



**Quality standards for the online health counselling of young people:
Guidelines for defining and measuring quality indicators on the example of sexual health and
mental health web counselling**

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Introduction

The quality of health services has received increasingly more attention since the 1990s. A still limited number of studies reveals that the development of the quality of health services helps to increase the satisfaction of both the service providers and users and is likely to have a positive impact on the health behaviour of the service users. In addition, access to high-quality health services is one of the fundamental rights of people¹. Similarly, one might assume that paying attention to the quality of health-related web counselling services offered in various fields has a positive impact on the health behaviour of the users of those services.

As young people are the most vulnerable target group in several health sectors (including the sexual and mental health sector), people have started to look for more innovative opportunities for bringing health-related information and professional counselling to as many young people as possible at as low a price and as sustainably as possible. Thanks to the availability of the Internet, answers to health-related questions come from various portals, including from non-professional respondents. This may give rise to a situation where the service users, service providers, and funders of services alike have difficulties evaluating the quality of the provided online counselling. The working group of Estonian Sexual Health Association's (ESHA) sexual health-related online counselling website www.amor.ee prepared quality standards² in 2003, describing the essence and objectives of the service, the target groups, the team, the counselling process, requirements for the quality of the service, and methods of evaluation. To support the development of the quality of various health-related online counselling services and promote the development of quality frameworks belonging to each service/organisation, they assembled a working group and prepared these guidelines that define the **general quality standards for web-based health counselling services targeted at young people**, as well as some **indicators** for the measurement of the quality of those services.

Who could use these guidelines and how? These guidelines are intended for all organisations and persons who offer health-related online counselling to young people and are connected to the development and evaluation of the quality of health services on a wider scale. The compilers of these guidelines hope that this will be a useful source in the development of the quality of various web-based health services. Much like the development of the quality of a service is a continuous never-ending process, these guidelines should also be treated as the beginning of a process that will be returned to multiple times in the future with proposals for updates and improvements. Hereby, the working group makes a forward-looking proposal: the counselling environments that have undergone quality evaluation and correspond to the established standards could own a quality sign in the future, a sign that could be added to their website, and the list of trustworthy counselling environments could be published on the website of the Ministry of Social Affairs.

1. Vision

The vision of the compilers of these guidelines is for high-level (quality) health-related online counselling services to considerably improve the health and well-being of individuals and society. In these guidelines, **online health counselling** means professional health-related counselling on the Internet, which is provided by a team of specialists in the fields related to the chosen health sector, would could be (but does not have to be) integrated with the face-to-face health services in that sector. This team may include both paid specialists and volunteers, the latter may include e.g. peer support advisers, students who are studying the corresponding field, administrators, etc.

In these guidelines, the services that correspond to or exceed clients' needs and expectations and are evidence-based in the relevant health sector are considered **high-level** (quality) guidelines. This document generally defines the standards for high-level web-based health counselling services targeted at young people and gives examples of some of the indicators (see page 22).

3. Sexual health counselling targeted at young people

3.1. Sexual health and sexual health services

Sexual health (SH) is the state of physical, emotional, mental, and social well-being related to sexuality; it is more than just the absence of a disease, disability, or disorder. The precondition for good SH is the positive and respectful attitude towards sexuality and sexual relationships and the possibility for more enjoyable and safer sexual experiences that are free of coercion, discrimination, and violence. Good SH entails respecting, defending, and considering the sexual rights of all people.¹⁹ Initially, SH was defined as one part of reproductive health (abbreviation RH, state of physical, mental, and social well-being related to the functioning and processes of the reproductive system), after which we talked about “sexual and reproductive health”. As having offspring is only one part of sexuality, today we see SH as a wider concept that also includes RH. SH has a positive meaning and is related to well-being. Therefore, the activities related to SH are above all preventive, educational, and informative and less aimed at treatment or diagnostics.²⁰ SH services include counselling on contraception; prevention, testing, and treatment of sexually transmitted infections/HIV; services related to abortion; assistance with and counselling on sexual and domestic violence, psychosexual counselling.²¹ One service provider does not have to offer all these services but the counsellors must know how to refer their clients to the help they need.

3.2. Evidence base for Internet-based services dedicated to sexual health

A search was conducted in the online database of scientific literature to prepare this overview. Internet-based SH services are accessible to the public and especially acceptable for young people – the benefits mentioned include convenience, privacy, readiness of the service, trustworthiness, and empowerment that helps turn to face-to-face health services.

Web-based counselling has turned out to be efficient in improving SH-related knowledge and attitudes.

It has been found that special confidential web-based services aimed at specific target groups (e.g. young people, people with a different sexual orientation)²⁴ may promote looking for information and assistance within that target group.

The testing and counselling opportunities for sexually transmitted infections (chlamydia, gonorrhoea, syphilis, HIV) offered on the Internet has given promising results – it has been proven that this promoted getting tested.

4.2. Evidence base for Internet-based services dedicated to mental health

A search was conducted in the online database of scientific literature to prepare this overview.

Providing web-based services in the case of MH disorders has been proven efficient, for example, with patients who have an eating disorder and those whose condition does not correspond to the criteria of an eating disorder diagnosis, as well as with preventing a relapse into a depressive condition. It has also been found that forum-based support groups express similar elements of support as face-to-face support groups, and that professionally supervised forums have more positive messages and less messages that promote destructiveness. The young people who use the

web-based service, as well as their parents find that the advantages of a web-based approach include both the ease of use and anonymity, not to mention cost efficiency and availability that allows more young people to get help. Thanks to the fact that the service is web-based, those who are prejudiced against institutions and MH specialists, as well as those who do not know where to turn to for assistance, can also get help.

It is emphasised for web-based services that the person providing the service (supervisor of the self-help programme, therapist, etc.) must have the relevant qualification to provide the service and the service must correspond to existing therapy trends. Awareness techniques, main techniques of cognitive-behavioural therapy, and motivational interviewing in addition to sharing information are used the most. In comparing the computerised cognitive-behavioural approach with the traditionally conducted therapy, the results have shown that both methods are equally effective. The literature highlights that even though the general ethical norms have been prescribed in the Code of Conduct of the American Psychological Association, Internet counselling must also consider several other variables from the point of view of providing a quality service: technical solution, including storage of personal data, ability to express the basic counselling techniques via mail, responding to an emergency, absence of non-verbal channels, etc. At the same time, the counsellor's access to supervision and informed consent that are similar to regular counselling are also considered important.

In an Internet environment, counselling can either be synchronous (client receives the response immediately, similarly to face-to-face counselling, e.g. in a chat) or asynchronous (client receives the response after a certain period of time, e.g. counselling via e-mail). In the case of asynchronous counselling, supervised writing has also shown effects.

5. Quality measurement of online health counselling

5.1. Quality sectors

Nearly everyone can intuitively sense which are quality health services but defining quality more exactly and finding indicators for measuring it is much more difficult.

It is possible to distinguish five areas of quality in health-related internet counselling and the standards that correspond to them (definition of a quality standard – see 5.2).

<i>Area</i>	<i>Standard</i>
1. Clients	The client-centred approach is at the heart of the activities related to this service.
2. Service provision	Services are evidence-based.
3. Staff	The staff is valued; the staff has competence for providing the service.
4. Organisation	In providing the service, organisations adhere to the requirements of funders, legislation, finances, and professionalism. Management, innovation, and organisation are at a high level.
5. Management	Management and innovation are at a high level.
6. Systems	Systems (technological platforms) are available, reliable, and safe.

One should attempt to carry out both the development of quality and evaluation in all those areas, because insufficient quality of one area could be explained by objective reasons clarified with the

evaluation of another area. For example, it may not be possible to offer a short waiting period for receiving a reply (client's need), because there are not enough resources to provide the service. Similarly, good evaluation of service quality (by clients) may not adequately reflect all aspects of the quality of the service, e.g. clients, including young people, may not be able to adequately evaluate the professionalism of the counsellor (including their professional and counselling competence), which is why clients may be satisfied with counselling that is actually low-quality, etc. Another problem revealed when clients have evaluated the service is the so-called courtesy bias, which means that during interviews, clients give the service a more positive evaluation than it deserves.

Therefore, only conducting satisfaction surveys among clients may not be sufficient for the adequate evaluation of service quality. On the other hand, experts can evaluate the objectively measurable quality standards of a service but cannot evaluate the quality of the service as experienced by a client.

5.2. Quality standards and indicators

Quality standards are the description of the specified quality requirements of a service. This is a list/description of characteristic elements of the high-level service related to the service and set as the goal.

Quality indicators are used to objectively measure compliance with quality standards. One or several indicators may comply with each quality standard. The suitable indicators are found separately for each health service. The indicators may be grouped by using the quality areas of the aforementioned health service.

Data about the quality of the health-related online counselling service can be **collected** by using the following instrumental methods:

- Visiting the service provider, auditing the organisation and management / interviewing the staff;
- Evaluation and monitoring of the service provision process by an observer who uses the given guidelines; interviewing the counsellor by using the simulated client method; periodic evaluation of correspondence;
- Interviewing the clients to evaluate the process of service provision and health results (this may be carried out as a separate study as part of larger population and health research).