Online Seminar: Towards participation in a different normality
Mental Health as a cornerstone
5 November 2020
Report

Background

EPR and its Mental Health Working Group members organised an online seminar entitled *Towards participation in a different normality – mental health as a cornerstone* which looked at the digitalisation of mental health services and explored the consequences COVID-19 is having on mental health service delivery and users. Below is a summary report of the webinar including an overview of presentations and a questions and answers section. The webinar was attended by 63 participants from 29 organisations and 3 EPR staff members.

Presentation 1. Digitalisation of mental health (MH) services: education and therapy online
Karen Caulwell, Clinical Psychologist, Rehab (Ireland)

●   Laura presented an overview of how their service, which serves 26,000 people across 170 locations with 3,200 staff has adapted to remote working. She presented learning opportunities presented by remote working and highlighted how this type of working has been going on since the 1960's in response to providing a service to people from hard to reach populations. Firstly they consulted research papers on the topic of remote learning to help inform practice and have noticed an increase in retention rate along with other benefits such as helping overcome stigma attached to MH and increased accessibility. Challenges have included handling service user crisis at a distance, having adequate technology skills and developing the therapeutic alliance. Guidance was put in place to deal with these issues in the form of gathering key contact information about clients, IT upskilling and creating a psychology hub. Some service users disengaged at the start of lockdown whilst others embraced the opportunity to upskill and felt having access to the service gave purpose and structure to their day. Some initiatives included applying for technology for students and supporting staff with stress management.

Presentation 2. Reconnecting Body and Mind in Times of Uncertainty
Sérgio Fabela, Clinical Psychologist, CRPG (Portugal)

●   Sergio presented a program entitled "Reconnection body and mind in times of uncertainty", which was provided as part of service users 3 month rehabilitation program in Portugal. He highlighted needs of people which were identified as a result of COVID 19 including difficulties with loss of routine,

economic fallout, social and community disruption and lack of ability to physically comfort people due to physical distancing. They noted the stress response can be triggered by people when facing unpredictable scenarios. Service users were presented with issues such as irritability, helplessness, fatigue and reduced concentration. In reponse a 10 session program was offered including helping to increase awareness of integration between body and mind through grounding, centering and facing techniques. Evaluation of the program revealed outcomes such as symptom reduction and increased body awareness.

Presentation 2. A stress and anxiety intervention for young people with autism spectrum disorders and mild intellectual disability; the use of psycho-education for acceptance of a new reality during the pandemic
Pinelopi Vitali, Clinical Psychologist, Theotokos Foundation (Greece)

● Pinelopi presented a stress and anxiety management program run for those with autism and learning disabilities. It was identified that alongside the need to support these service users with activities of daily living, communication and vocational rehabilitation the topic of developing their coping skills was identified. The psychoeducational program which has a CBT foundation consists of an education phase exploring topics such as the link between emotion and behaviour, a space to share emotions and identify helpful and unhelpful coping skills along with developing a tool kit. The program emphasizes helping people to identify things they can control and uses a decision tree tool to support helping to identify helpful coping strategies to use depending on answers to certain questions relating to stress and anxiety. Outcomes of the program include helping to increase the service users sense of control and to adapt to new social distances rules. Strategies such as mindfulness and other learnt coping skills helped people better manage with uncertainty and improved self esteem.

Presentation 3. Personal Assistance as a new tool to support small groups after COVID. *Laura García Molina, Personal Assistance Department, Fundación INTRAS (Spain)*

● Laura presented a personal assistance service which supports people to develop their life projects, to take control of their lives and support independent decision making. It follows the principles of "Nothing about us without us". Personal assistants ask questions such as "can the person do that activity for themselves"? Challenges to the service from the COVID 19 pandemic have included difficulties with establishing and maintaining rapport with service users. To manage this they used strategies such as phone calls, supporting people to develop their IT skills, providing online sessions and organising therapeutic walks which helped maintain social contact. Challenges which continue to need addressing are helping maintain staff and service users motivation and dealing with uncertainty.

Questions & Answers

At the end of the webinar participants were given the opportunity to ask questions. These included the following:

Q.*During presentation 1 it was mentioned that there was a high client retention rate during remote working. How was the experience of those over 65 years old?*

A.   Karen from rehab Ireland outlined that their service noted a range of experiences with adapting to working remotely. Some older people embraced the need to develop IT skills whilst for others for example those with learning disabilities it was more difficult and they required more support.

Q. *Have you any ideas on how we keep people engaged over time using telehealth?*
A.   It was suggested that supporting people to increase their ICT skills and to use creative ways to engage people e.g. using quizzes were methods to help keep people engaged. Karen hlighlied that some people prefer to use the chat box during online sessions instead of speaking.

Q. *What's your advice for keeping those with addictions engaged whilst using telehealth?*
A.   Karen advised one of the strategies that was used to help staff with supporting people with drinking problems was a worksheet that was developed to help guide their sessions. It included information on signposting and recognition that staff needed to be mindful of their boundaries.

Q. *How do you think the positive changes noted following your group would have been different over a period of longer time?*
A.   Sergio reflected that intervention was now being provided more in group settings and this had made it easier for some to put into practice some self regulatory strategies that people could then discuss together versus working independently.

Q. *How did you differentiate for your patients between sense of influence and sense of control? did they feel its difference at a behavioural level you think?*

A.   Pinelopi outlined that service users used the decision tree tool to help identify if the stress and anxiety issue related to sense of influence or sense of control.

Q. *To what extent should we push on "better" IT tools (e.g 3D; virtual environment)?*

A.   Laura from rehab Ireland stated that it is becoming a must now to support the development of better IT tools but also recognises there needs to be a balance between this and face to face intervention. Also she hlighted again that telepsychology has existed for a long time, before COVID 19.

Q. *Are there ways in which faculties could incorporate mental health workshops into curricula?*

A.   Karen mentioned they are using the wellness recovery and action plan (WRAP) as part of their courses and use CBT and rational behaviour to influence some of their courses which they are working on delivering online.

Check out:
1.   Mental Health Europe:

Marcin Rodzinka (marcin.rodzinka@mhe-sme.org) from Mental Health Europe reminded participants of the COVID 19 mental health support stakeholder network established by the European Commission and coordinated by Mental Health Europe. The online space promotes learning more about mental health support in the time of the pandemic via webinars and mutual exchange.

2.   Follow EPR's inclusion initiatives on #inclusionmatters on social media to learn about up to date projects and webinars from EPR and ways you can become involved. In 2020 you'll find our online mental health campaign there.

How can we use what we have learnt today to influence EU Policy?

Challenges:
Some of the challenges faced by mental health providers in light of COVID 19 include knowing how to effectively provide services via telehealth versus face to face, providers and service users having adequate IT skills and access to suitable technology, and supporting people with issues such a loss of a predictable routine, economic fallout, social and community disruption and subsequent stress and anxiety.

Solutions:
Some solutions were presented to us today during the presentations. These included consulting research papers available on how to provide effective telehealth and devising guidelines, supporting staff and service users to develop and upskill their IT knowledge, applying for funding for technology for service users to facilitate their engagement in telehealth, targeting issues being experienced by service users due to COVID 19 within intervention plans and being creative with ways to support people e.g.therapeutic walks.

Recommendations

Taking into consideration the challenges presented by COVID 19 and hearing some solutions to these challenges below are some recommendations to the EU on ways to support MH services to provide effective services despite the restrictions posed by COVID 19.

1.   Provide extra funding for upskilling health professionals and service users on how to use telehealth effectively. This includes funding for training staff on how to provide their service effectively via telehealth. This includes funding for training service users on how to get the best out of telehealth and funding for devices to support this e.g. improved wi-fi connection, headsets, i-pads.

2.   Provide funding for new posts to be created to support staff with stress management and training on how to stay motivated during times of uncertainty.

3.   Provide funding for new posts or the development of a current staff member to provide service users with specific programs such as the reconnecting body and mind in times of uncertainty course in Portugal. Benefits of this program showed an increase in the service user's sense of control and skills learnt helped them manage uncertainty more effectively.

4.   Provide funding to evaluate service users and health professionals perspectives on what works well in telehealth and what doesn't. Results of these studies can be used to better inform services in the future.

Contact

For more information, please contact: **Alicia Gómez Campos** at agomezcampos@epr.eu