



Guidance for psychological professionals during the Covid-19 pandemic

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

- 1.1 Psychological and psychological therapy services are essential services that can 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;
- 1.3 Where redeployment becomes unavoidable in order to staff other parts of the system, 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 host Trust and the Higher Education Institution;
- 1.5 Thought should be given to the best use of the practitioners' 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 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 patients, including those at risk of suicide, self-harm, neglect and 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 distancing or use personal protective equipment to protect both staff and service users;
- 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 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 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 be inevitably 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 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 following latest NHSx Guidance;
- 3.2** 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, 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;
- 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;
- 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;
- 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.

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. 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;
- 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 NHS organisations, teams and staff

- 5.1 Many psychological professionals do work to support wellbeing in their organisations, teams and individual staff. This will be important to continue during the pandemic and beyond;
- 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. Supervision, time off and other self-care will be more important than ever, to allow psychological professionals to continue to serve effectively.