Pakistan Journal of Allied Health Sciences (PJAHS)
http://www.pjahs.com/index.php/ojs
Volume 4, Issue 3 (2026)
ISSN PRINT: 3006-7006 ISSN ONLINE

Telehealth Services and Mental Health Outcomes: The Mediating Role of Therapeutic Accessibility

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Abstract:
The rapid expansion of digital healthcare has transformed the delivery of mental health services by enabling patients to access psychological and psychiatric support through video consultations, telephone services, mobile applications, online counseling, and other remote communication technologies. Telehealth has become particularly relevant to mental healthcare because geographical distance, transportation difficulties, provider shortages, stigma, cost, and limited availability of specialized professionals can prevent individuals from obtaining timely treatment. Although telehealth services can substantially increase the availability and convenience of mental healthcare, access to a digital service does not necessarily guarantee improved mental health outcomes. Therapeutic accessibility may represent an important mechanism through which telehealth contributes to better psychological well being. This study examines the relationship between telehealth services and mental health outcomes and investigates the mediating role of therapeutic accessibility. The proposed framework integrates the Technology Acceptance Model, Andersen's Behavioral Model of Health Services Use, and the accessibility perspective in healthcare. Telehealth services represent the independent variable, therapeutic accessibility represents the mediating variable, and mental health outcomes represent the dependent variable. A quantitative cross sectional research design is proposed, targeting adults who have used telehealth services for mental health related support. Data may be collected through a structured questionnaire using a five point Likert scale. Partial Least Squares Structural Equation Modeling through SmartPLS can be employed to examine the measurement and structural models. The proposed framework evaluates the direct relationship between telehealth services and mental health outcomes, the relationship between telehealth services and therapeutic accessibility, the effect of accessibility on mental health outcomes, and the indirect effect of telehealth through accessibility. Illustrative results indicate that telehealth services positively influence therapeutic accessibility and mental health outcomes, while therapeutic accessibility also positively influences mental health outcomes. Mediation analysis indicates that therapeutic accessibility partially mediates the relationship between telehealth services and mental health outcomes. The findings suggest that the effectiveness of telehealth should not be assessed solely in terms of technological availability. Rather, meaningful access requires convenient scheduling, affordable services, continuity of care, suitable communication channels, qualified professionals, privacy, and timely therapeutic interaction. Healthcare providers should therefore design telehealth systems around patient accessibility and continuity. The study contributes to digital health and mental healthcare research by identifying therapeutic accessibility as a key mechanism through which telehealth services can potentially improve mental health outcomes.

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Keywords: Telehealth, Mental Health Outcomes, Therapeutic Accessibility, Digital Mental Healthcare, Online Counseling, Healthcare Accessibility, Telemedicine, Patient Engagement, SmartPLS, PLS SEM

Introduction

Mental health has become an increasingly important component of public health, yet many individuals continue to experience substantial barriers to obtaining appropriate psychological and psychiatric care. Shortages of mental health professionals, geographical distance, financial constraints, transportation difficulties, stigma, long waiting periods, and limited availability of specialized services can prevent individuals from receiving timely treatment. Digital technologies have consequently emerged as an important mechanism for extending mental healthcare beyond conventional face to face settings.

Telehealth refers broadly to the delivery of healthcare services through telecommunications and digital technologies. In mental healthcare, telehealth may include video consultations, telephone counseling, online psychotherapy, remote psychiatric consultations, secure messaging, mobile applications, and other technology supported services. These approaches can allow patients to communicate with professionals without physically visiting a healthcare facility.

One of the major potential advantages of telehealth is increased accessibility. Patients living in rural or underserved communities can potentially consult professionals located elsewhere. Individuals with mobility limitations or transportation difficulties may also receive services from home. Similarly, people who experience discomfort or stigma associated with visiting mental health facilities may perceive remote services as more acceptable.

However, technological availability does not automatically constitute effective healthcare access. A person may have access to a telehealth platform but still experience difficulties finding an appropriate therapist, scheduling appointments, paying for treatment, maintaining continuity of care, or communicating effectively with a provider. Consequently, therapeutic accessibility provides an important mechanism for understanding how telehealth may affect mental health outcomes.

Therapeutic accessibility refers to the extent to which individuals can obtain appropriate, timely, affordable, convenient, and continuous therapeutic services when they need them. Accessibility therefore extends beyond simple physical availability. It encompasses dimensions such as appointment availability, geographical reach, affordability, convenience, continuity, provider availability, communication, and suitability of services.

The Technology Acceptance Model provides one theoretical foundation for understanding telehealth adoption. Davis (1989) argues that perceived usefulness and perceived ease of use influence individuals' acceptance of information technologies. Patients may be more willing to use telehealth when they perceive it as convenient, useful, accessible, and easy to operate.

The accessibility perspective adds an important healthcare dimension. Andersen's Behavioral Model suggests that healthcare utilization is influenced by predisposing, enabling, and need related factors. Digital services may function as an enabling resource by reducing geographical and logistical barriers to treatment.

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ISSN PRINT: 3006-7006 ISSN ONLINE

Mental health outcomes represent the ultimate concern of telehealth interventions. These outcomes can include psychological well being, symptom management, emotional functioning, perceived stress, quality of life, treatment satisfaction, and functional improvement. The effect of telehealth may vary depending on the type and severity of mental health condition, treatment approach, patient characteristics, and quality of therapeutic interaction.

Telehealth can potentially improve outcomes by enabling earlier treatment, increasing treatment continuity, reducing missed appointments, and facilitating communication between patients and mental health professionals. Nevertheless, the quality and accessibility of the therapeutic relationship remain important.

Therapeutic accessibility may therefore operate as an intermediate mechanism between telehealth services and mental health outcomes. Telehealth provides the technological infrastructure, while accessibility determines whether patients can actually obtain and maintain meaningful therapeutic care.

For example, a video counseling platform may technically be available 24 hours a day, but if therapists have long waiting lists, appointments are unaffordable, or patients cannot obtain follow up sessions, the practical therapeutic accessibility of the system remains limited.

The COVID 19 pandemic accelerated the adoption of telehealth and demonstrated its potential to maintain healthcare delivery during periods when face to face services were disrupted. At the same time, the pandemic highlighted digital inequalities, including differences in internet access, technological skills, privacy, affordability, and availability of suitable devices.

Digital exclusion remains an important concern. Telehealth may increase access for some patients while creating additional barriers for others. Individuals with limited digital literacy, inadequate internet connectivity, financial limitations, or insufficient privacy at home may have difficulty benefiting from remote mental healthcare.

Confidentiality is also particularly important in mental health services. Patients may hesitate to discuss sensitive psychological concerns if they are uncertain about data security or whether conversations can be overheard. Telehealth providers must therefore establish appropriate privacy and cybersecurity practices.

The present study examines telehealth services as the independent variable, therapeutic accessibility as the mediator, and mental health outcomes as the dependent variable. The central argument is that telehealth can improve mental health outcomes partly because it makes therapeutic services more accessible.

The study addresses four major research questions. First, do telehealth services significantly influence therapeutic accessibility? Second, does therapeutic accessibility significantly influence mental health outcomes? Third, do telehealth services directly influence mental health outcomes? Fourth, does therapeutic accessibility mediate the relationship between telehealth services and mental health outcomes?

The study has theoretical significance because it combines technology acceptance with healthcare accessibility perspectives. It also provides practical implications for mental health providers, hospitals, policymakers, digital health organizations, and telehealth platform developers.

Literature Review

Pakistan Journal of Allied Health Sciences (PJAHS)
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Telehealth Services

Telehealth represents the use of telecommunications and digital technologies to provide healthcare remotely. Mental health telehealth can include video therapy, telephone consultations, remote psychiatric assessment, secure messaging, digital counseling, and other forms of technology mediated interaction.

Telehealth can reduce geographical barriers and provide greater flexibility in scheduling. It can also support continuity of care when conventional face to face appointments are difficult.

However, effectiveness depends on technological quality, provider competence, patient engagement, privacy, and the appropriateness of remote care for the individual's circumstances.

Mental Health Outcomes

Mental health outcomes describe changes in psychological well being and functioning following mental health interventions. Relevant outcomes may include reductions in psychological distress, improved emotional well being, better symptom management, improved functioning, and enhanced quality of life.

The effectiveness of telehealth should therefore be evaluated according to meaningful patient outcomes rather than simply the number of consultations delivered.

Therapeutic Accessibility

Therapeutic accessibility refers to the ability of individuals to obtain appropriate therapeutic care when needed. It encompasses availability, affordability, convenience, geographic reach, scheduling flexibility, continuity, and suitability.

Telehealth can improve accessibility by allowing patients to obtain services remotely and reducing transportation requirements.

Telehealth and Therapeutic Accessibility

Telehealth can reduce several traditional barriers to mental healthcare. Patients can potentially connect with professionals across geographical boundaries, schedule appointments more flexibly, and avoid travel.

Therefore:

H1: Telehealth services have a significant positive effect on therapeutic accessibility.

Therapeutic Accessibility and Mental Health Outcomes

Accessible therapeutic services may support earlier intervention, continuity, treatment adherence, and consistent interaction with mental health professionals.

When patients can obtain appropriate care at the time they need it, the likelihood of maintaining treatment may increase.

Therefore:

H2: Therapeutic accessibility has a significant positive effect on mental health outcomes.

Telehealth and Mental Health Outcomes

Telehealth may improve mental health outcomes by expanding access to evidence based psychological and psychiatric interventions. Numerous studies have reported that remote

Pakistan Journal of Allied Health Sciences (PJAHS)
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ISSN PRINT: 3006-7006 ISSN ONLINE

psychological interventions can achieve outcomes comparable to conventional approaches for selected conditions and populations.
Therefore:

H3: Telehealth services have a significant positive effect on mental health outcomes.

Mediating Role of Therapeutic Accessibility

The central proposition is that telehealth improves mental health partly by making therapeutic services more accessible.
The proposed mechanism is:

Telehealth Services → Therapeutic Accessibility → Mental Health Outcomes

Telehealth reduces logistical barriers, improved accessibility facilitates therapeutic engagement, and sustained therapeutic engagement can contribute to better mental health outcomes.
Therefore:

H4: Therapeutic accessibility significantly mediates the relationship between telehealth services and mental health outcomes.

Conceptual Model / Theoretical Framework

The proposed model is based on three complementary theoretical perspectives.

Technology Acceptance Model

The Technology Acceptance Model explains technology adoption through perceived usefulness and perceived ease of use. Patients may be more willing to use telehealth when remote services are perceived as convenient, useful, and easy to access.

Andersen's Behavioral Model

Andersen's model explains healthcare utilization through predisposing, enabling, and need factors. Telehealth can function as an enabling resource that reduces geographic, transportation, and scheduling barriers.

Healthcare Accessibility Perspective

The accessibility perspective emphasizes that effective healthcare requires more than the existence of services. Patients need timely, affordable, acceptable, and continuous access to appropriate providers.

Proposed Conceptual Model

Telehealth Services
↓
Therapeutic Accessibility
↓
Mental Health Outcomes

Direct pathway:
Telehealth Services → Mental Health Outcomes

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ISSN PRINT: 3006-7006 ISSN ONLINE

Hypotheses

H1: Telehealth services positively influence therapeutic accessibility.
H2: Therapeutic accessibility positively influences mental health outcomes.
H3: Telehealth services positively influence mental health outcomes.
H4: Therapeutic accessibility mediates the relationship between telehealth services and mental health outcomes.

Methodology

A quantitative cross sectional research design is proposed to examine the relationship between telehealth services, therapeutic accessibility, and mental health outcomes. The target population should consist of adults who have used telehealth services for psychological, psychiatric, counseling, or other mental health related purposes. Participants may be recruited through healthcare organizations, counseling centers, telehealth providers, universities, or online research platforms.

A sample of approximately 300 to 500 respondents would provide a suitable basis for PLS SEM. Purposive sampling can be employed because participants should have actual experience using telehealth services. Data can be collected through a structured questionnaire using a five point Likert scale ranging from 1 = strongly disagree to 5 = strongly agree.

Telehealth services can be measured through perceived convenience, technological usability, communication quality, service availability, reliability, flexibility, privacy, and continuity. Therapeutic accessibility can be measured through appointment availability, geographical accessibility, affordability, scheduling flexibility, provider availability, continuity of treatment, ease of communication, and suitability of services. Mental health outcomes can be measured through perceived psychological well being, symptom improvement, emotional functioning, stress management, quality of life, and functional improvement. Where possible, validated mental health instruments and appropriate clinical measures should be incorporated rather than relying exclusively on researcher developed items.

SmartPLS 4 can be used to conduct PLS SEM. The measurement model should be evaluated through indicator loadings, Cronbach's alpha, composite reliability, and Average Variance Extracted. Discriminant validity should be assessed using HTMT. The structural model should be evaluated through path coefficients, t values, p values, confidence intervals, R^2, f^2, and Q^2. Bootstrapping with 5,000 resamples can be applied to test direct and indirect effects. Mediation should be assessed using the significance and confidence interval of the indirect effect. Ethical procedures should include informed consent, voluntary participation, confidentiality, secure data handling, and appropriate procedures for participants who may experience psychological distress. Telehealth research involving patients should receive approval from the relevant institutional ethics committee.

Analysis

The following SmartPLS results are **illustrative and hypothetical**, based on an assumed sample of 400 respondents. They must be replaced with actual empirical results before submission.

Pakistan Journal of Allied Health Sciences (PJAHS)
http://www.pjahs.com/index.php/ojs
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ISSN PRINT: 3006-7006 ISSN ONLINE

Table 1. Measurement Model Results

Construct	Loading Range	Cronbach's Alpha	Composite Reliability	AVE
Telehealth Services	0.76 to 0.92	0.94	0.95	0.70
Therapeutic Accessibility	0.75 to 0.91	0.93	0.94	0.69
Mental Health Outcomes	0.74 to 0.90	0.92	0.94	0.67

Interpretation of Table 1

The hypothetical measurement model demonstrates satisfactory reliability and convergent validity across all three constructs. The indicator loadings range from 0.74 to 0.92, suggesting that each indicator adequately represents its associated construct.

Telehealth services demonstrate a Cronbach's alpha of 0.94 and composite reliability of 0.95. These values indicate excellent internal consistency. The AVE of 0.70 indicates that the construct explains approximately 70 percent of the variance in its indicators.

The results suggest that convenience, usability, communication quality, service availability, flexibility, privacy, reliability, and continuity provide consistent indicators of telehealth services.

Therapeutic accessibility produces a Cronbach's alpha of 0.93 and composite reliability of 0.94. The AVE of 0.69 exceeds the recommended threshold, indicating satisfactory convergent validity. The results indicate that appointment availability, affordability, scheduling flexibility, geographical access, provider availability, continuity, and communication collectively represent therapeutic accessibility.

Mental health outcomes demonstrate a Cronbach's alpha of 0.92 and composite reliability of 0.94. The AVE of 0.67 indicates that the indicators explain a substantial proportion of construct variance.

Overall, the hypothetical reliability coefficients demonstrate strong internal consistency. The results indicate that the indicators are sufficiently reliable for structural model assessment.

Nevertheless, reliability alone does not establish validity. Discriminant validity should be examined to ensure that telehealth services, accessibility, and mental health outcomes remain empirically distinct.

In actual research, researchers should preferably use established and validated scales for mental health outcomes. Measurement selection is particularly important because mental health is multidimensional and subjective measures may be influenced by social desirability, recall, and individual interpretation.

Table 2. Discriminant Validity Using HTMT

Construct Pair	HTMT
Telehealth Services ↔ Therapeutic Accessibility	0.80
Telehealth Services ↔ Mental Health Outcomes	0.74
Therapeutic Accessibility ↔ Mental Health Outcomes	0.83

Pakistan Journal of Allied Health Sciences (PJAHS)
http://www.pjahs.com/index.php/ojs
Volume 4, Issue 3 (2026)
ISSN PRINT: 3006-7006 ISSN ONLINE

Interpretation of Table 2

The hypothetical HTMT results provide evidence of satisfactory discriminant validity among the three constructs.

The HTMT value between telehealth services and therapeutic accessibility is 0.80. This relatively strong relationship is theoretically expected because telehealth is designed partly to reduce barriers to healthcare. Nevertheless, the constructs remain empirically distinguishable.

The HTMT value between telehealth services and mental health outcomes is 0.74, indicating that perceptions of telehealth quality are different from perceptions of psychological improvement.

The highest value is observed between therapeutic accessibility and mental health outcomes at 0.83. This relationship is conceptually meaningful because improved access to therapeutic services can facilitate treatment continuity and timely intervention.

However, accessibility should not be considered equivalent to improved mental health. An individual can have excellent access to therapy without experiencing substantial improvement due to treatment type, severity of symptoms, adherence, social circumstances, or other factors.

The HTMT results therefore support the use of therapeutic accessibility as a mediator. The constructs are sufficiently related to support the proposed theoretical model while remaining sufficiently distinct for statistical analysis.

For an actual SmartPLS study, researchers should additionally examine bootstrapped HTMT confidence intervals and consider whether any indicators demonstrate problematic cross loadings or conceptual overlap.

Table 3. Structural Model Results

Hypothesis	Relationship	β	SE	t value	p value	Decision
H1	Telehealth Services → Therapeutic Accessibility	0.71	0.05	14.20	<0.001	Supported
H2	Therapeutic Accessibility → Mental Health Outcomes	0.55	0.06	9.17	<0.001	Supported
H3	Telehealth Services → Mental Health Outcomes	0.22	0.06	3.67	<0.001	Supported

Illustrative R^2

Endogenous Construct	R^2
Therapeutic Accessibility	0.50
Mental Health Outcomes	0.52

Interpretation of Table 3

The hypothetical structural model supports all three direct hypotheses.

H1 predicts that telehealth services positively influence therapeutic accessibility. The path coefficient of $\beta = 0.71$, $t = 14.20$, $p < 0.001$ demonstrates a strong statistically significant relationship. This suggests that individuals who perceive telehealth services positively are more likely to experience healthcare as convenient, available, flexible, and accessible.

This finding reflects the potential of telehealth to reduce traditional barriers such as travel requirements, geographic distance, appointment constraints, and limited availability of local providers.

Pakistan Journal of Allied Health Sciences (PJAHS)
http://www.pjahs.com/index.php/ojs
Volume 4, Issue 3 (2026)
ISSN PRINT: 3006-7006 ISSN ONLINE

H2 predicts that therapeutic accessibility positively influences mental health outcomes. The coefficient of $\beta = 0.55$, $t = 9.17$, $p < 0.001$ indicates a substantial positive relationship. This suggests that when patients can obtain appropriate therapeutic care conveniently and consistently, they may be more likely to experience improvements in psychological well being and mental health management.

H3 examines the direct relationship between telehealth services and mental health outcomes. The coefficient of $\beta = 0.22$, $t = 3.67$, $p < 0.001$ indicates a significant positive relationship.

The smaller direct effect compared with the relationship between telehealth and accessibility suggests that part of telehealth's influence may operate through improved access to therapeutic services.

The R^2 value of 0.50 indicates that telehealth services explain approximately 50 percent of the variance in therapeutic accessibility. The R^2 value of 0.52 indicates that telehealth services and therapeutic accessibility jointly explain approximately 52 percent of the variance in mental health outcomes.

These results provide preliminary support for the proposed theoretical framework.

However, the findings should not be interpreted as evidence that telehealth independently causes improved mental health. Mental health outcomes are influenced by treatment quality, patient characteristics, socioeconomic circumstances, social support, severity of symptoms, medication, and other healthcare interventions.

Longitudinal and experimental studies would be necessary to establish stronger causal evidence.

Table 4. Mediation Analysis

Hypothesis	Indirect Path	β	SE	t value	p value	Decision
H4	Telehealth → Accessibility → Mental Health Outcomes	0.391	0.05	7.82	<0.001	Supported

Illustrative Effects

Effect	β
Direct Effect	0.220
Indirect Effect	0.391
Total Effect	0.611

Interpretation of Table 4

The hypothetical mediation analysis supports H4. The indirect effect of telehealth services on mental health outcomes through therapeutic accessibility is $\beta = 0.391$, with a t value of 7.82 and $p < 0.001$. This indicates that therapeutic accessibility significantly mediates the relationship between telehealth and mental health outcomes.

The direct effect remains statistically significant at $\beta = 0.220$. Therefore, the results indicate **partial mediation**.

The proposed mechanism can be understood through three stages. First, telehealth provides a technological mechanism for delivering mental health services remotely. Second, remote delivery reduces practical barriers and increases therapeutic accessibility. Third, improved

Pakistan Journal of Allied Health Sciences (PJAHS)
http://www.pjahs.com/index.php/ojs
Volume 4, Issue 3 (2026)
ISSN PRINT: 3006-7006 ISSN ONLINE

accessibility facilitates timely and continuous interaction with mental health professionals, which can contribute to better mental health outcomes.

The relatively strong indirect effect suggests that the value of telehealth may depend considerably on whether the technology translates into meaningful therapeutic access.

For example, an online counseling platform may be technically sophisticated, but its impact may remain limited if patients face long waiting times, high costs, limited provider choice, poor continuity, or inadequate communication.

The finding therefore emphasizes the difference between **digital availability** and **meaningful healthcare accessibility**. A service may be available online but still inaccessible in practical terms.

The partial mediation finding also demonstrates that accessibility does not fully explain the telehealth and mental health relationship. Other mechanisms may include patient engagement, therapeutic alliance, treatment adherence, perceived privacy, convenience, reduced stigma, self management, and continuity of communication.

Healthcare providers should therefore consider accessibility alongside clinical quality. Telehealth systems should offer flexible scheduling, appropriate provider availability, affordable payment options, reliable communication, and continuity of care.

Privacy is also essential. Patients may be reluctant to discuss sensitive psychological concerns if they fear that conversations or personal data are not adequately protected.

The findings also highlight the importance of digital inclusion. Patients without reliable internet connectivity, suitable devices, or sufficient digital literacy may not experience the accessibility benefits assumed by telehealth models.

Overall, the hypothetical mediation analysis indicates that therapeutic accessibility is a significant pathway through which telehealth services may contribute to improved mental health outcomes.

Discussion

The proposed findings indicate that telehealth services positively influence therapeutic accessibility and mental health outcomes, while therapeutic accessibility also positively influences mental health outcomes.

The strongest relationship occurs between telehealth services and therapeutic accessibility. This suggests that the primary contribution of telehealth may be its capacity to remove or reduce practical barriers to obtaining mental healthcare.

Telehealth can reduce transportation requirements, geographical constraints, and scheduling difficulties. It may also increase the range of providers available to patients.

These findings are consistent with the Technology Acceptance Model because patients may perceive telehealth as useful when it makes obtaining mental healthcare more convenient and accessible.

The relationship between therapeutic accessibility and mental health outcomes is also important. Access to treatment is a necessary condition for many mental health interventions to have an opportunity to produce benefits. If individuals cannot obtain timely and continuous treatment, even highly effective therapeutic approaches may have limited impact.

The direct relationship between telehealth and mental health outcomes suggests that telehealth

Pakistan Journal of Allied Health Sciences (PJAHS)
http://www.pjahs.com/index.php/ojs
Volume 4, Issue 3 (2026)
ISSN PRINT: 3006-7006 ISSN ONLINE

may influence outcomes through mechanisms beyond accessibility. Remote services may improve convenience, encourage earlier help seeking, reduce missed appointments, increase treatment continuity, and facilitate communication.

The central contribution of the study is the mediating role of therapeutic accessibility. The mediation findings suggest that telehealth influences mental health outcomes partly because it makes therapeutic services easier to obtain and maintain.

This finding is particularly important because technological innovation is sometimes evaluated primarily in terms of functionality. However, a technically advanced telehealth system may have limited value if patients cannot afford it, cannot obtain appointments, or cannot maintain therapeutic relationships.

Accessibility should therefore be treated as a multidimensional concept.

Financial accessibility is particularly important. Even when services are available online, high consultation fees or technology costs may prevent economically disadvantaged individuals from benefiting.

Geographical accessibility remains relevant as well. Although telehealth can overcome physical distance, digital infrastructure varies substantially across communities.

Digital literacy represents another important consideration. Patients must be able to navigate platforms, manage appointments, use video systems, communicate electronically, and understand privacy procedures.

Therapeutic continuity is equally important. Mental health treatment frequently requires repeated interaction over time. Platforms should therefore facilitate follow up appointments and continuity with appropriate providers.

Privacy and confidentiality should be considered fundamental rather than optional. Mental health consultations involve highly sensitive information, making data security essential.

The findings also have implications for policymakers. Telehealth policies should focus not only on expanding digital infrastructure but also on affordability, provider availability, reimbursement, licensing, privacy, accessibility standards, and quality assurance.

Healthcare providers should also determine which mental health conditions and clinical situations are appropriate for telehealth. Remote care should complement rather than automatically replace face to face care.

Overall, the findings support a patient centered approach in which telehealth is evaluated according to whether it creates meaningful access to appropriate therapeutic services and contributes to improved patient outcomes.

Conclusion

This study examined the relationship between telehealth services and mental health outcomes and investigated the mediating role of therapeutic accessibility. The proposed framework integrates technology acceptance and healthcare accessibility perspectives to explain how digital mental health services can potentially improve patient outcomes.

The illustrative SmartPLS results indicate that telehealth services positively influence therapeutic accessibility. Therapeutic accessibility also demonstrates a significant positive relationship with mental health outcomes. Telehealth services additionally have a direct positive relationship with mental health outcomes.

Pakistan Journal of Allied Health Sciences (PJAHS)
http://www.pjahs.com/index.php/ojs
Volume 4, Issue 3 (2026)
ISSN PRINT: 3006-7006 ISSN ONLINE

The mediation analysis indicates that therapeutic accessibility partially mediates the relationship between telehealth services and mental health outcomes. This suggests that telehealth may contribute to better psychological outcomes partly because it makes therapeutic services more accessible.

The findings emphasize that digital healthcare should not be evaluated solely according to whether services are available online. Meaningful access requires affordability, provider availability, convenient scheduling, appropriate communication, continuity, privacy, and suitability of treatment.

Telehealth can be particularly valuable for individuals who face geographical or logistical barriers to conventional mental healthcare. However, digital inequalities can limit its benefits for individuals without reliable connectivity, appropriate devices, digital literacy, or private environments.

Healthcare organizations should therefore develop telehealth services around patient needs. Platforms should provide user friendly interfaces, flexible scheduling, secure communication, appropriate provider choice, and effective follow up systems.

Mental health providers should also receive appropriate training in remote therapeutic practice. Technology should support, rather than weaken, the therapeutic relationship.

The study contributes to digital health research by identifying therapeutic accessibility as a mechanism linking telehealth services with mental health outcomes. It also highlights the importance of evaluating accessibility as a multidimensional concept rather than simply measuring technological availability.

Future studies should employ longitudinal and experimental designs and incorporate validated clinical measures. Researchers should examine whether telehealth produces sustained improvements in specific mental health conditions and whether outcomes differ between telehealth and face to face treatment.

Overall, telehealth represents an important opportunity for expanding mental healthcare, but its effectiveness depends on transforming technological availability into meaningful and equitable therapeutic access.

Future Recommendations

Healthcare providers should expand flexible telehealth appointment scheduling.
Telehealth services should provide affordable options for economically disadvantaged patients.
Platforms should strengthen continuity between patients and therapists.
Digital mental health systems should use secure communication technologies.
Patient data should be protected through strong privacy policies.
Providers should receive specialized training in teletherapy.
Telehealth platforms should maintain clear procedures for emergency situations.
Patients should be informed about the limitations of remote mental healthcare.
Platforms should provide accessible interfaces for individuals with different digital abilities.
Healthcare organizations should reduce digital barriers for underserved populations.
Policymakers should support equitable digital infrastructure.
Future research should examine therapeutic alliance in telehealth environments.
Digital literacy should be investigated as a moderating variable.

Privacy concerns should be examined as a potential moderator.
Patient engagement should be examined as an additional mediator.
Future studies should compare video, telephone, messaging, and app based interventions.
Longitudinal studies should examine sustained mental health outcomes.
Experimental research should compare telehealth with conventional face to face treatment.
Future studies should examine differences across specific mental health conditions.
Researchers should incorporate objective and clinically validated mental health measures alongside self reported outcomes.

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