

Guidance for psychological professionals during the Covid-19 pandemic

28th March 2020, Version 1

Overview

This guidance is designed to support decision-making by providers of psychological services across the lifespan, (including psychological therapies services) by the twelve psychological professions listed here, and related assistant and associate roles:

- Adult Psychotherapists
- Child and Adolescent Psychotherapists
- Children's Wellbeing Practitioners
- Clinical psychologists
- Cognitive Behavioural Therapists
- Counselling Psychologists
- Counsellors
- Education Mental Health Practitioners
- Family and Systemic Psychotherapists
- Forensic Psychologists
- Health Psychologists
- Psychological Wellbeing Practitioners

Chief Psychological Professions Officers and other senior leaders are encouraged to use this guidance to support decision-making in provider organisations, commissioning organisations and arm's length bodies during the COVID-19 Pandemic. The guidance has been developed with input from the Psychological Professions Network and the following eight professional bodies:

- Association of Child Psychotherapists
- Association of Clinical Psychologists - UK
- Association for Family and Systemic Practice
- British Association for Behavioural and Cognitive Psychotherapies
- British Association for Counselling and Psychotherapy
- British Psychoanalytic Council

- British Psychological Society
- United Kingdom Council for Psychotherapy

The guidance should be read in conjunction with other relevant national guidance, notably:

IAPT guide for delivering treatment remotely during the coronavirus pandemic

<https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/Final-C0042-MHLDA-Covid-19-Guidance-IAPT-.pdf>

Workforce guidance for mental health, learning disabilities and autism, and specialised commissioning services during the coronavirus pandemic

<https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/C0074-MHLDA-Covid-19-Guidance-Workforce-final-v1-1.pdf>

1. Keeping psychological services and psychological therapies open through the immediate crisis

- 1.1 Psychological professionals should ensure that their work prioritises the broader needs of the NHS and the public during the pandemic, which may entail re-organisation of their tasks and priorities;
- 1.2 Psychology and psychological therapy services are essential services that can help save lives. Although difficult prioritisation decisions may be necessary, there should be no premature moves to redeploy psychological professions staff in patient-facing services or to shut these services down - they will be important right now to ensure timely access to care and treatment continues and to meet an expected growth in need over coming months;
- 1.3 Where redeployment becomes unavoidable in order to staff other parts of the system, (for example if sickness absence or level of patient demand makes other life-saving services undeliverable) this should be managed to minimise disruption to psychological therapy and intervention already underway;
- 1.4 Any redeployment of trainees must be to a suitable setting and done in discussion with both the supervisor, host provider organisation and the Higher Education Institution;
- 1.5 Thought should be given to the best use of the practitioner's skills if temporarily deployed elsewhere, for example psychological professionals could be asked to switch focus to staffing help lines or providing psychological support to NHS staff if their usual services cannot be provided;
- 1.6 Redeployment of psychological professionals into other roles should be weighed against the immediate and later lack of capacity to support and treat vulnerable patients in their original service, including those at risk of suicide, self-harm, harm to others, neglect or abuse. These patients are seen in all parts of the mental health system including IAPT;
- 1.7 Senior leaders need to be maintained in role to help plan and deliver the right psychological response now and into the future;

- 1.8 Where there is no option but to continue face to face working, services must enable staff to implement current Public Health England guidance on social distancing¹ or use personal protective equipment to protect both staff and service users;
- 1.9 Psychological professionals are NHS key workers for the purpose of receiving special services such as access to schooling for their children;
- 1.10 The focus of some specific interventions may need to be adapted because of the changed conditions regarding risk of infection during the pandemic, for example when treating fears of contamination in obsessive compulsive disorder, or treating health anxiety disorder or panic disorder. Specific clinical advice should be sought in supervision or consultation with clinical experts.

2. Maintaining psychological professions training programmes

- 2.1 It is very important that psychological professions training programmes keep going through the pandemic period, so that trainees graduate and enter the workforce as soon as feasible. They will be needed to ensure capacity to support a likely surge in need into the next year and beyond;
- 2.2 Services should continue to support the development of trainees, including ensuring sufficient access to quality supervision (adapted for remote delivery);
- 2.3 Psychological professional training can be delivered through remote means with the same level of live interaction with trainers. Course accrediting bodies are adapting to enable flexibility in the methods of course recruitment, delivery and assessment, whilst ensuring trainees become competent practitioners;
- 2.4 Planned expansion of training programmes should continue in order to maximise workforce capacity into next year and beyond. Where prioritisation decisions are needed, training programmes that expand the workforce should be prioritised;
- 2.5 Some trainees may inevitably be delayed in completing their placement-based learning and related course requirements on time. It may, in some circumstances, be possible for trainees to complete course requirements subject to meeting revised thresholds for

¹ <https://www.gov.uk/government/publications/covid-19-guidance-on-social-distancing-and-for-vulnerable-people/guidance-on-social-distancing-for-everyone-in-the-uk-and-protecting-older-people-and-vulnerable-adults>

clinical contact, with placement and research components awarded later, dependent on the agreement of course accrediting bodies and HEE/NHSE.

3. Remote delivery of psychological therapies and interventions

- 3.1 Psychological therapies and interventions can continue and be delivered through digital platforms or telephone (and where neither is available/feasible, secure text messaging or email support) following latest NHSx Guidance, and in line with current provider organisation requirements;
- 3.2 All psychological professionals including trainees (for all disciplines except Family and Systemic Psychotherapy) can switch to digital platforms and telephone methods and must be provided rapidly with the required training and supervision (adapted for remote delivery) to allow continuation of service and their studies;
- 3.3 Judgments about the best method of delivery need to include consideration of risks of infection. This means that at some times work that previously would have indicated face to face delivery will need to be delivered through digital platforms or by telephone;
- 3.4 Digital delivery should not be ruled out on the grounds of age (children and adults), disability (including learning disability or autism), language, or type of difficulty. Reasonable adjustments should be made to enable all to engage in this as far as possible, recognising that it will not be possible for all. Where not possible, alternative arrangements should be sought that adhere to current Public Health England guidance on social distancing or use of personal protective equipment;
- 3.5 Consideration should be given to issues around accessibility, safety, confidentiality and risk when exploring the potential for digital or telephone delivery with individual service users. Further examples of clinical considerations can be found in the IAPT guide to delivering treatment remotely during the pandemic² :
- 3.6 Consent to digital delivery is implied through a service user accepting the invitation or engaging in the communication through the requested channel, although practitioners should endeavour to discuss the implications of digital delivery with service users at the outset;

² <https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/Final-C0042-MHLDA-Covid-19-Guidance-IAPT-.pdf>;

- 3.7 The priority is continuation of services and data protection concerns should not prevent this. The Information Commissioner's Office will not penalise organisations that need to adapt their usual approach during this extraordinary period.
- 3.8 Outcome measurement should continue when interventions are delivered remotely, recognising that some targets for treatment may change as a result of the pandemic.

4. Maintaining a psychological approach to prevention, care and treatment

- 4.1 During the pandemic the need for a biopsychosocial approach to prevention, care and treatment continues, even whilst we tackle the immediate biomedical needs. Chief Psychological Professions Officers and all psychological professionals should play a leading role in maintaining this focus;
- 4.2 For the reduction of Covid-19 transmission rates to be effective, prevention and public health interventions need to be designed and delivered by professionals with appropriate psychological knowledge and based on the latest evidence. Any guidance produced for the public or healthcare professionals should be behaviour specific and avoid ambiguity;
- 4.3 Psychological approaches must take into account the needs and profiles of different population groups. Families and individuals in our poorest communities will be disproportionately affected by the pandemic, and may struggle most to access digital healthcare. There is likely to be an increased risk of domestic and child abuse at this time and it is important to maintain services to prevent this and support victims. It will be important to maintain focus on safeguarding and multi-agency care planning;
- 4.4 Over coming months we expect the psychological and social needs to grow very significantly as people deal with the loss and trauma suffered, and psychological professionals should focus on planning for this.

5. Supporting the wellbeing of health and care organisations, teams and staff

- 5.1 Many psychological professionals are highly skilled to support wellbeing in their organisations, teams and individual staff. This will be important to continue during the

pandemic and beyond, when significant additional need is likely to continue for some years as a result of increased rates of organisational anxiety, moral injury, bereavement, post-traumatic stress disorder and other trauma reactions;

5.2 There will be national and local responses to support the welfare of NHS staff.

Psychological professionals are encouraged to enable and support evidence-based psychological responses wherever they work, recognising that intervening in the wrong way at the wrong time may be harmful;

5.3 Psychological professionals will need to take care of themselves and each other physically, emotionally and psychologically as they respond to a high level of need, and potentially deal with their own personal challenges and losses. Supervision, time off and other self-care will be more important than ever, to allow psychological professionals to continue to serve effectively.