internet-based clinician-guided individual versus group treatment for social anxiety disorder. *Behaviour Research and Therapy*, 2016. Vol. 84, pp. 14—26. DOI:10.1016/j.brat.2016.07.001
69. Schuster R., Berger T., Laireiter A.R. Computer und Psychotherapie — geht das zusammen? *Psychotherapeut*, 2018. Vol. 63 (4), pp. 271—282. DOI:10.1007/s00278-017-0214-8
70. Schuster R., Pokorny R., Berger T., et al. The advantages and disadvantages of online and blended therapy: Survey study amongst licensed psychotherapists in Austria [Elektronnyi resurs]. *Journal of Medical Internet Research*, 2018. Vol. 20 (12). Available at: <https://www.jmir.org/2018/12/e11007/> (Accessed 15.04.2020). DOI:10.2196/11007
71. Schuster R., Topocco N., Keller A., et al. Advantages and disadvantages of online and blended therapy: Replication and extension of findings on psychotherapists' appraisals [Elektronnyi resurs]. *Internet Interventions*, 2020. Vol. 21. Available at: <https://www.sciencedirect.com/science/article/pii/S2214782920300154> (Accessed 20.06.2020). DOI:10.1016/j.invent.2020.100326
72. Scottish Government. Funding for digital mental health services [Elektronnyi resurs]. March 2020. Available at: <https://www.gov.scot/news/funding-for-digital-mental-health-services-1/> (Accessed on 15.05.2020).
73. Smoktunowicz E., Barak A., Andersson G., et al. Consensus statement on the problem of terminology in psychological interventions using the internet or digital components [Elektronnyi resurs]. *Internet Interventions*, 2020. Vol. 21. Available at: <https://www.sciencedirect.com/science/article/pii/S2214782920300130> (Accessed 01.05.2020). DOI:10.1016/j.invent.2020.100331
74. Stubbings D.R., Rees C.S., Roberts L.D. Comparing in-person to videoconference-based cognitive behavioral therapy for mood and anxiety disorders: Randomized controlled trial [Elektronnyi resurs]. *Journal of Medical Internet Research*, 2013. Vol. 15 (11). Available at: <https://www.jmir.org/2013/11/e258/> (Accessed 15.04.2020). DOI:10.2196/jmir.2564

75. Sundström C., Gajecki M., Johansson M. Guided and unguided internet-based treatment for problematic alcohol use — A randomized controlled pilot trial [Elektronnyi resurs]. *PLoS One*, 2016. Vol. 11 (7). Available at: <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0157817> (Accessed 15.05.2020). DOI:10.1371/journal.pone.0157817
76. Titov N., Andrews G., Davies M. Internet treatment for depression: A randomized controlled trial comparing clinician vs. technician assistance [Elektronnyi resurs]. *PLoS One*, 2010. Vol. 5 (6). Available at: <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0010939> (Accessed 20.04.2020). DOI:10.1371/journal.pone.0010939
77. Titov N., Dear B., Nielssen O., et al. ICBT in routine care: A descriptive analysis of successful clinics in five countries. *Internet Interventions*, 2018. Vol. 13, pp. 108—115. DOI:10.1016/j.invent.2018.07.006
78. Titov N., Dear B.F., Johnston L., et al. Improving adherence and clinical outcomes in self-guided internet treatment for anxiety and depression: Randomised controlled trial [Elektronnyi resurs]. *PLoS One*, 2013. Vol. 8 (7). Available at: <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0062873> (Accessed 10.04.2020). DOI:10.1371/journal.pone.0062873
79. Titov N., Dear B.F., Johnston L., et al. Transdiagnostic internet treatment for anxiety and depression. *Revista de Psicopatología y Psicología Clínica*, 2012. Vol. 17 (3), pp. 237—260. DOI:10.5944/rppc.vol.17.num.3.2012.11842
80. Titov N., Hadjistavropoulos H.D., Nielssen O., et al. From research to practice: Ten lessons in delivering digital mental health services [Elektronnyi resurs]. *Journal of Clinical Medicine*, 2019. Vol. 8 (8). Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6722769/> (Accessed 15.04.2020). DOI:10.3390/jcm8081239
81. Van Ballegeooijen W., Cuijpers P., Van Straten A., et al. Adherence to Internet-based and face-to-face cognitive behavioural therapy for depression: A meta-analysis [Elektronnyi resurs]. *PLoS One*, 2014. Vol. 9 (7). Available at: <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0100674> (Accessed 25.04.2020). DOI:10.1371/journal.pone.0100674
82. Van der Vaart R., Witting M., Riper H. Blending online therapy into regular face-to-face therapy for depression: Content, ratio and preconditions according to patients and therapists using a Delphi study [Elektronnyi resurs]. *BMC Psychiatry*, 2014. Vol. 14 (1). Available at: <https://bmcp psychiatry.biomedcentral.com/articles/10.1186/s12888-014-0355-z> (Accessed 10.04.2020). DOI:10.1186/s12888-014-0355-z
83. Van der Zweerde T., Lancee J., Slottje P., et al. Nurse-guided internet-delivered cognitive behavioral therapy for insomnia in general practice: Results from a pragmatic randomized clinical trial. *Psychotherapy and Psychosomatics*, 2020. Vol. 89 (3), pp. 174—184. DOI:10.1159/000505600
84. Vernmark K., Lenndin J., Bj rehed J., et al. Internet administered guided self-help versus individualized e-mail therapy: A randomized trial of two versions of CBT for major depression. *Behaviour Research and Therapy*, 2010. Vol. 48 (5), pp. 368—376. DOI:10.1016/j.brat.2010.01.005
85. Wind T.R., Rijkeboer M., Andersson G., et al. The COVID-19 pandemic: The ‘black swan’ for mental health care and a turning point for e-health [Elektronnyi resurs]. *Internet interventions*, 2020. Vol. 20. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7222769/>

- nih.gov/pmc/articles/PMC7104190/ (Accessed 10.04.2020). DOI:10.1016/j.invent.2020.100317
86. World Health Organisation (WHO), Regional Office for Europe. WHO announces COVID-19 outbreak a pandemic [Elektronnyi resurs]. March 2020. Available at: <http://www.euro.who.int/en/health-topics/health-emergencies/coronavirus-covid-19/news/news/2020/3/who-announces-covid-19-outbreak-a-pandemic> (Accessed 20.04.2020).
 87. Zachariae R., Lyby M.S., Ritterband L.M., et al. Efficacy of internet-delivered cognitive-behavioral therapy for insomnia — A systematic review and meta-analysis of randomized controlled trials. *Sleep Medicine Reviews*, 2016. Vol. 30, pp. 1—10. DOI:10.1016/j.smr.2015.10.004
 88. Zhou X., Snoswell C.L., Harding L.E., et al. The role of telehealth in reducing the mental health burden from COVID-19. *Telemedicine and e-Health*, 2020. Vol. 26 (4), pp. 377—379. DOI:10.1089/tmj.2020.0068
 89. Zwerenz R., Becker J., Gerzymisch K., et al. Evaluation of a transdiagnostic psychodynamic online intervention to support return to work: A randomized controlled trial [Elektronnyi resurs]. *PLoS One*, 2017. Vol. 12 (5). Available at: <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0176513> (Accessed 10.05.2020). DOI:10.1371/journal.pone.0176513
 90. Zwerenz R., Becker J., Knickenberg R.J., et al. Online self-help as an add-on to inpatient psychotherapy: Efficacy of a new blended treatment approach. *Psychother Psychosom*, 2017. Vol. 86, pp. 341—350. DOI:10.1159/000481177

Information about the authors

Laura Luisa Bielinski, Doctoral Student, Department of Clinical Psychology and Psychotherapy, University of Bern, Bern, Switzerland, ORCID: <https://orcid.org/0000-0002-4145-6253>, e-mail: laura.bielinski@psy.unibe.ch

Thomas Berger, PhD, Professor, Head of Department of Clinical Psychology and Psychotherapy, University of Bern, Bern, Switzerland, ORCID: <https://orcid.org/0000-0002-2432-7791>, e-mail: thomas.berger@psy.unibe.ch

Информация об авторах

Лаура Луиза Белински, магистр психологии, аспирантка, департамент клинической психологии и психотерапии, Бернский университет, Берн, Швейцария, ORCID: <https://orcid.org/0000-0002-4145-6253>, e-mail: laura.bielinski@psy.unibe.ch

Томас Бергер, PhD, профессор, глава департамента клинической психологии и психотерапии, Бернский университет, Берн, Швейцария, ORCID: <https://orcid.org/0000-0002-2432-7791>, e-mail: thomas.berger@psy.unibe.ch

Получена 30.06.2020

Received 30.06.2020

Принята в печать 30.07.2020

Accepted 30.07.2020