

IAPT guide for delivering treatment remotely during the coronavirus pandemic

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This guidance is for IAPT providers and their clinical teams who are planning for the continued delivery of IAPT services via non face-to-face methods, and should support the contingency planning already underway for a range of resource-constrained scenarios. It will be updated as required.

1. Context

The coronavirus (COVID-19) pandemic is emerging as an unprecedented challenge to IAPT service delivery. It is imperative that IAPT services continue to offer access to psychological therapies when many people will be experiencing common mental health issues, including depression, anxiety, panic, OCD, and health anxiety, in the context of social distancing and self-isolation.

Government advice indicates the requirement to deliver treatment more flexibly during this period, particularly by telephone or other digital modes, including video conferencing, written support and digitally-enabled programmes. This guidance contains information on best practice to help services continue to deliver high quality treatment while protecting their staff and patients. It is intended to be a guide, rather than prescriptive instruction.

2. Scope

- This guidance is intended to support IAPT providers to maximise the use of telephone and digital channels in delivering services during the COVID-19 outbreak.
- It is one of a suite of resources to support the mental health and learning disability and autism sectors to respond to the outbreak.
- For more information please contact: england.mhldaincidentresponse@nhs.net
- For IAPT specific queries, please contact: england.mentalhealth@nhs.net

3. Service considerations

When planning how to support IAPT patients via telephone and digital channels, providers should:

3.1 Update protocols and processes

- Services may benefit from revisiting existing protocols, eg those for risk management, to ensure they are appropriate for a different modes of treatment delivery.
- Consider putting in place clear inclusion/exclusion criteria for each of the modes offered.
- Psychological wellbeing practitioners (PWP) will need to consider provision to maintain case-management supervision remotely. This may mean:
 - identifying options for accessing the data management system from outside service premises, with due consideration to information governance requirements
 - identifying ways to undertake case management that do not rely on the case management system, eg the PWP taking initial assessment data during session 1, then MDS scores each subsequent session, and remotely talking these through with their case management supervisor.

3.2 Deliver adequate staff training and support engagement

- Work with staff to ensure there are clear lines of communication, especially if practitioners are working remotely.
- Develop operating instructions and guidance on using the chosen technologies and offer training to staff in the different modes of delivery.
- Delivery of therapy using methods other than face to face will require whole service 'buy-in' via strong clinical leadership. When framed as a positive adjustment, therapists will respond accordingly.
- There is a paucity of research examining the therapeutic alliance with recipients of telephone, typed or video interventions, but emerging work suggests practised therapists can achieve a level comparable to that with face-to-face intervention.
- Familiarise service leads with the new NHSX guidance (<https://www.nhs.uk/key-information-and-tools/information-governance-guidance>) to support their use of messaging and video consultations.
- Staff may need additional supervision as they familiarise themselves with the technology and changes to practice.
- As more staff work remotely, extra pressures in their personal lives may impact on their ability to be able to work usual hours.
- Services will need to consider more flexible working patterns to support their staff to continue working.

- Live test home working and technology before staff start using it.

3.3 Patient engagement and communication

- Outline the potential communication options, including social media, to patients and families and ask them if they have a preference. Make it clear that you are not asking them to commit to using a specific app or tool, simply finding out what their preferences are, should it be supported in later guidance.
- Provide patients entering the service with clear, reasonably adjusted information on treatment delivered remotely.
- Do not assume that digital modes of delivery will be unsuitable for older adults. In 2019, 91% of all adults in the UK had recently used the internet, and recent internet use increased in the 65 to 74-year age group from 52% in 2011 to 83% in 2019, the largest increase across all age groups and closing the gap on younger ones.¹

3.3 Working with those who may have a learning disability, autism or communication impairment

- Identify any alternative or augmentative means of communication that help the patient understand or express themselves. This may require additional preparation with the patient or their family/carers to identify the best means of communication and to ensure both you and they have access to it during interactions. For example, you may need to check what kind of vocabulary the patient uses and is familiar with, and whether particular signs, symbols or picture resources can support interaction.
- Consider how therapeutic language or specific vocabulary can be simplified, paraphrased or be represented by symbols or pictures, to best support individuals understand and respond.
- The patient may need extra time to become familiar with and comfortable in using the technology. Guidance on its use needs to be supported by the identified alternative or augmentative means of communication.
- Consider pacing the session according to the patient's needs and monitoring their concentration level. Using signs, symbols or pictures is likely to slow the pace of the therapeutic intervention; this will need to be considered.

4. Adaptions to clinical practice

- Make sure you have a suitable space if working from home. If using video consultation, your background must be free of confidential information and your lighting needs to give a clear picture. You should also encourage your patient to have good lighting so you can more easily read non-verbal cues. If patients have a window or

¹ Office for National Statistics. Internet usage, 2019.

<https://www.ons.gov.uk/businessindustryandtrade/itandinternetindustry/bulletins/internetusers/2019>

bright light source behind their heads, you will see them mainly in silhouette. For both video and telephone, use headsets to maximise the sound quality; this promotes engagement and your 'presence' on the call.

- As a practitioner, you need to check with patients that they have a safe and secure space for treatment, one where sessions will be confidential and free from distractions.
- With telephone or typed therapy, it can be challenging to read non-verbal cues. You need to pay careful attention to tone of voice (if possible), pace, inflection and the use of silence/long pauses. Check regularly with the patient if there is agreement and mutual understanding in therapeutic discussions.
- More frequent reflection and clarification of understanding is important when using non-verbal methods of communication.
- Make time to practise using the software by connecting with a colleague and testing the process. It may feel unnatural at first. For video consultations make sure you look into the camera, not the screen.
- At the start of treatment, agree with the patient how you will proceed should the technology fail (eg arranging to try again in 5 minutes, rescheduling or switching from video to telephone).
- Elicit immediate feelings from the patient on the specific delivery mode of therapy (telephone/video/typed, etc) so you can address any concerns or fears, and regularly elicit feedback during the first few sessions.
- Emphasis should be placed on your own credentials and therapist skills.
- Explain to the patient that there will be pauses during the session (for notetaking and thinking).
- Explain to the patient that sessions will always be scheduled, so they do not worry when the next contact will be. Emphasise that it is an appointment and ask the patient to prepare in advance (ie questions, feedback, diaries ready, etc)
- Use written materials and diaries and give examples by email if this is possible.
- Agree a code-word for use when the patient is unable to talk, eg 'Mary'.

5. Online resources

- BABCP Podcast on Dealing with anxiety about coronavirus: <http://letstalkaboutcbt.libsyn.com/coping-with-anxiety-about-coronavirus>
- OCD-UK website: <https://www.ocduk.org/>
- Social anxiety: <https://oxcadatresources.com/>
- PTSD: <https://oxcadatresources.com/>

Throughout the coming days and weeks we will provide links to further useful resources.

6. References

- Bee P, Lovell K, Lidbetter N, Easton K, Gask L. You can't get anything perfect: User perspectives on the delivery of cognitive behavioural therapy by telephone. *Social Science & Medicine* 2010; 71:1308e–1315.
- Irving et al. Are there interactional differences between telephone and face-to-face psychological therapy? A systematic review of comparative studies. *Journal of Affective Disorders* 2020; 265: 120–31.

7. Other support and information

COVID-19 guidance

For the latest official information and guidance on COVID-19:

Advice for clinicians	https://www.england.nhs.uk/coronavirus/
Advice for the public	https://www.nhs.uk/conditions/coronavirus-covid-19/ https://www.gov.uk/government/topical-events/coronavirus-covid-19-uk-government-response
Advice for non-clinical settings, eg prisons	https://www.gov.uk/government/collections/coronavirus-covid-19-list-of-guidance
Advice for NHS England and NHS Improvement staff	https://nhsengland.sharepoint.com/sites/thehub

Who to contact should you have additional queries

We always recommend in the first instance that colleagues raise concerns with their NHS England and NHS Improvement regional lead for mental health.

North East and Yorkshire and North West	Fleur Carney (fleur.carney1@nhs.net)
Midlands	Giles Tinsley (giles.tinsley@nhs.net)
East of England	Helen Hardy (helen.hardy9@nhs.net) Emma Willey (emma.willey@nhs.net)
London	Emma Christie (emma.christie2@nhs.net)
South East	Kevin Mullins (kevin.mullins@nhs.net) Oral Arrindell (oralarrindell@nhs.net)
South West	Ann Tweedale (ann.tweedale@nhs.net)

If you have any queries specifically for the national team, please direct these to england.mhldaincidentresponse@nhs.net and include 'Mental health COVID-19 query' in the subject title.