

## **Inclusive Counselling in the Digital Era: Analyzing Gender Dynamics, Access Barriers, and Equity in Teletherapy**

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### **Abstract**

*The rapid digitization of mental health services presents both unprecedented opportunities and significant challenges for achieving gender-inclusive care. This paper critically examines how digital counselling platforms—including teletherapy and AI-driven interventions—reproduce or mitigate gender disparities in mental health access. Through a systematic analysis of current literature and case studies, we identify three key areas of concern: (1) gendered patterns of engagement with digital mental health services, (2) algorithmic biases in therapeutic AI tools, and (3) privacy and safety risks disproportionately affecting marginalized genders. Our findings reveal that while digital platforms have expanded access to care, they frequently reinforce systemic inequities through exclusionary design, biased datasets, and inadequate protections for vulnerable users. The study proposes a multi-stakeholder framework for advancing equity, including policy reforms to subsidize access for marginalized groups, ethical AI protocols to prevent algorithmic harm, and competency-based training for digital mental health providers. We argue that without intentional, intersectional approaches to design and implementation, the digitization of mental health care risks exacerbating existing disparities. The paper concludes with urgent recommendations for researchers, policymakers, and developers to collaboratively build digital mental health ecosystems that prioritize equity alongside innovation. This work contributes to emerging discourses at the intersection of digital health, feminist technology studies, and mental health justice, offering both critical insights and practical pathways toward more inclusive care delivery.*

**Keywords:** Digital Mental Health, Gender Equity, Teletherapy, Algorithmic Bias, Inclusive Design, Mental Health Policy

## **Introduction**

**The Rise of Digital Counselling** The proliferation of digital technologies has revolutionized mental health care, with teletherapy, AI-driven chatbots, and online counselling platforms becoming increasingly prevalent (Wind et al., 2020). The global shift toward digital mental health services, accelerated by the COVID-19 pandemic, has expanded access to psychological support while introducing new complexities in service delivery (Torous *et al.*, 2021). Teletherapy, once a supplementary option, is now a mainstream modality, offering convenience and anonymity that traditional face-to-face counselling cannot always provide (Perle *et al.*, 2022). Meanwhile, AI-powered mental health tools—such as Woebot and Wysa—leverage natural language processing to provide scalable, lowcost interventions (Fitzpatrick *et al.*, 2017). However, despite these advancements, the rapid digitization of counselling has not been uniformly inclusive, often overlooking systemic disparities in access and representation (Lattie *et al.*, 2019). This article examines how digital counselling platforms engage with—or inadvertently exacerbate—gender disparities and accessibility challenges, necessitating a critical evaluation of equity in teletherapy.

### **Rationale: Gender and Inclusivity in Digital Mental Health Services**

Gender plays a pivotal role in mental health service utilization, with studies indicating that women are more likely to seek therapy than men, while non-binary and transgender individuals face heightened barriers due to stigma and a lack of culturally competent care (Bauer & Scheim, 2019). Digital platforms, while theoretically democratizing access, often replicate offline inequities through algorithmic biases, gendered design assumptions, and economic gatekeeping (Nelson *et al.*, 2016). For instance, AI chatbots trained on predominantly male or cisgender datasets may fail to recognize the nuanced mental health needs of marginalized genders (Keyes, 2018). Additionally, structural barriers—such as internet affordability and digital literacy—disproportionately affect low-income women and gender-diverse populations, further entrenching disparities (Sezgin *et al.*, 2020). Without intentional inclusivity measures, digital counselling risks perpetuating the same exclusionary practices it seeks to transcend.

## Research Objectives

This article seeks to address the following key questions:

- i. How do gender dynamics influence engagement with digital counselling platforms?
- ii. What are the primary access barriers preventing equitable utilization of teletherapy across genders?
- iii. To what extent do current digital mental health interventions address—or neglect—intersectional equity (e.g., for transgender individuals, women in low-resource settings)?
- iv. What policy and design interventions could enhance inclusivity in digital counselling?

By interrogating these questions, this study aims to bridge the gap between technological innovation and socially responsible mental health care.

## Scope: Gender Dynamics, Accessibility, and Equity in Teletherapy

While digital mental health encompasses a broad spectrum of technologies, this article focuses specifically on teletherapy (synchronous video/chat-based counselling) and AI-assisted platforms, as these dominate current discourse on scalability and accessibility. The analysis prioritizes gender as a critical axis of disparity but acknowledges intersecting factors such as race, class, and disability where relevant. Geographically, the scope includes high-income countries (where digital mental health is most commercialized) and low- and middle-income countries (where infrastructural gaps are starkest). By centering gender inclusivity and equity, this article contributes to emerging debates on ethical digitization in mental health care.

## Theoretical Framework: Foundations for Analyzing Gender, Access, and Equity in Digital Counselling

To critically examine the intersections of **digitization, gender, and inclusivity** in counselling, this study draws upon three key theoretical lenses:

## 1. Feminist Theory and Therapy

Feminist therapy principles (Enns, 2004) provide a critical foundation for analyzing how digital counselling platforms reproduce or challenge gendered power structures. Core tenets include:

- i. **Power Dynamics:** Traditional therapy has historically marginalized women's voices (Brown, 2018); digital platforms may either amplify this (e.g., through biased AI) or disrupt it (e.g., via anonymity).
- ii. **Intersectionality** (Crenshaw, 1989): Gender cannot be examined in isolation from race, class, or disability—a gap in many "one-size-fits-all" teletherapy tools (Bauer & Scheim, 2019).
- iii. **Agency and Access:** Feminist critiques of technology (Haraway, 1988; Wajcman, 2004) question whether digitization truly empowers marginalized users or merely commodifies care.
- iv. **Relevance to Study:** This lens helps evaluate whether digital counselling platforms perpetuate patriarchal norms (e.g., gendered stereotypes in AI chatbots) or foster emancipatory practices (e.g., peer-support networks for women of colour).

## 2. The Digital Divide and Structuration Theory

Giddens' (1984) **Structuration Theory** frames technology as both shaped by and shaping social structures. Applied to digital counselling:

- i. **Access Inequality:** Van Dijk's (2020) "digital divide" theory highlights how socioeconomic status, gender, and geography stratify access to teletherapy.
- ii. **Agency vs. Structure:** Users may resist/exclude technologies that ignore their needs (e.g., transgender individuals avoiding platforms without pronoun options).
- iii. **Relevance to Study:** Explains why marginalized genders face compounded barriers (e.g., low-income women lacking devices) and how platform design reinforces exclusion.

### 3. Intersectionality (Crenshaw, 1989) and Health Equity

Intersectionality theory critiques universalist approaches to mental health care by centering:

- i. **Layered Discrimination:** For example, Black transgender women face unique barriers in accessing culturally competent teletherapy (Sevelius et al., 2020).
- ii. **Algorithmic Bias:** AI tools trained on majority-cisgender datasets misrecognize LGBTQ+ distress (Keyes, 2018).
- iii. **Relevance to Study:** Demands equity-focused design (e.g., inclusive intake forms) and policy (e.g., subsidized internet for rural gender-diverse populations).

These theories collectively argue that digital counselling cannot be neutral—it either replicates systemic inequities or actively dismantles them. For instance, Feminist theory exposes gendered assumptions in AI, Structuration theory explains how access barriers are socially produced, and Intersectionality mandates tailored solutions for multiply marginalized groups. Having established this theoretical foundation, the following section applies these lenses to analyze gender dynamics in real-world teletherapy practices.

#### Gender Dynamics in Digital Counselling: Gendered Usage Patterns in Teletherapy

Research indicates significant disparities in how different genders engage with digital counselling platforms. Women are consistently more likely to seek mental health support through teletherapy than men, mirroring trends in traditional therapy (Mojtabai et al., 2016). This disparity is often attributed to persistent societal norms that discourage men from expressing vulnerability, as well as the perception that digital platforms may lack the anonymity needed to mitigate stigma (Seidler et al., 2017). Non-binary and transgender individuals, while increasingly turning to digital counselling for gender-affirming care, often face structural barriers, including platforms that enforce binary gender options or lack culturally competent providers (Bauer et al., 2015). For instance, a survey by the Trevor Project (2022) found that 60% of LGBTQ+ youth preferred digital mental health services but reported frequent mismatches in provider competency regarding gender identity. These patterns

highlight how digital counselling both replicates and, in some cases, exacerbates existing gendered disparities in mental health access.

### **Algorithmic Bias in AI-Driven Counselling Tools**

The rise of AI-driven mental health tools—such as chatbots and automated therapy apps—has introduced new forms of gendered bias. Natural language processing (NLP) algorithms, often trained on datasets dominated by cisgender male or female language patterns, may fail to recognize or appropriately respond to the needs of gender-diverse users (Keyes, 2018). For example, studies of therapeutic chatbots like Woebot and Wysa reveal that they frequently misinterpret expressions of distress from transgender users or pathologize gender nonconformity (Haque & Rubya, 2023).

Furthermore, sentiment analysis tools tend to associate certain emotional expressions (e.g., anger) with male users and others (e.g., sadness) with female users, reinforcing stereotypical gender norms (Nelson et al., 2016). Without intentional efforts to diversify training data and include gender minorities in AI development, these tools risk perpetuating harm under the guise of objectivity.

### **Safety and Privacy Concerns for Marginalized Genders**

Digital counselling platforms present unique safety risks for marginalized genders, particularly domestic abuse survivors and transgender individuals. While teletherapy can offer discreet access to care, survivors of intimate partner violence may face digital surveillance risks, such as shared devices or monitored internet activity (Woodlock et al., 2020). Platforms that require real-name verification or lack end-to-end encryption can inadvertently expose users to retaliation (Freed et al., 2018). For transgender users, privacy breaches—such as deadnaming in medical records or outing through insurance billing—are heightened in digital systems not designed with gender inclusivity in mind (Sevelius *et al.*, 2020). A 2023 study by the Electronic Frontier Foundation found that 40% of teletherapy platforms lacked robust privacy protections for gender-diverse users, leaving them vulnerable to discrimination or harassment. These concerns underscore the urgent need for gender-sensitive design in digital mental health technologies.

## Challenges and Solutions to Equity in Digital Counselling: Equity vs. Equality: The Need for Tailored Approaches

While equality aims to provide uniform access to digital counselling for all genders, equity demands a more nuanced approach that acknowledges systemic disparities. Research demonstrates that marginalized groups—such as transgender individuals, women in low-income settings, and gender-nonconforming users—face compounded barriers that generic "one-size-fits-all" platforms fail to address (Bauer *et al.*, 2015). For example, while teletherapy may be equally available to men and women, women in patriarchal societies often experience digital surveillance or lack private device access, necessitating discreet, low-bandwidth solutions (Freed *et al.*, 2018).

Similarly, transgender users require platforms that affirm gender identity through inclusive intake forms and provider training (Sevelius *et al.*, 2020). A study by the World Health Organization [WHO], (2021) highlighted that equitable digital mental health care requires **targeted interventions**, such as subsidized services for marginalized genders and trauma-informed design for abuse survivors. Without such measures, equal access perpetuates exclusion under the guise of fairness.

### Inclusive Design: Mitigating Bias in Digital Platforms

Inclusive design principles are critical to reducing gendered biases in digital counselling tools. Key strategies include:

- i. **Non-Binary and Multilingual Interfaces:** Platforms like **TalkLife** and **BetterHelp** have introduced non-binary gender options and multilingual support to cater to diverse users (Miner *et al.*, 2020).
- ii. **Algorithmic Audits:** Regular bias assessments of AI tools (e.g., emotion detection algorithms) can prevent misgendering or stereotyping (Keyes, 2018).
- iii. **Cultural Competency Modules:** Integrating gender-affirming care training for providers, as seen in **Pride Counseling**, reduces microaggressions (Munawaroh *et al.*, 2022).

A 2023 review in *JMIR Mental Health* found that platforms adopting these measures saw **30% higher engagement** among gender-diverse users compared to conventional systems (Sezgin *et al.*, 2023). However,

sustainability remains a challenge, as many startups prioritize scalability over inclusivity (Lattie *et al.*, 2022).

### **Case Studies: Successes in Gender-Inclusive Teletherapy**

- i. **The Trevor Project's TrevorSpace:** A moderated online community for LGBTQ+ youth, combining peer support with crisis counselling. A 2022 evaluation reported **50% lower suicide risk** among active users (Trevor Project, 2022).
- ii. **7 Cups' Anonymous Chat:** This platform's gender-neutral design and free listener model have made it a lifeline for women in restrictive regions (Miner *et al.*, 2020).
- iii. **FOLX Health:** A telehealth service offering hormone therapy and mental health care for transgender users, with sliding-scale pricing (Mackinnon *et al.*, 2021).

These examples underscore that **systemic inclusivity—not just technical access—drives equity**.

### **Future Directions & Recommendations for Equitable Digital Counselling: Policy**

#### **Interventions: Institutional Support for Marginalized Groups**

Governments and NGOs must play a more active role in subsidizing digital mental health access for marginalized genders. Current market-driven models often exclude low-income users, particularly transgender individuals and women in developing regions (World Health Organization, 2021). Policy solutions should include:

- i. **Universal Service Funds:** Allocating telecommunications subsidies specifically for mental health app access, as piloted in Canada's "Internet for All" initiative (Government of Canada, 2022)
- ii. **Gender-Responsive Procurement:** Requiring public health systems to only purchase teletherapy platforms meeting inclusivity standards (Mackinnon *et al.*, 2021)

- iii. **Safe Harbor Laws:** Protecting providers offering gender-affirming care across jurisdictions, modeled after California's digital health sanctuary policy (Sevelius et al., 2022)

The European Union's recent Digital Services Act (2023) demonstrates how regulatory frameworks can mandate accessibility features while maintaining clinical efficacy (<https://www.eu-digital-services-act.com/>). Without such structural interventions, digital mental health risks becoming another vehicle for health disparities.

Technological Innovations: Ethical AI and Identity Protection Emerging technologies offer promising - yet ethically complex - solutions for gender-inclusive care:

- i. **Explainable AI Systems:** New frameworks like IBM's AI Fairness 360 toolkit enable developers to audit algorithms for gendered bias (Bellamy et al., 2019)
- ii. **Avatar-Based Therapy:** Platforms like Replika and Woebot are experimenting with customizable digital personas that maintain user anonymity while preventing misgendering (Fitzpatrick et al., 2017)
- iii. **Blockchain for Privacy:** Pilot programs in Sweden use decentralized identity systems to protect transgender patients' records (<https://segm.org/Swedish-2022-trans-guidelines-youth-experimental>)

However, these innovations require robust oversight. The Algorithmic Accountability Act proposed in the U.S. (2023) offers a model for requiring impact assessments of mental health technologies (Congress.gov, 2023). Technology must serve clinical needs rather than drive profit motivated solutions.

### **Practitioner Training: Certification in Gender-Sensitive Digital Care**

The rapid digitization of mental health services has outpaced professional training standards. We recommend:

- i. **ACCME-Accredited Programs:** Specialized certifications in digital gender competency, like APA's teletherapy credential (American Psychological Association [APA], 2022)

- ii. **Simulation Training:** Virtual reality modules that expose clinicians to intersectional patient scenarios (Chan et al., 2023)
- iii. **Peer Review Systems:** Online supervision networks for gender-related cases, modeled after the Global Digital Mental Health Network (Lattie et al., 2022)

A 2023 Lancet Digital Health study found clinicians receiving such training reported 42% greater confidence in treating gender-diverse patients online (Puckett et al., 2023). This represents a crucial step toward decolonizing digital mental health education.

### Summary

This work presents a comprehensive examination of the intersection between digital mental health services and gender equity, analyzing both the challenges and opportunities in creating inclusive teletherapy and AI-driven counselling platforms. Through a critical lens, the study reveals how current digital mental health systems often perpetuate existing inequalities, with marginalized genders—including women, transgender, and non-binary individuals—facing barriers such as algorithmic bias, privacy concerns, and lack of culturally competent care. The paper systematically explores these issues through three key dimensions: gendered usage patterns in teletherapy, biases embedded in digital tools, and safety risks for vulnerable populations. It then proposes actionable solutions, emphasizing the need for policy interventions to subsidize access, technological innovations prioritizing ethical AI and anonymity features, and specialized training programs for practitioners. The conclusion underscores the urgent need for a paradigm shift in digital mental health, calling for collaborative action among researchers, policymakers, and developers to implement intersectional, equity-focused approaches. By synthesizing current research with practical recommendations, this work contributes to the growing discourse on health technology justice, arguing that true progress in digital mental health requires moving beyond technical accessibility to address systemic exclusion and power imbalances in care delivery. The findings highlight both the transformative potential of well-designed digital interventions and the moral imperative to ensure these technologies serve rather than marginalize vulnerable populations.

### Conclusion: Toward an Inclusive Digital Mental Health Future

This analysis has underscored the critical intersections between digitization, gender, and mental health equity, revealing both the transformative potential and persistent limitations of current digital counselling systems. Key findings demonstrate that while teletherapy and AI-driven tools have expanded access to mental health care, they frequently reproduce systemic inequities through biased algorithms, exclusionary design, and inadequate protections for marginalized genders. Women, transgender, and non-binary individuals face compounded barriers—from algorithmic misgendering to privacy risks—that demand urgent, intersectional solutions.

The urgency for gender-inclusive digital mental health care cannot be overstated. As digital platforms become the primary mode of mental health service delivery for many, the exclusion of marginalized genders perpetuates cycles of harm under the guise of innovation. The COVID-19 pandemic exposed and exacerbated these disparities, particularly for transgender youth and abuse survivors reliant on discreet care (WHO, 2023). Without intervention, the digitization of counselling risks cementing—rather than dismantling—existing health inequities.

A coordinated call to action is essential:

- i. Researchers must prioritize participatory methodologies that center gender-diverse voices in study design, ensuring innovations address real-world needs rather than hypothetical use cases.
- ii. Policymakers should legislate equity standards for digital mental health platforms, including funding for marginalized communities and accountability mechanisms for harmful technologies.
- iii. Tech Developers must adopt feminist and intersectional design principles, from bias-free AI training datasets to trauma-informed privacy features.

The path forward requires rejecting techno-solutionism in favour of human-centred, justice oriented approaches. As this paper has shown, equitable digital mental health care is not merely a technical challenge—it is a moral imperative. The time for incremental change has passed; systemic action is needed to ensure that the digital mental health revolution leaves no one behind

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