



Guidance for psychological professionals working in NHS commissioned services in England during the Covid-19 pandemic

1. Keeping psychological services and psychological therapies services open through the pandemic

- 1.1 Psychological and psychological therapy services are essential services that save lives;
- 1.2 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 if at all possible;
- 1.3 If redeployment becomes unavoidable in order to staff other parts of the system, this should be managed to minimise disruption to service users, families and carers, especially those with psychological therapy and intervention already underway;
- 1.4 The redeployment of trainees should be avoided if at all possible and must be to a suitable setting and done in discussion with both the host provider and the Higher Education Institution. If trainees are redeployed there should be clear plans for bringing them back to their trainee role to avoid any delay to qualification;
- 1.5 Thought should be given to the best use of practitioners' skills if temporarily deployed elsewhere. For example, psychological professionals could be asked to staff help lines or provide psychological support to NHS staff where their usual services cannot be provided;
- 1.6 Leaders may be tempted to redeploy psychological professionals into roles seen as more 'front line'. This temptation should be weighed against the immediate and later lack of capacity to support and treat vulnerable service users, including those at risk of suicide, self-harm, neglect and abuse. These service users are seen in all parts of the 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 continued face to face working is necessary and appropriate, services must enable staff to implement current Government guidance on social distancing and use personal protective equipment to protect staff, service users, families and carers;
- 1.9** Psychological professionals are NHS key workers for the purposes of receiving special services such as access to schooling for their children.

2. Maintaining psychological professions training programmes

- 2.1** It is very important that psychological professions training programmes continue through the pandemic period, so that trainees graduate and enter the workforce as soon as feasible. They are needed to ensure capacity to support the surge in need resulting from the pandemic;
- 2.2** Services should continue to support the development of trainees, including ensuring sufficient access to quality supervision (adapted for remote delivery as required);
- 2.3** Despite the challenges, psychological professions training is being successfully delivered through remote means. Programme accrediting bodies have adapted to enable flexibility in the methods of programme recruitment, delivery and assessment, whilst ensuring trainees become competent practitioners. Programme providers and accrediting bodies should continue to ensure the educational experience is of sufficient quality to equip future psychological professionals;
- 2.4** Planned expansion of training programmes should continue in order to maximise workforce capacity into future years. Where prioritisation decisions are needed, training programmes that expand the workforce should be prioritised;
- 2.5** Programme providers and accrediting bodies have been working to minimise delays to the completion of training. Some trainees may be inevitably delayed in completing their placement-based learning and related programme requirements on time. It may, in some circumstances, be possible for trainees to complete programme requirements subject to meeting revised thresholds for clinical contact, with placement and research components awarded later, dependent on the agreement of programme accrediting bodies, regulatory bodies (e.g. HCPC) and HEE/NHSE. Programme providers should continue to ensure trainees meet appropriate thresholds for qualification;
- 2.6** In the long term, programme providers and accrediting bodies should assess the benefits and challenges of online delivery of training to identify how more flexible, blended approaches can improve access to and quality of training in the future.

3. Remote delivery of psychological therapies and interventions

- 3.1** Service users, and where appropriate their carers, should continue to be offered psychological therapies and interventions. Psychological therapies and interventions can be delivered through digital platforms or telephone and should continue where safe and practical;
- 3.2** Clinical judgments about the best method of delivery should be based on balanced individual assessment of the risks of infection, efficacy and need, taking into account available measures to reduce risks. This continues to mean that at times work that previously would

- have indicated face to face delivery will need to be delivered remotely. Decisions about the method of delivery should be made in collaboration with service users, and where appropriate their families and carers, with clear information being provided about the options. Service users' preferences should be recorded;
- 3.3** 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;
- 3.4** Trainees should continue to use digital platforms and telephone methods where appropriate and must be provided with the required training and supervision (adapted for remote delivery) to allow continuation of service and their studies;
- 3.5** Digital delivery should not be ruled out on the grounds of age (children and adults), disability, 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. It should be recognised that not all service users will have access to digital technologies and psychological professionals should work to minimise any disadvantages that this may create in accessing services;
- 3.6** Initial consent to digital communication is implied through a service user accepting the invitation or engaging in the communication through the requested channel. However, explicit and meaningful consent to digital delivery of services should be sought from each service user at the earliest opportunity and regularly reviewed. Services may need to amend their agreements and consent procedures with service users to include working digitally, including outlining the nature of the digital medium used;
- 3.7** Refusal to be seen remotely should not be taken as an indication that the service user is no longer in need. Services should consider reassessing individuals who choose not to be seen remotely within a specified time frame in order to ensure safe management of waiting lists. Plans should be made and implemented as early as possible to ensure a service can be provided to those who are unable to engage with remote delivery;
- 3.8** Where remote appointments are repeatedly missed these should be considered in the same way as missing face to face appointments in that it may flag up increased risk or safeguarding issues;
- 3.9** 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;
- 3.10** Recognising that access to remote therapy is not possible for everyone, consideration should be given to collecting and collating evidence about who cannot access remote therapies and interventions and why, to ensure that disadvantage to these individuals and families is minimised;
- 3.11** It should be assumed that in future face to face delivery will resume, as part of a more flexible, blended approach that is responsive to service user needs and choice. Appropriate buildings should be maintained to allow this return. Services will need to maintain flexibility in how therapies and interventions are delivered to be able to respond to local outbreaks of Covid-19 where they occur;
- 3.12** Long term adaptations to how psychological therapies and interventions are delivered may support the expansion in access to psychological therapies, as well as enable better continuity of care for some service users, such as students and looked after children. Learning from the pandemic, psychological professionals and services will need to adopt a flexible and responsive approach that puts service users' and carers' needs and choices at the heart of how psychological therapies are delivered. Where remote delivery is adopted for the long-term as part of a blended approach to delivery, services should be co-produced, trauma informed and developed using a range of perspectives, including those from vulnerable and marginalised groups.

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 (including the vaccination programme) 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 most disadvantaged communities will have been disproportionately affected by the pandemic. Across society there has been an increased risk of domestic and child abuse at this time and it is important to maintain services to prevent this and support victims. When working with service users at home with families, practitioners should consider the wellbeing of all those in the setting;
- 4.4 Over coming months and beyond, we expect psychological and social needs to grow very significantly as people deal with the loss, trauma, anxiety, depression and other forms of distress associated with a global pandemic. Psychological professionals should focus on alleviating this distress and plan for meeting these needs.

5. Supporting the wellbeing of health and care staff

- 5.1 Many psychological professionals have been working to support wellbeing in their organisations, teams and individual staff. Psychological professionals should demonstrate compassionate leadership and management in their organisations. It is important that this continues during the pandemic and beyond;
- 5.2 There have been national and local responses to support the welfare of health and care staff and psychological professionals have played an important role in supporting staff wellbeing. This includes providing evidence-based psychological responses wherever they work, recognising that intervening in the wrong way at the wrong time may be harmful. It is important this work continues as the impact of dealing with the pandemic over a long period takes its toll. Many are developing innovative ways of supporting teams and individuals, and psychological professionals should work to ensure these innovations are based on the best available evidence;
- 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 the different waves of the pandemic. Regular supervision, taking annual leave, taking regular breaks from digital technologies and other self-care strategies will be more important than ever, to allow psychological professionals to continue to serve effectively.