Remote MHPSS Service Delivery in Humanitarian Settings

Training

International Medical Corps

Module 1:
General Principles Of Remote MHPSS Service Delivery

Learning Objectives

1. Define remote MHPSS services as it is practiced in humanitarian emergency settings
2. Be familiar with the origins of remote mental health provision and evidence base supporting its efficacy
3. Understand and articulate the benefits of remote MHPSS services
4. Know different models available for implementing remote MHPSS services
5. Identify ethical standards for providing remote services

1.a. Remote MHPSS service delivery defined

- Remote MHPSS service delivery can include, but is not limited to: intake and assessments, case management, psychosocial support, counseling, psychological interventions, psychiatric care, treatment by mhGAP-trained healthcare staff, group support, awareness-raising, outreach, and facilitating referrals.
- Conducted virtually or at a distance utilizing various technology (phone, radio, Internet, etc.).
- “Remote” can refer to geographical, time, or circadian distance when providing care across time zones.
- Recipients of remote MHPSS services can be located in any safe space with confidentiality, such as clinics, hospitals, schools, care facilities, and homes.

Discuss

What other terms have you heard in reference to remote MHPSS?

1.b. History of remote MHPSS and evidence base for the effectiveness

TRUE OR FALSE?

Remote provision of mental health and psychosocial support services is a fairly modern phenomenon.

1.b. History of remote MHPSS and evidence base for the effectiveness

ANSWER: FALSE

1.b. History of remote MHPSS and evidence base for the effectiveness

- **The early origins:** Sigmund Freud correspondence letters, Carl Rogers' tele-counseling and tele-supervision in the 1940s
- **1980s:** Collaboration between the United States and the Soviet Union, called the NASA Telemedicine Spacebridge.
- **1990s: R**egular use of remote behavioral health expanded across the world with increased availability and access to the Internet.
- **Early 2000s:** In 2005 WHO's eHealth strategy formulated and a global eHealth survey to obtain general information about the state of eHealth among Member States conducted.
  - Research established that telemedicine could be equally as effective as traditional evaluation, diagnosis, and treatment.
  - Practice guidelines established by healthcare organizations and regulatory agencies and issued for the use of telemedicine and telepsychiatry in a number of countries.

1.b. History of remote MHPSS and evidence base for the effectiveness

- A meta-analysis of empirical research (70 studies total) prior to 2013 showed favorable outcomes regarding “improved access, utilization, adherence, and notable cost benefits to behavioral health care delivered via telehealth” and also indicated that telemental health outcomes are comparable to those of in-person services.
- A randomized controlled trial of 325 individuals with major depressive disorder that evaluated the delivery of cognitive-behavioral therapy (CBT) found similar outcomes for in-person vs. phone at the conclusion of treatment. During teletherapy the therapeutic relationship was not diminished and overall the therapy was slightly more effective due to lower drop-out rates.
- Telemental health literature shows evidence for effectiveness in suicide prevention and reducing suicide risk.

1.b. History of remote MHPSS and evidence base for the effectiveness

- Telepsychology by video or phone for treating depression, anxiety and adjustment disorder, substance use, and other problems in children and adolescents is effective. Attention-deficit hyperactivity disorder treatment by telepsychiatry has been actively studied, and, satisfaction is high among all parties in a variety of settings.
- The effectiveness of remote emergency consultations has rarely been studied; however, one study of clients with mainly depression, bipolar disorder, and schizophrenia revealed that 65% were discharged, 16% were admitted, and 19% were transferred. Guidelines on how to be effective in providing emergency remote mental health services require further evaluation.
- Text-based mental health care lacks research regarding efficacy and may hinder clinicians from fulfilling ethical and legal obligations such as correctly obtaining informed consent, completing assessments, and understanding a client's environment as well as who may have access to text based dialog.

SMALL GROUP DISCUSSION

Instructions:

1. As a group, identify at least **4 potential benefits** of providing MHPSS services remotely. Think about the benefits from the perspective of clients, caregivers, and service providers.
2. Take **10 minutes** to brainstorm.
3. Identify an individual who will report on the group's discussion to the larger group.

1.c. Benefits of remote MHPSS support

- Expands access
- Saves time
- Shortens delays
- Eases stigma
- Achieves results

1.d. Models of remote MHPSS services

- **Health facility care/hospital/ Inpatient:** Geographically remote hospitals or health facilities can connect to mental health and psychosocial support specialists through technology.
- **Integrated primary care:** Clients can receive mental health services through telehealth in primary care settings.
- **Direct to client/beneficiary services:** These allow clients to connect directly to mental health and psychosocial support providers using available technology (phone, web-conferencing, or other applications) from any setting, including the home.
- **Crisis lines/hotlines and helplines:** Telephonic lines can be set up to receive public calls and serve different purposes. For example, crisis or hotlines can operate 24/7 and be staffed with MHPSS specialists trained in crisis response for clients experiencing suicidality and other mental health crises. Helplines can be set up to provide as an initial screening for the cases and/or to make referrals to MHPSS specialists.

1.d. Models of remote MHPSS services

- **Radio or TV programming or use of other technology for psychoeducation:** Community members can tune into a local radio or TV station for programming specifically developed to provide psychoeducation on identifying symptoms, coping with anxiety and life stressors, and increasing their awareness of the MHPSS resources available in their communities. Alternatively, such messaging can be disseminated via the use of megaphones by community health workers in areas with no availability of other technology.

- **Mobile health applications or remote monitoring programs:** These can support longer-term interventions or management of mental health conditions. For example, clients could use a tablet, smartphone application, or computer program to track medication adherence, monitor their symptoms, and receive self-management education. In the absence of smart technology, text-messaging and follow-up calls by service providers can aid in progress and adherence monitoring.

1.d. Models of remote MHPSS services

- **Evaluation and diagnosis:** Providers can use remote technology to observe the client; administer scales, assessments, and screenings; and diagnose conditions
- **Treatment:** MHPSS programs can provide counseling and psychotherapy, case management, and psychosocial support which can be delivered to individuals, couples, or groups.
- **Medication management:** Remote services can help geographically remote clients or clients unable to access in-person services for other reasons adhere to their medication regimens. Tools used for medication adherence may include mHealth apps, and telephone counseling or follow-up via text messaging.
- **Case consultation:** Geographically remote providers can consult with peers and supervisors on client cases using direct video communication, telephone, or email.
- **Service provider capacity building and supervision:** Remote providers can receive training, supervision, or continuing education on MHPSS (including remote MHPSS) through distance learning, remote mentoring, or webinars.

Large Group Discussion

- *What remote models or Remote MHPSS delivery would be feasible to implement in your respective settings and why?*
- *What adaptations would need to be made to remote modalities (medication management, evaluation and diagnosis, case consultation, etc.)?*

1.e. Ethical standards for providing remote MHPSS services – Small Group Discussion

1. Review and discuss the case study assigned to your group.
2. Identify potential ethical dilemmas presented in each case and how you would address them.
3. Assign one note taker and one reporter who will present the group's main discussion points in the plenary.
4. Reference the International Medical Corps Guidelines on Remote MHPSS, as needed.
5. Spend 20 minutes to discuss the case within your groups.

Case study 1: Fatimah, 65

- Fatimah, 65, has been coming to the local health facility for weekly counseling sessions with Aminah for the past 2 months. Fatimah has been diagnosed with moderate depression. During her next visit, Aminah informs Fatimah that due to the recent epidemic outbreak in the community, she has been instructed to provide counseling sessions remotely. Fatimah, who is hard of hearing and does not have access to the internet at her home, has never received remote or tele-mental health services before and seems unsure about the option.
- ***Discussion Question:*** Discuss the potential ethical concerns that may arise in this scenario and how the service provider should address them. Also note any additional information you may need to make a determination.

Case study 2: Joseph, 27

- Joseph, 27, has been a client of Adam's for about a month following his admission to the hospital during a psychotic episode. He has been diagnosed with PTSD and is under psychiatric care for medication management. Joseph's symptoms have stabilized since then. Adam views Joseph as technologically savvy and thinks he would be a prime candidate for transitioning to remote support. During the most recent visit, Adam informs Joseph that due to deteriorating security situation in their town, his agency will be providing limited in-person service and that the majority of the clients will receive remote support. Adams lets Joseph know he will be calling him for their next appointment.
- ***Discussion Question:*** Discuss the potential ethical concerns that may arise in this scenario and how the service provider should address them. Also note any additional information you may need to make a determination.

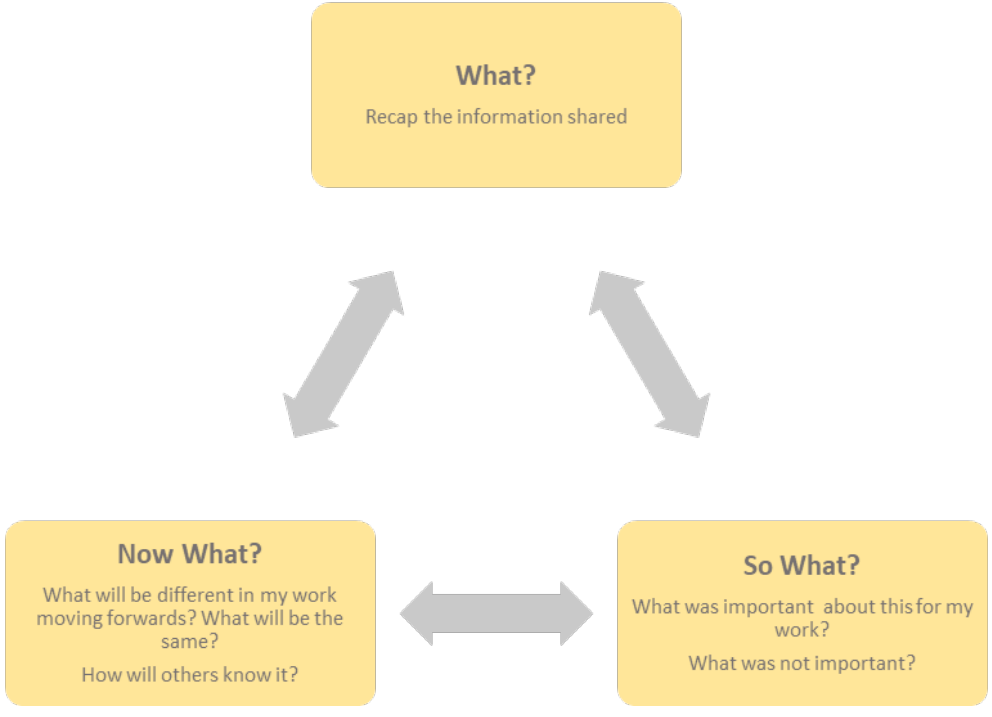
Case study 3: Rimah, 23

- Rimah, 23, has been attending remote counseling sessions with Aisha for the past 6 weeks. Rimah, a mother of three, is a gender-based violence survivor and struggles with symptoms of anxiety and depression. She lives with her husband, mother-in-law, and three children. Rimah connects to counseling sessions via phone when her husband is not around and the mother-in-law is occupied with children or chores. Aisha calls Rimah for their pre-scheduled appointment. Rimah picks up, but sounds somewhat hesitant and only answers Aisha in brief-, one-word replies. Aisha proceeds with the session as usual.
- ***Discussion Question:*** Discuss the potential ethical concerns that may arise in this scenario and how the service provider should address them. Also note any additional information you may need to make a determination.

Case study 4: Fabiana, Clinical Psychologist

- Fabiana works as a clinical psychologist for a humanitarian aid organization and provides MHPSS services in a local health facility. Due to a recent disease outbreak, her organization has mandated limited contact with beneficiaries and asked Fabiana and others MHPSS providers to support beneficiaries remotely unless it is an emergency or a complex case. Given Fabiana's caseload primarily includes beneficiaries with mild-to-moderate conditions, she works primarily from home and at times connects with clients from the health facility. She uses her work laptop and phone when at the facility, but when at home, she connects to clients from her personal devices. She makes sure to keep client records organized both in digital and paper form when working from home (she keeps files in a desk drawer until she is able to transfer them to the facility).
- ***Discussion Question:*** Discuss the potential ethical concerns that may arise in this scenario and how the service provider should address them. Also note any additional information you may need to make a determination.

Module 1 Review and Takeaways



Module 2:
Setting Up For Remote MHPSS

Learning Objectives

1. Learn the minimum requirements for setting up a private and professional physical space for remote MHPSS sessions.
2. Understand the technological requirements for conducting effective remote MHPSS sessions.

LARGE GROUP DISCUSSION

Reflect on the most and least ideal work environments in which they have worked. What work environment factors supported and detracted from their ability to work effectively with clients?

2.a. Physical set up for remote MHPSS sessions: Physical Space

- Ensuring privacy & avoiding interruptions is paramount:
  - Designate a private space for calls
  - Reduce background noise
  - Put devices on “do not disturb” mode and put up “session in progress” signs on your door
  - Ensure you have easy access to the material you may need during the session

2.a. Physical set up for remote MHPSS sessions: Considerations for video calls

- **Lighting:** For optimal virtual face-to-face experience, conduct the sessions in a well-lit space, ensuring your face is illuminated and fully visible.
- **Background:** Choose a neutral background free from clutter and personal objects (e.g., photos, religious objects, etc) to avoid distraction. Solid/soft-colored walls or curtains serve as optimal backgrounds.
- **Appearance/Dress code:** Maintain your professionalism and dress as you would for an in-person session. To optimize image quality, avoid wearing patterned or striped clothing and consider the background color when choosing your clothing color.

SMALL GROUP ACTIVITY

- Take turns to provide feedback on each other's setup and how it can be improved.
- Each participant should then take a few minutes to apply some of the above-mentioned tips as best as they can with what they have available at their disposal.
- Take 10 minutes for the activity in small groups.

Session 2.b. Platform and connectivity requirements – Small Group Activity

1. Review page 20 (*Identify Appropriate Modalities for Remote Support*) of the International Medical Corps Guidelines on Remote MHPSS Programming.
2. Create a checklist for setting up the technology for remote MHPSS service delivery. The checklist should list items that one should consider to ensure everything is set up and functioning prior to commencing a remote session.
    - You can organize the checklist according to the following categories: 1. Device/hardware; 2. Applications/Software; 3. Internet connection.

3. Take 25 minutes for the activity.

Key considerations for setting up the platform and internet connection - Checklist

- **Device/Hardware**

- ❑ Work with IT experience to seek support in the setup when the electronic is first being used.
- ❑ Make sure that the electronic medium is sufficiently charged and a nearby electricity outlet source is present.
- ❑ Set up a backup electronic that can be used in case a problem occurs. (ex: “If the video or audio call over the internet got interrupted, we can switch to using a phone.”)
- ❑ Set your electronic device on a stable surface instead of having to hold it in your hand to avoid shaking during a video conference.

Source: International Organization for Migration (2020). Internal guidelines for remote MHPSS working modalities. https://returnandreintegration.iom.int/en/resources/guideline/internal-guidelines-remote-mhpss-working-modalities

Key considerations for setting up the platform and internet connection - Checklist

- **Device/Hardware**
- ***When using audio:***
  - ❑ Using earphones helps minimizing background noise and improves the audio quality for both the beneficiary and the service provider.
  - ❑ Putting the beneficiary on speaker is not recommended to maintain their privacy and to avoid voice distortion that could affect a staff's interpretation of the beneficiary's tone of voice.
- ***When using a camera:***
  - ❑ Make sure it is wiped with a clean cloth for better quality.
  - ❑ Position it at the same level of your eyes.

Source: International Organization for Migration (2020). Internal guidelines for remote MHPSS working modalities. https://returnandreintegration.iom.int/en/resources/guideline/internal-guidelines-remote-mhpss-working-modalities

Key considerations for setting up the platform and internet connection - Checklist

- **Software/Applications**

❑ Ensure that the software you are using is up to date to avoid system crashes during its use.

❑ Choose applications that are secure and accessible to participants and free to use (e.g., Skype, WhatsApp, Telegram, Viber, Zoom, MS Teams, phone call).

❑ Spend time familiarizing yourself with the advanced features of the platform so you can provide technical support to the clients if needed.

Source: International Organization for Migration (2020). Internal guidelines for remote MHPSS working modalities.
https://returnandreintegration.iom.int/en/resources/guideline/internal-guidelines-remote-mhpss-working-modalities

Key considerations for setting up the platform and internet connection - Checklist

- **Software/Applications**
- ***When using the share screen option in any application:***
  - ❑ Try minimizing what is visible on the desktop/mobile background to avoid distraction and ensure your privacy.
  - ❑ Disable notification alerts at the time of the session to minimize distraction.
- ***When using online content:***
  - ❑ Prepare all content that will be shared online before the session begins.
  - ❑ Compile all necessary material in an easily accessible folder on your desktop.

Source: International Organization for Migration (2020). Internal guidelines for remote MHPSS working modalities. https://returnandreintegration.iom.int/en/resources/guideline/internal-guidelines-remote-mhpss-working-modalities

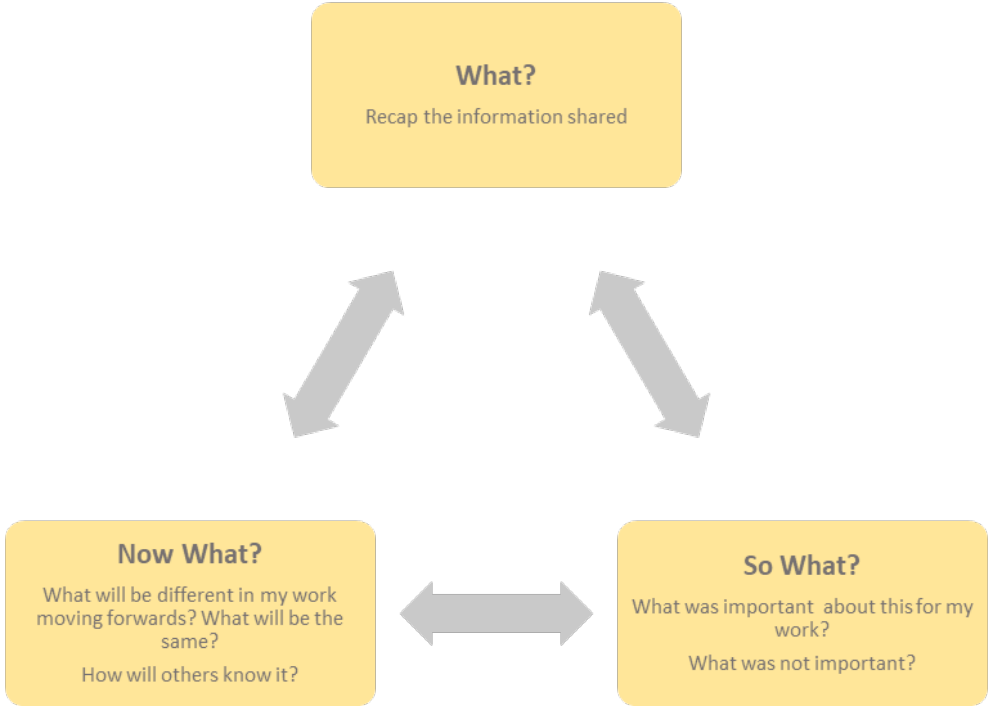
Key considerations for setting up the platform and internet connection - Checklist

- **Internet Connectivity:**

- ❑ Move the router to a central/open space, as enclosed spaces may dampen Wi-Fi signal.
- ❑ Place your primary device closer to the router.
- ❑ Disconnect/move away any other devices that may also be connecting to Wi-Fi (e.g., wireless keyboards, smart tablets, etc.).
- ❑ Consider using an ethernet cable to connect your device directly to the router.
- ❑ Check your device settings for any applications or programs that may be automatically running in the background and utilizing internet data/Wi-Fi.
- ❑ Secure your Wi-Fi connection via a password to avoid others tapping into your connection.
- ❑ Call your internet service provider to troubleshoot and seek tech support.

Source: International Organization for Migration (2020). Internal guidelines for remote MHPSS working modalities. https://returnandreintegration.iom.int/en/resources/guideline/internal-guidelines-remote-mhpss-working-modalities

Module 2 Review and Takeaways



Module 3:Prepare for Remote MHPSS

Learning Objectives

1. Know what preparation to implement accessible remote MHPSS services in a safe and confidential manner entails.
2. Learn how to adapt intake, assessment, means and methods of communication, data management and updating and maintenance of referral pathways to be feasible in a remote setting.

3.a. Adapting communication skills and styles for remote MHPSS

- General considerations
  - Working equipment and connection
  - Private and quiet workspace to ensure confidentiality
  - Saving time by familiarizing yourself with client notes/assessments prior to sessions
  - Allocating extra time to account for any connectivity disruptions and other tech problems
  - Avoiding distraction (e.g., typing up notes) to convey full presence

3.a. Adapting communication skills and styles for remote MHPSS

- Verbal considerations
  - Pronouncing clearly and carefully selecting language, as well as culturally appropriate voice inflection
  - Using active listening and requesting clarification for any point that is unclear
  - Providing acknowledgement of statements, paraphrasing, reflective feedback and affirmation, allowing the client to correct the service provider if they have not heard or understood correctly
  - Providing the client adequate time and space to think and to speak, allowing for breaks and pauses
  - Providing a summary at regular intervals and at the end of the session

3.a. Adapting communication skills and styles for remote MHPSS

- Non-verbal communication
  - Neutral background and no background noise (e.g., an open window may be distracting and decrease confidentiality.)
  - Good lighting to allow the client to accurately see the service provider's facial expressions
  - Being aware of the body language and what the clients sees, adjusting posture and body language appropriately.
  - Facial expressions, and how these may come across differently from expected when using video conferencing
  - Maintaining eye contact, as much as is possible, and if appropriate. Trying not to get distracted by other things in screen such as pop-up messages or the service providers own video box

LARGE GROUP DISCUSSION

- **Building rapport with a first-time client** – what additional measures should I take to ensure the client feels comfortable receiving and continuing to receive remote services?
- **Displaying and receiving/perceiving empathy** – how can I ensure that I can "put myself in my clients' shoes"?
- **Challenging resistance** – what will be the additional challenges when not providing the session in-person?
- **Mindfulness of body language** – what do I regularly communicate via body language that I may not be able to do in remote MHPSS sessions?
- **Assessing affect without visual cues** – what extra questions might I need to ask to make up for the lack of visual perception of the clients current state if I cannot see them?

Role play – providing and receiving a remote MHPSS service session

1. Participants playing the role of service provider are to conduct the role play in their usual service provision role, i.e., as social worker, case manager, psychotherapist, psychiatrist, mhGAP-trained.
2. For the participant playing the role of service user in each role play, choose one case section for each.
3. Each role play to last ten minutes.
4. Switch role and partner in every second role play.
5. Allow time for feedback and discussion between each role play (~5 minutes)

Case 1

For the Service Provider

- Vlad is a 45-year-old male, and has been a client of your service for 3 months, who attends sessions bi-weekly and is generally talkative, attentive to conversation, and involved in making suggestions in his case. Vlad self-referred to the service at the insistence of his wife, as he had been drinking alcohol heavily for a period of over one year and has displayed anger management issues at home and at the workplace. You have also identified that Vlad is experiencing depression, which may stem from the loss of both parents the previous year. Today is your first time conducting a remote session together, as his usual means of transport is unavailable today. Today he seems distracted and subdued. Based on Vlad's non-verbal communication, you sense, via the video, that he is worried and/or his mood is not as positive as it has been in recent sessions. You ask Vlad, "How are you today?" Vlad responds, "Oh, I'm fine", but provides no more information.

Case 1

For the Client

- You are Vlad. A 45-year-old man, married to Lyudmila with two adolescent children. Last year, both of your parents, with whom you were very close and as the eldest child supported and cared for them, were killed in a random missile strike during the conflict. You have always liked to drink alcohol with your friends from time to time, but after your parents were killed, your thoughts often became angry due to the unfairness of what happened to them, you started to worry more about the safety of your children, wanted to move to a different area, but your wife refuses to leave her home, and you started to resent her for this decision. It became more necessary to drink more often, in the beginning it helped you to cope with your situation, but after some time it started to affect your health, and your relationship with your wife and children, as you sometimes became very angry, and they couldn't understand why. The MHPSS services have helped you to reduce your alcohol intake and you have learned some steps to take when you start to get angry. It's been nice to have somebody who listens, understands and can help. However yesterday you saw your parents friend playing with their grandchildren, and it caused you to become very sad, with thoughts of what could have been, if your parents had not died, and what now can never be. You went to the bar and stayed drinking for most of the day. On the way home you crashed the car, and it needs repairs you can hardly afford. You weren't angry when you came home, but your wife was, and this made you become angry and shout at her. Now you have the next session with your service provider, you cannot get there but they agree to have the session over WhatsApp. You want to talk, but you are afraid some of your family members will hear you speaking about very personal issues, which you would prefer that they didn't.

Case 2

For the service provider

- Rebecca is a 29-year-old woman, who is a long-term client of yours. She was diagnosed with mixed personality disorder at the age of 17 and since then has gone through periods of high functioning, and almost complete dependence on her mother, Sarah. When Rebecca is functioning well, she can be very self-aware, solution oriented and organized in her life. However, when she relapses, she displays violent and abusive behaviour, especially toward her mother, while at the same time depending on her for all of her needs, including accommodation, emotional, financial, transport. You regularly have a monthly check-in with Rebecca, and sometimes also with Sarah. This month you know if will be very difficult to meet in-person, due to the current security situation, and have sent messages to Rebecca to request to have the session remotely instead. However, Rebecca hasn't responded to any of your messages or calls. Understandably you are worried and you call Sarah to arrange the session, she agrees and says she and Rebecca will be ready to join by phone call at the appointed time.

Case 2

For the Client

- You are Sarah, a 54-year-old woman with three children, one of whom, Rebecca, currently lives at home with you. She has had mental health issues since she was a teenager, sometimes she is great and lives independently, studies, works, socialises. But at other times, now every few years, she returns home, unable to do anything for herself, she sits in her room for hours, then comes out to shout and hit you, blaming you for the problems in her life, as this is happening again this week, and you don't know why. You feel like you've had enough now, you are getting too old to manage Rebecca's moods and abuse, you will retire soon and you want to do so in peace, but you know that it will be impossible, unless Rebecca leaves, or there is some miracle in her situation. The MHPSS services have been very helpful for Rebecca over the years and the staff are very nice. They want to have a call today as you can't bring Rebecca to the center, however she has locked her room and will not talk to you. You decide that you need someone to talk to and you have the call anyway. When they ask you how you are, you start to cry and feel like you will breakdown, and you let out all of your emotions, saying "I can't take it anymore, I can't cope, I don't know what to do and there is nobody to help me, nobody cares about me and I'm all alone now."

3.b. Assessment of clients for their suitability to undertake remote MHPSS

- Adhering to do-no-harm principle, clients who are unable to receive/continue receiving in-person services should be screened for suitability for remote services.
- Where an individual client is unable to receive in-person MHPSS services, service providers should discuss the reasons and options with the client.
- Where in-person MHPSS services are limited, all MHPSS service providers should prepare a list of their active cases, organizing them by stable (mild to moderate conditions) and severe/urgent cases, to better assess cases that can be shifted to remote modality.

3.b. Assessment of clients for their suitability to undertake remote MHPSS

- Factors that should be considered when categorizing clients:
  - The length of time for which remote MHPSS service provision is expected to last
  - The rapport between service provider and client
  - Service providers level of training in services/supports particular to the clients MHPSS needs
  - Client history, existing family, and social supports
  - Availability of accessible and affordable alternative in-person, in-patient and emergency MHPSS services

3.b. Assessment of clients for their suitability to undertake remote MHPSS

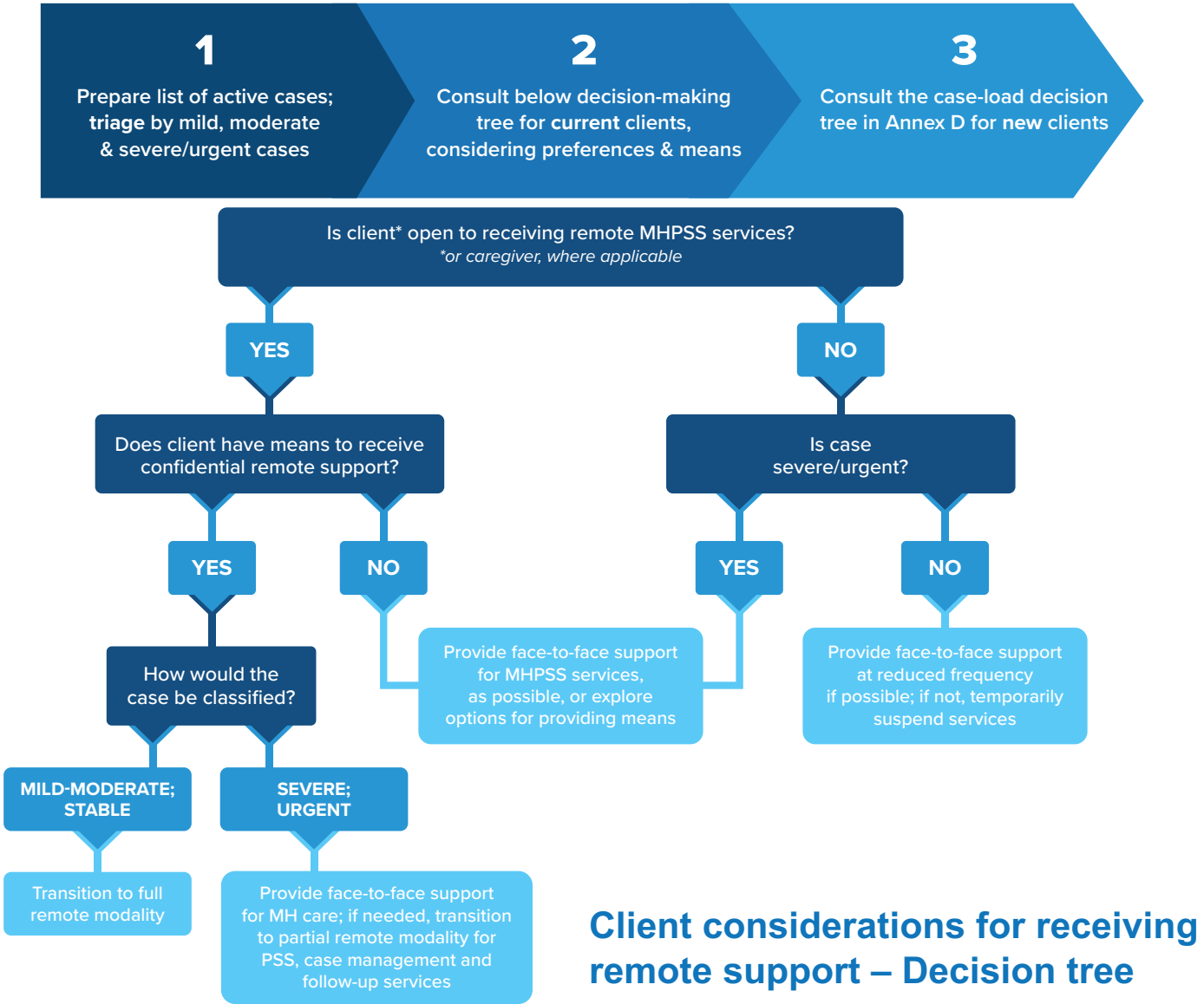
- Examples of Stable, Mild-Moderate Cases, which in general can normally continue receiving remote MHPSS services are:
  - Mild-to-moderate depression, anxiety, acute stress, PTSD, grief
  - Controlled schizophrenia/psychosis with support system
  - Controlled epilepsy
  - Intellectual and developmental disabilities, or dementia, with support system
  - Support for caregivers and parents of clients with severe or urgent MHPSS needs

3.b. Assessment of clients for their suitability to undertake remote MHPSS

- Examples of Severe, Urgent & Complex Cases, which in general may require more intensive in-person, in-patient or emergency support include:
  - Active or recent self-harm or suicidality
  - Active or recent psychosis
  - Active or recent harm towards others
  - Uncontrolled seizures
  - Uncontrolled substance-use conditions
  - People prone to relapse of mental health symptoms due to non-compliance on medication
  - People with complications arising from intellectual or developmental disabilities, or dementia, without support system, and with protection risks
  - Health referrals after ruling out any medical condition (e.g., severe health consequences due to anxiety/psychosomatic symptoms)

3.b. Assessment of clients for their suitability to undertake remote MHPSS

- Additional consideration in screening clients:
  - Is the client open to receiving remote support?
  - Does client have the means to receive support remotely? (e.g., phone, phone credit, network)
  - What is the client's individual skills, knowledge, and typical interaction with remote modalities (e.g., phone, videoconferencing, email, online surveys, etc.)?
  - How much experience does the client have with relational communication (communication involved in personal relationships) using remote modalities?
  - What previous mental health services, if at all, has the individual received? What worked well? What did not work well?
  - How will culture and language affect remote service delivery?
  - How easily does the individual become frustrated with or confused by technology?
  - What resources could supplement remote services?



Client considerations for receiving remote support – Decision tree

3.b. Assessment of clients for their suitability to undertake remote MHPSS

- When client are not able or do not want to receive remote services, consider:
  - Other accessible and available MHPSS services that provide in-person care
  - In-patient MHPSS services
  - Family and caregiver support
  - Evidence-based and contextually relevant self-help materials (e.g., Self Help Plus*)
  - Wellness and Recovery Action Plans

3.c. Considerations for new client admissions

- It is important that service providers have a manageable amount of work and a number of cases/clients for whom they can comfortably provide remote MHPSS services.
- Consider:
  - The amount of extra time that will be required to prepare for and provide remote MHPSS sessions
  - The number of clients who will, after screening, not be deemed suitable for receiving MHPSS services remotely, and be referred for external services
  - The anticipated number of new clients, or the changing trend in the volume of people, who will be referred for or request MHPSS services

3.c. Considerations for new client admissions: Activity

1. In pairs, use the template/forms you normally use for Intake and Assessment of new referrals/clients.
2. Proceed to discuss the necessary changes and adapt the forms for remote intake and assessment, according to the Considerations for Screening Clients for Remote Support in the previous section, as well as the Appendices C, D, E, and F of the Remote MHPSS Guidelines.
3. Once completed, take five minutes to present and discuss the changes you propose with the larger group.

3.d. Client Data Protection

- Client data protection is essential in ensuring confidentiality, privacy, safety as well as adhering to the highest ethical standards and national legal obligations, in addition to ensuring trust and rapport between service providers and clients. Consider:
  - If existing client files are not digitized and stored electronically, establish procedures and protocols for accessing hard-copy files by service providers working remotely, ensuring the files are not kept in unsecured places, where the client confidentiality can be compromised.
  - Establish procedures and protocols for keeping client notes and other documentation once transitioned to remote modality. If possible, a secure online database should be established for service providers to store and access all client files digitally while providing remote services.
  - If digital documentation and data storage is not feasible, senior management and MHPSS Coordinator should establish clear protocols and procedures for keeping paper files while working remotely.
  - Similar procedures should be established for documenting and storing supervision-related files.

3.d. Client Data Protection

- Security of client data can be increased using the following methods:
  - Strong authentication
  - End to end encryption
  - Regular software updates
  - Avoiding scams
  - Online safety guidance

3.d. Client Data Protection

In addition, the following ethical guidance will need to be followed:

- Clients must give their permission before their information is collected.
- Client information should not be used except for the purpose in which it was given. Data should not be disclosed to a third party, without the prior consent of the data subject, unless legally or contractually obliged to do so.
- Only information about a client that is relevant to providing care should be collected.
- All reasonable steps should be taken to ensure that client information held is accurate and up to date.
- Client information should not be kept for longer than is necessary. All out of date or redundant data should be destroyed in a secure and confidential manner.
- Security and confidentiality measures should be in place to protect personal data. All electronic data must be password protected. All paper records should be securely stored in a locked cabinet or room.
- Only share emails or messages containing client information with people when a client has given their consent and where possible remove all identifying information
- Only share emails with colleagues containing client information when absolutely necessary and remove all identifying information. Password protect all documents sent by mail and send the password to the document in a separate email.

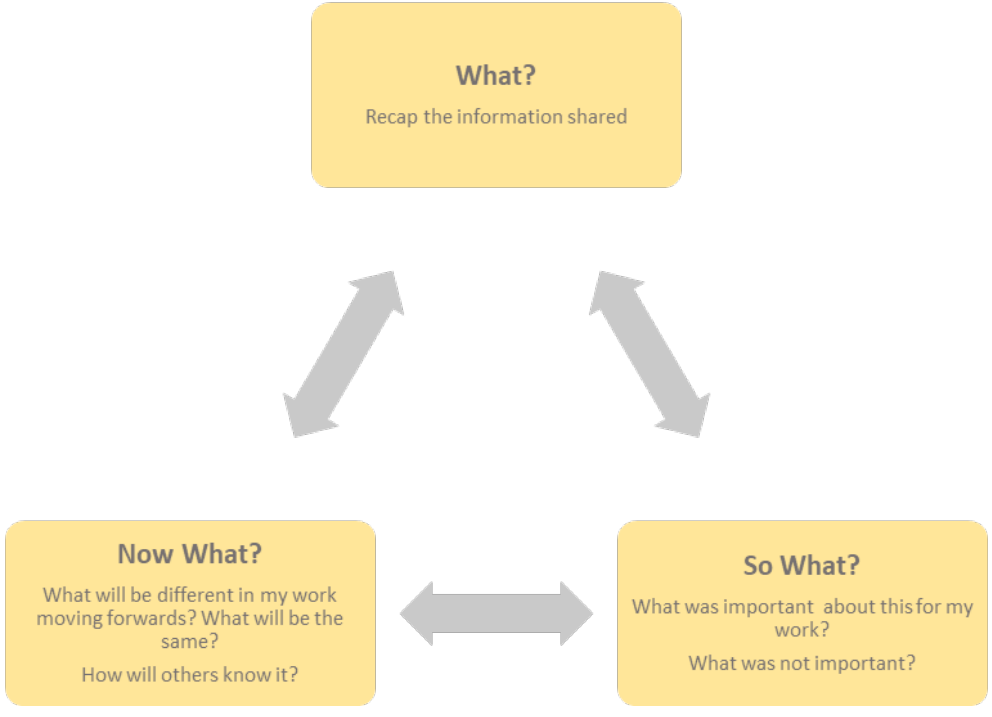
Large Group Discussion

- What are the methods and tools currently being used for data collection and management for use in in-person MHPSS service provision?
- What are the current protective measures in place and are there any current gaps that need to be filled?
- Does the organization/service providers have data protection protocols and/or Standard Operating Procedures?
- How can the methods be adapted and improved to ensure optimal client data protection?
- How can the tools used be adapted and improved to ensure optimal client data protection?
- What will need to be communicated with clients to ensure that they are aware of and understand these changes? What positive and negative feedback or reactions do you think clients may have regarding these changes?

3.e. Revising service mapping/referral pathways

- Service mapping is essential at all times, during regular in-person service provision, to understand what MHPSS services are available to clients and caregivers and to determine what services have or will transition to remote modalities.
- This also includes assessment of whether and how other actors are implementing MHPSS programming remotely, and what resources can be leveraged to support local communities.
- When possible, 4Ws mapping should be conducted as a part of a coordination group for the MHPSS sector to document the available MHPSS services and related information, MHPSS service providers/agencies should also conduct service mapping of other non-MHPSS services available for referral also, such as healthcare, protection, legal services, NFI, shelter, etc. This template can be adapted accordingly to the context.

Module 3 Review and Takeaways



Module 4: Conducting Remote MHPSS Sessions

Learning Objectives

1. Describe at least 5 best practices related to initiating, delivering and ending remote MHPSS services.
2. Describe the steps in making a client referral in the context of remote service delivery.
3. Develop skills in assessing the applicability of MHPSS interventions and measures for remote service delivery.
4. Develop skills in adapting MHPSS interventions and measures for remote service delivery.
5. Describe the adaptations needed to clinical documentation for remote MHPSS services.

4.a. Contracting and Boundaries for Remote MHPSS

Contracting involves:

1. Obtaining informed consent
2. Establishing boundaries for therapeutic contact with the client
3. Agreeing on alternative procedures for maintaining contact in the event of a technology failure

Activity: Large Group Discussion – Informed Consent

- What is your current process for obtaining informed consent?
- What are some of the best practices related to obtaining in-person informed consent?
- What information are you required to share as part of informed consent?
- How would your current process of obtaining informed consent need to be adapted for remote MHPSS service provision?
- Is there additional or different information you would need to share and/or obtain as part of informed consent for remote MHPSS service provision?

Guidance for Obtaining Informed Consent

- Explicitly ask for the client's consent. *E.g.: "Because we are not able to meet in person, we will provide our services through audio only or audio and video services, do you agree to this?"*
- Include the right to withdraw from the service at any time. *E.g.: "You have the right to end your participation in the sessions at any time. This will not affect your receiving services in the future should you wish to."*
- Explain the importance of establishing a safety plan that includes at least one emergency contact and the closest emergency room to your location, in the event of a crisis situation. In addition, gather relevant information that will support risk management (e.g., details of a friend, family member or physician who may be contacted in times of crisis; obtaining the client's address and telephone number for use should it be necessary to contact emergency services).
- Include having a contact name and number for situations in which the connection is lost with the client (Refer to Troubleshooting Technical Issues). *E.g.: "In certain situations, our connection may be lost due to a technical reason. In these situations, it would be helpful to have the name and contact number for someone I could call to coordinate with to reschedule our session.*
- Ensure that the consent form also includes that recording the session in any form is not permitted to either party without the permission of the other person(s). *Suggestion: Some applications have a recording feature, recording is not permitted to either party under any circumstance according to the organization's working guidelines. It should be noted that the recording feature will be visible to the other party. Should the call be recorded a kind request will be made to stop the recording. The call will be ended if recording continues.*

Guidance for Obtaining Informed Consent (contd.)

- Providers should discuss the importance of having consistency in where the client is located for sessions and knowing the client's location at the time the session is being implemented, as it impacts emergency management and local available resources.
- The provider and client should decide on the main modality of remote working (e.g., audio only [phone] or audio-video [e.g., Skype, Zoom, Facetime]). Due to either weak internet conditions or individual preferences, the provider or client may opt for audio rather than video calls. Consider asking: "Services can be provided through phone or video calls, which would you prefer?"
- An explanation of confidentiality and its limits as it relates to remote MHPSS service provision should be provided. This should include an explanation of limitations in the security of the modality being used (e.g., Skype, Zoom, phone, email) and efforts to protect the client's health information.
- Lastly, the provider should explain that if they determine that tele-MHPSS is not or no longer appropriate and that they will refer them to in person services.

Boundaries for Therapeutic Contact with Clients

Setting boundaries requires the ability to set limits while also building the therapeutic relationship.

- Define when you are available and the limits of your availability.
- Inform the client of details about session booking, dates and times of contact.
- Provide information on the duration of the therapy sessions.
- Clearly define what aspects of service delivery are carried out synchronously (e.g., sessions) and asynchronously (e.g., responding to scheduling requests).
- Define which content is appropriate to share over specific technology (e.g., email and text for scheduling appointments; videoconference platform for sessions) and the difference between communication for making practical arrangements and the content material of therapy sessions.

Boundaries for Therapeutic Contact with Clients (contd.)

- Provide information on how quickly messages will be responded to by the provider.
- Explain the importance of routinely acknowledging messages.
- Explain that there will not be any online communication between the client and provider outside of the agreed therapeutic contact (e.g., such as on social networking sites).
- Provide the client with information on how to proceed in case they are late for the session or miss it without giving prior notice (e.g., asking that the client notify you if they are running late; informing the client that if they need to cancel or change their tele-appointment, they must notify the provider in advance by phone or email).

Activity: Role Play

- Break into pairs with one participant role playing the client and the second, the provider.
- The role play is a first session and is being conducted through a video call.
- The provider should first go through the process of informed consent using the Informed Consent Form for Remote MHPSS (Appendix G, IMC Guidelines for Remote MHPSS Programming in Humanitarian Settings)
- Then the provider should explain the boundaries related to therapeutic contact.
- The role play will be be followed by discussion: What was the provider's experience? What was difficult and why? What was the client's experience of the provider? What was done well? What could be done differently?
- A second role play should then be carried out where the provider and client switch roles.

Alternative Procedures for Maintaining Contact in Cases of Technology Failure

- At the time of contracting or during the first session, the provider and client should discuss and develop an alternative plan for continuing the session in case of a technical problem with the main means of communication.
- This should be discussed and agreed upon as early in the therapy process as possible in order to facilitate and minimize disruptions to subsequent sessions.
- As part of the planning, the immediate contact information for both provider and client (phone, text message, or email) should be shared.

Alternative Procedures for Maintaining Contact in Cases of Technology Failure (contd.)

Provider communication alternative:

The MHPSS service provider should communicate to the client what alternative means of communication the provider has access to and can use as an in case of technical failure with the main communication modality agreed upon. This could include:

– An extra telephone (mobile or landline).
– An alternative computer or tablet.

Alternative Procedures for Maintaining Contact in Cases of Technology Failure (contd.)

Client communication alternative:
The provider and client should identify alternative means of communication that the client has access to and can use in case of technical failure with the main communication modality agreed upon.

– If the main modality is through phone call:
› Obtain other personal phone numbers that the client owns.
› If not, obtain an emergency contact person details, including their name, relationship to the client (trusted contact who can be either a family member or a friend), phone number, location (accessible to the client).
› Advise the client to obtain verbal agreement with that person to be able to use their phone in case of technical issues with the main means of communication.

– If the main modality is through a video call (e.g., Skype or Zoom):
› Suggest switching to a phone call temporarily until the technical issue is resolved.
› If that fails, turn to the emergency contact person as mentioned previously.

4.b. Scheduling Sessions and Communication Between Sessions

Scheduling sessions:

- Sessions can be scheduled through either calling or sending a text message to the client. A phone call is recommended to include clients who have difficulty in reading or writing for any reason.
- When scheduling an appointment, ask if the client requires assistance before or during the session with navigating the technology.
- Arrange with the client the day and time suitable for the sessions.
- The frequency of a client's sessions should be scheduled as it would for in person sessions. *E.g.: The sessions will occur on every Monday from 12-1pm.*
- If possible, keep spare working hours in the week for flexibility in rescheduling sessions that are missed for any reason.

4.b. Scheduling Sessions and Communication Between Sessions (contd.)

In between sessions communication:

- At the end of each session, the time and date of the following session should be discussed and agreed upon.
- You can offer to send a reminder text or make a short phone call a day before the next session to remind the client of the upcoming session.
- In case an emergency situation occurs in between sessions, the client should follow the plan that the provider and client established to address emergency situations (Refer to Managing Risk and Emergency Cases During Remote MHPSS Service Delivery).

4.c. Troubleshooting Technical Issues

- In the event of a technology breakdown, causing disruption in the session, the provider should have an alternative communication plan in place.
- The plan should be discussed and decided upon in collaboration with the client at the time of contracting or during the first session.
- The provider may review and revise the alternative communication plan on a routine basis.
- The provider may choose to remind the client of the agreed upon alternative communication plan at the beginning of each session.

Alternative Communication Plan

The following is an example of a plan to manage a session disruption due to technical failure:

Inform the client of the following:

- That you will be the one to try to re-establish the connection (to avoid both of you calling at the same time).

– When experiencing a technical issue, you will try reconnecting using the main means of communication (the audio or video call three times over the course of 10 minutes).

– If unsuccessful, you will turn to the secondary means of communication (as agreed upon).

– If unavailable, you will contact the emergency contact person (family, neighbor, friend for whom you have contact information and client consent to contact in situations of technical difficulty).

→ It is recommended that the client and you have a fixed rescheduled session in case of complete disruption without being able to reschedule another appointment (e.g.,*: "The session will be scheduled at the same time the next day."* But you may also give a reminder call before the session).

Alternative Communication Plan (contd.)

Review and Discussion of Flowchart 1 and Flowchart 2

Activity: Developing an Alternative Communication Plan

- Participants should break into small groups (3-4 individuals) and together develop an alternative communication plan.
- Participants can either develop the plan for one of their existing clients or use the case scenario provided by the facilitator.
- The alternative communication plan should take into account the context.
- Each group should then present their alternative communication and discuss any challenges to developing the plan.

Managing Technical Issues

1. Issue with the internet connection

A problem with the internet connection can manifest as follows:

- Repeated disconnection of the session.

- Time lag between what is being said and the video image (loss of lip-voice synchronization).

- Frozen image on the screen.

- Pixilation of the video image.

All of the above can be due to a slow internet connection. Refer to Session 2.b. Platform and Connectivity Requirements on how to troubleshoot connectivity issues.

→ If none of the actions described under Session 2.b. solve the issue, implement the alternative communication plan detailed in Flowchart #1. For technical issues during video calls, the provider can call the beneficiary over the phone and try problem solving the issue together.

Managing Technical Issues (contd.)

2. Phone battery dies

- In order to prevent this type of technical failure, both the provider and client should ensure that their phone is charged prior to each session.

- In this situation, the provider should implement the alternative communication plan detailed in Flowchart #1.

3. Phone repeatedly disconnects

- As previously decided with the client, the provider will take the lead to re-establish contact.

- The provider should try to call back three times over the course of 10 minutes.

- If this fails, the provider should use implement the alternative communication plan detailed in Flowchart #1.

Managing Technical Issues (contd.)

4. Client cannot hear the provider and vice versa

- Ensure that the sound of the device being used is not too low and that the volume is turned up.
- Ensure that neither the provider nor the client are on mute.
- If this does not resolve the issue, implement the alternative communication plan detailed in Flowchart 1.

5. Client cannot see the provider or vice versa

- Ensure that neither the provider or the client have disabled the camera.
- Ensure that the camera lens is not covered.
- If using a phone/tablet, check that the provider/client is using the right camera (selfie/rear).
- If this does not resolve the issue, implement the alternative communication plan detailed in Flowchart #1.

4.d. Referrals

There may be situations when a client requires additional support or more specialized MHPSS services. In such situations, the client may benefit from being referred to other service providers.

Activity: Small Group Discussion

Participants should break into groups (3-4 individuals) and discuss the following:

- What is your program's current process for referring clients to other services? Are there guidelines or protocols?
- If written guidance or a protocol exists, how should these be adapted for remote MHPSS services?
- If written guidance or a protocol does not exist, brainstorm ideas for a protocol or guidance on client referral in remote MHPSS service delivery.
- Each group should share their ideas with the larger group.

Referrals (contd.)

Review and discuss ‘Checklist for referral when providing remote MHPSS services.’

4.e. Working with Interpreters Remotely

→ Many of the same skills and knowledge related to working with interpreters when delivering MHPSS services in person apply to working with interpreters in remote MHPSS service delivery.

Activity: Large Group Discussion

1. Have you worked with interpreters before in the context of delivering in person MHPSS services? What about in the context of delivering remote MHPSS services?
2. What was your experience of working with interpreters in either in person or remote MHPSS service delivery? How did it impact on the MHPSS services? What was the impact on the therapist? What was the impact on the client?
3. If you used an interpreter when delivering remote MHPSS services, what adjustments did you have to make? Were there specific challenges?
4. What information and skills do they think it's important for interpreters to have?

Interpreter Knowledge

- Interpreters should have received training in mental health interpretation. The provider should determine what training and experience the interpreter has before starting to work with them.

- Interpreters should be familiar with the client's symptom picture and how the symptoms manifest.

- Interpreters should have an understanding of the different types of mental health professionals (e.g., psychiatrists, psychologists, social workers, psychiatric nurses).

Guidance for How to Work with Interpreters in Remote MHPSS Service Delivery

- Pre-session preparation
- Simultaneous vs consecutive interpreting
- Communication between the provider, interpreter, and client during a session
  - Video calls
  - Audio calls
- Interpreter countertransference
- Therapeutic dynamics
- Interpreting for group and family therapy
- Interpreting in difficult situations
- Post-session debriefing

4.f. Guidance on Adapting MHPSS Interventions to Remote Modality

Best Practices:

- Conduct the session using as many of the same principles of care as for in person MHPSS services as possible.
- Prior to initiating services confirm that the client's main presenting problem is within your expertise or if the client requires a referral to another specific specialized support from the start.
- Prior to initiating services confirm that the client is appropriate for remote MHPSS service delivery (e.g., presenting problem can be addressed through remote MHPSS service delivery, client has access to the necessary technology).
- MHPSS interventions that should and can be integrated into remote MHPSS services include:
  - Provision of structured and practical emotional support
  - Identifying risks (e.g., suicidal thoughts) and addressing these to decrease risk
  - Building on existing client coping strategies
  - Assisting client with identifying external resources or other available resources to support coping and wellbeing
  - Equipping client with decision-making and problem-solving skills

4.f. Guidance on Adapting MHPSS Interventions to Remote Modality

Best Practices (contd.)

- Focus on basic verbal communication techniques: Employ active listening, empathy, unconditional support and authenticity. Listening skills (clarification, paraphrasing, reflection and synthesis) and competencies related to verbal interactions (open questions, interpretation) are also important.
- Pay particular attention to paraverbal communication: Listen to volume, intonation, speed, clarity, pauses and silence, response latency and response proportion. In the absence of other communication elements, these tools can help you to understand the client's emotional state and identify noticeable changes.

Considerations for Adapting a MHPSS Intervention to Remote Delivery

- Remote MHPSS interventions require that clients have access to a device that allows for simultaneous/synchronous voice or voice and video exchanges (e.g., phone, Skype, Zoom).
- When considering an MHPSS intervention for remote delivery consider the following:
  - Has the intervention already been adapted for remote implementation? If so, is there any evidence for its suitability for remote implementation ?
  - Can the MHPSS intervention be implemented remotely through a video call?
    - Does the MHPSS intervention require that the client be able to see the provider (and cannot therefore be implemented if communication is audio only)?
    - Does the MHPSS intervention need to be adapted for remote implementation through a video call? If so, how?
    - Would the intervention retain its integrity if adapted for implementation on a video call?
    - What are the potential risks and harm to the client of implementing the modified intervention?

Considerations for Adapting a MHPSS Intervention to Remote Delivery (contd.)

- Can the MHPSS intervention be implemented remotely through an audio call only?
  - Does the MHPSS intervention need to be adapted for remote implementation through an audio only call? If so, how?
  - Would the intervention retain its integrity if adapted for implementation on an audio only call?
  - What are the potential risks and harm to the client of implementing the modified intervention?

→ When implementing an MHPSS intervention remotely, it is strongly suggested that the intervention go through a pilot process and be modified based on the data collected.

Activity: Small Group Discussion

Adapting MHPSS Interventions for Remote Implementation

- Prior to the training, the facilitator will have identified the MHPSS interventions that the program commonly uses.
- Participants should break into small groups and each group will be assigned one intervention.
- Each group is tasked with:

1. Assessing whether the intervention can be implemented remotely and if implementation requires video and audio or if audio only is also feasible.

2. Specifically identify aspects that need to be adapted and develop alternatives for remote implementation.

Starting Each Virtual Session

At the start of each virtual session the provider should:

- Ensure the call is being initiated at the agreed upon date/time, by the designated person who will initiate call.
- When meeting the client for the first time, confirm the identity of the client (Refer to IMC's Guidelines for Remote MHPSS Programming in Humanitarian Settings: Step 3: Implement Remote Services →Verifying client and service provider identity).
- Confirm that the client is in a confidential space for the call. If the client states that there is no confidentiality, problem solve/brainstorm to identify an alternative space, time, or date for a call.
- Confirm with the client that they remember the alternative communication plan in case of technical difficulties. If the client does not remember the plan, remind them of what steps will be taken in case you experience technical difficulties during the session.
- If needed, confirm that nobody will record the session without permission.
- If using a video call, all individuals present for the virtual session must be within view of the camera so that the provider is aware of who is participating. If using an audio call, the provider should confirm who is participating in the call, if it is more than one person.

Sample Interventions for Remote MHPSS Services

Review and discussion of the implementation of the following MHPSS interventions in remote delivery:

- Relaxation techniques
- Psychoeducation
- Problem solving
- Emotional regulation
- Coping strategies

Activity: Role Plays

- Select from those interventions discussed and implement role plays with groups of participants.
- Participants can role play using video or audio calls.

4.g. Medication management in remote MHPSS service delivery

Legal and regularity issues

- Compliance with national or local laws and policies, which typically define:
  - the legal certifications, e.g. holding an active professional license issued by the country/region in which the patient is physically located during a remote consultation.
  - regulations around the prescription of psychotropic and/or controlled substances based on the setting, model of care, and locations where the provider is practicing and where the patient is located at the time of treatment.

4.g. Medication management in remote MHPSS service delivery

Standard Operating Procedures/Protocols

- Adapt the SOPs for psychotropic medication and any supportive documentations (e.g., Medication Record Book, Donation Record book, Delivery Record Book, Prescription Forms) in collaboration with Medical Coordinator/ Director, Pharmacist, Supply Chain Department.
- In case of lack of any SOPs for managing psychotropic medications (including controlled drugs), develop them in collaboration with all relevant departments.
- Procedures should include:
  - Prescribing Psychotropic Drugs (electronic generation/paper);
  - Procurement (e.g., mail-order pharmacies): In case the prescriber is transmitting the prescription directly to a pharmacy, (s)he must ensure explicit consent of the patient, which is a mandatory requirement; and
  - Distribution and handling (e.g., clinic, pharmacy, and/or home visits).

4.g. Medication management in remote MHPSS service delivery

Clinical considerations:

- Prescribing medications in remote MHPSS service delivery entails the same professional accountability as in the traditional in-person consultation.
- The provider should gather adequate and relevant information about the client's MNS condition and arrive at diagnosis or at least provisional diagnosis before prescribing medicine through synchronous (live interactive) remote mental health consultation.
- If the provider is unable to arrive at a diagnosis or a provisional diagnosis, please consider in-person consultation.
- Prescribing medications via telepsychiatry also depends upon certain criteria such as:
  - the type of consultation (first/follow-up consult): if the provider has not previously examined the client in person, (s)he must first evaluate the client in one of the following ways: in person, or via telemedicine using a real-time, two-way, audio-visual communications device;
  - mode of consultation (text/audio/video);
  - the categories of the medications list (controlled drugs, e.g., benzodiazepines): Prescribing practitioner must follow the national laws and SOPs for controlled drugs;
  - prescribe medications with Generic Name only.

4.g. Medication management in remote MHPSS service delivery

Clinical considerations:

- At the start of the treatment, the client (and caregivers upon client's consent) and the provider should discuss the type of contact between sessions and the conditions under which such contact is appropriate.
    - The provider should provide a specific time frame for expected response between session contacts. This should also include a discussion of emergency management between sessions.
- Asynchronous consultation is not recommended because both patient and the provider need to introduce themselves to each other and the provider needs to verify the identity of the client.
    - Exceptions: the provider can take the video evidence (only upon client consent) of seizures, abnormal behavior, signs but consultation needs to be live before prescribing the medicines.
- The prescriber should be aware of the availability of specific medications in the geographic location of the client and should inform about existing prescribing choices.
- Clients receiving treatment through remote MHPSS services should have an active relationship with a prescribing professional in their physical vicinity.

Activity: Recommended Steps for Psychotropic Medication Prescription

1. Arrange the puzzle pieces in the correct order of the recommended steps on prescribing psychotropic medication to clients in remote settings.
2. Reference the flowchart on page 30 of the Guidelines for Remote MHPSS Programming, as needed.
3. Take 15 minutes for the activity.

4.h. Endings/Disengagement when Providing Remote MHPSS

- Ending/disengagement of remote MHPSS services should follow the same best practices as ending/disengagement for in person MHPSS services.

Activity: Small Group Discussion

Participants should break into small groups and consider the following questions:

1. How do you approach ending MHPSS services with a client? Describe your process.
2. What are some best practices related to ending MHPSS services with a client? Can these be applied to remote MHPSS services? Are there additional considerations related to ending clinical services that are relevant to remote MHPSS services?

Participants should write their responses on a flip chart and report back to the larger group.

Guidance for Disengagement / Ending of Remote MHPSS Services

- Disengagement/ending remote MHPSS services should take place once treatment goals have been achieved.

- Disengagement/ending of remote MHPSS services should be a planned process:
- Begin by developing a timeline for ending in collaboration with the client (e.g., two months, 4 sessions). The disengagement process may include spacing out sessions for a more gradual termination.
- Discuss the prospect of ending services and the client's reaction
- Discuss progress toward treatment goals
- Discuss how gains can be maintained and relapse prevented
- If appropriate, discuss additional MHPSS services
- Discuss remaining sessions and future contact

4.i. Documentation

→ A remote MHPSS encounter should be documented similarly to an in person clinical encounter.

Activity: Small Group Discussion

- Participants should break into small groups (3-4 individuals).
- Each group will be provided with a copy of the following clinical documents: clinical intake, treatment plan, progress note and termination or case closing form.
- Participants should review the forms and discuss if the content needs to be revised to accommodate remote MHPSS service delivery and if so, how.
- Thereafter, each group should share their work with the larger group.

Key Documentation for Remote MHPSS Service Delivery

1. Consent to services form (Refer to 4.a. Contracting and boundaries for remote MHPSS services)
2. Release of information form (Refer to 4.d Referrals)
3. Clinical intake
4. Treatment plan
5. Progress note
6. Case Closing note

Adaptations to Documentation Content for Remote MHPSS Service Delivery

- ***The Clinical Intake:***

- The originating site (i.e., where the client is located)
- The remote site (i.e., where the provider is located)
- Mental status (if using audio only, information that is derived through being able to observe the client may not be accessible to the provider. The provider should document these limitations to their assessment)
- Assessment of appropriateness for remote MHPSS services

Adaptations to Documentation Content for Remote MHPSS Service Delivery (contd.)

- ***The Treatment Plan:***

- The originating site (i.e., where the client is located)
- The remote site (i.e., where the provider is located)
- Client signature and date (if required by the program). When providing remote MHPSS services the following are options for documenting the client's review and approval of the treatment plan:

1. Written: Where possible, the client should print, sign, scan and forward the document to the provider. However, in situations where the client does not have access to the necessary technology, an electronic signature may be used if these are allowed in the relevant jurisdiction. Another option, is to ask the client to explicitly state that they have reviewed and approve of the treatment goals remotely by sending a text message, chat service message or e-mail.
2. Verbal approval: The client indicates that they have reviewed the treatment plan and approve of the treatment goals. The provider should be sure to document the verbal approval.

Adaptations to Documentation Content for Remote MHPSS Service Delivery (contd.)

- ***The Progress Note:***

- The originating site (i.e., where the client is located)
- The remote site (i.e., where the provider is located)
- Reasons for remote MHPSS service delivery (instead of in person)
- Session objective and summary (any limitations to interventions or adaptations to interventions resulting from remote MHPSS service delivery should be documented)
- Documentation of disruptions in treatment due to technical difficulties (e.g., dropped connection)

Adaptations to Documentation Content for Remote MHPSS Service Delivery (contd.)

- ***The Case Closing Note:***

- Include success, pros, and cons of the remote MHPSS services for the specific client as well as any problems encountered and resolutions and if remote MHPSS services are suggested for future services.

Administration of Screening Instruments and M&E Measures

Prior to implementing either a screening instrument or a monitoring and evaluation (M&E) measure, the provider should assess whether the measure can be administered remotely. Considerations include:

- Can the items in the measure be administered and understood on a video call?
- Can the items in the measure be administered and understood in an audio only call?
- Does the client need to see the measure (i.e., questions and rating scale) in order to facilitate their being able to respond and to provide accurate responses?
- Can the measure be adapted for remote delivery without impacting its integrity and accuracy?
- Are there individual (e.g., difficulty concentrating) or contextual factors (e.g., limited access to video or audio means of communication) that negatively impact the client's ability to complete the measure or provide responses to the measure when administered remotely?

Administration of Screening Instruments and M&E Measures (contd.)

- If the selected measure cannot be administered remotely, the provider should determine if the measure can be adapted for remote administration (without impacting its integrity and accuracy) or if an alternative measure that can be administered remotely can be identified.
- The administration of a measure will be facilitated in situations where the client and provider are able to use a platform that combines video, audio and screen sharing capacities (e.g., Skype, Zoom).
- The next best option is to use a platform that combines video and audio (e.g., WhatsApp) where the provider is able to observe the client and gather both verbal and non-verbal information during the administration of the measure.
- A last option is the administration of the screening instrument using an audio only platform. In this situation, the provider only has access to verbal information which may limit the accuracy of the assessment.
- It is **not** recommended that measures be forwarded to clients by email or some other document sharing platform for them to complete independently.

Administration of Screening Instruments and M&E Measures (contd.)

Review and Discussion of Flowchart 3: Remote Administration of Screening Instruments and M&E Measures

Data Protection and Confidentiality

- Local and international laws on data protection should guide the appropriate management of client data in remote MHPSS service delivery.
- Policies should be developed that are specific to the legal context and to remote MHPSS service delivery.

Data Protection and Confidentiality (contd.)

Best practices related to data protection and confidentiality:

- If client information is being recorded and stored electronically:

-Provider should always log out of the electronic system after completing their electronic records.

- Provider should ensure that the device is password protected.

- Provider should secure their device when not in use (e.g., storing the device in a locked drawer).

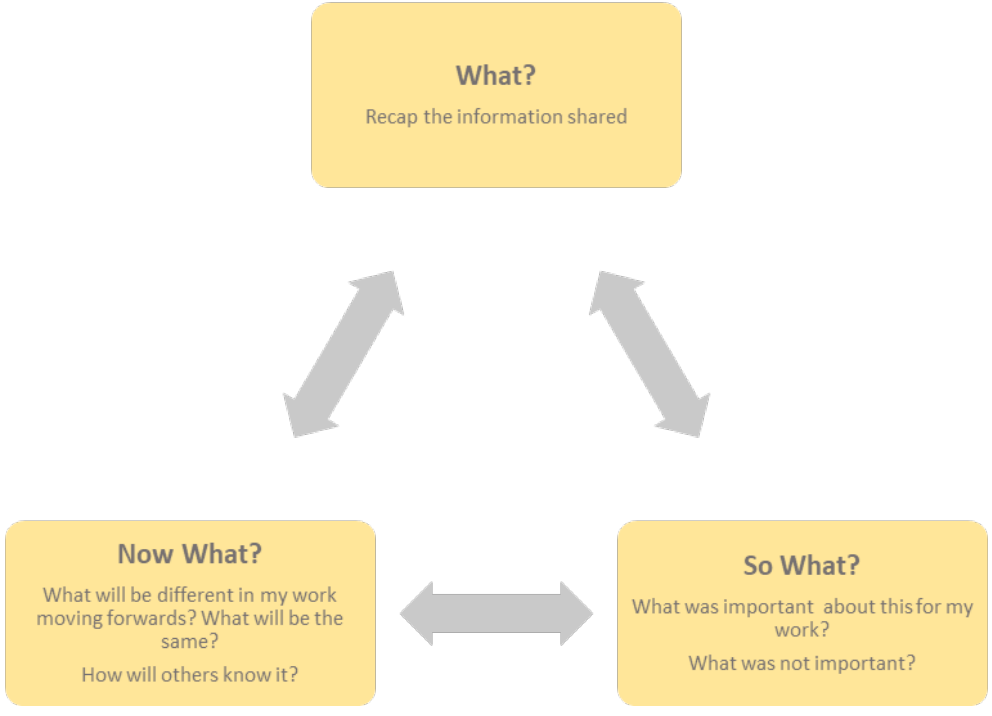
- Client information should be stored in a password protected electronic folder.

- If client information is being recorded in writing:

- Handwritten clinical notes or files are not recommended as it is more difficult to ensure that the data is protected.
- If handwritten notes and files are used, they must be stored in a safe place with a lock and limited access to ensure the confidentiality and protection of information.

(Refer also to 3.d. Client Data Protection)

Module 4 Review and Takeaways



Module 5: Managing Suicide Risk During Remote MHPSS Service Delivery

Learning Objectives

1. Participants will be able to describe a minimum of five best practices related to managing client suicide risk when delivering remote MHPSS services.

2. Participants will be able to carry out a suicide risk assessment when delivering remote MHPSS services.

3. Participants will be able to develop a safety plan in the context of delivering remote MHPSS services.

4. Participants will be able to identify their reactions when providing services to clients presenting with suicide risk.

5. Participants will be able to identify a minimum of three strategies to manage their reactions to clients presenting with suicide risk.

Activity: Small Group Discussion

In small groups:

1. Develop a description of your clinical approach to addressing client suicide risk when providing in person services (i.e., best practices in clinical management).
2. Identify aspects of the clinical approach that remain the same and those that need to be adapted and how for remote MHPSS service delivery.
3. Identify challenges in managing client suicide risk when delivering remote MHPSS services and generate possible solutions.

Each group should summarize this information on a flip chart and present to the wider group for discussion.

Guidance for Working with Clients at Risk of Suicide

- Prior to meeting a with client for the first time, provider should have their address/location and should have identified in advance of the first session all resources and care settings (through service mapping) that can be accessed to support the client should they present with suicide risk.
- Provider should discuss with the client the importance of having consistency in where the client is located for sessions as it impacts emergency management.
- At the time of contracting and obtaining informed consent, provider should obtain the name and contact information for at least one emergency contact. Consider the use of a ‘Patient Support Person (PSP).’

Guidance for Working with Clients at Risk of Suicide (contd.)

- High risk clients should be prioritized for frequent contact.
- Proactively review and update the treatment and safety plans for high risk clients.
- Ensure that a clinical supervisor is available when remote MHPSS services are delivered and can be contacted in case of a client emergency.
- Lines of responsibility and decision-making related to managing client risk should be clear.

Assessing Suicide Risk

When providing remote MHPSS services it may be more difficult to:

- Judge the presence and/or severity of risk.
- Verify whether risk is genuine or if the client is misrepresenting the level of risk.
- Judge the level of support available to the client through their social and family networks.

Assessing Suicide Risk (contd.)

Addressing Suicide Risk When Visual Cues are Not Present

- A positive therapeutic relationship in which the client trusts you will help ensure that you receive accurate information/responses from the client to questions that relate to risk.

- Be proactive and regularly assess for risk. This is especially important when visual cues are not present as a source of information about the client.

- Be attentive to pauses, silence, changes in voice tone, and other auditory cues (e.g., sniffling) and try to understand what these might mean. Ask the client if you are not able to or are unsure how to interpret the pauses and/or changes in tone (e.g., '*It think I heard some hesitation and tiredness in your voice when I asked you how you are coping since we last spoke. Can you tell me how you are feeling?' 'You have been quiet. I wonder if you might be crying?').*

- If meeting with a client using audio only calls, explain to the client during a first session that you may ask the client questions about what they are experiencing during a session as you are not able to see the client. This can help prepare the client if you ask questions related to the cues described above.

Assessing Suicide Risk (contd.)

When to Assess for Suicide Risk?

A suicide risk assessment is recommended in the following situations:

- With clients where there is suspicion of suicidal thoughts.
- With clients who have directly expressed current suicidal thoughts.
- With clients who present with agitation due to active symptoms of severe mental health disorders (e.g., delusions) or behavioral disturbances (e.g., acute psychosis, manic episode).
- Where self-harm behaviors are identified during a video or audio call.

Assessing Suicide Risk (contd.)

When Suicide Risk is Identified the Provider Should:

- Assess the risk (e.g., self-harm / suicide risk).
- Remind the client of confidentiality and exceptions to confidentiality in case of harm or risk of harm.
- Seek permission from client to engage emergency contact person/PSP and/or to engage emergency services.
- If appropriate, make a referral to emergency services (Refer to Module 4 → Referral).
- Complete a safety plan during the same call, in collaboration with the client.
- Take sufficiently detailed notes during the call to enable follow up after the call and with other agencies, if necessary.
- Report imminent risks to your clinical supervisor to ensure that the risk is appropriately managed.

Assessing Suicide Risk (contd.)

Review and Discussion of Assessing Suicide Risk Flowchart

Activity: Suicide Risk Assessment Role Play

- Participants in Group A are provided with phones and are the audio only call group. In pairs, participants will role play carrying out a suicide risk assessment with one participant playing the provider and the other the client. The roles will then be reversed.
- Participants in Group B are provided with laptops, tablets or smartphones to carry out video calls. In pairs, participants will role play carrying out a suicide risk assessment with one participant playing the provider and the other the client. The roles will then be reversed.
- Group A and B will then switch devices so as to experience carrying out a suicide risk assessment using both modalities. Once the role plays are completed, participants will discuss their experience within the larger group: What did they learn? What were the challenges? What might they do differently? What went well?

Safety Planning

Safety planning in remote MHPSS service delivery is in many ways the same as for in-person services.

- Let the client know that you want to develop a safety plan with them to help maintain their safety and that it will take about 30 minutes to do.

- Explain that a safety plan is a way for them to stay safe. Answer any questions they might have about the purpose of the plan and how to use it or any concerns related to developing a plan.

- Arrange for the client to get a copy of the plan. Clients can write it down as you develop it, or you can write it down, take a picture or scan, and e-mail or text it to the client. When using a communication platform that allows for screen sharing, you can choose to screen share as you write the safety plan so that the client can see the plan being developed which allows for a more collaborative process. For clients with limited literacy, you and client may decide on specific images/symbols to represent safety plan content.

- Review and update the safety plan regularly.

Safety Planning (contd.)

The safety plan should:

- Identify potential protection concerns and how these will be addressed.
- Include emergency contacts (names & contact information). You should ensure that these are up to date and that they are still available to help the client manage a suicidal crisis.
- Include the name and contact information for the PSP, if different from the emergency contact.
- Include reasons for living (family, hope for the future, children).
- Identify specific coping skills that can distract from suicidal thoughts and de-escalate crises, taking into account limited access to resources.
- Identify social supports that can help distract from a suicidal crisis.
- Identify professional emergency contacts that are currently available.
- Reduce access to lethal means.

Safety Planning (contd.)

Review and Discussion of Sample Safety Plan

Activity: Role Play – Developing a Safety Plan

Participants in Group A are provided with phones and are the audio only call group. In pairs, participants will role play developing a safety plan with one participant playing the provider and the other the client. The roles will then be reversed.

Participants in Group B are provided with laptops, tablets or smartphones to carry out video calls. In pairs, participants will role play developing a safety plan with one participant playing the provider and the other the client. The roles will then be reversed.

Group A and B will then switch devices so as to experience developing a safety plan using both modalities. Once the role plays are completed, participants will discuss their experience within the larger group: What did they learn? What were the challenges? What might they do differently? What went well?

Ongoing Follow-up and Monitoring

- Assess for suicide risk at every contact for those clients at elevated risk.
- Review any changes in risk or protective factors at every session (e.g., changes in physical health in the individual, new access to lethal means, interpersonal conflict, social isolation and feelings of loneliness).
- Review and update the safety plan as needed.
- Get permission to continue providing follow-up through video or audio calls. Schedule the next contact at the end of each session.

Documentation

- Document all client interactions including the presenting problem(s) addressed, the intervention(s) implemented and the outcome.

- Consult with supervisors and clinical peers on challenging clinical decisions and document the consultations.

Managing our Response to Client Risk

When working remotely, it is important to tend to your physical and mental wellbeing.

Remote work can result in increased professional isolation. Peer consultation groups and regular supervision meetings using a secure platform can help for clinical consultation and support.

Managing our Response to Client Risk (contd.)

- It is normal to experience a range of emotions and thoughts as a result of working with clients who are at risk.

- It is important that you develop the skills and clinical support to be able to identify these reactions and to develop strategies to address (decrease or eliminate) these reactions so that they don't affect your wellbeing or your clinical work.

- Ongoing and regular consultation with a clinical supervisor or peer may help with both identifying and managing your responses to clients who are at risk. Supervisors and peers can help normalize the reactions you may be experiencing and support you in finding strategies to manage or decrease these feelings so as to not impact the clinical work.

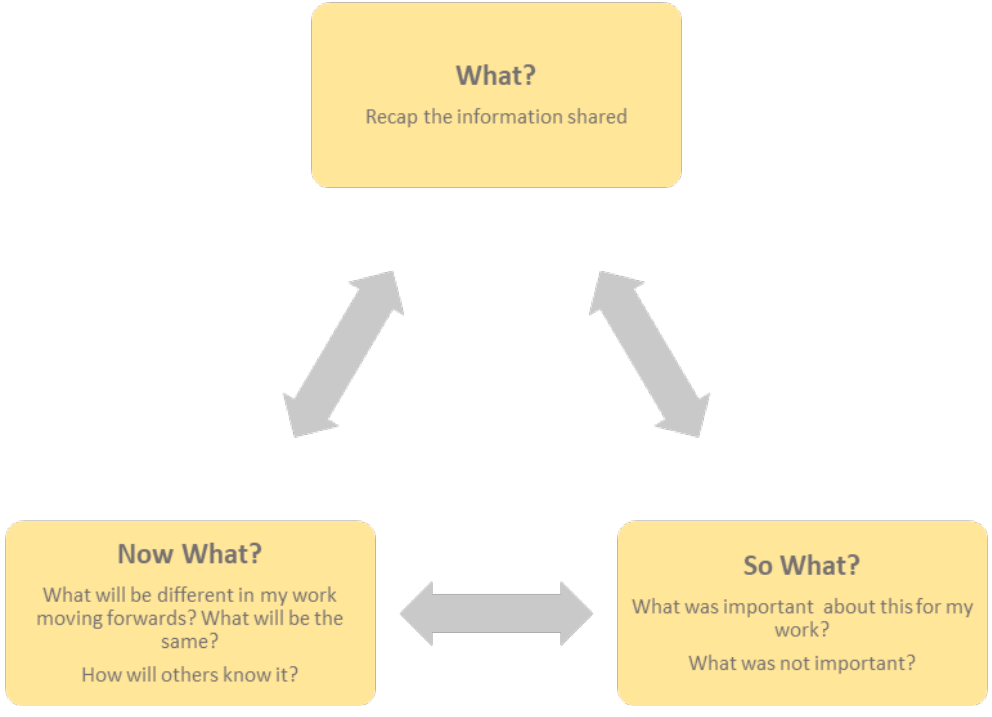
Managing our Response to Client Risk (contd.)

- Strategies to tend to the self include:
  - Adequate sleep, appropriate nutrition and exercise.
  - In the context of clinical consultation, identifying the specific sources of any negative feelings and thoughts and finding strategies to address these and obtaining clinical support with working with the client.
  - Engaging in activities that decrease negative feelings and thoughts and support rest, relaxation and positive mood (e.g., exercise, meditation, time in nature, art, relaxation exercises, positive self-statements).
  - Engaging in therapy/counselling.
  - Taking time off. You may not feel that you can take time off when working with clients who are at risk. However, preparing the client for your leave, having a clear coverage plan that is reviewed and discussed with the client well ahead of your time off and having the client meet the covering provider can support you and client with feeling comfortable with your taking leave.

Activity: Large Group Discussion

- Think of your experiences working with clients who presented with suicide risk.
- What thoughts and feelings came up for you when working with these clients? Feel free to write these down. You do not have to share your responses with the larger group. If you would like to share your responses with the larger group, you are invited to do so.
- Now consider what helped you manage these reactions. Are there any new strategies you think might help and that you would like to try? Feel free to write these down. You do not have to share your responses with the larger group. If you would like to share your responses with the larger group, you are invited to do so.

Module 5 Review and Takeaways



Module 6: Setting up Hotlines and Helplines

Learning Objectives

1. Know how to differentiate between a hotline and a helpline, and define the purpose and scope for each.
2. Understand the resources needed to set up and operate a hotline or a helpline.
3. Be familiar with the minimum ethical standards and guidelines of operating hotlines/helplines.
4. Be aware of the operational and logistical aspects of running a helpline/hotline and know the resources to consult when setting up these services.

Discuss: Hotline vs. Helpline

In your view, what is a helpline vs. a helpline?

6.a. Hotline and Helpline Defined

- “Hotline” and “helpline” are often used interchangeably to denote phone services set up to provide information or assistance to the public, but there are differences.
- Hotlines are phone services available to the public for immediate assistance, are usually staffed 24/7, and can serve more on a permanent basis (e.g., a suicide prevention line) or on temporary, needs basis, such as a hotline set up during an emergency.
- Helplines generally function to provide information on how to access services and are not always staffed around the clock.
- Both hotlines and helplines can be set up as direct phone lines (i.e., phone calls), text-messaging, real-time chat functions or as a combination of all three.
- Helplines can also be set up as e-mail services and online questionnaire forms since immediate response is not expected.

6.a. Hotline and Helpline Defined

Examples of helplines and hotlines in MHPSS service delivery

- A helpline can be set up to serve as a directory and referral point for beneficiaries to inquire about available MHPSS services in their area and how to access them.
- Helplines can also be set up as scheduling services for existing or prospective clients to connect to services.
- In some instances, if the staff are properly trained, helplines can serve an initial screening and intake function before referrals are made to appropriate specialists.
- Hotlines can be set up to provide crisis support, psychoeducation, and potentially basic counseling and would need to be staffed with personnel with more specialized training.

Small group discussion

- In your groups and discuss:
  - What makes an effective helpline/hotline?
  - Have you ever used a helpline/hotline? Why? Was it helpful—if not, why not?
  - Take 10 minutes for the discussion

6.b. Determining the Need, Purpose, Scope, and Target Audience for a Hotline or a Helpline

- Before setting up a helpline or a hotline it is important to conduct a needs assessment to determine the purpose, scope, as well as the resources needed to operate the line.
- Where existing hotlines and helplines exist, it is important to build on and leverage these resources instead of duplicating effort.
- A mapping of existing MHPSS services should inform how the hotline or the helpline will link with these services and operate in the broader MHPSS services ecosystem.

6.b. Determining the Need, Purpose, Scope, and Target Audience for a Hotline or a Helpline

Purpose

- As you prepare to set up the hotline or helpline, including community representatives in the process, ask:
- What is the specific community need or needs we are meeting with this hotline or helpline?
- How will we/have we validated this need with the community?
- How are we coordinating with national and local MHPSS actors to include hotline/helpline data and feedback to adjust the response and services?

6.b. Determining the Need, Purpose, Scope, and Target Audience for a Hotline or a Helpline

Scope

- To determine how the hotline or helpline meet the stated need, ask:
- Is providing and collecting information enough, or do we also need a referral system?
- Do we only take calls, or should we reach out proactively to some (vulnerable) groups?
- Do we need to call people back after a period of time?
- What other platforms and services are we using to ensure we are reaching and listening to our target audiences?

6.b. Determining the Need, Purpose, Scope, and Target Audience for a Hotline or a Helpline

Target Audience and Considerations for Vulnerable Groups

- Knowing who the target audience for the helpline and hotline will help determine the staffing and training needs. In particular, consider how the helpline or hotline will address the needs of vulnerable groups:
  - Older people;
  - People who do not speak the national language(s); or have cultural practices that may
    have an impact (such as different comfort levels in talking to strangers and/or authorities);
  - People with lower access to telephone services;
  - People who are hard of hearing or deaf.

6.c. Determining the Resources Needed to Set up and Operate a Hotline or a Helpline

- Ask the following questions when preparing for the setup of a hotline/helpline:
  - How many staff and supervisor do we need to recruit? Are we going to engage volunteers? What are the best avenues for recruitment?
  - What resources do we need for building capacity of helpline/hotline staff? (Implementation of an initial training program, refresher training sessions and upskilling)
  - Can we secure premises that provide a safe and secure place for workers to operate and that can be safely accessed during operating hours (e.g., 24 hours a day, 7 days a week for a crisis line).
  - What technology and other infrastructure are needed and how much will it cost? (Installation of telephones and other technology, e.g., computers and software, as maintenance costs)
  - Will we operate the helpline/hotline ourselves or in partnership with other organizations? Who are potential partners and how can our commentary resources, organizational capabilities and experience be leveraged for effective operation of the helpline/hotline?
  - How do we engage local (or national) authorities in preparing to set up the helpline/hotline? Are there any laws and regulations that may inhibit the types of services to be provided over a helpline/hotline?
  - Are there legal registration costs?
  - Do we need to secure liability or other insurance?
  - How will we raise funds to establish and maintain the helpline/hotline?

6.d. Ethical Standards and Guidelines in Operating Helplines/Hotlines

- Respect for diversity and inclusion toward all callers irrespective of the callers' gender, sexual orientation, age, ethnicity, religion, political views, disability status and other forms of marginalized identity
- Ethical guidelines should be documented and provided to all helpline/hotline staff as part of their onboarding and ongoing training.
- Clear procedures should be established and communicated to all on how ethical violations would be addressed. At a minimum, the ethical guidelines should include the following:
  - Non-discrimination;
  - Respect for caller confidentiality;
  - Protection of caller privacy and data;
  - Prohibition of imposing personal values and beliefs on callers;
  - Maintaining professional boundaries (e.g., not meeting with callers privately, exchanging personal information, establishing personal relationships, etc.);
  - Charging callers for services that are otherwise free or making referrals to services for the sole purpose of financially benefitting the call operator or their associates.

6.e. Operating a Hotline/Helpline

- Staffing structure and delineation of role and responsibilities
- Recruitment
- Capacity building of personnel
- Call management
- Quality assurance and M&E

Resources and practical guidance on how to operationalize helplines and hotlines

- **Preventing suicide: A resource for establishing a crisis line. World Health Organization, 2018.** https://apps.who.int/iris/bitstream/handle/10665/311295/WHO-MSD-MER-18.4-eng.pdf

- **Child Helplines and Mobile Operators: Working together to protect children's rights—a practical guide. GSMA and Child Helpline International, 2015.** https://www.unicef.org/csr/files/CHI_GSMA_A-practical-guide_WEB.pdf

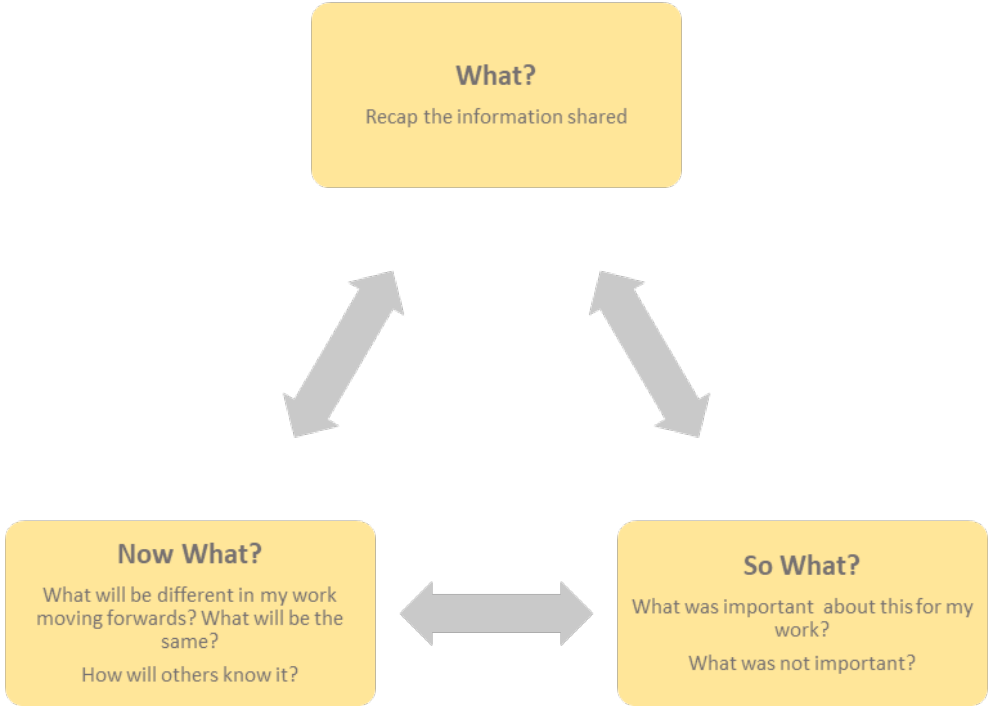
- **Hotline in a Box. British Red Cross, 2002.** https://www.communityengagementhub.org/guides-and-tools/hotline-in-a-box/

- **WHO Setup and management of COVID-19 hotlines.** *https://apps.who.int/iris/handle/10665/336027*

Group Activity: Setting up a helpline/hotline

- In your groups, discuss and address the following questions about:
  - Define who will be accessing the helpline/hotline, why and what their expectations of the helpline/hotline may be.
  - Define and think how will you fund your helpline/hotline? Do you have grant funding, through fundraising or will it be self-funded?
  - Who will deliver your helpline/hotline service, staff, volunteers or a mixture? What training and supervision would they require?
  - Have you identified the key policies you need to have in place to protect the organization, staff, volunteers and the people using the service for example confidentiality, consent, staff wellbeing?
  - What safeguards do you have in place to make sure that your planned service is sustainable?
  - What standard operating procedures do you need to ensure that helpline/hotline staff can manage emergencies and people with high levels of risk?
  - How will people contact your service and access support? By phone, email, text or webchat?
  - Will your helpline be based in a single location or will people work remotely?
- Take 20 minutes for the activity and designate a group member to present key points.

Module 6 Review and Takeaways



THANK YOU!

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