

Dear Counsellors, ACC & PCUK Affiliates

We hope that this email finds you well.

Key information in this email

ACC's advice is that our counselling members and affiliates do not resume with face-to-face practice yet. This e-mail sets out our reasoning.

However, we recommend that members begin to think about the issues involved in resuming face-to-face work and there is a checklist to help with this.

Also counselling centres may wish to consider the risks and benefits of opening their venues to allow counsellors who do not have suitable facilities at home, to be able to resume working on-line or via the telephone. There are government guidelines that need to be followed in these cases (see link 2 below).

Changing Advice

Some of you may be aware that BACP and NCS issued updated guidance to their members on the 31 May, saying that face-to-face counselling can be resumed if a counsellor cannot work remotely. There are some caveats to this and guidance as to how a counsellor may come to make the decision to return to face-to-face work and who needs to be consulted etc. Similar advice was issued by BPC on 15 May. However, UKCP retains their current position, which is recommending that counsellors do not to return to face-to-face practice at the moment.

We hope you remember that ACC sent out an email on the 15 May saying that we did not see how counsellors in private practice, nor affiliated counselling centres could safely return to face-to-face working. Our position remains unchanged.

We appreciate that contradictory advice from similar professional bodies is confusing at best and at times of heightened anxiety can be especially unwelcome. This situation is exacerbated by a general sense of uncertainty about what following government guidelines means (as in what do they specifically allow us to do) coupled with figuring out what is an acceptable level of risk to take with our own, our employees and volunteers and our clients' health and wellbeing .

For example:

- the guidelines issued by the central and devolved governments differ slightly in relation to who can go back to work and when, and the situation in the UK remains fluid and is subject to relatively short cycles of stability and change,
- gov.uk guidelines do not mention counselling and psychotherapy specifically, although the general term 'mental health' is used,
- scientific findings about rates and means of transmission of the virus change and evolve as more information is discovered and different opinions about the risks involved in having contact with people and surfaces are expressed – so it is hard as a lay person to assess risks associated with transmission of the virus.

We have this week, contacted Public Health England who have confirmed that there are no guidelines or advice specifically for counsellors and psychotherapists. They pointed us back to the gov.uk website.

Gov.uk + most relevant sources of information

We have revisited all the various publications on gov.uk, including those for Wales Scotland and NI, and as far as we are able to, digest the information. The headlines are:

- if you can work at home you should continue to do so,
- there are exceptions for certain voluntary community services (for example food banks and the homeless),
- there are exceptions for essential health services, including mental health – however these come with a caveat that “services which involve healthcare need to take into account any advice or guidance issued by regulators, the relevant professional body, Chief Professional Officers, or the NHS, as appropriate.” Please refer to link 1 below,
- the guidance on “working safely during coronavirus” in “offices and contact centres” which are the most closely aligned guidelines available to the set-up of a counselling practice set out recommendations that are challenging to achieve. Please refer to link 2 below,
- there are very rigorous standards of cleaning and infection control that need to be adhered to, especially in cases where you suspect that someone may have coronavirus. Please refer to link 3 below.

Link1 “business and premises to close” <https://www.gov.uk/government/publications/further-businesses-and-premises-to-close/further-businesses-and-premises-to-close-guidance#businesses-and-venues-that-must-remain-closed-to-members-of-the-public>

Link 2 “working safely with coronavirus” <https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19/offices-and-contact-centres>

Link 3 “cleaning in non-health care settings” <https://www.gov.uk/government/publications/covid-19-decontamination-in-non-healthcare-settings/covid-19-decontamination-in-non-healthcare-settings>

We have also reviewed NHS guidelines for employees, NHS England’s Workforce guidance for Mental Health and the guidance issued by the Royal College of Psychiatrists. In summary for ‘non-crisis’ and ‘non-inpatient/residential’ care (where e.g. PPE may be required) the recommendation is that where possible assessment and treatment are conducted remotely through video or telephone connections. In situations where this is not possible, then ‘door step’ assessments are recommended in preference to being in the same room as a mental health patient. Prior to lockdown there were also procedures in place for IAPT therapists, which directed them to contain any client suspected of having COVID-19 in the counselling room, preventing them from leaving and calling NHS 111 etc.

The Professional Standards Authority have not published any guidance with reference to accredited registers. They recommend that we follow government guidelines with each accrediting professional body who are free to issue guidelines that are adapted for their service. As already stated, ‘relevant professional bodies’ in counselling and psychotherapy are issuing slightly different advice.

Our Reasoning and Conclusion

Taking all the above into account, together with what we know about standard practice settings, we believe that it is simply not wise to return to practice (unless you are employed – see below) because:

- **face-to-face delivery of** counselling is not an essential mental health service (this is an assessment – there is no clarification on what an essential mental health service is). For people in crisis, alongside the existing support available through a GP and local Mental Health Services and Crisis Teams the NHS have set up new support services which can be found on this web page <https://www.nhs.uk/using-the-nhs/nhs-services/mental-health-services/dealing-with-a-mental-health-crisis-or-emergency/>

For clarification we are not saying that counselling is not an essential service – it is the means of delivery i.e. face-to-face that is not *essential* because counselling can be delivered remotely.

- **face-to- face counselling** risks virus transmission and these risks are heightened because the encounters normally take place indoors, over an extended period of time, potentially involving a number of different clients in any one day, where there may not be adequate ventilation and, where people may, through coughing, sneezing, crying etc., contaminate surfaces that are hard to clean (e.g. upholstery, cushions, etc)'
- prior health assessments and screening will not filter out people who have the virus but are asymptomatic, so there is a considerable overhead in relation to infection control and cleaning (link 3)'
- there is a heightened risk of an enforced break in face-to-face counselling if future lockdown restrictions are imposed.

Where counselling centres wish to open to provide a suitable environment place for counsellors to offer online or telephone counselling, then the risks are considerably reduced and the guidelines for making workplaces safe set out in link 2 can be followed.

Counsellors who are Employed

Some of our counsellors may be employed in the NHS or in mental health crisis centres, providing essential services where it may not be possible to work from home. In these cases – counsellors will be part of an essential work force and their employers will have the responsibility for working through risks and mitigating actions to keep their employees and service users safe.

Others may be employed in schools or other settings and again it will be their employer's responsibility to put in place the safe conditions for working when the organisation reopens and if you are expected to meet with clients face-to-face.

Employees have rights and if you are unsure of the safety of your work environment you can raise the issue with your employer. You can of course refer to our advice as your professional body if that helps in risk assessment.

Planning for a Return to Practice

Now may be a good time to begin to think about planning a return to practice in the event that the virus becomes less prevalent and/or the government lifts lockdown restrictions further. We live with continuing uncertainty about what measures will need to be put in place to keep counsellors and clients relatively safe – so you may wish to exercise caution in relation to investment in e.g. screens etc. before the need for them is firmly established.

To start to plan for a return to face-to-face work, ACC recommends that you step back and consider the client's journey prior to arrival, on arrival and through the premises, their presence in the counselling room, and their subsequent departure in relation to virus transmission. Similarly, for any counsellor, employee or other person that uses the same premises and the counselling room/s. This should give you a map of where the risk of transmission is highest.

Counselling centres and counsellors in private practice and other setting may want to also consider the items on the following checklist (written mainly from a counselling centre's perspective – but applicable to other settings and to private practice).

- ✓ undertake a health risk assessment for counsellors, employees and clients (known factors from public health England include age, gender, ethnicity, underlying health conditions, obesity) and consider what policies need to be established in relation to the acceptability of counsellors, employees and clients for working in this way. Consult with counsellors and employees about their views and readiness to resume face to face work,
- ✓ undertake a risk assessment of premises, for example removing superfluous things like magazines and leaflets in a waiting room that might aid transmission; ensuring that there are disposable towels in toilets; removing any shared cups or glasses; arranging for individual tissues (rather than shared boxes), ensuring that there is adequate ventilation, etc. [Please check government guidelines on cleaning – link 3 above],
- ✓ undertake an impact assessment of both the UK and devolved governments test and trace processes on client, counsellors' and employees' confidentiality and self-isolation obligations (see separate section below),
- ✓ undertake a risk assessment of processes, for example removing the need to exchange paper or money,
- ✓ think about how employees are situated in relation to one another and counsellors to clients (the 2m distancing), researching the costs of protective screening, replacing soft furnishings with wooden or plastic chairs etc. and making any needed changes to room layouts,
- ✓ introduce a COVID-19 specific contact risk protocol for counsellors and clients to follow prior to and at the end of each session, which may include for example checking on each other's health statuses before meeting, how the client will be greeted and gain access to the therapy room, when hand washing/sanitisation takes place, how the client will leave the counselling room and premises, clearing away of any rubbish, disinfecting surfaces etc,
- ✓ make changes to the information on your website and counselling contract/agreements that are required to support any decisions and/or special arrangements that you have made in order to manage the safety and confidentiality of clients, counsellors and employees,

- ✓ re-engineer general cleaning practices and rubbish disposal in line with government guidance,
- ✓ think through the implications of having to end face-to-face counselling as short notice in the event or re-introduction of lockdown, or the counsellor or clients needing to self-isolate for 14 days, and how to manage any switch back to offering remote counselling or support to clients,
- ✓ check with your insurance company that they are happy for you to resume face-to-face practice,
- ✓ discuss the above with supervisors and consider any ethical decisions arising out of the situation that need to be made,
- ✓ consider how working face-to-face within the guidelines may impact the therapeutic space and experience. It will be very different from the environment prior to COVID-19 and both clients and counsellors may find these to be more unsettling than continuing with remote counselling.

Test and Trace / Test and Protect

A good summary of the process can be found on the BBC's website:

<https://www.bbc.com/news/amp/explainers-52442754>

Please see below links to the various devolved governments descriptions of their processes.

The key point that seems common to the guidelines is the definition of 'contact'

"A contact means someone you may or may not live with and with whom you have been in close proximity on any occasion since you have been experiencing symptoms including:

- someone within 1 metre of you with whom you have had a face-to-face-conversation, had skin-to-skin physical contact, you have coughed on, or been in other forms of contact within 1 metre or 1 minute or longer;
- someone within 2 metres of you for more than 15 minutes;
- someone you have travelled in a vehicle with - or seated near you on public transport."

If someone develops symptoms of coronavirus, they should self-isolate and get tested, and if the test is positive, they need to provide their own details and the contact details of anyone they have been in 'contact' with. The process guards the persons anonymity. Those deemed to have close contact will in turn need to self-isolate.

UK <https://www.gov.uk/guidance/nhs-test-and-trace-how-it-works>

Northern Ireland <https://www.publichealth.hscni.net/covid-19-coronavirus/testing-and-tracing-covid-19/contact-tracing>

Scotland <https://www.nhsinform.scot/campaigns/test-and-protect>

Wales <https://gov.wales/test-trace-protect-your-questions#section-42186>

NHSX App (Isle of Wight trial)

The app relies on mobile phone users downloading and registering with the contact tracing service.

Then,

"When someone reports symptoms through the app, it will detect any other app users that the person has been in significant contact with over the past few days, including unknown contacts such as someone they may have sat next to on public transport. The app will be able to

anonymously alert these contacts and provide advice, including how to get a test to confirm whether or not they do have COVID-19. Users will be able order tests through the app shortly.”

Final Points

As you start to think about a return to face-to-face working, you may wish to consider that where possible, the best solution for you and your clients is to implement a combination of working remotely by phone and online, and when needed, have the occasional face-to-face session.

We hope and trust that this guidance is helpful. To discuss individual circumstances, which may not be covered fully above, please contact us. We are happy to support you in making good decisions in your particular circumstances.

Best wishes.

Kathy Spooner
Director of Counselling and Psychotherapy
5th June 2020