

How to deliver IAPT therapy remotely during the corona virus pandemic

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# 1. Context

During the coronavirus (COVID-19) pandemic, IAPT services need to continue despite the necessary social distancing and self-isolation.



We can deliver treatment using telephone, video conferencing, written support and digitally-enabled programmes.

Emerging work suggests that therapists working remotely can achieve a level of engagement comparable to that with face-to-face intervention.

This guidance contains suggestions as to best practice with regard to remote consultations, in a way that protects both staff and patients.

# 2. Scope

* This guidance will support IAPT providers to effectively use telephone and digital technology to deliver 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 during the outbreak.
* For more information please contact: [england.mhldaincidentresponse@nhs.net](mailto:england.mhldaincidentresponse@nhs.net)
* For IAPT specific queries, please contact: england.mentalhealth@net.net

**NHS England and NHS Improvement**

# 3. Service considerations

When planning how to work in these new ways, providers should:

## 3.1 Update protocols and processes

* Review existing protocols, eg those for risk management, to ensure they are appropriate for digital or telephone treatment.
* Consider clear inclusion/exclusion criteria for each of the modes your service will offer.
* Psychological wellbeing practitioners (PWPs) will need to consider:
  + - how to access the data management system from outside service premises, while adhering to information governance requirements.
    - how to undertake case management without the current 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 Practical steps to deliver staff training and support engagement**

* Work with staff to ensure there are clear lines of communication, especially if practitioners are working remotely.
* Develop instructions and guidance on how to use the chosen technologies.
* Train staff in these new modes of delivery.
* Deliver strong clinical leadership for the development of remote therapy. When framed as a positive step, therapists are likely to respond positively.
* Familiarise service leads with the new NHSX guidance

[(https://www.nhsx.nhs.uk/key-information-and-tools/information-governanceguidance)](https://www.nhsx.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 get used to the technology and changes to their practice.
* As more staff work remotely from home, they may not be able to work usual hours – so services may need to offer more flexible working patterns.
* Live test home working and technology before staff start using it.

## 3.3 Patient engagement and communication

* Discuss 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 a specific app or tool, simply finding out what their preferences are.
* Provide patients with clear information on remote treatment.
* Do not assume that digital treatment will be unsuitable for older adults. Internet use has increased in the 65 to 74-year age group - from 52% in 2011 to 83% in 2019. This was the largest increase across all age groups.

## 3.3 Working with learning disability, autism or communication impairments

* Identify any other means of communication that help the patient understand or express themselves. This may need additional preparation with the patient or their family/carers to identify how best to facilitate this – and whether this will work in a digital setting. 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 their communication.
* Consider how therapeutic language or specific vocabulary can be simplified, paraphrased or represented by symbols or pictures.
* Allow the patient some time to become comfortable with the technology.
* 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.

# 4. Adaptions to clinical practice

Make sure you have a suitable space if working from home. If using video:

* Make sure there is no confidential information (or embarrassing material!) in the background. Some software has a facility for blurring the background.
* Your lighting needs show your face – and encourage your patient to have good lighting so you can each more easily read non-verbal cues. If you or the patient has a window or bright light source behind your heads, you will see each other mainly as silhouettes.

With both video and telephone, use headsets to maximise the sound quality; this will promote engagement and your ‘presence’ during the remote meeting.

* 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 difficult to read non-verbal cues. Pay careful attention to your tone of voice (if possible), pace, inflection and the use of silence/long pauses.
* Check regularly with the patient to make sure that they have understood what you have said - more frequent reflection and clarification is particularly important with non-verbal methods of communication.
* Practice using the software by connecting with a colleague and testing it out. 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 what you will both do should the technology fail (eg arranging to try again in 5 minutes, rescheduling or switching from video to telephone).
* Ask the patient what they feel about the specific mode of therapy (telephone/video/typed, etc) so you can address any worries they have about it. Regularly ask how things are going during the first few sessions.
* Emphasise that your skills as therapist are unaffected by this new way of doing things.
* Explain 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/>

# 6. References

* Office for National Statistics. Internet usage, 2019. <https://www.ons.gov.uk/businessindustryandtrade/itandinternetindustry/bulletins/internetusers/2019>
* 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:

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| **Advice for clinicians** | <https://www.england.nhs.uk/coronavirus/> |
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| **Advice for the public** | <https://www.nhs.uk/conditions/coronavirus-covid-19/> [https://www.gov.uk/government/topical-events/coronaviruscovid-19-uk-government-response](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-](https://www.gov.uk/government/collections/coronavirus-covid-19-list-of-guidance) |
| [19-list-of-guidance](https://www.gov.uk/government/collections/coronavirus-covid-19-list-of-guidance) |
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| **Advice for NHS England and NHS Improvement staff** | <https://nhsengland.sharepoint.com/sites/thehub> |
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## For any additional queries, contact your NHS England and NHS Improvement regional lead for mental health:

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