
ONLINE MENTAL HEALTH SERVICES AND USER TRUST

Dr. Riya Menon

Assistant Professor

Department of Psychology

School of Behavioural Sciences

Christ University

Bengaluru, Karnataka, India

Abstract

Online mental health services now include video consultations, text-based counselling, web-delivered psychological programmes, self-guided mobile applications, moderated peer spaces, and digital triage tools. Their value is often discussed in terms of reach and convenience, yet access alone does not ensure meaningful use. People deciding whether to disclose distress online must judge the credibility of providers, the safety of the platform, the clarity of privacy practices, the responsiveness of support, and the fit between the service and their own needs. This paper presents a literature-informed analytical framework for examining user trust in online mental health services. The framework brings together five connected dimensions: provider legitimacy, data stewardship, usability and accessibility, relational quality, and clinical safety. It distinguishes trust that supports initial registration from trust that sustains disclosure, continued engagement, and appropriate help-seeking over time. Illustrative scenario results are used only to demonstrate how service safeguards may influence perceived trust, willingness to share information, confidence in crisis pathways, and intention to continue using a service. The discussion identifies practical measures that can strengthen trust, including clear professional credentials, plain-language consent, visible data controls, transparent limits of confidentiality, reliable human support, accessible design, culturally respectful communication, and clearly explained escalation procedures. The paper concludes that trust should be treated as a core service-quality outcome rather than as a secondary communication issue. Online mental health services are more likely to be acceptable, equitable, and sustainable when users can understand who is providing care, how their information is handled, what support is available, and what will happen when their needs exceed the service's scope.

Keywords: Online Mental Health, Digital Mental Health, User Trust, Privacy, Therapeutic Alliance, Telecounselling, Service Quality, Data Governance, Digital Health Ethics, Help-Seeking.

1. INTRODUCTION

Online mental health services have become an important part of the wider care environment. They can connect users with clinicians through video or audio sessions, provide structured psychological content, support self-monitoring, offer reminders, and create routes to information or referral. These modes may reduce travel demands, help users seek support from private locations, and make follow-up more practical for people who face scheduling, distance, mobility, or stigma-related barriers. At the same time, an online interaction changes the conditions under which a person evaluates safety. Instead of relying primarily on a familiar clinic, a user may need to interpret a website, application store page, profile, consent screen, booking interface, or automated message before deciding whether the service deserves trust.

Trust is especially significant in mental health settings because users may share personal

experiences, symptoms, relationship difficulties, past trauma, or concerns that they do not disclose easily elsewhere. A platform can appear technically polished yet still leave unanswered questions: Is the counsellor qualified? Will a conversation remain confidential? Can the user control access to information? What happens if a person feels unsafe, misses a session, or needs urgent help? When these questions are not answered clearly, a user may avoid registration, provide only partial information, disengage early, or use a service beyond its intended scope. Conversely, trust is not created simply by declaring that a platform is secure; it is developed through visible evidence, understandable choices, consistent behaviour, and respectful interactions.

The World Health Organization has emphasized the importance of person-centred, rights-based, and community-oriented mental health care. These principles remain relevant

when care moves online. Digital delivery should therefore be assessed not only by technical availability or the number of users reached, but also by whether people can make informed choices, receive support appropriate to their level of need, and retain dignity and agency throughout the service journey. Usability, privacy, accessibility, cultural relevance, and clinical governance influence whether a digital service feels trustworthy to people with different levels of literacy, connectivity, disability, financial resources, and prior experience with health systems.

This study develops an analytical framework for understanding how online service design and governance can shape user trust. It combines evidence on digital mental health, privacy, consent, usability, engagement, and the therapeutic relationship. The objective is not to present clinical efficacy results or a survey of a named platform. Instead, it provides a structured way to examine the conditions that may support informed uptake, honest disclosure, continued engagement, and safe referral. The framework is intended to be adaptable for future empirical studies involving specific populations, service models, regions, or technologies.

2. LITERATURE REVIEW

Research on digital mental health shows that online delivery is not one uniform intervention. Some services are clinician-led and synchronous, while others are guided programmes, self-help tools, peer communities, screening applications, or blended models that combine technology with

in-person care. This diversity matters because trust is shaped by the role a service claims to play. A person may accept a mood-tracking tool with limited expectations of human contact, but expect a higher level of accountability, continuity, and professional verification from an online therapy service. Earlier work on e-therapy and digital therapeutic alliance indicates that a meaningful working relationship can develop in digital contexts, though the features of that relationship may differ across text, video, app-based, and hybrid interventions.

Privacy and data governance form another major part of the trust question. Mental health information can be experienced as highly sensitive, and users may be concerned about data collection, third-party sharing, profiling, or an unclear distinction between clinical and commercial services. Studies of privacy perspectives show that concern is not identical for every person or setting; users weigh perceived benefits, previous experiences, trust in institutions, and their understanding of information practices. Research on mobile mental health technologies also highlights the importance of usability evaluation and user-centred design. When navigation is difficult, language is unclear, support pathways are hidden, or access features are absent, people may interpret the service as indifferent or unreliable. A useful assessment of trust must therefore bring clinical, relational, technical, and organisational factors together rather than treating trust as a single attitude.

2.1 SUMMARY OF PREVIOUS STUDIES

Author(s)	Method / Technique	Major Findings	Research Gap
World Health Organization (2022)	Global mental-health report	Highlights person-centred, rights-based transformation of mental health systems.	Does not provide a platform-level model of online-service trust.
Sucala et al. (2012)	Systematic review	Examined the therapeutic relationship in e-therapy and its relevance to engagement.	Early evidence does not cover the full range of current platform designs.
Henson et al. (2019)	Conceptual review	Explained why therapeutic alliance should be considered in digital mental-health interventions.	Calls for clearer measures suited to digital service contexts.

Author(s)	Method / Technique	Major Findings	Research Gap
Tremain et al. (2020)	Narrative review	Identified the possibility of developing a digital therapeutic alliance in serious mental illness care.	Links between alliance, trust, and outcomes need further testing.
Shen et al. (2019)	Qualitative interviews	Showed that privacy views are shaped by experiences, perceived benefit, and trust in care institutions.	Focused on health-information exchange rather than all online service types.
Inal et al. (2020)	Systematic review	Found wide variation in usability evaluation of mobile mental-health technologies.	More consistent user-centred assessment is needed.
Iwaya et al. (2023)	Empirical app privacy analysis	Identified privacy and data-handling risks in selected mental health apps.	Technical analysis does not directly measure users' trust decisions.
Schomakers et al. (2022)	Survey study	Examined acceptance factors for lifestyle and therapy mobile-health apps.	Not limited to mental health services or clinical trust.
Kassam et al. (2023)	Literature review	Synthesised patient perspectives on digital-health consent and information choices.	Mental-health-specific consent experiences require more focused study.
Alhammad et al. (2024)	Systematic review	Reported diverse privacy, confidentiality, and security concerns affecting mHealth use.	Findings span many health contexts, not only mental health care.
Funnell et al. (2024)	Semistructured interviews	Explored how people with lived experience view mental-health assessment apps.	Further work is needed across cultures, service models, and levels of acuity.

3. OBJECTIVES OF THE STUDY

The primary objective of this research is to examine how online mental health services can build or weaken user trust through the combined effects of service design, communication, privacy practices, provider transparency, and safety arrangements. The study uses a literature-informed framework to connect these features with the decisions users make before, during, and after engaging with a service.

3.1 PRIMARY OBJECTIVE

The primary objective is to develop and apply an analytical framework that explains how provider legitimacy, data stewardship, usability, relational quality, and clinical safety may influence trust in online mental health

services and shape users' willingness to seek help, disclose concerns, and continue engagement.

PRIMARY OBJECTIVE POINTS

- To identify the service features most relevant to a user's initial judgement of credibility and safety.
- To examine the role of professional verification, transparent information, and plain-language consent in trust formation.
- To connect privacy, usability, responsiveness, and safety pathways with willingness to disclose sensitive concerns.
- To distinguish between trust in a provider, trust in a platform, and trust in a particular digital tool or feature.

- To outline governance and design measures that may support safe, respectful, and sustained engagement.

3.2 SECONDARY OBJECTIVES

The secondary objectives address practical assessment, inclusion, responsible service boundaries, and the institutional arrangements that help convert online access into trustworthy mental health support.

SECONDARY OBJECTIVE POINTS

- To compare transparent, partially transparent, and opaque online service conditions using illustrative scenario values.
- To identify trust-related concerns affecting users with limited digital literacy, unreliable connectivity, language barriers, disability, or prior negative experiences of care.
- To consider the contribution of user-centred design, accessibility, culturally respectful communication, and human support.
- To examine the role of crisis information, referral routes, service-scope statements, and continuity arrangements.
- To support planning that integrates clinical governance, data protection, ethical design, and patient experience.
- To state clearly the difference between illustrative scenario analysis and measured clinical or survey findings.
- To provide a framework that can be adapted for future platform-specific, community-based, or mixed-methods research.

4. RESEARCH METHODOLOGY

This study follows a structured, literature-informed analytical methodology rather than a primary survey, clinical trial, or analysis of identifiable user records. The framework was developed by reviewing conceptual and empirical literature on digital mental health interventions, therapeutic alliance, information privacy, informed consent, usability, user engagement, and mobile-health acceptance. The aim is to organise recurring themes into a practical model that can be used to examine user trust in online mental health services. Because no human participants, clinical records, or platform logs were used, the paper does not present measured treatment effects, prevalence estimates, or causal findings.

The framework uses five trust dimensions. First, provider legitimacy refers to visible qualifications, licensing where applicable, organisational accountability, and clarity about who delivers support. Second, data stewardship refers to understandable information about collection, storage, access, sharing, retention, and user control over personal information. Third, usability and accessibility refer to whether a service can be navigated without unnecessary friction and whether its language, design, technology requirements, and support routes are workable for diverse users. Fourth, relational quality refers to empathy, responsiveness, continuity, respectful communication, and the user's sense that their concerns are being taken seriously. Fifth, clinical safety refers to scope-of-service statements, risk information, crisis and referral pathways, supervision, and procedures for responding when a user's needs exceed the service's capacity.

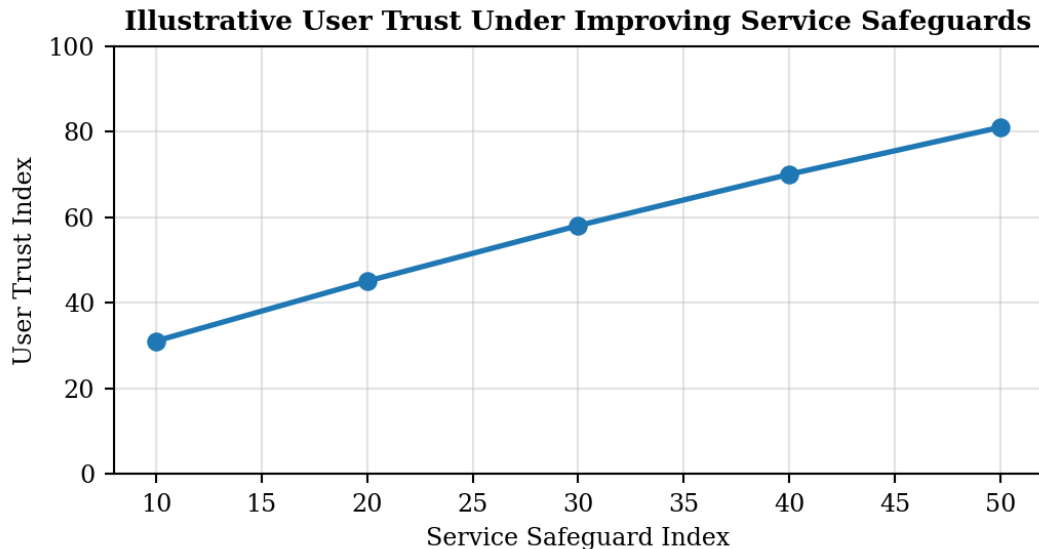
For analytical comparison, online services are grouped into three conditions: transparent, partially transparent, and opaque. A transparent service clearly identifies providers and organisational responsibility, presents concise privacy and consent information, offers accessible support and safety information, and explains available escalation routes. A partially transparent service provides some information but leaves important details difficult to find or interpret. An opaque service relies on vague assurances, unclear credentials, dense or incomplete data terms, limited contact options, or poorly explained service limits. These conditions are not ratings of any named platform; they are conceptual categories used to show how service arrangements may affect perceived trust.

The analysis considers indicators that a future empirical study could measure through surveys, interviews, usability observation, service audits, and longitudinal engagement data. Suggested indicators include credential visibility, clarity of consent, perceived control over information, confidence in confidentiality, ease of finding help, satisfaction with communication, confidence in crisis pathways, willingness to disclose, intention to continue using the service, and early disengagement risk. The figure below presents an illustrative conceptual trend: user

trust is expected to improve as service safeguards become clearer and more reliable.

It is not a clinical result, user survey result, or statistical estimate.

FIGURE 4.1: ILLUSTRATIVE USER TRUST UNDER IMPROVING SERVICE SAFEGUARDS



5. DATA ANALYSIS

Data analysis considers how variations in provider transparency, information governance, interface quality, and safety arrangements may influence a user's perception of trust. The illustrative comparison below contrasts a transparent online mental health service with a limited-transparency service. In the transparent scenario, professional roles, consent choices, data practices, contact options, and escalation pathways are visible and understandable. In the limited-transparency scenario, users encounter unclear provider information, dense privacy terms, weak control options, or uncertain paths to human assistance. The

selected indicators demonstrate a possible measurement structure for a later user study or service-quality audit.

For transparency, the values in the following table are illustrative scenario values only. They do not represent survey findings, clinical outcomes, service performance data, or evidence about a named platform. Before use in empirical research, the framework should be applied to a defined population and service setting with an approved protocol, appropriate consent procedures, validated measures where available, and careful attention to the consequences of asking people to discuss mental health experiences.

5.1 ILLUSTRATIVE USER TRUST SCENARIO RESULTS

Evaluation Metric	Transparent Service Scenario	Limited-Transparency Service Scenario
Provider credential visibility	88.2%	52.6%
Clarity of privacy and consent information	82.7%	43.8%
Perceived control over personal information	78.9%	41.5%
Confidence in confidentiality protections	80.6%	49.2%
Ease of finding human support	84.1%	56.4%

Evaluation Metric	Transparent Service Scenario	Limited-Transparency Service Scenario
Confidence in crisis and referral pathways	83.5%	47.8%
Willingness to disclose concerns	75.8%	53.1%
Intention to continue using the service	79.4%	50.7%
Early disengagement risk	13.8%	31.6%

Note: Values are illustrative scenario results used to demonstrate the proposed evaluation format. They should be replaced with measured and ethically collected data before the paper is represented as an empirical study.

6. DISCUSSION

The analysis indicates that trust in online mental health services is unlikely to depend on one feature alone. A professionally designed website may create a positive first impression, but users are likely to make more durable judgements through a sequence of experiences: finding a provider, reading consent information, creating an account, deciding what to disclose, waiting for a response, navigating a session, and seeking help when something does not work. At each stage, trust can be reinforced or weakened. Visible credentials and contact details may support initial confidence. Clear explanations of privacy and service scope may support informed registration. Responsive, respectful interaction may strengthen the willingness to return and discuss difficult concerns. Broken promises, unclear terms, or inaccessible help routes may have the opposite effect.

Data practices are central to this process. Users do not need a long legal document alone; they need information that is relevant at the moment a decision is being made. A service can support trust by stating, in accessible language, what information is collected, why it is needed, where it is stored, whether it is shared, how long it is retained, and which choices the user can make. The presence of a consent screen is not enough if the user cannot understand it or cannot distinguish clinical care from general wellness content, research, marketing, or automated support. Layered explanations, predictable privacy settings, meaningful choices, and clear routes for questions or complaints can reduce

ambiguity without placing an unrealistic burden on users to interpret complex data systems.

Trust also has a relational and safety dimension. In clinician-led services, users may judge whether the provider listens, communicates boundaries, follows through on agreed actions, and explains how care will continue if technology fails or circumstances change. In app-based or automated services, users may still look for signs of human responsibility, including a visible care team, review process, support contact, and clear guidance about what the tool can and cannot do. This is particularly important where a service includes symptom screening, crisis-related content, or conversational features that users could misunderstand as a substitute for professional assessment. Responsible design does not promise universal suitability; it helps users recognise the service's role and locate appropriate additional support when needed.

Equity requires attention throughout the trust pathway. Users may experience online services differently because of language, disability, device access, bandwidth, age, digital literacy, social support, financial constraints, or previous discrimination in health settings. A trustworthy service should therefore be evaluated with diverse users rather than only with people who are already comfortable with technology. Practical measures include plain language, multiple communication modes, captions and screen-reader compatibility, low-bandwidth options, clear pricing information, culturally respectful examples, and support for people who need assistance with registration or navigation. These measures improve usability, but they also communicate that the service recognises users as people with different circumstances rather than as interchangeable accounts.

The major limitation of this paper is that it presents a conceptual framework and illustrative scenario values rather than original evidence from users or services. The framework should not be used to infer that transparent service features automatically produce better therapeutic outcomes. Trust may vary across care settings, severity of need, cultures, legal protections, prior experiences, and individual preferences. Future studies should test the framework through co-designed surveys, qualitative interviews, task-based usability studies, governance audits, and longitudinal analysis of engagement, while ensuring that any research involving mental health information protects confidentiality and minimises participant burden. Such work can identify which safeguards matter most at particular points in a user's journey and which service improvements are feasible within real-world care systems.

7. CONCLUSION

Online Mental Health Services and User Trust demonstrates that trust is a central condition for the safe and meaningful use of digital mental health support. Users evaluate more than convenience. They consider whether

providers are legitimate, whether personal information will be respected, whether the platform is understandable, whether someone will respond, and whether the service has a responsible pathway when their needs become urgent or complex. These questions influence initial uptake, openness in communication, continued engagement, and appropriate help-seeking.

The paper proposes a five-dimension framework that connects provider legitimacy, data stewardship, usability and accessibility, relational quality, and clinical safety. It also emphasises that transparent communication must be matched by credible operating practices. Trustworthy online mental health services require coordinated attention to professional accountability, privacy governance, inclusive design, human support, service boundaries, and referral arrangements. Future empirical research should apply the framework to specific online services and populations using ethically collected data so that trust-building measures can be tailored to the people and contexts they are intended to serve.

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