REVIEW Open Access



Investigating the effectiveness of using a telemental health approach to manage obsessive-compulsive disorder: a systematic review

Zahra Krabasi^{1*}, Parisa Eslami², Azam Sabahi³ and Maryam Zahmatkeshan^{4,5}

Abstract

Background Obsessive-compulsive disorder is a mental disorder that leads to impairment in various cognitive functions. Telemental health is applied in providing several telemental health and psychiatric services. It can provide health and psychological care, such as counseling, diagnosis, and treatment. Therefore, this study systematically examines the effectiveness of using a telemental health approach to manage obsessive-compulsive disorder.

Methods We searched PubMed, Web of Science, and Scopus using the keywords telepsychiatry, telemental health, telemedicine, telehealth, videoconferencing, obsessive-compulsive disorder, and OCD up to November 2023. In addition to searching the mentioned databases, references to related articles were also examined.

Results In this study, based on the search strategy, we identified 130 articles, 4 duplicate articles were removed, and the title and abstract of 126 articles were reviewed. Considering the selection criteria, 104 articles were excluded and 22 articles were included in the study. In 77.27% of the articles, videoconference telecommunication methods were used for communication. In 8 articles, the participants were children and adolescents. Reviewing these studies indicates mentions concerning the effectiveness of this method in most of them.

Conclusions In general, telemental health interventions increase access to treatment and can be promising for patients with certain conditions. This systematic review contributes to the expanding literature indicating that delivering CBT through telemental health methods, particularly videoconference-based approaches, is a feasible substitute for in-person treatments.

Keywords Obsessive-compulsive disorder, Telemental health, Telepsychiatry, Telemedicine

*Correspondence: Zahra Krabasi karbasizahra4@gmail.com; z.karbasi@kmu.ac.ir Full list of author information is available at the end of the article



Introduction

Obsessive-compulsive disorder (OCD) is a mental disorder that leads to impairment in various cognitive functions. This disorder is associated with repetitive thoughts and behaviors that cause disability and impairment in daily functioning. The symptoms of this disorder include compulsive activities and obsessive thoughts [1] that start in childhood and adolescence [2]. More women suffer from this disorder in adulthood and men in childhood [2, 3]. Intrusive thoughts are usually associated with a feeling of not being complete and not right and lead to compulsive behaviors such as frequent checking [4]. Several factors such as genetics, childhood injuries, complications of pregnancy and childbirth, and stressful events can be effective in causing and aggravating the disease [5]. Many people suffer from this mental disorder worldwide [6]. OCD is considered one of the diseases that affects and severely reduces the quality of life [7]. Cognitive behavioral therapy (CBT) is among the basic methods of treating obsessions. This method emphasizes exposure and response prevention (ERP) and is the most extensively validated psychosocial treatment for individuals of all ages with OCD. Meta-analyses have demonstrated significant positive outcomes of this method concerning its effectiveness [8, 9]. This method aims at changing habits and rebuilding thoughts and minds. As a result, the patient can face his fear in stressful situations and reduce his compulsive behaviors [10]. However, there are many obstacles to accessing this type of treatment, such as the limitation of therapists, high treatment costs, stigmatization, and embarrassment for patients [11].

Telemedicine is a method to provide medical services through telecommunications technologies. This technique is mainly applied to provide services to remote and geographically distant areas. One of the most widely used technologies in telemedicine is videoconferencing, which makes it easy for therapists to see patients and give them advice in real-time. Cost-effectiveness and providing quality treatment are among the advantages of telemedicine [12]. Telemedicine can provide health and psychological care, such as counseling, diagnosis, and treatment [13]. However, the use of telemedicine still involves challenges such as patient privacy, confidentiality aspects, technical issues, and training of doctors and patients [14]. Telemental health is applied in providing several telemental health and psychiatric services [15]. Various studies [16–20] have investigated the use of telemental health for disease management of patients with OCD. Integrating telemental health technology with evidence-based treatments and drug therapy can facilitate the management and treatment of the disease and promote clinical benefits. Despite potential problems in this field, using communication technology in telemental health can be effective by focusing on an ERP method [21]. Therefore, this study systematically examines the effectiveness of using a telemental health approach to manage obsessive-compulsive disorder.

Methods

This systematic review study investigates the effectiveness of using a telemental health approach to manage OCD in 2023 based on the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) checklist [22]. Figure 1 shows the process of selecting articles.

Data sources

We searched PubMed, Web of Science, and Scopus using the keywords telepsychiatry, telemental health, telemedicine, telehealth, videoconferencing, obsessive-compulsive disorder, and OCD up to November 2023. In addition to searching the mentioned databases, references to related articles were also examined.

Study selection

Two researchers independently retrieved relevant articles based on titles and abstracts. Then, the full text of the articles was reviewed, and the most relevant articles were selected considering the inclusion and exclusion criteria. The disagreement between the two authors was resolved by reaching a consensus with the third author. In the last step, data was extracted from the articles and organized in tables.

The inclusion criteria were (1) original articles and reports, (2) articles in English, and (3) articles related to the purpose of the study. Also, exclusion criteria were (1) review articles, systematic reviews, letters to the editor, and protocols, (2) articles not related to the purpose of the study, and (3) lack of access to the full text of the articles.

Data extraction

Two researchers reviewed the articles, extracted the desired data, and entered the tables. Data included authors, year, country, study objective, telecommunication method, participants, and outcome.

Results

In this study, based on the search strategy, we identified 130 articles, 4 duplicate articles were removed, and the title and abstract of 126 articles were reviewed. Considering the selection criteria, 104 articles were excluded and 22 articles were included in the study.

According to the results, most of the studies were conducted in the USA (n = 9), and the remaining

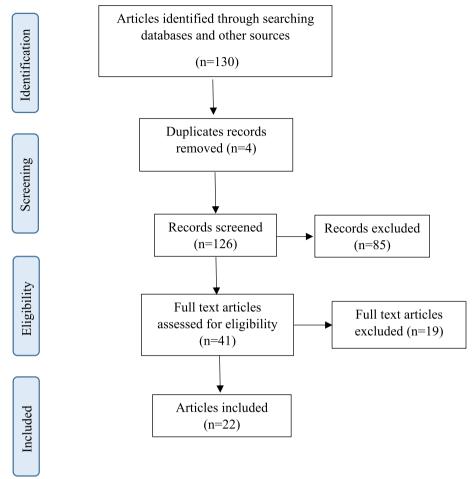


Fig. 1 The flow diagram of the selection of articles

studies were in Australia (n = 3), Japan (n = 2), Norway (n = 2), Germany (n = 2), China (n = 1), Canada (n = 1), India (n = 1), and Sweden (n = 1). Most studies were published in 2022 (n = 7) and 2014 (n = 5). In 77.27% of the articles [16-20, 23-34], video conference telecommunication methods were used for communication. Other methods provided included telephone calls [35, 36] and computer and online platforms [35, 37-39]. In 8 articles, the participants were children and adolescents [16, 18, 19, 27, 32, 35, 36, 39] with OCD. In the rest of the articles, the participants were adults [20, 23, 25, 26, 28-31, 33, 38] and veterans [24] with OCD. Using the results of these studies, the effectiveness of using telemental health was determined based on the positive results obtained in the treatment and management of OCD of the participants. Reviewing these studies indicates mentions concerning the effectiveness of this method in most of them. The main findings of these articles are summarized in Table 1.

Discussion

OCD is a severe neurobehavioral condition that often leads to significant impairments in various aspects of a person's life, persisting throughout their lifespan [40]. Improving access to evidence-based therapy can be accomplished by implementing more efficient therapy delivery models that maximize outreach while maintaining integrity and effectiveness [19]. Telemental health has long been extensively employed by medical professionals to efficiently treat behavioral disorders [34, 41, 42]. The objective of this systematic review was to evaluate the effectiveness of using a telemental health approach to manage obsessive-compulsive disorder.

After completing the search strategy, we obtained a total of 130 results. Of these studies, 22 unique papers were identified and included. The dissemination of more than 50% of the studies conducted in the last 2 years indicates that this type of care delivery is at the forefront of current research in OCD therapy. Overall, the studies aimed to assess the feasibility [16, 18, 24, 26, 29–32]

 Table 1
 Main characteristics of the included studies

Author	Year	Country	Objective	Telecommunication method	Participants	Outcome
Adam et al. [1 6]	2022	Germany	Evaluation of an online treatment management program using videoconferencing to treat OCD.	Videoconference	Children and adolescents with OCD ($n = 5$), ages 8 and 18 years	The use of video teleconferencing as a combined method reduced the severity of obsessive-compulsive disorder.
Baer et al. [17]	1995	USA	Investigating the effect of using telemedicine and comparing it with face-to-face treatment for patients with OCD.	Videoconference	Patients with OCD $(n = 16)$	The effectiveness of using telemedicine for OCD symptoms was evident in the results.
Comer et al. [18]	2014 USA	USA	Investigating the treatment of early symptoms of OCD using video conferencing.	Videoconference	Children with OCD ($n = 5$), ages of 4 and 8 years	The improvement of symp- toms and severity of the disease was determined using videoconfer- encing.
Farrell et al. [19]	2022	Australia	Investigating the effectiveness of telehealth education for the treatment of OCD.	Videoconference	Children with OCD and parents (<i>n</i> = 9), ages 8 to 14 years	Providing education through telehealth for the management of OCD was partially effective.
Feusner et al. [20]	2022	USA	Investigation of OCD treatment with online teletherapy.	Video teletherapy	Patients with OCD, ages ≥ 18 years	The results showed that the use of online video teletherapy reduces the symptoms of the disease.
Fitt and Rees [23]	2012	Australia	Investigating the effect of cognitive therapy through video conferencing for OCD.	Videoconference	Adults with OCD ($n = 4$), ages 34 to 66 years	The effectiveness of the video conference to reduce the symptoms of OCD was evident in the results.
Fletcher et al. [24]	2022	2022 USA/Texas	Investigating the effectiveness of telehealth for exposure prevention and response of rural veterans with OCD.	Videoconference	Veterans ($n = 11$) with OCD, mean age 47.2 years	Telehealth videos were effective in reducing disease symptoms.
Gittins Stone et al. [25]	2023	USA	Investigating the effect of using cognitive behavioral therapy using videoconferencing to treat children with obsessive-compulsive disorder during the COVID-19 pandemic.	Videoconference	Children and adolescents with OCD ($n = 130$), ages 8–19 years	The results showed that the use of videoconferencing to treat children reduces their symptoms.
Goetter et al. [26]	2014 USA	USA	Investigating the effectiveness of videoconferencing for the treatment of OCD.	Videoconference	Adults with OCD ($n = 15$), mean age of 32.2 years	The use of videoconferencing improves the symptoms of OCD and can be an alternative to face-to-face methods.
Himle et al. [27]	2006 USA	USA	Treatment of OCD using video conferencing.	Videoconference	Patients with OCD ($n = 3$), ages 19 to 39 years	The treatment using video conference was effective and resulted in patient satisfaction.
Hollmann et al. [28]	2022	2022 Germany	Investigating the effectiveness of internet-based treatment for patients with OCD.	Videoconference	Children and adolescents with OCD ($n = 60$), ages 6 to 18 years	Symptom improvement in patients with OCD using the telemedicine method was high.

Table 1 (continued)

Author	Year	Country	Objective	Telecommunication method	Participants	Outcome
Kathiravan and Chakrabarti [29].	2023	India	Investigating and feasibility of treating OCD using video conferencing in the COVID-19 pandemic.	Videoconference	Patients with OCD ($n = 115$), mean age 31.27 years	The findings showed that the treatment through video conferencing is suitable for OCD.
Lenhard et al. [30]	2014	2014 Sweden	Investigating the feasibility and efficacy of a therapist-led platform for the treatment of OCD.	Web-based platform and call	Adolescents with OCD ($n = 21$), ages $12-17$ years	Using this platform, especially for adolescents, can be used as an effective tool in supporting treatment.
Lin et al. [31]	2020	2020 China	Remote treatment of patients with psychiatric disorders during COVID-19.	Telemedicine platform	Patients with DSychiatric disorders (patients with OCD $(n = 2)$)	The results showed that the use of a telemedicine platform could provide effective medical care for the treatment of mental disorders during COVID-19.
Matsumoto et al. [32]	2018	Japan	Investigating the feasibility of cognitive behavioral therapy through video conferencing for patients with obsessive-compulsive disorder.	Videoconference	Adults with OCD ($n = 30$), mean age 35.4 years	It is possible to use cognitive behavioral therapy through video conferencing to treat OCD and it can reduce symptoms.
Matsumoto et al. [33]	2020	2020 Japan	Investigating the effect of using videoconferencing for patients with OCD in Japan.	Videoconference	Adults with OCD ($n = 25$), ages 20 to 54 years	The results showed that the use of videoconferencing is an effective and cost-effective method for treating patients with OCD.
Milosevic et al. [34]	2022	2022 Canada	Comparison of face-to-face and telemedicine methods for managing anxiety and mental disorders.	Videoconference	Patients with anxiety disorders ($n = 413$), ages ≥ 18 years	The use of videoconferencing for the management of anxiety and mental disorders was promising and is considered an alternative to the face-to-face method.
Pinciotti et al. [35]	2022 USA	USA	Investigating the effectiveness of telehealth for the treatment of OCD in the COVID-19 pandemic.	Computerized platform	Patients diagnosed with OCD (n = 468), ages 18 to 75 years	Treatment via telehealth was as effective as face-to-face treatment.
Storch et al. [36]	2011 USA	USA	Investigating the effectiveness of treating OCD using a web camera.	Online program (using a webcam)	Youth with OCD ($n = 31$), ages 7–16 years	Using the web camera-based method improved symptoms in young people with OCD.
Turner et al. [37]	2014	Australia	Evaluation of the effectiveness of treatment of OCD over the phone for adolescents.	Call	Adolescents with OCD ($n = 72$), ages 11 to 18 years	The results showed that the treatment using the phone can be as effective as the face-to-face method and is associated with patients' satisfaction.
Vogel et al. [38]	2012	2012 Norway	Treatment of OCD using video conferencing and mobile phones.	Videoconference	Patients with OCD ($n = 6$), ages 24 to 44 years	OCD symptoms decreased by 50% with the use of mobile phone video conferencing.

Table 1 (continued)

Author	Year Country Objective	Objective	Telecommunication method Participants	Participants	Outcome
Vogel et al. [39]	2014 Norway	Investigating the effectiveness of cognitive behavioral therapy using video conferencing for the treatment of OCD.	Videoconference	Patients with OCD ($n = 30$)	The treatment through video conference reduced the symptoms.

and evaluate the effectiveness [16–20, 23–39], acceptance [20, 24, 26–30, 32, 38], satisfaction [16, 18, 24, 26–29, 32, 36], and perception of patients and practitioners using telemental health for treating OCD [24, 28]. Furthermore, their objective was to evaluate the efficacy of these interventions in comparison to traditional in-person methods [25, 34, 35, 37] or control groups that had not yet received any form of treatment [28, 36, 39]. In this respect, Orsolini et al. [13] also mentioned the effectiveness of telemental health to overcome the obstacles of mental health care.

Regarding the feasibility and effectiveness, the studies provide promising evidence that delivering CBT through telemental health approaches is feasible [16, 18, 24, 26, 29–32] and has the potential to be equally effective as inperson treatment across different age groups [25, 26, 28, 34, 35, 37, 39]. The results of the randomized clinical trial study showed that the CBT method using the computer is accepted by young people with mental problems [43].

The majority of the studies demonstrated effectiveness in terms of alleviating symptoms of depression, anxiety, and stress [16, 18-20, 24-26, 28, 30, 32, 34-36] and improving quality of life [20, 24, 26, 28, 32, 33, 35]. Studies also offer proof of effectiveness by demonstrating improvements in recovery rates and reductions in treatment duration [16, 19, 27, 28, 30, 32, 33, 36]. Furthermore, some studies provide evidence of effectiveness by highlighting the advantages of cost and time savings [18-20, 29, 30, 33]. The estimated timeframe for this improvement is predicted to be less than 50% of the total therapist time and less than 50% of the duration of a typical once-weekly in-person CBT session [20]. The results of a meta-analysis study have also emphasized the effectiveness of telemental health interventions and pointed to conducting more trial studies to investigate this method's effectiveness, feasibility, and acceptability [44].

The coronavirus disease 2019 (COVID-19) pandemic and the need for physical separation accelerated the adoption and using of telemental health services for various behavioral disorders [45-49]. Telemental health practitioners have substantially augmented their daily use of telehealth to handle their patient workload, which has nearly doubled since the initiation of the COVID-19 pandemic [45]. Our research has discovered four papers that specifically investigated the effectiveness of telemental health strategies for delivering CBT during the global pandemic. These studies have highlighted the favorable impact of this technique in this specific context. Overall, these works have determined that telemental health services are effective and appropriate alternatives for inperson care, especially during the pandemic. By enabling convenient access to psychiatric care, they can overcome different barriers linked to traditional services, augment user satisfaction, and empower the underserved population residing in remote regions [25, 29, 31, 35].

Most of the studies identified in our research apply videoconferencing [16–20, 23–29, 32–34, 38, 39] as a central telemental health strategy for delivering CBT. In addition to this method, online and computer platforms [30, 31, 35, 36] and calls [30, 37] were also used to manage the disease However, videoconferencing is a highly valuable technique to deliver telemental health services, as it closely resembles well-accepted in-person therapy [27]. Besides, this service is highly accessible [20]. Recent experiments have introduced supplementary functionalities to videoconferencing, including chat features, a virtual whiteboard for material presentation, an online data cloud system for assignment and progress restoration, and a physiological wristband for setting timestamps for different events [18, 28].

In general, to manage OCD, it is possible to use a telemental health approach. Moreover, as a therapeutic support tool, it can improve OCD. Since it is possible to practice at home using the telemental health method, the effectiveness of the method will increase, thereby providing the therapists with more opportunities to understand and pay attention to the patient's behavior [24]. Paying attention to the mental health of special age groups such as children and youth and integrating their treatment with available methods (e.g., telemental health) are points that future research should pay attention to.

One of the limitations of this study is the non-inclusion of articles that did not have access to their full text. A common limitation of any systematic review is that not every relevant study may be found. This issue was considered during the peer review process when another relevant study was revealed.

Conclusion

Telemental health interventions increase access to treatment and can be promising for patients with certain conditions. This systematic review contributes to the expanding literature indicating that delivering CBT through telemental health methods, particularly vide-oconference-based approaches, is a feasible substitute for in-person treatments. These approaches enhance the availability of state-of-the-art treatment and provide potential relief to individuals who would otherwise lack access to high-quality mental health care. This issue is especially crucial during a global pandemic.

Abbreviations

OCD Obsessive-compulsive disorder
CBT Cognitive behavioral therapy
ERP Exposure and response prevention

PRISMA Preferred Reporting Items for Systematic Reviews and

Meta-Analyses

COVID-19 Coronavirus disease 2019

Acknowledgements

None

Authors' contributions

The concept and design of the study were performed by ZK. Selection and evaluation of the studies and data extraction were conducted by ZK and PE. AS and MZ contributed to drafting the manuscript. All authors read and approved the final version of the manuscript.

Funding

The authors received no financial support.

Availability of data and materials

Not applicable

Declarations

Ethics approval and consent to participate

Not applicable.

Consent for publication

Not applicable

Competing interests

The authors declare that they have no competing interests.

Author details

¹Department of Health Information Sciences, Faculty of Management and Medical Information Sciences, Kerman University of Medical Sciences, Kerman, Iran. ²Department of Health Information Management, School of Allied Medical Sciences, Tehran University of Medical Sciences, Tehran, Iran. ³Department of Health Information Technology, Ferdows Faculty of Medical Sciences Birjand University of Medical Sciences, Birjand, Iran. ⁴Noncommunicable Diseases Research Center, Fasa University of Medical Sciences, Fasa, Iran. ⁵School of Allied Medical Sciences, Fasa University of Medical Sciences, Fasa, Iran.

Received: 21 February 2024 Accepted: 13 March 2024 Published online: 19 April 2024

References

- Stein DJ, Costa DLC, Lochner C, Miguel EC, Reddy YCJ, Shavitt RG et al (2019) Obsessive-compulsive disorder. Nat Rev Dis Prim 5(1):52
- 2. Goodman WK, Grice DE, Lapidus KA, Coffey BJ (2014) Obsessive-compulsive disorder. The Psychiatric clinics of North America 37(3):257–267
- Mathes BM, Morabito DM, Schmidt NB (2019) Epidemiological and clinical gender differences in OCD. Current psychiatry reports 21:1–7
- 4. Barlow DH (2021) Clinical handbook of psychological disorders: a stepby-step treatment manual. Guilford publications
- Brander G, Perez-Vigil A, Larsson H, Mataix-Cols D (2016) Systematic review of environmental risk factors for obsessive-compulsive disorder: a proposed roadmap from association to causation. Neurosci Biobehav Rev 65:36–62
- Angst J, Gamma A, Endrass J, Goodwin R, Ajdacic V, Eich D et al (2004) Obsessive-compulsive severity spectrum in the community: prevalence, comorbidity, and course. Eur Arch Psychiatry Clin Neurosci 254:156–164
- Veale D, Roberts A (2014) Obsessive-compulsive disorder. BMJ (Clinical research ed) 348:g2183
- Kreuze LJ, Pijnenborg GHM, de Jonge YB, Nauta MH (2018) Cognitivebehavior therapy for children and adolescents with anxiety disorders: a meta-analysis of secondary outcomes. J Anxiety Disord 60:43–57
- Fordham B, Sugavanam T, Edwards K, Hemming K, Howick J, Copsey B
 et al (2021) Cognitive-behavioural therapy for a variety of conditions:
 an overview of systematic reviews and panoramic meta-analysis. Health
 Technology Assessment (Winchester, England) 25:9
- Foa EB (2010) Cognitive behavioral therapy of obsessive-compulsive disorder. Dialogues Clin Neurosci 12(2):199–207

- O'Neill J, Feusner JD (2015) Cognitive-behavioral therapy for obsessivecompulsive disorder: access to treatment, prediction of long-term outcome with neuroimaging. Psychol Res Behav Manag 8:211–223
- 12. Field MJ (1996) Telemedicine: A guide to assessing telecommunications for health care
- Orsolini L, Pompili S, Salvi V, Volpe U (2021) A systematic review on telemental health in youth mental health: focus on anxiety, depression and obsessive-compulsive disorder. Medicina (Kaunas, Lithuania) 57(8)
- Ftouni R, AlJardali B, Hamdanieh M, Ftouni L, Salem N (2022) Challenges of telemedicine during the COVID-19 pandemic: a systematic review. BMC Medical Informatics and Decision Making 22(1):207
- Diederich J, Song I (2014) Mental health informatics: current approaches.
 In: Lech M, Song I, Yellowlees P, Diederich J (eds) Mental Health Informatics. Springer Berlin Heidelberg, Berlin, Heidelberg, pp 1–16
- Adam J, Goletz H, Viefhaus P, Woitecki K, Döpfner M (2023) Webcambased online coaching with children and adolescents with obsessivecompulsive disorders - a single-case study. Zeitschrift fur Kinder- und Jugendpsychiatrie und Psychotherapie 51(3):207–221
- Baer L, Cukor P, Jenike MA, Leahy L, O'Laughlen J, Coyle JT (1995) Pilot studies of telemedicine for patients with obsessive-compulsive disorder. Am J Psychiatry 152(9):1383–1385
- Comer JS, Furr JM, Cooper-Vince CE, Kerns CE, Chan PT, Edson AL et al (2014) Internet-delivered, family-based treatment for early-onset OCD: a preliminary case series. Journal of clinical child and adolescent psychology: the official journal for the Society of Clinical Child and Adolescent Psychology, American Psychological Association, Division 43(1):74–87
- Farrell LJ, Nabinger de Diaz NA, Mathieu S, McKenzie ML, Miyamoto T, Donovan CL et al (2022) FAST CBT for pediatric OCD: A multiple-baseline controlled pilot trial of parent training in exposure and response prevention delivered via telehealth. Front Psychol 13:1009735
- Feusner JD, Farrell NR, Kreyling J, McGrath PB, Rhode A, Faneuff T et al (2022) Online video teletherapy treatment of obsessive-compulsive disorder using exposure and response prevention: clinical outcomes from a retrospective longitudinal observational study. J Med Internet Res 24(5):e36431
- 21. Kayser RR, Gershkovich M, Patel S, Simpson HB (2021) Integrating videoconferencing into treatment for obsessive-compulsive disorder: practical strategies with case examples. Psychiatr Serv 72(7):840–844
- Moher D, Liberati A, Tetzlaff J, Altman DG (2010) Preferred reporting items for systematic reviews and meta-analyses: the PRISMA statement. International journal of surgery (London, England) 8(5):336–341
- 23. Fitt S, Rees C (2012) Metacognitive therapy for obsessive compulsive disorder by videoconference: a preliminary study. Behav Chang 29(4):213–229
- Fletcher TL, Boykin DM, Helm A, Dawson DB, Ecker AH, Freshour J et al (2022) A pilot open trial of video telehealth-delivered exposure and response prevention for obsessive-compulsive disorder in rural Veterans. Mil Psychol 34(1):83–90
- Gittins Stone DI, Elkins RM, Gardner M, Boger K, Sperling J (2023) Examining the effectiveness of an intensive telemental health treatment for pediatric anxiety and OCD during the COVID-19 pandemic and pediatric mental health crisis. Child Psychiatry Hum Dev:1–15
- Goetter EM, Herbert JD, Forman EM, Yuen EK, Thomas JG (2014) An open trial of videoconference-mediated exposure and ritual prevention for obsessive-compulsive disorder. J Anxiety Disord 28(5):460–462
- Himle JA, Fischer DJ, Muroff JR, Van Etten ML, Lokers LM, Abelson JL et al (2006) Videoconferencing-based cognitive-behavioral therapy for obsessive-compulsive disorder. Behav Res Ther 44(12):1821–1829
- Hollmann K, Hohnecker CS, Haigis A, Alt AK, Kühnhausen J, Pascher A
 et al (2022) Internet-based cognitive behavioral therapy in children and
 adolescents with obsessive-compulsive disorder: a randomized controlled trial. Frontiers in Psychiatry 13:989550
- Kathiravan S, Chakrabarti S (2023) Development of a protocol for videoconferencing-based exposure and response prevention treatment of obsessive-compulsive disorder during the COVID-19 pandemic. World Journal of Psychiatry 13(2):60
- Lenhard F, Vigerland S, Andersson E, Rueck C, Mataix-Cols D, Thulin U et al (2014) Internet-delivered cognitive behavior therapy for adolescents with obsessive-compulsive disorder: an open trial. PLoS One 9(6):e100773
- 31. Lin Z, Zhang C, Zhang Y, Dai L, Voon V, Li D et al (2020) Deep brain stimulation telemedicine programming during the COVID-19 pandemic:

- treatment of patients with psychiatric disorders. Neurosurg Focus 49(6):F11
- 32. Matsumoto K, Sutoh C, Asano K, Seki Y, Urao Y, Yokoo M et al (2018) Internet-based cognitive behavioral therapy with real-time therapist support via videoconference for patients with obsessive-compulsive disorder, panic disorder, and social anxiety disorder: pilot single-arm trial. J Med Internet Res 20(12):e12091
- Matsumoto K, Hamatani S, Nagai K, Sutoh C, Nakagawa A, Shimizu E
 (2020) Long-term effectiveness and cost-effectiveness of videoconference-delivered cognitive behavioral therapy for obsessive-compulsive disorder, panic disorder, and social anxiety disorder in Japan: one-year follow-up of a single-arm trial. JMIR Mental Health 7(4):e17157
- 34. Milosevic I, Cameron DH, Milanovic M, McCabe RE, Rowa K (2022)
 Face-to-face versus video teleconference group cognitive behavioural
 therapy for anxiety and related disorders: a preliminary comparison. Can J
 Psychiatry 67(5):391–402
- Pinciotti CM, Bulkes NZ, Horvath G, Riemann BC (2022) Efficacy of intensive CBT telehealth for obsessive-compulsive disorder during the COVID-19 pandemic. Journal of obsessive-compulsive and related disorders 32:100705
- Storch EA, Caporino NE, Morgan JR, Lewin AB, Rojas A, Brauer L et al (2011) Preliminary investigation of web-camera delivered cognitivebehavioral therapy for youth with obsessive-compulsive disorder. Psychiatry Res 189(3):407–412
- Turner CM, Mataix-Cols D, Lovell K, Krebs G, Lang K, Byford S et al (2014)
 Telephone cognitive-behavioral therapy for adolescents with obsessivecompulsive disorder: a randomized controlled non-inferiority trial. J Am
 Acad Child Adolesc Psychiatry 53(12):1298–1307 e2
- Vogel PA, Launes G, Moen EM, Solem S, Hansen B, Håland ÅT et al (2012) Videoconference-and cell phone-based cognitive-behavioral therapy of obsessive-compulsive disorder: a case series. J Anxiety Disord 26(1):158–164
- Vogel PA, Solem S, Hagen K, Moen EM, Launes G, Håland ÅT et al (2014) A
 pilot randomized controlled trial of videoconference-assisted treatment
 for obsessive-compulsive disorder. Behav Res Ther 63:162–168
- Geller DA, Homayoun S, Johnson G (2021) Developmental considerations in obsessive compulsive disorder: comparing pediatric and adult-onset cases. Frontiers in Psychiatry 12:678538
- 41. Langarizadeh M, Tabatabaei MS, Tavakol K, Naghipour M, Rostami A, Moghbeli F (2017) Telemental health care, an effective alternative to conventional mental care: a systematic review. Acta informatica medica: AIM: journal of the Society for Medical Informatics of Bosnia & Herzegovina: casopis Drustva za medicinsku informatiku BiH 25(4):240–246
- 42. Doarn CR (2018) Telemedicine and psychiatry-a natural match mHealth 4:60
- Khanna MS, Kendall PC (2010) Computer-assisted cognitive behavioral therapy for child anxiety: results of a randomized clinical trial. J Consult Clin Psychol 78(5):737
- 44. Krzyzaniak N, Greenwood H, Scott AM, Peiris R, Cardona M, Clark J et al (2024) The effectiveness of telehealth versus face-to face interventions for anxiety disorders: a systematic review and meta-analysis. J Telemed Telecare 30(2):250–261
- Zhu D, Paige SR, Slone H, Gutierrez A, Lutzky C, Hedriana H et al (2024) Exploring telemental health practice before, during, and after the COVID-19 pandemic. J Telemed Telecare 30(1):72–78
- 46. Ros-DeMarize R, Chung P, Stewart R (2021) Pediatric behavioral telehealth in the age of COVID-19: Brief evidence review and practice considerations. Curr Probl Pediatr Adolesc Health Care 51(1):100949
- 47. Garfan S, Alamoodi AH, Zaidan BB, Al-Zobbi M, Hamid RA, Alwan JK et al (2021) Telehealth utilization during the Covid-19 pandemic: a systematic review. Comput Biol Med 138:104878
- 48. Erfannia L, Yazdani A, Karimi A (2023) An assessment of m-health effect on Covid-19 management using PLS modeling approach. Frontiers in Health Informatics 12:139
- Zangani C, Ostinelli EG, Smith KA, Hong JSW, Macdonald O, Reen G et al (2022) Impact of the COVID-19 pandemic on the global delivery of mental health services and telemental health: systematic review. JMIR Ment Health 9(8):e38600

Publisher's Note

Springer Nature remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.