# Guidelines on the Use of Tele-Counselling for Mental Health and Psychosocial Support During the COVID-19 Pandemic in Mombasa, Kenya

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## FOREWORD

As the COVID-19 pandemic continues to spread rapidly, with every effort being made to ensure flattening of the curve, the frontline humanitarian healthcare workers in Mombasa are encouraged to integrate mental health and psychosocial wellbeing in their services. We encourage them to pay attention to regular mental health clients and emerging mental health problems associated with the pandemic. This is especially so among individuals waiting for COVID- 19 tests in mandatory government quarantine facilities, those in designated isolation centers and self-isolation, and those grieving the loss of their loved ones as a result of COVID-19.

It is important to note that due to the ease of transmission of COVID-19, lack of known cure and the stigma associated with the COVID-19, the use of the traditional channel to deliver mental health and psychosocial support therapy may not be feasible during this period. The measures taken to prevent the spread such as limitation of civilian movement, cessation of movement in and out of some counties and in some cases within selected estates, physical distancing in public spaces including public transport among others may make in-person mental health and psychosocial support untenable and ineffective.

 The existing technological advances provide opportunities that could be tapped to provide complementary and comprehensive mental health and psychosocial support in Mombasa County, as experienced in other regions of the world. Such platforms will ensure continuity of mental health therapy and timely emergency interventions for regular clients, new cases and cases directly related to the COVID-19 pandemic. It is now widely accepted that Telecounselling has the potential of producing similar outcomes as face-to-face analysis and in-person therapy.

In Mombasa County, there are no  consolidated guidelines on Telecounselling for mental health and psychosocial support. This guideline is expected to complement the *Ministry of Health Comprehensive Guide on Mental Health Psychosocial Support During the  COVID-19 Pandemic*. Mombasa County Government issues this Guideline to enable frontline health workers to plan, establish and coordinate a set of responses to mental health and psychosocial well-being where traditional therapy may be constrained during the COVID-19 pandemic.

The Guideline offers essential advice on how to facilitate telephone or online therapy for mental health and psychosocial support where in-person sessions and face-to-face psychotherapy is not immediately feasible. The guidelines on psychological therapeutic skills, models and strategies to be used and knowledge on ethical issues are all meant to ensure that the client and the provider are both protected from both infection and litigation.

The County Government would like to thank the Committee of Experts on Mental Health and Psychosocial Support and our partners for developing this important Guideline. The County Government commits to provide the necessary resources and logistical support to ensure that the guideline is adhered to by those providing mental health care using telecounselling.

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## ACKNOWLEDGEMENT

Preparation of this guideline is a victory for the use of technology and success in working remotely. The team was constituted and coordinated through teleconferencing, emails, text messages and phone calls.

I would wish to thank the committee members for creating time amidst their busy schedule to participate in this noble exercise. Working in a group, more so for individuals who only know each other through virtual platforms is not very easy. Congratulations to the members.

I am grateful to the following committee members for a job well done.

1. Soud Alli Tengah – Chair and Coordinator, Jhpiego Kenya

2. Professor Amina Abubakar Ali – Member, Aga Khan University & Pwani University

3. Dr. John Otieno Ogembo – Member, Chuka University

4. Robert Omondi Oswago – Member, Pwani University

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8. Dubi Make – Member, County Department of Health – Mombasa

It is my hope that we will continue dedicating our intellectual prowess in similar assignments in future to help advance the course of humanity and quality of life.

In addition, I will also like to acknowledge the support of Gideon Mureithi, Jhpiego Kenya for the graphic design and Dr. Ndegwa Fredrick for proofreading and editing the work.

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# 1.0 BACKGROUND AND RATIONALE

The global emergence and re-emergence of pathogens has given rise to frequent incidences of epidemics and pandemics in the past four decades across the globe (WHO, 2018; Brooks & Boeger, 2019). In 2018, the World Health Organization issued guidelines on the management of epidemics and pandemics with a view of enhancing the member states' levels of resilience and capacity to respond to such life-threatening emergencies (WHO, 2018). Despite such an understanding and the existence of well thought out guidelines, nation-states still find it challenging to respond to such pandemics (Campbell, 2017). These pandemics often disrupt the normal provision of healthcare services especially mental health.  These disruptions came at a time when the populations are most at risk since psychological reactions during emergencies can influence people's behaviour and cause damage to physical and mental health (Pearson *et al.,* 2004; Pettit, 2008). This, therefore, means that alternative avenues for continuity of the provision of mental health and psychosocial support services must be sought.

The ongoing COVID-19 pandemic has presented an unprecedented scenario for therapists, including counsellors and psychologists (MOH, 2020). The human to human spread of COVID-19, the lack of an effective treatment regimen, stigma and related psychological issues, government directives aimed at flattening the curve including containment and physical distancing in public spaces and places; prolonged closure of schools,  colleges and institution of higher learning; threaten the mental health of people both with pre-existing mental health problems and those without(WHO, 2018; Pearson *et al.* 2004; Pettit, 2008).

The unexpected change in the normal life routines including disruption of individual livelihoods; restrictions and sanctions on mourning and grieving of the dead; stigma (felt or enacted) against those recovering from COVID-19; and violence and brutality from law enforcement agencies are known to breed worry, extreme frustration, fear, anxiety and stress among community members (Pettit, 2008; Pearson *et al.,* 2004). Furthermore, for the frontline workers, incidences of burnout, anxiety and other mental health problems have been reported in many countries during the COVID-19 pandemic (Asperges *et al.* 2020). The likelihood of extended shifts are associated with physical and mental exhaustion for the frontline workers, which, coupled with high risks of infection, sense of helplessness and lack of social support may produce and exacerbate mental health disorders and psychological problems such as anxiety, depression, post-traumatic stress disorder, substance abuse disorder among others. The emerging mental health and psychosocial problems among the frontline healthcare workers and paramedics, if not adequately addressed, may complicate the COVID-19 interventions with far-reaching negative outcomes.

It is evident that COVID-19 presents a major risk for mental health problems for the general population, and health care workers, yet the need for physical distancing implies that these services cannot easily be offered in a traditional setting.

The increased access to contemporary telecommunication technology including mobile telephone, internet, video conferencing, and an array of social media platforms, provide a window of opportunity for remote mental health and psychosocial support - a practice referred to as telecounselling. Whereas access to contemporary telecommunication technology remains low in developing countries, the Kenya Population and Household Census (KPHC) showedgrowth in access (KNBS, 2019). The census report showed that 47% of Kenyans aged 3 years and above had access to mobile phones and 23% had access to the internet. However, Mombasa reports slightly higher access rates than the national average with 62% and 39% of those aged 3 years and above having access to mobile phones and the internet respectively (KNBS, 2019). The accessibility level to contemporary telecommunication technology provides an untapped avenue for mental health and psychosocial support as an intervention in the COVID-19 pandemic.

This document seeks to provide a guide on telecounselling to ensure that mental health and psychosocial support is effectively provided to all those in needs, as part of a comprehensive care package in response to COVID 19 pandemic in Mombasa County.

## 2.0 TELECOUNSELLING[1]

Telecounselling is a form of mental health and psychological support service involving the diagnosis, evaluation, consultation, intervention and treatment of behavioral, social, emotional and interpersonal disorders through synchronous or asynchronous two-way electronic communication including but not limited to telephone, videoconferencing, email, text, instant messaging, and social media (Scharff, 2013; Stoll, Muller & Trachsel 2020). Over the years, the rapid change in the telecommunication technological landscape has seen the growth in the use of telecounselling in mental health and psychosocial support (Scharff, 2013; Stoll, Muller & Trachsel 2020).

Telecounselling has been preferred by a number of mental health and psychosocial support clients and providers for at least four reasons. First, telecounselling does not require physical contact between the client and the therapist. Two, it reduces stigma since the clients are not seen visiting mental health and psychosocial support clinics. Three, it bridges the gap created between the shortage of mental health therapist amidst rapid growth in mental health illnesses and related psychological disorders. Four, those who have gone through the process have reported satisfaction in equal measure as those going through face-to-face sessions.

In the context of COVID-19, telecounselling provides a unique opportunity to provide mental health services while maintaining physical distancing.

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[1] In this guideline we prefer the term telecounselling since these guidelines are largely targeted to counsellors and psychologists as defined by the Counsellor and Psychologist Act 2014

## 3.0 THERAPISTS COMPETENCIES

It is important to note that this guideline is to be used by people who already have *professional training in psychological counselling*. The term therapist herein used to include both counsellors and psychologists as defined in the Counsellors and Psychologist Act of 2014. It is recommended that the therapist using telecounselling should strive to maintain the same professional standards as those applied during face to face sessions. It is recommended that those who carry out telecounselling should:

a. Have a certificate or diploma in counselling or psychology from a recognized college or university at the minimum
b. At least five years of clinical experience under supervision
c. Be competent in the use of whatever technological device they select to use
d. Be knowledgeable on the pandemic subject matter (COVID-19)

We also recommend that each therapist needs to have supervision after 8 sessions or on a need basis. A supervisorshould have: :

a. An undergraduate training in counselling or psychology from a recognized university at the minimum
b. Specific training in counselling supervision
c. At least five years of clinical experience
d. Logged client work of Five Hundred (500) hours duly signed by accredited supervisor or counselling and psychologist board
e. Be knowledgeable on the pandemic subject matter (COVID-19)

In addition, for the therapists who are new to telecounselling it is recommended that they receive a minimum of 15 hours initial training on telecounselling[2]. Areas to be covered in the training include, but not be limited to:

a. Telecounselling theories and practice
b. Modes of delivery
c. Confidentiality
d. Legal/ethical Issues
e. Handling online emergencies
f. Best practices & informed consent
g. Evidence of continuous learning and refresher course on mental health and psychosocial support in the past five years.

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[2] We acknowledge that there may be a shortage of specific course on telecounselling. In this case self-directed learning with materials suggested at the end of these guidelines may provide the basic information needed to meet this 15 hours of initial training.

## 4.0 CLIENT SUITABILITY, CONTRACTING AND THERAPEUTIC RELATIONSHIP

In our context the use of technologies in delivering therapy is a new phenomenon and therapists are encouraged to exercise care to evaluate and assess the appropriateness of utilizing these technologies prior to engaging in therapy to determine if the modality of service is appropriate, effective and safe to be applied with their specific client.

Prior to the therapist engaging their client they are encouraged to conduct an initial assessment to determine the appropriateness of telecounselling. The assessment may include the examination of the potential risks and benefits of providing telecounselling services for the client's particular needs. The availability of the specific technology to be applied, familiarity and technological competence of both the client and therapist to use the medium appropriately such as video or audio teleconference, chat, and voice record are also important considerations. Moreover, it important to understand the client's preference in terms of the medium to use and any challenges including ethical issues that may arise. Therapist may consider an initial video conferencing where feasible with the client to facilitate an in-depth discussion and observation during assessment. In addition, it is incumbent on the therapist to engage in a continual assessment of the appropriateness of providing telecounselling services throughout the duration of the service delivery. Moreover, therapists are encouraged to reflect on general effect of COVID-19 on clients and how best to manage any emergency that may arise in the course of provision of telecounselling service.

### 4.1 ASSESSMENT FOR CLIENT SUITABILITY

In this very first step, verify that the client is in a *safe and secure environment* where they can participate while ensuring confidentiality before proceeding with the case management. Whenever possible check (i.e. through text message) to confirm if the client is available for the interview.

The following steps shall be used in the identification and verification of clients:

1. Therapists must recognize their obligations, responsibilities, and client rights associated with establishing and maintaining a therapeutic relationship.
2. In case where the therapist and the client are unknown to each other an appropriate therapeutic relationship will not have been established until they each verify their identity. An initial face-to-face meeting, which may utilize videoconferencing technology, is highly recommended to verify the identity of the client. If such verification is not possible, the burden is on the therapist to document appropriate verification of the client.
3. A therapist shall take reasonable steps to verify the location and identify the client(s) at the onset of each session before rendering therapy using telecounselling.
4. Therapists shall develop written procedures for verifying the identity of the recipient, his or her current location, and readiness to proceed at the beginning of each contact. Examples of verification include the use of code words, phrases, inquiries. (For example, "is this a good time to proceed?").

In the _second step_, before the therapists can start the counselling process it is important for them to ensure the _client is safe_ but also set out plans on how to handle the situation should someone else interrupt. **Say**: Before we continue, let us go over some of the measures in case we are interrupted, or you feel that you are no longer safe. Decide: with the clients on the following scenarios:

a.    Someone asks what the client is doing and/or to whom they are engaging with.

b.    Someone such as the husband or father of the client or any other member in the household answers the phone.

c.    The client starts not feeling safe/confident as someone may be listening to the session and they feel the need to stop the session.

d.    There is a need to talk to the client from an alternative device.

e.    Agree on a safe word or a code that you can use or decide on a specific subject to change if they feel unsafe or listened to (something simple such as discussing the weather, COVID-19 guidance, or any activities they participate in, etc.).

f.    Remind the client to delete any text messages between you and her/him if it is deemed to further expose the client in any danger.

g.    Remember the principle of Do No Harm prevails under such circumstances.

Also, **REMEMBER**: If the client does not sound comfortable and/or you hear any sound during the session, please do not continue. You are advised to stop and give them an option to contact you when they feel more comfortable speaking, through a missed-call, a text message, or any other means that they feel comfortable. Under such circumstances, never push for information.

In the _third step_, the therapist needs to ensure that the client's problem or challenge is suited to the therapeutic process.  Some of the key considerations here include:

•    An evaluation of the client's presenting problem to decide if the client's condition is suited for telecounselling. Some clients may not be suitable for telecounselling for instance those who are actively suicidal, or aggressive. Additionally, therapists need to note that engage children and teenagers  in telecounselling may need additional skills.

•    The therapist needs to have at their disposal relevant tools, measures and skills for adequate diagnosis and evaluation suitable for a telecounselling setting.

•    After evaluation the therapist will critically evaluate if they have the necessary competencies to handle the presenting case.

•    If the therapist feels they lack the skills to handle the presenting case, they should refer the client to a more experienced/ trained therapist.

## 4.2 CONTRACTING

Client contracting is an essential part and the starting point of a good therapeutic process. This process starts after the therapist has confirmed the suitability of the client. In therapy, contracts are a mutual agreement between the therapist and the client. In this agreement, the rights and responsibilities of the therapist towards clients, as well as the rights and responsibilities of the client towards the therapist are outlined. Ideally, this needs to be a written document, however in the context of COVID-19 these can use other methodology such as voice recorded among other forms.

Contracting is important because:

a.   It ensures that the counselling process will be performed in a good and safe manner.

b.   Moreover, since documented (written, recording of audios or other measures), it allows for legal interventions should a situation present itself.

c.   A good contract reduces the chances of any miscommunication and unintended inferences. Moreover, whenever this happens, the client and therapist can refer back to relevant documentation.

d.   For a therapist to meet ethical requirements such as autonomy and informed consent, it is important to have a well negotiated contract. It is during the negotiation of the contract that the client can receive detailed information on the therapeutic relationship. The client is then given an opportunity to agree to it or otherwise.

e.   A good contract provides the scope, objectives and goals of the psychotherapeutic process.

See guidelines on contracting in section 6.0 Legal and Ethical consideration part 7.

## 4.3 THERAPEUTIC RELATIONSHIP

A good therapeutic relationship is considered a foundation of effective psychotherapeutic practice. Therapists are encouraged to establish a conducive therapeutic environment, which has the potential to produce better psychotherapeutic outcomes or motivate a client towards seeking more services. While the skills needed for face to face counselling are the same one needed for teletherapy, therapists need to note that in general, therapeutic skills in in-person contact do not automatically translate into online therapeutic skills.

Therefore, it is recommended that any therapist who is new to telecounselling should have some basic training and practice to ensure that they have the necessary skills to build, and maintain an optimal therapeutic relationship with his/ her clients.

Dealing with children and teenagers in telecounselling may require different skills from those used with adults. This is largely because they may easily get distracted. Figure 1 below presents some tips on how to create rapport with children and keep them engage throughout the process.

Figure 1:  **Tips for engaging children and teenagers**
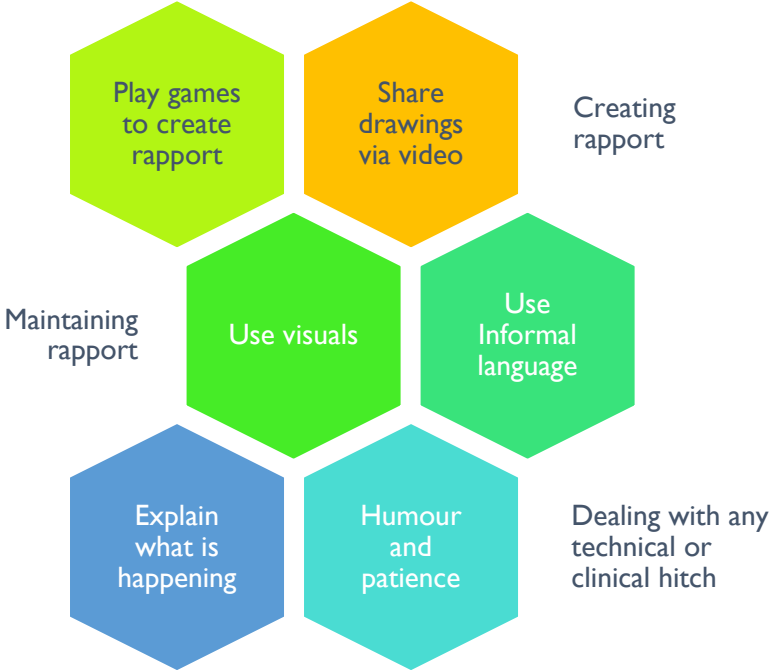
## 5.0 TELE-SUPERVISION

The Kenyan Association of Professional Counsellors define supervision "as a formal arrangement for counsellors to discuss their work regularly with someone who is experienced in counselling and supervision. The task is to work together to ensure and develop the efficacy of the counsellor/client relationship".  As can be seen in figure 2 below, supervision serves different purposes depending on the type of supervision, therefore, at no time can a therapist lack a need for supervision. Therapists just like everybody else need regular support to deal with burnout resulting from work-related issues and personal challenges.

*Figure 2: **Types of supervision***
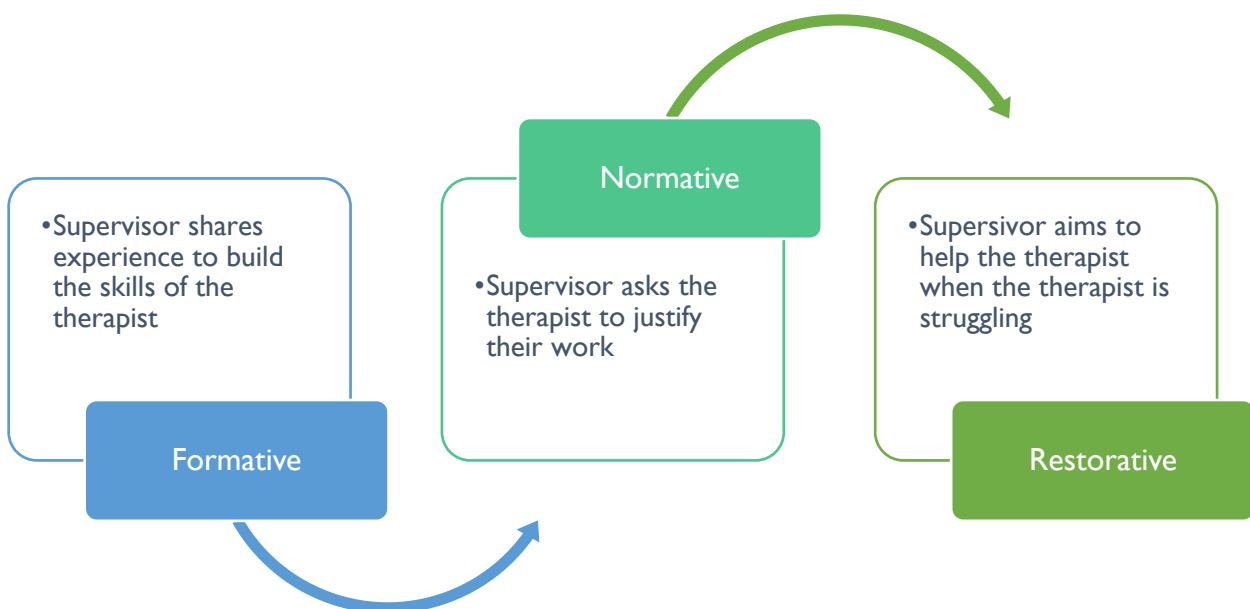


Tele-supervision is provided in compliance with the supervision requirements of the traditional guidelines and ethical codes. Therapists must review counselling requirements, specifically, regarding face-to-face contact with supervisee as well as the need for having direct knowledge of all clients served by his or her supervisee.

During tele-supervision communications may be synchronous or asynchronous. Technologies may augment traditional in-person supervision or be used as stand-alone supervision. Supervisors shall be aware of the potential benefits and limitations in their choices of technologies for particular supervisees in particular situations.

Ideally, supervision should be sought by the therapist after every 8 sessions. However, the therapist can access supervision as and when the need arises depending on the number of clients supported or issues they are dealing with. The following shall be the guiding principles for tele-supervision:

- Therapists must hold supervision to the same standards as all other technology-assisted services.

- Tele-supervision shall be held to the same standards of appropriate practice as those in in-person settings.

- Before using technology in supervision, supervisors shall be competent in the use of those technologies. Supervisors must take the necessary precautions to protect the confidentiality of all information transmitted through any electronic means and maintain competence.

- The type of communications used for tele-supervision shall be appropriate for the types of services being supervised, clients and supervisee needs.

Before commencing tele-supervision, the supervisor shall:

- Determine that tele-supervision is appropriate for supervisees, considering professional, intellectual, emotional, and physical needs;

- Inform supervisees of the potential risks and benefits associated with tele-supervision, respectively;

- Ensure the security of their communication medium; and

- Only commence tele-supervision after appropriate education, training, or supervised experience using the relevant technology.

## 6.0 LEGAL AND ETHICAL CONSIDERATIONS

There is no consolidated legal framework for mental health Telecounselling. However, there are strong legal provisions in the *Kenya Constitution 2010, Mental Health Act (Cap. 248), Health Records and Managers Act 2016, Health Act 2017, Comprehensive Guide on Mental Health Psychology* and many more. Notably, counsellors and psychologists delivering Telecounselling services should apply the same ethical and professional standards of care and professional practice necessary when providing face to face mental health and psychosocial services.

The following shall be the guidelines for the therapist.

1.  The therapist must comply with the existing laws and regulations from both national and county governments.

2.  The therapist must be guided by the professional code of conduct which supersedes any recommendations made in this guideline.

3.  Treatments, consultations, and supervision utilizing technology-assisted services will be held to the same standards of appropriate practice as those in traditional (in person) settings.

4.  The therapist must document the provision of consent in the record prior to the onset of therapy. The consent document shall include details contained in the consent process for care including discussions of the structure and timing of services, record keeping, scheduling, privacy, potential risks, confidentiality, mandatory reporting, and billing.

5.  The informed consent shall be specific to the identified service delivery type and include the specific needs of a particular client.

6.  The informed consent must be developed in a language that can be easily understood by the client. This is particularly important when discussing technology related terminologies like encryption or the likelihood of technology failure.

7.  International, national and county laws regarding verbal or written consent must be followed. In cases where written consent is required, an electronic signature may be used if it is acceptable and feasible to the parties.

8.  In addition to the traditional protocol of informed consent between therapist and client for face-to-face counselling, the following issues relevant to telecounselling, technology, and or social media may be included in the informed consent process:

    i.  Confidentiality and the limits to confidentiality in electronic communication;

    ii.  Telecounselling training and certification, the physical location of practice, and consent information;

    iii.  Details and procedure on reporting complaints to appropriate authorities-county, national or COVID-19 steering committee;

    iv.  Risks and benefits of engaging in the use of Telecounselling, technology, and or social media;

    v.  The likelihood of technology failure and alternative methods of service delivery;

    vi.  The form and process by which client information will be documented and stored;

vii.      Cultural and language differences that may affect the delivery of services;

viii.      Social media and preferred platform policies;

ix.      The time range and specific services provided;

x.      Important legal rights and limitations governing mental health and psychosocial support telecounselling;

xi.      Details of information collected, and any passive tracking mechanisms utilized.

xii.      Therapists must provide clients with clear mechanisms to:

     a.      Access, supplement, and amend client-provided personal health information;

     b.      Provide feedback regarding the site and the quality of information and services;

     c.      Register complaints, including information regarding filing a complaint with the applicable national and county licensing body.

xiii.      Anticipated response time and acceptable ways to contact the therapist;

     a.      Agreed-upon procedures;

     b.      Procedures for coordination of care and referrals with other professionals;

     c.      Conditions under which Telecounselling services may be terminated and a referral made to in-person care;

xiv.      The therapist must determine if a client is a minor and, therefore, in need of parental/guardian consent. Prior to Telecounselling services to a minor, a therapist must verify the identity of the parents, guardian, or other person consenting to the minor's treatment.

xv.      In cases where conservatorship, guardianship or parental rights of the clients have been modified by the courts, therapists shall obtain and review a written copy of the custody agreement or court order before the onset of treatment.

xvi.      Clarification on the compensation for the therapist time per session.

## 7.0 SECURITY AND DATA MANAGEMENT

Security and data management is an essential component of telecounselling. This is particularly important because of the porous nature of some platforms. The following guidelines shall apply for all telecounselling records and documents:

1. All direct client-related electronic communications shall be stored and filed in the client's medical record, consistent with traditional record-keeping policies and procedures.

2. Written policies and procedures must be maintained at the same standard as face-to-face services for documentation, maintenance, and transmission of the records of the services using Telecounselling technologies.

3. Services must be accurately documented as remote services and include dates, place of both therapist and client(s) location, duration, and type of service(s) provided,

4. Requests for access to records by a third party require written authorization from the client with a clear indication of what types of data and which information is to be released. If the therapist is storing the audiovisual data from the sessions, these cannot be released unless the client provides written authorization allowing its release.

5. Therapists must create policies and procedures for the secure destruction of data and information and the devices used to create, store, and transmit data and information.

6. Therapists must inform clients on how records are maintained electronically. This includes but not limited to, the type of encryption and security assigned to the records, and for how long archival storage of records is maintained.

7. Clients must be informed verbally or where possible in a written form the limitations and protections offered by the therapist's technology.

8. The therapists must obtain verbal or where possible written permission prior to recording any or part of Telecounselling session.

## 8.0 CONCLUDING REMARKS

Telecounselling provides an important medium by which we can provide mental health services in emergency and humanitarian settings such as the times of pandemics. However, there are no guidelines for settings such as Mombasa. This short guideline is aimed at recommendations to counsellors and psychologists who may need to set up telecounselling services to meet the mental health and psychosocial needs of people within Mombasa county. It is not aimed to prescribe psychotherapeutic actions but promote service delivery within Mombasa in an efficient manner.

## 9.0 RELEVANT ONLINE RESOURCES

1. https://telehealth.org/telehealth-training/

2. https://www.who.int/docs/default-source/coronaviruse/mental-health-considerations.pdf?sfvrsn=6d3578af_2

3. https://www.apa.org/practice/guidelines/telepsychology

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