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Lived Experiences of Filipino Psychologists Using Telehealth: An Interpretative Phenomenological Analysis

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RESEARCH ARTICLE INFORMATION	ABSTRACT
Received: July 29, 2024 **Reviewed:** April 28, 2025 **Accepted:** June 17, 2025 **Published:** June 30, 2025 	Telehealth, the use of digital communication technologies to deliver mental health services remotely, has become increasingly vital, especially in contexts where access to in-person care is limited. Despite its growing relevance, little is known about how Filipino mental health professionals experience this mode of service delivery. This study explored Filipino mental health professionals' experiences with telehealth, addressing a notable gap in existing literature. Using a qualitative design, semi-structured interviews were conducted with four purposively selected Filipino psychologists over a month. Data were analyzed through Interpretative Phenomenological Analysis (IPA). Findings revealed a unified narrative of adaptation, professional identity, and perspectives on telehealth, captured in three interconnected themes: "All for my Clients," "Me as a Telehealth Psychologist," and "Perspectives on Telehealth." Participants described navigating new technologies, balancing professional and personal roles, and reassessing therapeutic boundaries in the digital space. While telehealth enhanced accessibility and continuity of care, challenges such as limited government support, confidentiality concerns, and client resistance emerged, threatening service quality and ethical standards. The study highlights the need for strengthened legal and institutional support, as well as ongoing training for telehealth providers. Its insights offer actionable implications for improving

mental health service delivery, professional training, and policymaking in the Philippine context.

Keywords: *Telehealth, Filipino psychologists, Interpretative, Phenomenological Analysis, lived experiences*

Introduction

Telehealth, defined as the delivery of healthcare services via electronic and telecommunication technologies, has emerged as a vital alternative to traditional face-to-face consultations—particularly during crisis periods such as the COVID-19 pandemic. Before the pandemic, healthcare in the Philippines and globally was predominantly conducted through in-person visits (Bardiago et al., 2023). However, the outbreak disrupted healthcare practices and systems worldwide (Hettiarachchi et al., 2020; Mehrotra et al., 2020), with healthcare professionals facing immense pressure amid limited resources (Delgado & Cabilles, 2024; El Bcheraoui et al., 2020). Government-imposed lockdowns and mobility restrictions further hindered access to healthcare (Barret et al., 2021).

The mental health sector was especially affected as these restrictions coincided with a sharp rise in psychological distress. The World Health Organization (2020) noted a significant increase in mental health needs. Factors such as job loss, financial instability, and social isolation contributed to heightened emotional distress and the adoption of maladaptive coping behaviors, including increased substance use (Usher et al., 2020; WHO, 2020). People with pre-existing mental health conditions faced even greater challenges as disruptions to services made treatment less accessible (Campion, 2020).

To address limited access to mental healthcare, professionals worldwide, including those in the Philippines, rapidly adopted telehealth platforms to continue delivering services remotely. Numerous studies confirm that telehealth increases healthcare access, ensures continuity of care, and allows remote monitoring (Chatterton et al., 2022). In the field of mental health, telehealth has been shown to be just as effective as traditional services in managing conditions such as depression, anxiety, obsessive-compulsive disorder, insomnia, and alcohol use disorders (Eze et al., 2020). The global acceleration of telehealth implementation has underscored the need to examine how healthcare professionals adapt to this modality, especially in under-resourced settings like the Philippines.

Although telehealth is not a new concept—it has existed since the early twentieth century—its widespread implementation expanded dramatically during the COVID-19 pandemic (Mahtta et al., 2021). In Southeast Asia, the use of telehealth is still developing. In the Philippines, studies have primarily focused on terminological clarity and implementation logistics, rather than the lived experiences of mental health professionals (Lu & Marcelo, 2021). Other research shows that Filipino parents of children with developmental disorders were more satisfied with telehealth services than the therapists themselves, suggesting the need for better equipment access and professional development (Eguia & Capio, 2021). Telehealth also supported family-centered care but required additional time and energy, which negatively affected providers' well-being. Studies have also explored its use in elderly care (Buenaventura et al., 2020).

In Canada, mental health workers reported increased exhaustion, isolation, and burnout due to the shift to virtual care (Ashcroft et al., 2021). However, similar experiential studies are scarce in the Philippine context, underscoring the need for localized research on Filipino psychologists' adaptation to telehealth.

Telehealth was introduced in the Philippines to improve healthcare accessibility in remote and underserved areas. Early efforts included projects such as Buddy Works by the National Telehealth Center and the National Telehealth Service Program initiated by the Department of Science and Technology – Philippine Council for Health Research and Development (Lontoc, 2017). Oversight from the National eHealth Steering Committee, along with data privacy legislation, sought to ensure safe and effective delivery (DOH, DOST, & DICT, 2017). Programs such as CHITS (Community Health and Information Tracking System) and the National Telehealth System (NTS) also contributed to improving access (Dela Cruz, 2022). Nevertheless, gaps remain between policy and practice, especially due to infrastructure limitations, poor internet connectivity, and low prioritization of mental health.

Geographic and financial barriers continue to affect healthcare access in the country (Lasco et al., 2022). Mismanagement of healthcare funds has also led to shortages in basic services (Naher et al., 2020; PSA, 2021). Telehealth has primarily focused on general and primary care services, often excluding mental health (Ku, 2020). Although the Philippine Mental Health Law mandates accessible mental health services, availability remains limited due to high costs and inadequate resources. Thus, a comprehensive integration of mental health into telehealth systems is necessary to address inequities in service delivery.

Instead of detailing specific pricing breakdowns, it is more relevant to highlight that telehealth reduces financial and logistical burdens for both patients and providers. For example, Mindcare Club was one of the first organizations in the Philippines to offer telemental health services (Yang, 2020). Session fees vary by institution but are generally more affordable than in-person consultations. On average, a teletherapy session may cost around PHP 1,000 to PHP 2,500 (approximately USD 18 to USD 45), which is often lower than the cost of traditional face-to-face therapy due to reduced transportation and facility fees (Finder, 2022).

During the pandemic, mental health professionals experienced disrupted work routines. Worldwide, psychiatrists reported disorganization and psychological strain (Sibeoni et al., 2021). Still, many recognized telehealth's potential. In the U.S., studies reported that telehealth effectively reached patients in rural and underserved areas (Howland et al., 2020). In New York City, telemental health was valued for its convenience, accessibility, and affordability (Benudis et al., 2022). In the Philippines, however, minimal research explored the lived experiences of those delivering these services. As the need for mental health care rose during the pandemic (Tee et al., 2020), organizations such as the Philippine Mental Health Association noted a spike in calls related to anxiety and depression (Manila Bulletin, 2020). While online counseling showed promise in easing depressive symptoms, systemic barriers such as poor infrastructure remain (Langarizadeh et al., 2017). These gaps further justify the need to explore how Filipino psychologists perceive and experience telehealth delivery during and beyond pandemic conditions.

Theoretical Framework

This study adopts Interpretative Phenomenological Analysis (IPA), a qualitative approach focused on understanding how individuals make meaning of significant personal experiences. Developed by Smith (2004), IPA combines phenomenology, hermeneutics, and idiography to provide an in-depth, distinct analysis of participants' lived realities. The approach centers on how people interpret events and experiences in their lives, while acknowledging the role of the researcher in making sense of those interpretations through double hermeneutics. Its idiographic nature supports detailed individual case analyses before making broader generalizations. Given the novelty and complexity of telehealth delivery for mental health in the Philippines, IPA is a suitable methodology for uncovering context-rich insights into psychologists' adaptive processes, emotional responses, and perceived effectiveness of this service mode.

The Current Study

This study sought to address the current gap in the literature by documenting Filipino psychologists' lived experiences in delivering telehealth services. While global research abounds, local perspectives remain underrepresented. Understanding these experiences will not only improve clinical practice and training but also contribute to more responsive telehealth policies and systems. By generating insights from practitioners themselves, this research aims to enhance telehealth implementation in the Philippines and advocate for its broader, regulated integration into the national mental health care agenda—supporting the vision of Universal Health Care and mental health equity.

Methods

Research Design

This study employed Interpretative Phenomenological Analysis (IPA), a qualitative method aimed at understanding how individuals make sense of significant life experiences (Smith & Osborn, 2014). IPA was deemed most appropriate as it allows an idiographic, in-depth exploration of Filipino psychologists' personal and professional experiences with using Telehealth, a complex and contextually grounded phenomenon. This approach provided the flexibility to interpret how participants assign meaning to their therapeutic roles in a relatively new service delivery model in mental health. The core research question— "How do Filipino psychologists make sense of their professional experiences in providing mental health services via Telehealth?"—was framed to align with the phenomenological and interpretative objectives of IPA.

Participants and Sampling

Participants were selected using purposive homogeneous sampling, consistent with IPA methodology. This approach enabled the recruitment of individuals with shared characteristics relevant to the research focus—licensed Filipino clinical psychologists with direct experience providing mental health services through Telehealth. The study targeted participants who had at least three years of clinical practice using digital or virtual modalities for therapy.

In total, four clinical psychologists participated (three females, one male). All were licensed practitioners in the Philippines with training in psychological assessment and psychotherapy. Two participants were employed in private university counseling

centers, one was affiliated with a private hospital-based mental health service, and one operated an independent online practice. One participant was on academic leave from clinical work while completing a Ph.D., while the others maintained active client loads ranging from 5 to 15 clients per week. These participants were selected for their rich and diverse experiences, ensuring relevance and depth of insight.

Table 1. Participants of the Study

Participant Code	Age	Gender	Profession	Years of Experience/Utilization	Clients per day
Participant 1	29	Male	Clinical Psychologist	Under Legal and Private Practice	4 per day
Participant 2	54	Female	Clinical Psychologist	Under Private Practice	4 per day
Participant 3	29	Female	Clinical Psychologist	Under Private Practice	3 per day
Participant 4	32	Female	Clinical Psychologist	Under the Malaysian Telehealth Company	# of clients depends on the app

Procedure

The research procedure followed four sequential stages: recruitment, informed consent, interview conduct, and debriefing. First, upon securing ethical clearance from the Central Luzon State University Ethics Review Committee, the researchers recruited participants via email and professional networks. Invitation letters and detailed study information, including consent forms, were provided.

Then, upon acceptance, participants submitted signed consent forms indicating their voluntary participation and were reminded of their rights, including the freedom to withdraw at any point without penalty. Subsequently, interviews were scheduled at the participants' convenience. One interview was conducted via Zoom, while three were conducted in person—two in university-based clinics and one in a private therapy office. Prior to each interview, participants were briefed again about the study's aims and procedures. Each session lasted approximately 45 to 50 minutes. Semi-structured interviews were conducted using a guide developed based on a review of literature on Telehealth practice and preliminary themes relevant to psychologists' roles, challenges, and ethical concerns.

While IPA allows emergent themes to surface during analysis, the interview guide was designed to explore areas likely to yield meaningful insights. These included expectations in virtual settings, therapeutic alliance formation, and ethical adaptations—thus, themes were both informed by prior understanding and refined through participant narratives.

Finally, after each session, a debriefing was conducted to clarify any concerns and express gratitude. Audio recordings were transcribed verbatim for analysis.

Data Analysis

Data analysis followed the six-step IPA framework outlined by Smith and Osborn (2007). Initially, researchers immersed themselves in the data through

repeated reading and audio review. Exploratory notes were taken, focusing on descriptive, linguistic, and conceptual elements. Emerging patterns were then transformed into preliminary codes. Although certain areas of interest were present at the outset, the coding process remained flexible and reflexive, allowing unanticipated meanings to emerge.

Themes were grouped through iterative conceptual ordering and validated against the transcripts for consistency. A table of subordinate and superordinate themes, supported by verbatim quotes, was developed to guide interpretation.

To ensure trustworthiness, the researchers employed peer debriefing, conducted member checks by soliciting participant feedback on thematic summaries, and maintained an audit trail documenting analytic decisions. NVivo 12 software was used to assist with data organization and retrieval.

Ethical Considerations

Ethical integrity was ensured by adhering to both institutional and international standards, including the Declaration of Helsinki and protocols set by the CLSU Ethics Review Committee. Informed consent emphasized voluntary participation, data confidentiality, and the right to withdraw without consequences.

All interview data were anonymized and securely stored. Digital audio files were encrypted, and only the research team had access to transcripts. Personal information was withheld from dissemination unless explicit consent was provided.

Results and Discussion

This study explored the lived experiences of Filipino psychologists in utilizing Telehealth for mental health service delivery during the COVID-19 pandemic. Thematic analysis yielded three superordinate themes: (1) All for My Clients, (2) Me as a Telehealth Psychologist, and (3) Perspectives on Telehealth. These themes encapsulate how psychologists negotiated their professional identities, responded to systemic gaps, and redefined their practice in a virtual space. The following discussion weaves participants' narratives with existing literature to critically examine these transitions and their broader implications.

Theme 1: All for My Clients

This theme highlights psychologists' unwavering commitment to client welfare, which served as the primary catalyst for adopting Telehealth, even in the absence of preparation or institutional support. Participants described a moral obligation to ensure continuity of care, echoing the "ethic of care" perspective (Lauretta, 2022), where care is grounded not just in competence but in attentiveness, responsibility, and responsiveness. *"We can't prevent their access to mental health services, so we offer anything we have"* (P3). This excerpt reflects a values-based decision-making framework consistent with Isaacs' (2019) proposition that ethical imperatives often override operational constraints in healthcare settings. This moral driver contrasts with more utilitarian models of Telehealth adoption seen in high-income countries, where institutional readiness often precedes implementation (Manalo, 2022).

Moreover, the subordinate theme *Adjusting to Clients' Preferences* supports findings from Wosik et al. (2020), who asserted that therapeutic alliance can remain strong in virtual modalities when providers adopt a flexible, client-centered approach.

In this context, client autonomy in choosing the mode of interaction becomes a therapeutic intervention in itself—promoting engagement and empowerment.

"It is not just as an alternative, it largely depends on my client, their preference" (P1). Despite significant technological barriers—especially unreliable internet—participants continued to offer services. This perseverance parallels what Willcox-Lee (2022) described as "adaptive fidelity," where fidelity to therapeutic principles is preserved despite changes in delivery mechanisms. This theme underscores how relational ethics, not institutional policy, served as the organizing principle behind Telehealth practice during the crisis.

Table 2. Superordinate Theme 1: 'All for My Clients'

Subordinate Themes	Excerpt
A Leap in Fulfilling Responsibilities	Participant 3: "[…] we can't prevent their access to mental health services, so we offer anything we have."
Adjusting to Clients' Preferences	Participant 1: "[…] So I'm saying it's just not an alternative but it largely depends on my client, their preference."
Striving Despite Adversities	Participant 2: "[…], it is indeed distracting when the signal is not consistent, but I have to adjust and wait […]" Participant 3: "[…]. There's this time our client called and suddenly it gets cut off. That's very distressing for the client as well as for me, but I need to be flexible[….]"

Theme 2: Me as a Telehealth Psychologist

This theme delves into how psychologists managed their professional roles amid a regulatory vacuum and internal disorientation. Participants bore the responsibility of self-teaching, adjusting clinical boundaries, and resolving ethical uncertainties—experiences resonant with what Houtsma et al. (2022) termed "role redefinition under duress."

"That's not in the Code of Ethics either. So, I am quite uncertain how to do it" (P4). This quote reflects a structural gap that leaves practitioners vulnerable to both ethical risks and professional burnout. The absence of legal frameworks for Telehealth in the Philippines, as noted by Salac and Kim (2016), compounds these challenges, fostering a climate of ambiguity rather than innovation. The findings echo Adobor's (2022) assertion that the digital turn in healthcare must be met with corresponding institutional reforms to ensure professional accountability and client protection.

Subordinate themes such as *Professional Challenges and Routines for Coping* reflect both strain and adaptation. Ethical concerns about confidentiality and boundary setting align with Howland et al.'s (2020) findings, which emphasized that online modalities require heightened vigilance and new competencies to uphold traditional ethical standards.

The emergence of informal coping routines—like jogging, peer check-ins, or mindful decompression—suggests that while organizational systems were lacking,

practitioners developed grassroots resilience strategies. These strategies reflect what Halem et al. (2021) termed "micro-recoveries"—personal rituals that help professionals recalibrate both emotionally and cognitively.

Table 3. Superordinate Theme 2: 'Me as A Telehealth Psychologist'

Subordinate Themes	Excerpt
Left to Do it All	Participant 1: "[…] But, when it comes to online therapy, at that time, there were no clear guidelines [….]"
	Participant 2: "Nothing, I don't have leads. The pandemic forced me to just shift to online"[….]
	Participant 4: "[…] That's not in the Code of Ethics either. So, I am quite uncertain how to do it."
Professional Challenges	Participant 2: "[…] It's easy for clients to cancel anytime. We have no control for that. It annoyed me."
	Participant 3: "[…] when it comes to confidentiality, that's my struggle."
Routines for Coping	Participant 1: "[…] during noon, I would do jogging… I have a lot of friends who I talked with."
	Participant 2: "[…] when the session has ended, you also have to remove it from your system [….]"

The COVID-19 pandemic placed immense pressure on mental healthcare providers, who faced similar challenges as their patients. Despite this, they had to swiftly adapt to the evolving practice environment to meet the increasing demand for mental healthcare services. However, in the Philippines, where Telehealth was still emerging, providers encountered hardships due to the absence of regulatory laws, limited training opportunities, and hierarchical resource distribution affecting service quality.

This lack of infrastructure and sudden transition to Telehealth left providers grappling with uncertainties, forcing them to navigate the situation independently. Some sought resources abroad due to local limitations, revealing the need for systemic improvements. Consequently, researchers identified a theme concerning ethical and legal concerns arising from Telehealth practice, particularly regarding confidentiality and data security. While Participant 4 felt confident in their company's technology, concerns about data protection persisted, highlighting vulnerabilities in Telehealth systems. Additionally, participants noted the challenges of maintaining client engagement and control during online sessions, impacting service quality and personal schedules.

Theme 3: Perspectives on Telehealth

This theme captures participants' evolving perceptions of Telehealth—from initial skepticism to measured acceptance. Their trajectories reflect what Greenhalgh et al. (2020) describe as "normalized resistance"—initial reluctance followed by pragmatic accommodation when change is unavoidable.

"I seemed biased because of the face-to-face. It is difficult to adjust and shift to online" (P2). Initial doubts stemmed largely from unfamiliarity and the perception that certain therapeutic nuances, particularly body language and energy-based modalities, are compromised in virtual settings. This skepticism aligns with Eze et al. (2020), who noted that therapeutic depth and spontaneity are often difficult to replicate digitally. However, participants also recognized the democratizing potential of Telehealth—its ability to reach clients in remote or marginalized contexts and reduce stigma, particularly among younger populations.

"They can develop together" (P2). This acknowledgment signals a shift from rigid dichotomies (online vs. in-person) toward an integrative view of therapeutic delivery. The proposal of a hybrid model reflects emerging global consensus that Telehealth should be seen not as a temporary workaround, but as a parallel system that complements traditional modes.

Table 4. Superordinate Theme 3: Perspective on Telehealth

Subordinate Themes	**Excerpt**
Initial Attitudes on Telehealth	Participant 2: "[…] Back then, I seemed biased because of the face-to-face, it is difficult to adjust and shit to online [….]"
Healing from a Distance	Participant 1: "Accessibility is a major advantage[….]" Participant 4: "[…] That's also where I found a lot of clients [….]"
Telehealth as Therapy Setting	Participant 1: "[…] Some want face-to-face, while others just want it online [….]" Participant 2: "[…] it doesn't have to replace the more traditional face-to-face. They can develop together [….]" Participant 3: "[…] There are things that Telehealth cannot do."

The pandemic forced mental healthcare providers to shift from in-person to Telehealth services due to infection risks, prompting initial apprehension among participants accustomed to traditional practices. Participant 1, whose practice began during the pandemic, experienced both in-person and Telehealth sessions, ultimately preferring the latter for its familiarity and convenience. Despite varying attitudes, participants noted Telehealth's ability to bridge distance barriers and provide accessible care. Some highlighted Telehealth's comfort and its role in destigmatizing mental health, noting increased acceptance and utilization, particularly among younger generations. While some participants envisioned Telehealth as the primary setting for mental healthcare, others emphasized client preferences and the limitations of online therapy, particularly for body-focused interventions. Overall, participants viewed Telehealth as a complementary, rather than a substitute, practice environment alongside traditional in-person care, recognizing its potential to enhance accessibility and convenience while acknowledging its limitations in certain therapeutic contexts.

Analytical Integration and Theoretical Anchoring

These findings suggest that Filipino psychologists enacted what Usher et al. (2022) term "crisis-responsive professionalism," navigating the dual demands of ethical fidelity and systemic scarcity. Their experiences reveal a profession that adapted out of necessity, not opportunity—marked by improvisation, ethical tension, and eventual innovation.

The moral imperative to provide care amid uncertainty, as emphasized in Theme 1, aligns with virtue ethics frameworks, particularly the emphasis on moral character in professional decision-making (Mahtta et al., 2001). This perspective enriches existing models of Telehealth adoption that tend to focus on logistical or technical facilitators. The findings also call attention to the need for a Telehealth-specific ethical code in the Philippines—one that addresses context-specific issues such as internet instability, communal living environments (affecting confidentiality), and resource disparity. These challenges, often overlooked in Western-centric literature, demand culturally responsive policy frameworks.

Finally, the distinct shifts in attitudes toward Telehealth suggest that innovation in mental health services should not only be technology-driven but relationally anchored. Participants' cautious optimism about hybrid approaches resonates with the relational-cultural theory (Jordan, 2010), which emphasizes connection and mutuality—even across digital interfaces—as central to psychological growth.

Impact of the Pandemic

The global pandemic underscored the crucial role of psychologists in addressing mental health challenges (Houtsma et al., 2022). The urgency prompted psychologists to embrace Telehealth, driven by a sense of moral obligation toward vulnerable clients. Pre-existing client relationships and awareness of deteriorating mental health among Filipinos, especially millennials and Gen Z (Malolos et al., 2021), motivated psychologists to extend services via Telehealth, aligning with both moral and legal duties (Adobor, 2022). However, inadequate internet speeds in the Philippines hindered effective Telehealth delivery (Salac & Kim, 2016), necessitating resourceful short-term adaptations.

The underdevelopment of local Telehealth contributed to ethical and legal issues encountered by participants. Participants reported a lack of awareness of Telehealth regulations in the Philippines. When in-person consultations were restricted, psychologists applied their in-person approaches to the online setting, seeking ways to adjust to the sudden transition. The study revealed the need for systematic initiatives to improve Telehealth's effectiveness and security in the country. Data security concerns arose, with participants' methods to protect client information falling short of standards, leading to client hesitancy in using Telehealth.

Despite challenges, participants maintained boundaries between personal and professional lives. They established rules for clients, such as adhering to scheduled appointments, and shared coping strategies to prevent burnout. Participants emphasized work-life boundaries to ensure service quality and maintain professional integrity.

Future of Telehealth

Participants shared diverse views on the future of Telehealth alongside traditional in-person settings. Some saw Telehealth as the primary setup, while others

emphasized the need for a balanced approach, integrating both modalities to provide comprehensive mental healthcare. Recognizing the strengths and limitations of both settings, participants believed that developing them together could enhance mental healthcare delivery.

In conclusion, this study highlights the intricate experiences of Filipino psychologists with Telehealth, revealing their dedication to quality care, the impact of the pandemic, ethical challenges, and the evolving perspectives on Telehealth's future in mental healthcare.

Conclusion and Future Works

This study explored the lived experiences of Filipino psychologists in using Telehealth as a medium for delivering mental health services during the COVID-19 pandemic. In line with the study's objectives, three key insights emerged: the ethical commitment to client care as a driving force for adopting Telehealth; the challenges of navigating professional identity amid a lack of regulatory and structural support; and the evolving, ambivalent attitudes toward Telehealth as a long-term modality.

Participants' narratives revealed that the transition to Telehealth was primarily motivated by their responsibility to ensure continuity of care despite infrastructural and emotional obstacles. However, this transition also surfaced systemic gaps in training, policy, and legal guidance, which left many professionals improvising under uncertain conditions. Their coping responses, though adaptive, underscore the need for formal mechanisms to support sustainable digital mental healthcare.

These findings point to the critical need for institutional reforms and capacity-building efforts to legitimize and standardize Telehealth in the Philippines. Policymakers and mental health stakeholders must work collaboratively to create ethical, technological, and educational frameworks that support both providers and clients. Moving forward, integrating Telehealth into the broader mental healthcare system will require not just technological investment but also professional safeguards, clearer ethical guidelines, and inclusive policies that consider the diverse needs of Filipino psychologists and their clients.

Moreover, this study is among the first interpretative phenomenological analyses (IPA) to examine the lived experiences of Filipino clinical psychologists delivering mental health services via Telehealth. The use of semi-structured interviews was instrumental in eliciting rich, reflective accounts, allowing researchers to build rapport and co-construct meaning with participants in a flexible and dialogic setting.

However, the study's small and relatively homogenous sample of four participants presents important limitations. All participants were practicing professionals with demanding schedules, which constrained their availability and the duration of interviews. As a result, while key experiential themes were identified, the limited sample size restricted the breadth of perspectives and the potential emergence of more distinct or divergent experiences. The findings, though analytically rich, are therefore limited in their transferability to the broader population of mental health practitioners, particularly those outside of private practice or urban centers. Moreover, time constraints during interviews may have limited deeper exploration of emerging themes that were only partially developed in some transcripts.

These limitations underscore the need for caution in generalizing the results, while also pointing to the importance of further research with a more diverse and expansive sample to validate and extend the current insights.

Based on the findings, several actionable steps are recommended to strengthen the implementation and sustainability of Telehealth services in the Philippines:

1. *Policy Advocacy.* The absence of clear legal and ethical frameworks for Telehealth was a recurring concern among participants. National mental health and professional organizations may advocate for comprehensive Telehealth legislation that clarifies ethical responsibilities, ensures confidentiality, and protects both clients and providers. This legal clarity is critical to aligning Telehealth practices with the country's broader Universal Health Care goals.
2. *Professional Training and Capacity Building.* The study highlighted gaps in practitioner preparedness due to a lack of formal training on Telehealth delivery. Institutions and regulatory bodies may invest in targeted, competency-based training programs that include ethical guidelines, client engagement strategies, and digital literacy. Such initiatives would help standardize practice and reduce practitioner uncertainty.
3. *Supportive Infrastructure and Supervision.* Participants described feeling isolated and unsupported in navigating Telehealth's challenges. Peer support groups and professional supervision structures may be institutionalized to address burnout, ethical dilemmas, and professional growth, especially in the face of evolving digital practice norms.
4. *Future Research Directions.* To broaden understanding of Telehealth's implementation, future qualitative and mixed-method studies may explore the experiences of other mental health professionals (e.g., counselors, psychiatrists, social workers) across diverse geographic and institutional contexts. Longitudinal designs may also be valuable in capturing the sustained impact of Telehealth on professional identity, therapeutic effectiveness, and client outcomes.

Together, these recommendations aim to inform a more ethical, competent, and context-sensitive Telehealth practice within the Philippine mental healthcare system.

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Conflict of Interest

The authors declare that there are no conflicts of interest regarding the publication of this paper.

AI Declaration Statement

Artificial Intelligence (AI) tools, specifically OpenAI's ChatGPT, were used solely for language editing and refinement of the manuscript. The authors ensured that all content generated by AI was thoroughly reviewed, verified for accuracy, and edited for contextual alignment and academic integrity. Final decisions on wording, structure, and interpretation were made by the authors to ensure the authenticity and scholarly rigor of the work.