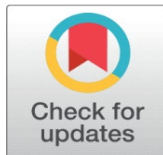# DIGITAL PLATFORMS AND MENTAL HEALTH: A CRITICAL REVIEW WITH A CASE STUDY ON NIGHT-TIME TELEPSYCHOLOGY (TILL NIGHT THERAPY)

Francesca Vitale [1] ✉

[1] Ph.D., Till Night Therapy ®, Italy

ABSTRACT

The relentless evolution of digital technologies has ushered in an epochal shift in the paradigm of mental health, opening up unprecedented horizons for clinical practice, scientific investigation, and training in psychology. This contribution presents a critical, epistemologically grounded review of the scientific literature concerning digital platforms applied to psychology – rectius: eMental Health – with a particular focus on their applications, evidence of effectiveness, implementation challenges, and ethical and deontological implications. The various types of platforms are analyzed in extenso, including telepsychology, mobile mental health applications (mHealth), artificial intelligence (AI)-based interventions, and virtual reality (VR) and augmented reality (AR) applications, with an in-depth exegesis of the terminology and definitions in use. The analysis highlights the transformative potential of digital platforms in optimizing the accessibility, personalization, and effectiveness of psychological interventions; ex adverso, it highlights the need to address crucial issues related to quality, data security, regulation, and equity of access. The case of Till Night Therapy, an innovative Italian startup offering online psychological support and psychotherapy services during night-time hours, is presented, illustrating its strategic positioning and distinctive features. The epistemological and operational distinction between psychological support (counseling) and psychotherapy is also explored in depth, emphasizing the importance of a clear demarcation of their respective areas of intervention. It concludes with an examination of future research directions and implications for the training of mental health professionals, in the context of a hyper-digitalized society.

Keywords: Digital Psychology, Emental Health, Digital Mental Health, Telepsychology, Mhealth, Artificial Intelligence, Virtual Reality, Mental Health, Clinical Efficacy, Ethics, Regulation, Cybersecurity, Big Data, Informed Consent, Therapeutic Alliance, Digital Setting, Psychological Support, Counseling, Psychotherapy

1. INTRODUCTION

The imperative to guarantee mental health, *ex iure* a fundamental human right, is emerging as a global challenge of increasing relevance World Health Organization (2022). However, accessibility to traditional psychological care services is *de facto* compromised by a constellation of obstacles, including economic, geographical, and social barriers, as well as the persistent stigma associated with mental disorders Kazdin and Blase (2011). In this context, digital technologies are emerging as potentially revolutionary drivers of transformation for the mental health sector Torous et al. (2021). Digital psychology platforms, or eMental Health,

encompass a broad spectrum of web and mobile applications, software, and online systems, offering innovative modalities for the delivery of psychological support, screening, therapy, and psychoeducation. The present literature review aims to: (1) provide an in-depth analysis of the main types of digital psychology platforms, clarifying the nuances of the terminology in use; (2) critically evaluate the current scientific evidence concerning their clinical efficacy; (3) examine the challenges related to the implementation, ethics, and regulation of these technologies, with particular reference to legal and deontological aspects; (4) outline future perspectives for research and practice in this field, with a view to sustainable, ethical, and inclusive development.

2. DEFINITION AND SCOPE OF EMENTAL HEALTH: TERMINOLOGY AND CLASSIFICATION

eMental Health, or digital mental health, is configured as the application of information and communication technologies (ICT) *ad promovendam* mental health, *ad praecavenda* and *ad curanda* mental disorders, and *ad praebendam* psychological support. This rapidly expanding field encompasses a wide range of interventions and delivery modalities, with a *partial conceptual overlap* between the terms "eMental Health" and "digital mental health," albeit with some distinctions of a semantic nature.

- **Telepsychology and Telepsychiatry:** A *specific subset* of eMental Health, focusing on the delivery of clinical services remotely via videoconferencing, telephone, or other synchronous or asynchronous communication channels American Psychological Association (2013). Telepsychology *de facto* allows for overcoming geographical barriers and reducing the stigma associated with mental health but poses specific challenges in terms of therapeutic alliance and emergency management.

- **Mobile Mental Health Applications (mHealth):** Leverage the capabilities of smartphones and tablets to offer self-help interventions, mood monitoring, psychoeducation, and peer support Donker et al. (2013). mHealth apps offer *undoubted* accessibility and flexibility, *however* their effectiveness *stringently depends* on quality and scientific validation.

- **Computer-Assisted Therapy (CAT) or Computerized CBT (cCBT):** Structured therapeutic interventions, often based on the principles of cognitive-behavioral therapy, delivered via software or online programs Andersson et al. (2014). cCBT offers *potential* standardization and personalization, *but* requires careful evaluation of efficacy, adherence, and appropriateness for the individual user.

- **Internet-Based Interventions (IBIs):** Encompass *any* form of psychological support delivered via the Internet, ranging from online forums to therapist-guided therapies.

- **Digital Therapeutics (DTx):** Evidence-based, software-driven therapeutic interventions subject to regulatory evaluation and approval, used for the prevention, management, or treatment of psychological or medical disorders Torous et al. (2021). DTx are distinguished by their *scientific rigor, clinical validation*, and regulatory framework.

- **Behavioral Health Informatics**: Application of the principles of computer science to behavioral health, focused on data analysis (big data) and personalized interventions through algorithms.

- **Cyberpsychology**: Scientific discipline, studying the impact of digital technologies on behavior, cognitive processes and mental health, with implications *both* to better understand mental disorders *and* for developing digital interventions.

2.1. TYPES OF DIGITAL PSYCHOLOGY PLATFORMS
2.1.1. TELEPSYCHOLOGY

Telepsychology has demonstrated efficacy in the treatment of various psychopathological conditions, including depression, anxiety disorders, and post-traumatic stress disorder (PTSD) Backhaus et al. (2012). *However*, the establishment and maintenance of the therapeutic alliance, the management of emergency situations, and the guarantee of confidentiality in telepsychology contexts require *specific and rigorous* protocols Rees and Stone (2005).

2.1.2. MOBILE MENTAL HEALTH APPLICATIONS (MHEALTH APPS)

MHealth apps present *considerable potential* for promoting mental health and preventing mental disorders Donker et al. (2013). *Nevertheless*, the *rigorous* scientific validation of mHealth apps, *through randomized controlled trials and meta-analyses*, remains an *inescapable priority* Larsen et al. (2019).

2.1.3. ARTIFICIAL INTELLIGENCE (AI)-BASED PLATFORMS

AI is finding *increasingly widespread* applications in the creation of therapeutic chatbots, clinical decision support systems, and *automated* screening tools Fiske et al. (2019). *However*, the ethical implications of AI in psychology, *particularly with regard to transparency, accountability, and the risk of algorithmic bias*, require *thorough and constant* reflection Wiederhold (2020).

2.1.4. VIRTUAL REALITY (VR) AND AUGMENTED REALITY (AR) IN PSYCHOLOGY

VR and AR allow for the creation of *immersive and controlled* therapeutic environments for the treatment of phobias, PTSD, and eating disorders Riva et al. (2016). *Although promising*, VR and AR require *further research* to evaluate their long-term effectiveness, *the transferability of results to real-world contexts*, and *user acceptability*.

3. CLINICAL EFFICACY
3.1. EVIDENCE FOR SPECIFIC DISORDERS

- Telepsychology and CBT-based apps show *evidence of efficacy* in reducing depressive symptoms Cuijpers et al. (2021). *However, further studies are needed* to compare the effectiveness of different delivery modalities and to identify the subgroups of patients who benefit most.
- VR is effective for the treatment of specific phobias Parsons and Rizzo (2008). *Open questions remain* regarding the *duration of therapeutic effects* and the *generalizability* of results to non-experimental contexts.

- Mindfulness apps show *promising preliminary results* for the management of generalized anxiety. *Further research* is needed to confirm these results and to clarify the underlying *mechanisms of action*.

3.2. FACTORS INFLUENCING EFFICACY

- Adherence to digital interventions *represents a crucial challenge. Targeted* strategies are needed to promote and maintain user engagement Yardley et al. (2015).

- *Active* therapist support *significantly enhances* the effectiveness of digital interventions Wright et al. (2019), *underscoring the importance of a blended care model* that integrates digital and human components.

- The personalization of digital interventions, leveraging big data analysis and artificial intelligence, *is emerging as a promising strategy* for optimizing responsiveness to individual needs Mohr et al. (2013). *However, this approach raises ethical questions* related to privacy, transparency, and the risk of *algorithmic discrimination*.

- Cybersecurity plays a *prominent* role in protecting patients' sensitive data, given the *increasing complexity and pervasiveness* of cyber threats Huckvale et al. (2019). *Advanced* encryption protocols, *multi-factor* authentication, and *regular and independent* security audits are *essential* elements to ensure data protection and user trust.

- The ease of use (usability) of digital platforms is of *crucial importance* for adherence to treatments, *especially* for users with limited digital literacy or cognitive impairments. The application of principles of human-computer interaction (HCI) and user experience (UX) design is *fundamental* for creating *intuitive, accessible*, and *engaging* interfaces.

- Telepsychology, *in particular*, must consider, based on the area in which it operates, current legislation and deontological specificities. The creation of agreements with law enforcement and hospital entities, to *promptly manage* any patient crisis situations, *represent fundamental and indispensable preventive actions*.

- In addition, it is worth noting that the *quality of the Internet connection*, the *patient's familiarity with the online platform*, and the *environment* where the therapy session takes place can *significantly influence* its effectiveness Mercadal and Cabré (2022).

4. CHALLENGES AND ETHICAL CONSIDERATIONS
4.1. LEGAL AND DEONTOLOGICAL ASPECTS

The remote delivery of psychological services *deeply questions* the entire professional community Parolin (2024). The ethical and legal implications *constitute one of the most critical and delicate aspects* of telepsychology: privacy, security, confidentiality issues; the need for *specific, continuous and up-to-date* training; *pitfalls* in the management of non-verbal communication; *complexity* in the management of emergencies; *rigorous verification* of the patient's identity and position Parolin (2024).

It is *imperative* that professionals ensure that ethical and professional standards of care and practice are *rigorously respected* at the beginning, *but also and above all* throughout the duration of the services they provide Parolin (2024).

It is *equally essential* to obtain and document a *specific and detailed* informed consent, which should address the same information presented in face-to-face services and *add specifics relating to e-mental health*, with particular attention to the risks and limitations of the relationship between the client and the psychologist *in a technology-mediated context* Parolin (2024).

As regards *more specifically* remote assessment, *"The psychologist safeguards their autonomy* in the choice of methods, techniques and psychological tools, as well as of their use; they are therefore responsible for their application and use, the results, evaluations and interpretations that they derive from them"*, as *explicitly* stated by art. 6 of the Code of Ethics of Italian Psychologists Parolin (2024).

4.2. IMPLEMENTATION AND ACCESSIBILITY

The *digital divide*, understood as disparities in access to and use of digital technologies, represents a *significant and persistent* obstacle to the equitable implementation of eMental Health Vis et al. (2018). Strategies to *mitigate* the digital divide include providing low-cost devices and Internet connections, training in digital literacy *specific to mental health*, and creating platforms that are *universally accessible* to users with disabilities of various kinds.

Inadequate network infrastructure in remote areas *severely limits* the possibility of *effectively using* telepsychology. Costs, both from the user's and the professional's point of view, *can represent a significant barrier* to the use of eHealth platforms. *Economic support policies* are needed to ensure equitable access.

4.3. PRIVACY AND DATA SECURITY

The collection, storage, and transmission of *highly sensitive* data relating to mental health require *extremely rigorous* security measures to protect patient privacy Huckvale et al. (2019). The implementation of *end-to-end* encryption protocols, data anonymization *where possible*, and *full compliance* with data protection regulations (e.g., GDPR) are *sine qua non conditions*.

The *inherent vulnerability* of digital platforms to cyberattacks, such as data theft and ransomware attacks, necessitates *continuous monitoring, regular and proactive* security updates, and well-defined *incident response plans*.

The ethics regarding the sharing of data with third parties, whether insurance companies or research institutions, must be managed with *maximum transparency, in full respect of the patient's informed consent*, and *in accordance with current regulations*.

4.4. REGULATION AND QUALITY

The rapid proliferation of digital psychology platforms requires *clear, consistent, and up-to-date* regulation to ensure the quality, safety, and effectiveness of interventions Torous et al. (2018). The establishment of *independent* certification bodies and the adoption of *uniform and internationally recognized* quality standards are *urgent measures*.

The evaluation of the clinical efficacy of digital platforms *must be conducted* through *rigorous and transparent* research methodologies, including meta-analyses, longitudinal studies, and high-quality randomized controlled trials (RCTs).

The lack of *uniform* legislation at a global level poses *significant challenges* for the regulation of *cross-border* telepsychology services.

4.5. ETHICAL ISSUES

The growing adoption of eMental Health platforms raises a number of *important and complex* ethical issues that require careful consideration by researchers, developers, clinicians, and policymakers. These issues concern various aspects, including the risk of *dehumanization* of the therapeutic relationship, equity in access to technologies, the potential for *algorithmic manipulation*, and professional responsibility in digital contexts.

- **Dehumanization and Therapeutic Relationship:** One of the main concerns is the potential negative impact of digital technologies on the therapeutic relationship, traditionally considered a *central and indispensable* element of the care process Luxton (2014). The absence of physical contact, communication mediated by a screen, and the possible replacement of the human therapist with chatbots or artificial intelligence systems raise *fundamental* questions about the authenticity, empathy, and trust in the therapeutic interaction VandenBos (2013). It is therefore necessary to carefully evaluate the impact of using chatbots and other forms of AI on the patient's emotional well-being and the effectiveness of the intervention, and to design the platforms in a way that mitigates the risk of dehumanization. It is *imperative*, therefore, to design and implement eMental Health platforms in such a way as to preserve, *as far as technically possible*, the key elements of the therapeutic relationship, such as *human warmth, deep understanding*, and *authentic emotional support*, even in the absence of *direct* physical contact. The integration of elements of "human touch" and *enhanced telepresence* within digital tools *could*, in part, *compensate* for this absence.

- **Equity and Access:** Although digital platforms have the potential to increase accessibility to care, there is a *concrete* risk that they will create new forms of inequality Shore et al. (2018). The *digital divide, the lack of specific technological skills*, the costs of the platforms, and the limited availability of services in languages other than English can *drastically limit* access for some segments of the population, particularly for the elderly, people with low incomes, ethnic minorities, and people with disabilities Torous et al. (2019). It is *essential*, therefore, to adopt an *inclusive and universalistic* approach in the development and implementation of eMental Health platforms, taking into account the different needs and different socio-cultural and linguistic contexts. Targeted and structural interventions are needed to overcome socioeconomic, geographical, and cultural disparities and ensure equitable access to digital psychology platforms.

- **Autonomy and Informed Consent:** The use of digital platforms raises *delicate* issues relating to patient autonomy and informed consent. Users must be *fully and understandably* informed about how their personal and clinical data are collected, used, shared, and protected Huckvale et al.

(2019). They must be aware of the potential risks and benefits of using the platforms, including the limitations of efficacy and the possibility of adverse events (e.g., cyberbullying, technology addiction, *exposure to inappropriate content*). Informed consent, in digital contexts, must be a *continuous, dynamic, and interactive* process, which adapts to the evolution of technologies and scientific knowledge, *and not a mere bureaucratic formality*. Furthermore, platforms based on AI present specific risks related to algorithmic manipulation and bias Fiske et al. (2019). The algorithms used to personalize interventions, provide recommendations, or assess risk may be influenced by implicit biases in the training data or in the design choices, leading to discrimination or clinically inappropriate decisions O'neil (2016). It is fundamental to ensure the transparency, interpretability, and accountability of algorithms Wiederhold (2020), as well as to proactively monitor and mitigate potential biases, through careful validation, adherence to ethical principles such as fairness, accountability, and transparency (FAT), and constant human oversight.

- **Professional Responsibility:** The use of eMental Health platforms raises *complex* issues relating to the professional responsibility of clinicians. Who is responsible in case of errors, omissions, or damage caused by the use of a digital platform? What is the role of the clinician in supervising and monitoring the use of apps or chatbots by patients? It is *necessary* to clearly define the roles, responsibilities, and limits of professional practice in digital contexts Barnett (2018). The training of mental health professionals on the *ethical, responsible, and competent* use of digital technologies is a *crucial and no longer postponable* aspect.

4.6. INNOVATION AND UNIQUENESS IN THE ITALIAN CONTEXT: THE PARADIGM OF NIGHT-TIME TELEPSYCHOLOGY WITH TILL NIGHT THERAPY – A DAWN FOR MENTAL HEALTH

Within the Italian eHealth landscape, a *paradigmatic and disruptive* innovation is emerging: Till Night Therapy (www.tillnighttherapy.it). This startup, founded by Dr. Francesca Vitale, marks a turning point in the sector, specializing in offering online psychological support and psychotherapy services during evening and night-time hours. This strategic positioning, *unique and unprecedented* in the national panorama, fills a *historic* care gap, offering a valuable resource to those who, for various reasons, do not have access to mental health services during daytime hours. The structural configuration, protected as a work of intellectual property, together with the registered trademark, attest to its originality and *pioneering and far-sighted* vision.

Dr. Vitale, with a strong clinical background in psychocriminology and a psychoanthropological perspective that considers the human being in its *unitas multiplex* – interweaving the psychic dimension with the social, cultural, and relational – and driven by an ethical-philosophical sensitivity that inspires a respectful, inclusive, and attentive approach to the dignity of the person, has identified *specific user clusters* who can particularly benefit from the service offered by Till Night Therapy:

- **Professionals with extended working hours:** For whom the night represents the only available time window to dedicate themselves to their psychological well-being and to the management of any sources of work-

related stress, *including shift workers and workers in the healthcare, security, transportation, and entertainment sectors*.

- **University students:** Often exposed to high levels of stress and anxiety, particularly during night-time hours, when academic pressure and concerns about the future can intensify, fostering the emergence of feelings of inadequacy and difficulties in emotional management. *This cluster also includes students living away from home, who may experience greater isolation and adjustment difficulties.*

- **Individuals with difficulties in social reintegration:** Including individuals with a history of detention, for whom the night can constitute a moment of particular vulnerability, in which traumas, feelings of guilt, experiences of marginalization, and difficulties in adapting to life outside prison re-emerge. *This group also includes people who have undergone addiction recovery programs, victims of domestic violence or trafficking, and refugees or asylum seekers.*

- **People with sleep disorders:** Such as insomnia or nightmares, for whom the night becomes a source of discomfort, anguish, and suffering, with significant repercussions on quality of life and daytime functioning. *This also includes people with restless legs syndrome, sleep apnea, or other circadian rhythm disorders.*

- **New parents:** Parents of newborns or young children often experience sleep deprivation and significant alterations in their circadian rhythms. The night can become a time of particular stress, anxiety, and loneliness, *especially for mothers in the postpartum period, who may be at risk of depression*.

- **Informal caregivers:** Individuals who care for elderly, sick, or disabled family members, often facing a significant emotional and physical burden, with limited opportunities to dedicate time to themselves during the day. The night can represent a moment of *relative calm*, in which to access psychological support.

- **People with chronic pain:** Chronic pain can intensify during the night, interfering with sleep and increasing stress and anxiety levels. Night-time psychological support can help manage pain and associated emotions.

- **People living in different time zones:** Italians who have moved abroad, or foreigners in Italy, for whom the time difference makes it difficult to access psychological support services in their country of origin or residence during daytime hours.

- **People who prefer anonymity:** The night can offer a greater sense of privacy and anonymity, encouraging those who are reluctant to seek help during the day due to stigma or fear of judgment.

- **Remote Workers, Freelancers:** Home working has changed the way of working and the rhythms of life, so that it becomes difficult for these subjects to find a moment of daytime listening.

Till Night Therapy stands out for its offer of a *continuum* of services, ranging from *psychological support (counseling)* to *psychotherapy*, in line with the most recent trends in telemedicine, which promote an integrated and personalized approach to mental health care. It is *fundamental* to underline the *epistemological and operational* distinction between these two types of intervention:

- **Psychological Support (Counseling):** Psychological counseling is configured as a non-psychotherapeutic intervention, focused on facilitating problem-solving, promoting well-being, and developing personal resources. It is aimed at individuals who are facing circumscribed difficulties, moments of crisis, life transitions, or who wish to improve their self-esteem and relational skills. The primary objective is to help the person mobilize their internal resources to face the challenges of the moment, without delving into a profound restructuring of the personality. The intervention is typically of short-medium duration and focused on the "here and now." It is crucial that psychological support maintains its specificity and is not "invaded" by interventions of a psychotherapeutic nature, which require different skills and settings. The psychological counselor does not make diagnoses, does not treat pathologies, and does not use tools and techniques specific to psychotherapy.

- **Psychotherapy:** Psychotherapy, on the contrary, is a health intervention aimed at treating psychopathological disorders of varying severity (from milder to more severe forms). It aims at a profound restructuring of dysfunctional psychic and behavioral processes, through the use of specific and validated techniques (which vary depending on the therapist's theoretical orientation). Psychotherapy uses an in-depth diagnostic process and is articulated in a medium-long term therapeutic path. Similarly, it is essential that psychotherapy is practiced exclusively by qualified professionals (psychotherapists), with specific, rigorous, and postgraduate training, and that it is not "confused" with support interventions, which have radically different purposes and operating methods.

Till Night Therapy, recognizing the *intrinsic and inalienable* value of listening, elevates it to a *fundamental* therapeutic tool in *both* areas of intervention. Dr. Vitale emphasizes the importance of *active, empathic, non-judgmental, and culturally sensitive* listening, which allows the person to feel welcomed and understood in their *uniqueness and unrepeatability*, fostering the emergence of emotions, thoughts, and experiences that can be explored, elaborated, and transformed in a path of personal growth and *significant* change.

Dr. Vitale, thanks to her clinical and criminological training, has developed a particular sensitivity to the needs of vulnerable individuals or those with complex life experiences, such as former prisoners. The *clinical-psychocriminological* approach translates into a *specific and targeted* attention to the psychological dynamics underlying criminal behavior and the difficulties inherent in social reintegration, allowing to offer *personalized, culturally competent, and recovery- and resilience-oriented* support. Furthermore, Dr. Vitale holds an international certification in the treatment of Complex Post-Traumatic Stress Disorder (CPTSD) and Dissociative Disorders, specializing in psychotraumatology with a specific focus on dissociative states marked by amnesia and attachment trauma Vitale (2025), Vitale (2023). Night-time telepsychology, in this context, proves to be a *valuable and strategically relevant* tool, as it allows intervention at a time of particular vulnerability, when intrusive thoughts, feelings of guilt, and difficulties in managing emotions can intensify, offering a space for listening, *containment*, and qualified support.

Till Night Therapy is committed to ensuring an online therapeutic setting that is *safe, confidential, welcoming, and technologically advanced*, in which users can feel free to express their emotions and difficulties without fear of judgment or

stigmatization. The attention to the creation of a *positive, supportive, and user-friendly* virtual therapeutic environment is reflected in the choice of a *proprietary* teleconsultation software, which guarantees an *optimal* user experience, from the booking phase to the delivery of the service. *Furthermore, in full compliance with current regulations on the protection of personal data (GDPR and Legislative Decree 196/2003) and for the protection of minors, access to Till Night Therapy services is reserved for users aged 14 or older. This ethical and responsible choice reflects the platform's commitment to ensuring a safe and appropriate care context for all users.*

The salient features of the software include:

- Real-time audiovisual communication, with *end-to-end* data encryption, to guarantee *maximum confidentiality and security*.
- Direct access via browser, without the need to install additional software, *facilitating accessibility for all users*.
- Possibility of recording sessions (subject to *explicit and specific* informed consent of the user), for clinical documentation, professional supervision, and scientific research purposes.
- Secure sharing of multimedia material (documents, images, etc.) between professional and user, *in compliance with privacy regulations*.
- Integrated management of appointments, electronic medical records, and payments, *in full compliance* with current regulations.
- The integration of Artificial Intelligence (AI) for a dialogic process oriented towards enhanced support and, where appropriate, the direction of care, such as algorithmic clinical decision support. However, at present, the trial version is exclusively managed by the CEO and Founder, Dr. Vitale.
- Full compliance with the General Data Protection Regulation (GDPR).

Night-time telepsychology plays a role of *primary importance* in intercepting the vulnerabilities that manifest themselves in this time slot:

- **Night-time social isolation:** The night can amplify the sense of loneliness and isolation, particularly for those who experience situations of social, relational, or family distress Hawkley and Cacioppo (2010).
- **Exacerbation of anxious-depressive symptoms:** Anxious and depressive symptoms tend to worsen during night-time hours, when the person is more inclined to rumination, brooding, and *dysfunctional* introspection Gradisar et al. (2011).
- **Sleep disorders:** Insomnia and other sleep disorders can *significantly* compromise quality of life, psychological well-being, and daytime functioning, triggering a self-perpetuating vicious cycle Riemann et al. (2017).
- **Re-emergence of traumatic memories:** The night can favor the re-emergence of intrusive traumatic memories and associated painful emotions, which can be particularly difficult to manage in the absence of *adequate and timely* support Harvey (2011).

Till Night Therapy, by offering night-time psychological support and psychotherapy, aims to:

- Counteract social isolation, offering a space for listening, sharing, and qualified emotional *containment*.

- Manage anxiety and depression, providing *evidence-based* tools and strategies to address negative thoughts and emotions.
- Improve sleep quality, through relaxation techniques, sleep *hygiene*, and stress management.
- Process trauma, offering specialized support to address painful past experiences, through *trauma-informed* therapeutic approaches.

In conclusion, Till Night Therapy represents a *significant and impactful* innovation in the Italian eHealth landscape, offering a *unique, valuable, and highly specialized* service for the promotion of mental health. The platform, thanks to its attention to the specific needs of different user clusters, its *ethical-professional sensitivity*, its integrated and personalized approach, and its *rigorous respect* for the boundaries between psychological support and psychotherapy, *aims to be* a *reference model* for the future development of telepsychology in Italy.

4.7. THE HEURISTICS OF PSYCHOLOGICAL COUNSELING: EPISTEMOLOGICAL DECONSTRUCTION AND AXIOLOGICAL PRAXIS IN A NON-NOSOCOMIAL CONTEXT

It appears not only appropriate, but *ontologically necessary*, within the framework of an examination of innovation in the field of *digital health*, to dedicate a *critical-deconstructive* in-depth analysis to psychological counseling. This practice, in fact, is often the subject of an *epistemological reduction* that confines it to an ancillary, subordinate role to psychotherapy, as if it were a *minor declination* or a *surrogate* of it. This *misunderstanding*, far from being a mere nominalistic question, undermines the *legitimacy* of counseling itself, compromises its *professional dignity* and, *ultimately*, precludes users from accessing a potentially transformative resource.

Psychological counseling, ab imis, is not configured as a "brief psychotherapy". Rather, it consists of an intervention sui generis, endowed with its own epistemological autonomy, a methodological specificity, and a deontological rigor that clearly distinguish it from psychotherapy. Its ratio essendi does not reside in the nosography and therapy of psychopathological disorders – the exclusive and inalienable domain of psychotherapy – but rather in the promotion of the biopsychosocial well-being of the individual, through the *facilitation* of *agency* and decision-making processes, the *management* of *existential* distress, and the mobilization of idiographic resources.

The *focus* of the counseling intervention is *situated* in the "here and now" of the subject's phenomenal experience, in their *Lebenswelt* (life-world) and in their *adaptive dynamics*. The counselor, through *active, phenomenologically oriented*, and *axiologically non-judgmental* listening, establishes a safe and *hermeneutically fertile intersubjective space*, in which the user can explore their *difficulties*, clarify their *existential goals*, and identify *functional strategies* for facing the *evolutionary challenges* of the moment. Therefore, it is not a matter of dispensing *a priori advice* or of *replacing* the user in *solving* problems, but rather of *co-constructing* a path of *empowerment, self-awareness*, and *personal growth*.

The international scientific literature, through *empirical* studies and *meta-analyses*, has widely corroborated the effectiveness of psychological counseling in a plurality of contexts and for a wide range of *non-nosographically defined* problems. By way of example and not exhaustively:

- **Stress management and burnout prevention:** Rigorous research shows how counseling can *significantly mitigate* perceived stress levels, *enhance* coping strategies, and *prevent* the onset of *burnout* syndromes in professionals exposed to work-related *stressors* De and Gaudiuso (2017). The construct of *resilience*, in this context, assumes a central relevance.

- **Support in decision-making processes:** Counseling has proven to be a *heuristic* tool in facilitating *decision-making* in moments of *evolutionary transition*, such as the choice of educational path, career guidance, or the management of significant changes in the *affective-relational* sphere Gati and Levin (2014). The theory of *Self-Determination* Deci and Ryan (2000) offers a useful conceptual framework for understanding these processes.

- **Promotion of well-being in adolescence:** Counseling interventions aimed at adolescents have shown the ability to *increase* self-esteem, *refine* relational skills, and *optimize* emotional regulation, *reducing* the risk of *dysfunctional behaviors* and *promoting* the development of an *integrated Self* Durlak et al. (2011).

It is a *categorical imperative* to underline that the effectiveness of counseling does not reside in the *mechanistic* application of standardized "techniques," detached from the relational context. On the contrary, it is the *intrinsic quality* of the *interpersonal* relationship that is established between counselor and user – a relationship based on *authenticity, empathy*, and *unconditional acceptance* Rogers (1957) – that constitutes the *primary engine* and the *catalyst* of the change process.

The online counseling setting, such as that offered by Till Night Therapy, introduces a further *level of complexity* and, *concomitantly*, of *possibility*. *Technological mediation*, while on the one hand raising *epistemological* and *deontological* questions relating to the construction of the working alliance, on the other hand offers the opportunity to reach users who, due to *geographical constraints, logistical limitations*, or *idiosyncratic factors*, would otherwise be excluded from access to psychological support services. *However, it is crucial that the digital setting is designed and managed in such a way as to minimize the risks and maximize the benefits of this mode of intervention.*

In definitiva, psychological counseling is configured as an *irreplaceable* resource for the promotion of well-being and mental health, *ontologically distinct* and *functionally complementary* to psychotherapy. Its *valorization*, also through innovative platforms such as Till Night Therapy, is a *conditio sine qua non* for guaranteeing an offer of psychological support services that is *accessible, effective*, and *respectful* of the *complexity* and *uniqueness* of human experience. The *clarification* of *professional boundaries* and the *specificities* of each intervention is, in this perspective, an unavoidable *ethical* and *deontological imperative*.

5. FUTURE PERSPECTIVES

Future research *in this rapidly evolving field* should focus on:

- **Longitudinal studies:** To evaluate the long-term effectiveness of digital interventions and their impact on quality of life, *going beyond mere symptom reduction*.

- **Translational research:** To facilitate the integration of digital platforms into existing health services and evaluate the impact on costs, efficiency, and equity of access.

- **Development of advanced AI algorithms:** For the personalization of interventions, the predictive analysis of the risk of developing mental disorders, and early diagnosis, *always in compliance with ethical principles and human supervision.*

- **Continuing education of mental health professionals:** In the *competent, ethical, and responsible* use of digital technologies, *integrating these skills into university and postgraduate training curricula.*

- **Development of multimodal platforms:** That integrate augmented and virtual reality with other intervention modalities, *to offer increasingly immersive and personalized therapeutic experiences*, for example in cognitive rehabilitation and the improvement of social skills.

- **Rigorous evaluation of the potential risks and disadvantages:** Of the prolonged use of some digital platforms on mental health, *in particular with regard to the impact on socialization, attention, and psychological well-being in developmental age.*

- **Implementation studies:** To understand the factors that favor or hinder the adoption and effective use of eMental Health platforms by professionals and users, *with particular attention to cultural and linguistic barriers.*

- **Development of explainable artificial intelligence (XAI) models:** That allow clinicians and users to understand the *rationale* behind the decisions and recommendations provided by algorithms, *promoting transparency and trust.*

6. CONCLUSION

Digital psychology platforms offer *transformative and unprecedented* potential for mental health. *However*, their *responsible, ethical, and effective* implementation requires a *multidisciplinary, collaborative, and rigorously scientific* approach, involving researchers, developers, clinicians, policymakers, *and, above all, the end users.* It is *fundamental* that the development and use of these technologies are guided by *solid ethical principles*, *robust scientific evidence*, and a *constant attention* to the needs and rights of individuals, *in order to ensure that digital innovation truly contributes to improving the mental health and well-being of all.* The *challenge* is to *combine technological innovation with clinical wisdom and humanity*, to build a future where mental health care is *accessible, personalized, and of high quality* for everyone.

CONFLICT OF INTERESTS

Dr. Francesca Vitale is the founder and CEO of Till Night Therapy, an innovative startup that *aims to offer* telepsychology services during evening and night-time hours. Till Night Therapy is presented in this literature review as a *case study* to illustrate an example of innovation in the eMental Health sector in Italy.

Dr. Vitale explicitly declares the following:

1) **No Influence on the Review:** Her role in Till Night Therapy *did not influence in any way* the selection, critical analysis, or interpretation of the scientific literature presented in this review. The inclusion and exclusion

criteria for the studies were defined *a priori* and applied rigorously and transparently, as detailed in the methodological section of the article.

2) **No Primary Data on Efficacy:** This review *does not include primary data* on the clinical efficacy or therapeutic outcomes of Till Night Therapy. The presentation of the case study is based exclusively on *publicly available* information, the description of the service model, and the operational characteristics of the platform, *without any claim of efficacy assessment. It is also specified that, as of the date of submission of this article, Till Night Therapy is in the launch phase and has not yet begun providing services. Therefore, no data relating to clinical activity or financial statements are available.*

3) **Illustrative and Presentation Purpose:** The presentation of Till Night Therapy has a *purely illustrative* purpose and is intended as a *presentation of an innovative entrepreneurial initiative*. The objective is to provide a concrete example of how digital technologies can be used to address a specific mental health need (access to psychological support during night-time hours) in an Italian context.

4) **Potential Indirect Benefit:** Dr. Vitale *openly acknowledges* that the mention of Till Night Therapy in this scientific publication, while not having direct promotional purposes, *could indirectly contribute* to its visibility and recognition in the eMental Health sector, *particularly in view of its launch*.

5) **Commitment to Transparency:** Dr. Vitale is committed to maintaining *maximum transparency* regarding her involvement in Till Night Therapy and to answering any questions or concerns regarding potential conflicts of interest that may arise in relation to this publication.

6) **No Other Conflict:** Dr. Vitale declares that she has *no other conflicts of interest*, financial or non-financial, to report in relation to this publication.

REFERENCES

Alessandri, G., Aschieri, F., Bobbio, A., Daini, R., Laghi, F., Lis, A., Nucci, M., Parolin, L., & Traficante, D. (Eds.). (2020). Linee Guida Per l'Assessment AI Tempi Del Coronavirus.

American Psychological Association. (2013). Guidelines for the Practice of Telepsychology. American Psychologist, 68(9), 791–800. https://doi.org/10.1037/a0035001

Andersson, G., Cuijpers, P., Carlbring, P., Riper, H., & Hedman, E. (2014). Guided Internet-Based vs. Face-to-Face Cognitive Behavior Therapy for Psychiatric and Somatic Disorders: A Systematic Review and Meta-Analysis. World Psychiatry, 13(3), 288–295. https://doi.org/10.1002/wps.20151

Backhaus, A., Agha, Z., Maglione, M. L., Repp, A., Cartwright, M., Ratichek, S., ... & Thorp, S. R. (2012). Videoconferencing Psychotherapy: A Systematic Review. Psychological Services, 9(2), 171–188. https://doi.org/10.1037/a0027924

Barnett, J. E. (2018). The Ethical Practice of Tele-Mental Health. In The Oxford Handbook of Psychologists' Ethical Competencies (pp. 347–362). Oxford University Press.

Cuijpers, P., Karyotaki, E., Van Straten, A., & Baumeister, H. (2021). Psychotherapy for Depression Across Different Delivery Formats: A Network Meta-Analysis. World Psychiatry, 20(2), 209–223.

De Stefano, J., & Gaudiuso, F. (2017). Il Counselling Psicologico: Ruolo, funzione, competenza. Giornale Italiano Di Psicologia, 43(3).

Deci, E. L., & Ryan, R. M. (2000). The "What" and "Why" of Goal Pursuits: Human Needs and the Self-Determination of Behavior. Psychological Inquiry, 11(4), 227–268. https://doi.org/10.1207/S15327965PLI1104_01

Donker, T., Petrie, K., Proudfoot, J., Clarke, J., Birch, M. R., & Christensen, H. (2013). Smartphones for Smarter Delivery of Mental Health Programs: A Systematic Review. Journal of Medical Internet Research, 15(11), e247. https://doi.org/10.2196/jmir.2791

Durlak, J. A., Weissberg, R. P., Dymnicki, A. B., Taylor, R. D., & Schellinger, K. B. (2011). The Impact of Enhancing Students' Social and Emotional Learning: A Meta-Analysis of School-Based Universal Interventions. Child Development, 82(1), 405–432. https://doi.org/10.1111/j.1467-8624.2010.01564.x

Fiske, A., Henningsen, P., & Buyx, A. (2019). Your Robot Therapist will See You Now: Ethical Implications of Embodied Artificial Intelligence in Psychiatry, Psychology, and Psychotherapy. Journal of Medical Internet Research, 21(5), e13216. https://doi.org/10.2196/13216

Gati, I., & Levin, N. (2014). Counseling for Career Decision-Making Difficulties. In The Oxford Handbook of Career Counseling. Https://doi.org/10.1002/J.2161-0045.2014.00073.x

Gradisar, M., Gardner, G., & Dohnt, H. (2011). Recent Worldwide Sleep Patterns and Problems During Adolescence: A Review and Meta-Analysis of Age, Region, and Sleep. Sleep Medicine, 12(2), 110–118. https://doi.org/10.1016/j.sleep.2010.11.008

Harvey, A. G. (2011). A Cognitive Model of Insomnia. Behaviour Research and Therapy, 49(9), 519–525.

Hawkley, L. C., & Cacioppo, J. T. (2010). Loneliness Matters: A Theoretical and Empirical Review of Consequences and Mechanisms. Annals of Behavioral Medicine, 40(2), 218–227. https://doi.org/10.1007/s12160-010-9210-8

Huckvale, K., Torous, J., & Larsen, M. E. (2019). Assessment of the Data Sharing and Privacy Practices of Smartphone Apps for Depression and Smoking Cessation. JAMA Network Open, 2(4), e192542. https://doi.org/10.1001/jamanetworkopen.2019.2542

Kazdin, A. E., & Blase, S. L. (2011). Rebooting Psychotherapy Research and Practice to Reduce the Burden of Mental Illness. Perspectives on Psychological Science, 6(1), 21–37. https://doi.org/10.1177/1745691610393527

Larsen, M. E., Huckvale, K., Nicholas, J., Torous, J., Birrell, L., Grey, E., & Newton, N. C. (2019). Using Science to Sell Apps: Evaluation of Mental Health App Store Quality Claims. NPJ Digital Medicine, 2, 18. https://doi.org/10.1038/s41746-019-0093-1

Luxton, D. D. (2014). Artificial Intelligence in Psychological Practice: Current and Future Applications and Implications. Professional Psychology: Research and Practice, 45(5), 332–339. https://doi.org/10.1037/a0034559

Mercadal Rotger, J., & Cabré, V. (2022). Therapeutic Alliance in Online and Face-to-Face Psychological Treatment: Comparative Study. JMIR Mental Health, 9(5), e36775. https://doi.org/10.2196/36775

Mohr, D. C., Burns, M. N., Schueller, S. M., Clarke, G., & Klinkman, M. (2013). Behavioral Intervention Technologies: Evidence Review and Recommendations for Future Research in Mental Health. General Hospital

Psychiatry, 35(4), 332–338. https://doi.org/10.1016/j.genhosppsych.2013.03.008

O'neil, C. (2016). Weapons of Math Destruction: How Big Data Increases Inequality and Threatens Democracy. Crown.

Parolin, L. (2024). Aspetti Giuridicie Deontologici Della Terapia Online. JPS, 8(2), 75–80.

Parsons, T. D., & Rizzo, A. A. (2008). Affective Outcomes of Virtual Reality Exposure Therapy for Anxiety and Specific Phobias: A Meta-Analysis. Journal of Behavior Therapy and Experimental Psychiatry, 39(3), 250–261. https://doi.org/10.1016/j.jbtep.2007.07.007

Rees, C. S., & Stone, S. (2005). Therapeutic Alliance in Face-to-Face Versus Videoconferencing Psychotherapy. Professional Psychology: Research and Practice, 36(6), 649–653. https://doi.org/10.1037/0735-7028.36.6.649

Riemann, D., Baglioni, C., Bassetti, C., Bjorvatn, B., Dolenc Groselj, L., Ellis, J. G., ... & Spiegelhalder, K. (2017). European Guideline for the Diagnosis and Treatment of Insomnia. Journal of Sleep Research, 26(6), 675–700. https://doi.org/10.1111/jsr.12594

Riva, G., Baños, R. M., Botella, C., Mantovani, F., & Gaggioli, A. (2016). Transforming Experience: The Potential of Augmented Reality and Virtual Reality for Enhancing Personal and Clinical Change. Frontiers in Psychiatry, 7, 164. https://doi.org/10.3389/fpsyt.2016.00164

Rogers, C. R. (1957). The Necessary and Sufficient Conditions of Therapeutic Personality Change. Journal of Consulting Psychology, 21(2), 95–103. https://doi.org/10.1037/h0045357

Shore, J. H., Yellowlees, P., Caudill, R., Johnston, B., Turvey, C., Mishkind, M., ... & Hilty, D. M. (2018). Telepsychiatry and the Widening Gap in Access to Mental Health Services. JAMA Psychiatry, 75(12), 1183–1184.

Torous, J., Bucci, S., Bell, I. H., Kessing, L. V., Faurholt-Jepsen, M., Whelan, P., ... & Firth, J. (2021). The Growing Field of Digital Psychiatry: Current Evidence and the Future of Apps, Social Media, Chatbots, and Virtual Reality. World Psychiatry, 20(3), 318–335. https://doi.org/10.1002/wps.20883

Torous, J., Myrick, K. J., Rauseo-Ricupero, N., & Firth, J. (2019). Digital Mental Health and COVID-19: Using Technology Today to Accelerate the Curve on Access and Quality Tomorrow. JMIR Mental Health, 7(3), e18848. https://doi.org/10.2196/18848

Torous, J., Roberts, L. W., & the APA Committee on Mental Health Information Technology. (2018). Needed Innovation in Digital Health and Smartphone Applications for Mental Health: Transparency and Trust. JAMA Network Open, 1(7), e184391.

VandenBos, G. R. (Ed.). (2013). APA Handbook of Clinical Psychology: Vol. 5. Education and Profession. American Psychological Association.

Vis, C., Mol, M., Kleiboer, A., Bührmann, L., Finch, T., Smit, J., & Riper, H. (2018). Improving Implementation of E-Mental Health for Mood Disorders in Routine Practice: Systematic Review of Barriers and Facilitating Factors. JMIR Mental Health, 5(1), e20. https://doi.org/10.2196/mental.9769

Vitale, F. (2023). Il Cervello Traumatizzato: Diagnosi E Trattamento Dell'amnesia Dissociativa. Primiceri Editore.

Vitale, F. (2025). Attachment to Dysfunctional Family Situations: A Psychological and Sociological Analysis. Shodhsamajik: Journal of Social Studies, 2(1), 8–16. https://doi.org/10.29121/ShodhSamajik.v2.i1.2025.12

Wiederhold, B. K. (2020). Transparency, Explainability, and Artificial Intelligence— Oh my! Cyberpsychology, Behavior, and Social Networking, 23(8), 507–508.

World Health Organization. (2022). World Mental Health Report: Transforming Mental Health for All. World Health Organization.

Wright, J. H., Owen, J. J., Richards, D., Eells, T. D., Richardson, T., Brown, G. K., ... & Thase, M. E. (2019). Computer-Assisted Cognitive-Behavior Therapy and Mobile Apps for Depression: A Randomized Controlled Trial. The Journal of Clinical Psychiatry, 80(2), 19–27. https://doi.org/10.4088/JCP.18r12188

Yardley, L., Spring, B. J., Riper, H., Morrison, L. G., Crane, D. D., Curtis, C. J., ... & Christensen, H. (2015). Integrating Psychology and Technology: A Four-Phase Translational Model. Clinical Psychological Science, 3(1), 76–88.