MINISTRY OF HEALTH

National Tele-Mental Health Guidelines

January 2021

MINISTRY OF HEALTH

TELE-MENTAL HEALTH GUIDELINES

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Nairobi, January 2021
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Tele-Mental Health Guidelines

Published by:
Ministry of Health
Afya House, Cathedral Road
PO Box 30016 Nairobi 00100
http://www.health.go.ke

FOREWORD

Tele-mental health is the delivery of health care services, where patients and Providers are separated by distance. Tele-mental health uses ICT for the exchange of information for the evaluation, diagnosis and treatment of diseases, injuries and for the continuing education of health professionals.

Tele-mental health will contribute to achieving universal health coverage by improving access for patients to quality, cost-effective, health services wherever they may be. It is particularly valuable for those in isolation facilities, remote areas, vulnerable groups and ageing populations.

Covid-19 pandemic raised many substantial challenges for the practice of psychotherapy. The pandemic unique set of challenges for managing therapeutic processes, requires an integrative, comprehensive model of therapy suited for these unusual times. The rapid changes in the personal experiences of both clients and therapists, and the required adaptations in the therapeutic setting, affect the therapeutic relationship and its process. Consequently, there is need to introduce major premises and techniques that have been borrowed from Accelerated Experiential Dynamic Psychotherapy as they may apply to teletherapy.

These interventions aim to maintain and strengthen the intimacy and safety of the therapeutic relationship, essential for processing actual experiences of emotions and creating affective changes.

The rationale and the clinical application of these relational and experiential interventions, through a comprehensive model will go a long way to illustrate the matching of therapeutic interventions to the handling of the psychological upheavals triggered by the changes imposed by the Covid-19 pandemic, particularly the move to Tele-mental health, and this is in addition to theoretical and practical suggestions, which could be adapted to various models of therapy.

As the interventions and knowledge on COVID-19 challenges and other related issues are evolving rapidly, these guidelines may be updated whenever necessary.

Dr. Patrick Amoth, EBS
Ag. Director General for Health

ACKNOWLEDGEMENTS

The development of these guidelines is a success for the use of technology and achievement in working as a team. The team was founded on bases of being relevant stakeholders and coordinated through Virtual meeting, emails, phone calls and one physical validation workshop.

Most gratitude goes to the **Mental Health technical working Group members** and the **Kenya Red Cross (KRC**) for the logistical/financial support, professional editorial and ensuring the completion of these Guidelines.

I am obliged to the following Teams, Organizations and Associations lead by the Division of Mental Health under the **Director of Mental Health**, Ministry of Health, for their technical contribution and effort to the realization of these Guidelines.

- Mental Health and Psychosocial Support Sub-Committee
- Kenya Red Cross
- Kenya Psychiatric Association
- State Dept. of Public Service
- National Campaign Against Drug Abuse
- Clinical Psychologist Association of Kenya
- Kenya Counselling and Psychologist Association.
- Medical Psychologist Association in Kenya
- Kenya Professional of Counsellors Association
- Kenya Psychological Association
- Amani Counselling Centre

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PREAMBLE

These guidelines offer the best guidance available at present when incorporating telecommunication technologies in the provision of Mental Health Services. Technology and its applicability in Mental Health is a dynamic area with many changes likely ahead. These guidelines also are not inclusive of all other considerations and are not intended to take precedence over the judgment of Mental Health practitioners or applicable laws and regulations that guide the profession and practice of Mental Health. It is hoped that the framework presented will guide the mental health practitioners as the field evolves.

These Guidelines have been designed to highlight best practices in the provision of Mental Health Services via communication technology. The expanding role and continuing development of technologies that may be incorporated into Mental Health practice present both opportunities and challenges. Technology does, for example, provide the opportunity to improve access to Mental Health services by removing the limitations of geographic location, health status, financial constraints and other barriers to participating in traditional treatment. The use of technology, however, requires that we consider ethical principles, practice standards, policy development, laws and regulations, and the need for continuing education to keep pace with advances and changes in platforms. The Ministry of Health is determined that Guidelines are necessary given the increasing use and interest in Tele-mental Health.

INTRODUCTION

Tele counselling or telepsychology is a modern and alternative way to receive therapy through a secured platform to facilitate video or audio sessions, ongoing direct messaging therapy or a combination of both in emergency, crisis, humanitarian settings and in day-to-day life.

These technologies may include telephone, mobile devices, videoconferencing, email, text, chat and internet-based services (e.g., social media). Tele counselling and Telepsychology involve remote interaction between mental health providers and the client or patient.

The COVID-19 outbreak and the national measures being announced to halt the spread of the pandemic, have had a significant impact on both the demand for and the capacity to deliver support for people with mental health needs and concerns brought about by the disease. Internet based telecommunication technologies have evolved rapidly and provide new opportunities for the remote provision of psychological services. Telepsychology which is the use of telecommunication technologies to provide psychological services, has the potential to increase accessibility to services and reduce the stigma of help seeking.

Tele-counselling and Tele-psychology guidelines for mental health providers brings together practitioners in Mental Health in order to meet the needs of clients or patients.

The guidelines are for registered mental health practitioners from accredited registering bodies and shall serve so as to limit those without this professional expertise and registration from providing these services without appropriate training or registration. They are therefore necessary to provide structure and standardized procedures.

In Tele-counselling and Telepsychology, communication may be direct for example, videoconferencing and telephone may be utilized for direct service while email and text used for non-direct services (e.g., scheduling). Regardless of the purpose, mental health practitioners and clients or patients will strive to be aware of the potential benefits and limitations in their choices of technologies in particular situations.

These guidelines do not seek to invalidate known applicable laws, Standards and Ethical Practices of care, or any other therapeutic approaches used by mental health practitioners but, are a means of facilitating ability to:

- Practice remote psychological care during the COVID-19 pandemic and other emergencies or crises in the future.
- Conduct Tele-mental health with patients located in their homes or hospitals in consonant with the practice of social distancing and other related measures meant to control the infection in Kenya.
- Deliver care to both established and new patients.
- Work in a multidisciplinary approach and foster referral network.

Mental health practitioners need to be aware that remote services are as important as any in-person services and, conducting therapy using remote methods should aim at maximizing simulation of standards of care for in-person practice.

Mental health practitioners should make reasonable effort to understand the manner in which cultural, linguistic, socioeconomic and other individual characteristics (e.g., medical status, psychiatric stability, physical/cognitive disability, personal preferences), in addition to, organizational cultures may impact effective use of telecommunication technologies in service delivery. Additionally, practitioners are encouraged to document their consideration and choices regarding the use of telecommunication technologies used in service delivery.

KEY TERMS USED IN THESE GUIDELINES:

The following are operational definitions for terms used in this document.

"client or patient" refers to the recipient of mental health services, whether psychological services are delivered in the context of healthcare, corporate, supervision, and/or consulting services. These terms will be used interchangeably in this document.

"Facilitator" means anyone who is in close proximity to the client or patient and who is enabling the client access Tele-mental health services by way of offering observable support, or providing the access to technological instruments for the client.

"in-person," which is used in combination with the provision of services, refers to interactions in which the mental health practitioner and the client or patient are in the same physical space and does not include interactions that may occur through the use of technologies.

"remote" which is also used in combination with the provision of services utilizing telecommunication technologies, refers to the provision of a service that is received at a different site from where the mental health practitioner is physically located. The term "remote" includes no consideration related to distance, and may refer to a site in a location that is in the office next door to the psychologist or thousands of miles from the mental health practitioner.

"confidentiality" means the principle that data or information is not made available or disclosed to unauthorized persons or processes.

"security" or **"security measures"** are terms that encompass all of the administrative, physical, and technical safeguards in an information system.

"information system" is an interconnected set of information resources within a system and includes hardware, software, information, data, applications, communications, and people

"mental health practitioner" means a Mental Health professional or social and human services provider who offers services for the purpose of improving an individual's Mental Health or treating mental disorders. In these guidelines they include: Psychiatrists, Psychologists, Social Workers, Psychiatric Nurses, Psychiatric Clinical Officers and Counsellors.

"tele-mental health services" means: Mental Healthcare services provided over a distance via telecommunication technologies. The services may include: Psychiatric, Psychotherapy and Counselling services. Therapeutic Relationship – Interactive relationship between a mental health care practitioner and a client or patient.

"telepsychology" is the provision of psychological services using telecommunication technologies that allow for the preparation, transmission, communication of, processing of, personal health information by electronic means. These technologies may include telephone, mobile devices, videoconferencing, email, text, chat and internet-based services (e.g., social media).

"teletherapy" is mental health counselling over the phone or online**"tele-technology"** means machinery used for distant or remote communication

"informed consent" is the permission a patient or client gives to a therapist of a plan for therapeutic care after the therapist adeately discloses the proposed plan, risk, benefits and alternative approaches and the patient or client understands .

GUIDELINES FOR THE MENTAL HEALTH PRACTITIONER IN TELE-MENTAL HEALTH

Guideline 1: Artificial intelligence in mental health care

Traditional approaches to Mental health and psychosocial support services involves Mental health practitioners engaging in a conversation with clients and patients to establish rapport (working therapeutic relationships), making diagnosis and provision of appropriate treatments.

On the other hand (AI) artificial intelligence is the use of machines to perform functions that would be considered intelligent if they were to be performed by human beings such as reasoning learning, problem solving, perception, control and adaptation. (AI) artificial intelligence or Machine intelligence in psychotherapy refers to the use of computers to simulate human therapist's roles.

A large population of Kenyans struggle with psychological distress and mental illnesses and this dire mental health situation has been exacerbated with the Covid-19 pandemic. The popularity and accessibility of technology like smart phones in recent years has caused many people to turn to technology when not feeling well mostly for self-diagnosis or just looking for advice for nutrition, fitness, relationships and general wellness and health.

For this reason, use of artificial intelligence applications (mental health apps) like chatbots come in handy as first line support for brief therapy to persons seeking mental well-being given the heavy burden of mental illness and the significant shortage of mental health professionals and the fact that a rising consciousness of mental and emotional wellness demands greater input from health resources. In the backdrop of adherence to the current precautionary measures for slowing down and stopping the spread of coronavirus like physical distancing and staying at home, Telepsychology is a favourable option for offering mental health care.

For mental health practitioners, there are three basic ways they can deploy AI-enabled mental health applications to help out in online therapy. First, they can be used as decision-support tools for mental health workers, secondly, they are used to customize the digital patient interface with human therapist intervention for face-to-face counselling, and lastly to drive patient interaction (via remote devices) with semi-autonomous 'virtual therapists', which is also done digitally.

However, when it comes to use of chatbots, it’s important to make distinctions in what and who they serve to ensure its effectiveness. It's incumbent for therapists recommending use of AI to make distinctions between mild -moderate and severe mental disorders. Clients seeking to resolve mental health issues, meaning those with mild to moderate symptoms of anxiety and depression are best targets for Chatbots. While those with severe mental illnesses might require referral for specialist treatment and management

Guideline 2: Testing and Assessment

Prior to offering Tele-mental health services, practitioners are encouraged to **screen** their clients to ascertain their clinical and cognitive status so as to ensure that any cognitive, sensory or behavioural deficits cannot limit the utility of the Tele-counselling process. This includes doing a mini mental status exam as well as screening for suicide when it is implied. This should be done prior to the session with the assistance of any relative or facilitator where it is essential. Whenever appropriate, involvement of a significant other is ideal.

It is considered prudent for counsellors and practitioners to recognize **limitations of children** and their safety concerns during the Tele-counselling process. It is advisable to begin and end sessions with the parent/guardian in the room. The counsellors and practitioners should consider reminding guardians about the importance of being around, particularly if the patient is a minor and may require on-session adult supervision. Also, the session should not be more than 30 minutes given the fact that children's attention and concentration is limited and they are easily distracted.

Mental Health practitioners are encouraged to administer psychological tests and assessments. However, most have been designed for in-person implementation resulting in some unique issues that may arise when providing Telepsychology services. As such, practitioners are encouraged to be knowledgeable on the unique issues that may come up and design ways to mitigate them without compromising the quality of Telepsychology services. The practitioner should strive to maintain the integrity of the test instruments (validity and reliability) and assessment processes while applying them

Who can receive these services?

A careful and thorough assessment of the suitability of clients for tele-psychotherapy services is essential in view of the scope and limitations of this service modality. The following groups may be offered tele-psychotherapy services after assessment of need, suitability and consideration of alternate options.

(i) Pre-registered clients, for whom detailed evaluation has been completed earlier and a provisional diagnosis already arrived at. They may have also completed a psychotherapy intake session in-person. This would ensure continuity of psychological services in situations where there is sustained disruption of in-person psychotherapy sessions (e.g., due to the Covid-19 pandemic) or when in-person sessions are not possible due to geographical relocation etc.

(ii) Clients who have accessed helplines (e.g., those set up during the COVID-19 pandemic) and are referred for more intensive or longer-term psychotherapy services.

(iii) Clients who are referred for psychotherapy by health professional colleagues, organizations or others or those who seek psychotherapy services directly.

Figure 1: Flowchart to assess suitability of new clients for telemental health services

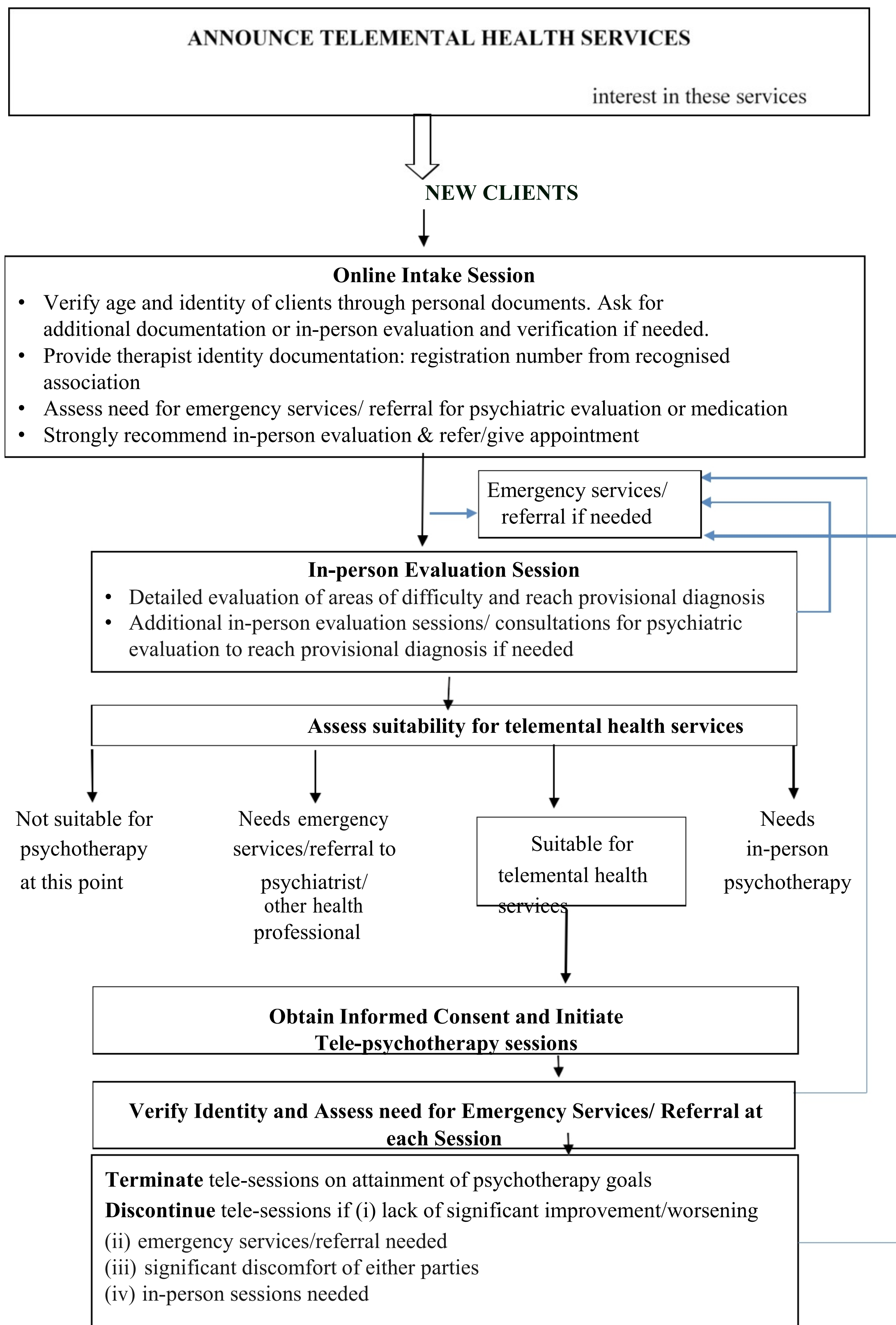
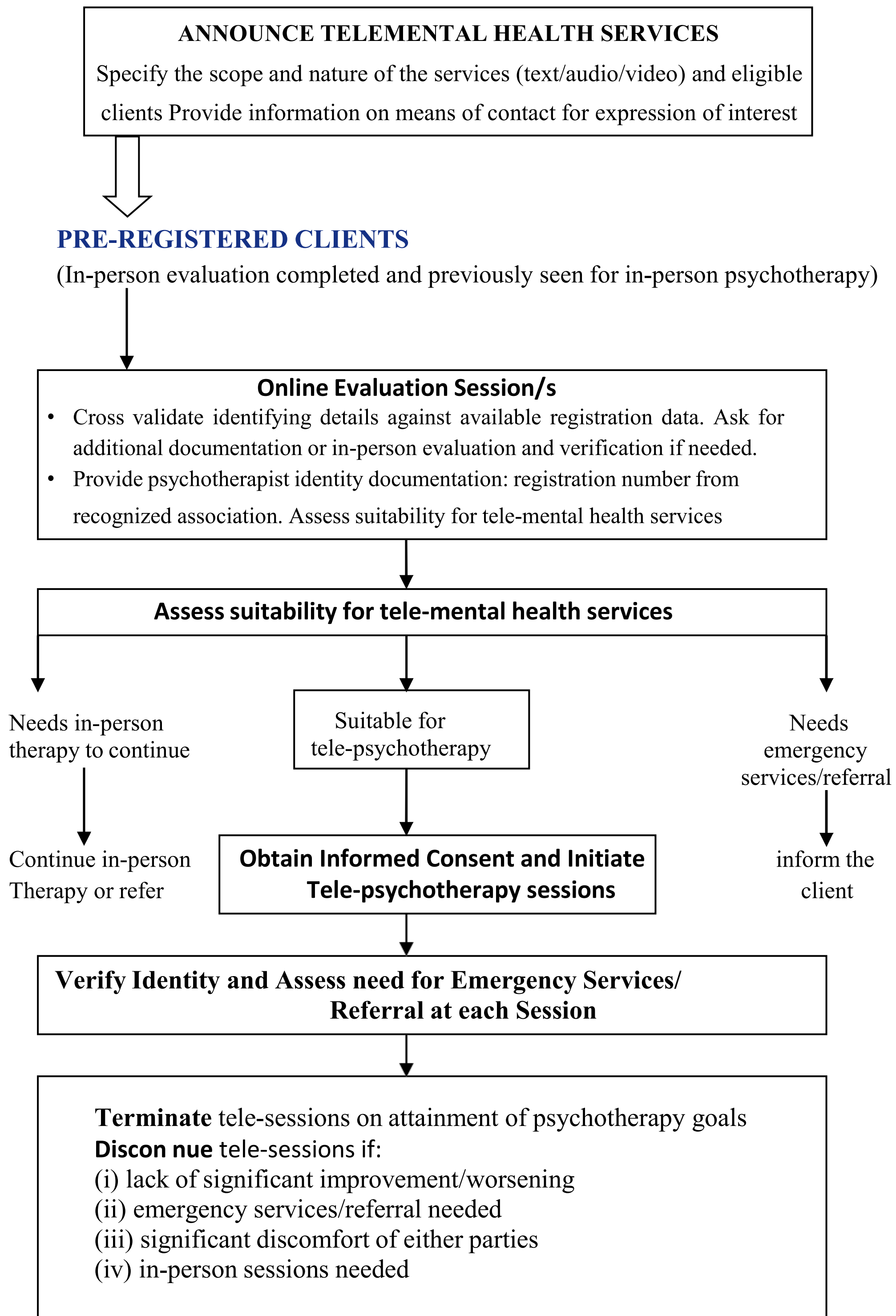


***Figure 2:* Flowchart to assess suitability of pre-registered clients for Tele-mental health services**



Guideline 3: Legislative and Regulatory framework.

Practitioners, counsellors and other allied mental health practitioners are encouraged to be familiar with and comply with all relevant laws and regulations when providing Tele-mental health services to clients or patients.

There should be awareness of the relevant laws and regulations which specifically address professional health services via telecommunication technologies. Some of the relevant laws and regulations to be applied include: Kenya Constitution, 2010; Mental health Act CAP 248: Health Records and Managers Act 2016; Kenya National eHealth Policy, 2016; Guidelines for the Electronic Medical Records 2010; ICT policy 2006; Kenya Communications Act 2012; Health Act 2017; Comprehensive Guide on mental Health Psychology; Kenya standards and guidelines for mHealth systems, 2017; Digital health law and regulations 2020, Counsellors' and Practitioners' Act 2014 .

Therapists must comply with other existing laws and regulations from both national and county governments.

Guideline 4: Ethical Issues

Practitioners have a primary ethical obligation to provide professional services only within the boundaries of their competence based on their education, training, supervised experience, consultation, study or professional experience.

As with all new and emerging areas in which generally recognized standards for preparatory training do not yet exist in Kenya, practitioners utilizing Telepsychology aspire to apply the same standards in developing their competence in this area. Practitioners who use Telepsychology in their practice assume the responsibility for assessing and continuously evaluating their own competencies, training, consultation, experience and risk management practices required for competent practice.

Notably, mental health practitioners delivering Tele-mental health 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 therapist must be guided by the professional code of conduct which supersedes any recommendations made in this guideline.

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. Mental health practitioners should strive to ensure that as they start the process of teletherapy, they should make their identity known. This also ties with verifying the identity of the client or patient, especially during voice calls.

Informed consent

Mental health practitioners are encouraged to make reasonable judgment and efforts to understand how various factors such as pre-existing medical conditions, cultural background, language barriers and socio-economic factors on the patient can impact the effective use of teletherapy. Reasonable care should be taken to reduce the effects of these barriers before progression into initial sessions. This may include but is not limited to making an appropriate referral.

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. When doing so, mental health practitioners should be cognizant of the applicable laws and regulations, (see regulatory framework) as well as organizational requirements that govern informed consent.

Obtaining consent from patients and any teletherapy facilitators is critical during the pre-sessions. Written consents can be pursued especially if the means of telecommunication and patient or client factors can allow. Where such factors are limited, it is important for mental health practitioners to obtain verbal consents with the patient or through his or her guardians or facilitators. It is advisable that practitioners use a reasonably understood language to obtain informed consent. Advanced clinical-psychological jargon should be avoided. Consent must also be obtained prior to any recording of a session and practitioners are encouraged to do so only if it is to the benefit of the client e.g., for purposes of **clinical supervision, support supervision or for debriefing**.

When obtaining informed consent, practitioners should endeavour to inform the client that they will be using tele communication gadgets. The client should be informed of the boundaries that need to be maintained and the procedure that will be observed by the client when responding throughout the entire session.

Therapists should take steps to verify the identity and age of prospective clients. If the prospective client is under 12 years, the therapist would need to obtain the consent of a parent or guardian and assent of the minor. Before services can proceed.

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

It 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.

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.

Data Management and Confidentiality

Using Tele-mental health services can threaten patients or client's information, security and confidentiality. Mental health practitioners need to make sure of the confidentiality of patient's or client's electronic data while receiving, storing and transferring the data.

They should endeavour to assist their clients to clearly understand reasons and need for private, quiet, distraction free space - where sessions can progress with **minimum interruptions**. This may require the mental health practitioner to negotiate with relatives or facilitators, on behalf of the patient, so as to agree to turn off household media forms, mute of cell phones or have family members out of the house for defined periods.

At the beginning of any Tele-mental health process, service provider should confirm the identity of the patient, review the accuracy of call -back numbers. They should also discuss privacy issues and **restrictions against recording**, and the need to turn off any appliances that may interfere with the Tele-counselling process.

The following guidelines shall apply for all Tele-mental Health records and documents:

1. All direct client-related electronic communications shall be stored and filed in the client's or patient's therapy records, 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 teletherapy technologies.
3. Services must be accurately documented as remote services and include dates, age of the client, therapist and client(s) location, duration, and type of service(s) provided.
4. Requests for reports and audio-visual data by the client or a third party require written authorization from the client or patient with a clear indication of what types of data and which information is to be released.
5. Therapists must comply with the existing 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 or patients 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 teletherapy session.

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 ones needed for teletherapy, therapists need to note that in general, therapeutic skills in in-person contact do not automatically translate into online therapeutic skills.

Competence

Clients are entitled to competently delivered services that are periodically reviewed. Regularly monitoring and reviewing the mode of delivery of tele technology is an integral part of mental health practitioner's competence. It is essential for practitioners to endeavour to determine if the mode of communication is still appropriate and beneficial to the client, patient and relatives. Any deviations that may tend to compromise delivery of tele counselling should call for arrangements to alternative effective means.

The Practitioners should be adequately trained, experienced and be under supervision when handling clients or patients.

It is recommended that those who carry out Tele-mental health services should:

a) Have a minimum of a diploma in the relevant profession from a recognized institution.
b) At least 3 years of clinical experience under supervision
c) Be competent in whatever technological device they select to use.

Guideline 5: Need for capacity building

Mental health practitioners should make continued efforts to evaluate their **personal competence** to offer Tele-counselling or Telepsychology. This can be done through ongoing consultation with colleagues and reviewing of literature on use of tele-technology in counselling and psychotherapy.
The most common knowledge they need to have here is in the use of computers and mobile phones.

Computers are useful in video conferences, sending and receiving emails and the use of social media. Mobile phones are also widely used in all the tasks mentioned above together with sending texts and chatting with patients or clients. Computer applications that can make this process run smoothly include: Zoom, WebEx, Google meet, Microsoft teams.

This training can be easily done over the internet using platforms such as YouTube tutorials to get the gist of how this process can be done. In combination with the training, there is a need to have access to the internet

Guideline 6: Emergency Planning

Mental health practitioners who are trained to handle emergency situations when providing traditional in-person clinical services, and are generally familiar with the resources available in their local community, to assist clients or patients with crisis intervention. At the onset of the delivery of Telepsychology services, practitioners should make reasonable effort to identify and learn how to access relevant and appropriate emergency resources in the client's or patient's local area, such as emergency response contacts (e.g., emergency telephone numbers, hospital admissions, local referral resources, clinical champion at a partner clinic where services are delivered, a support person in the client's or patient's life when available).

Practitioners should prepare a plan to address any inadequacy of appropriate resources as highlighted above, particularly those necessary in an emergency, and other relevant factors which may impact the efficacy and safety of said service. In addition, reasonable effort to discuss with and provide all clients or patients with clear written instructions as to what to do in an emergency (e.g., where there is a suicide risk) should be made.

Likewise, practitioners should be mindful of the array of potential discharge plans for clients or patients when Telepsychology services are no longer necessary and/or desirable. If a client or patient recurrently experiences crises or emergencies suggestive that in-person services may be appropriate, reasonable steps to refer a client or patient to a local mental health resource or begin providing in-person services should be considered.

Hotlines developed for these emergencies include: 1199 (Red Cross), 116 (Department of Children services), 719 (Covid-19 MoH), 0800 720 608 targeting health care workers (CPAK, KMA, and KMPDC)

Multidisciplinary team

All mental health practitioners should be aware of interdependence resulting from working in multidisciplinary teams in the context of Tele-mental health. Reasonable judgment should be made to determine a client's ability to withstand continuous correspondences that follow one after another in a typical day. Sharing of information with other multidisciplinary teams may be appropriate to ease any unforeseen communication traps.

In the event of parallel teleservices, it is advisable for practitioners to determine the appropriate time to institute teletherapy. Any meaningful session should focus on the energy level of a client. It is advisable to make adjustments depending on when a patient or client is reasonably grounded to withstand a conversation.

Guideline 7: Handling of Suicidal Clients or Patients

In dealing with **suicidal clients** through Tele-mental health services, practitioners should strive to assess the suicidality of the client and have in place procedures of contacting local agencies and authorities before things go wrong. It is advisable to have contacts of facilitators, relatives or site staff if working with a client who is under care of an institution.

It is protocol to inform a patient or client who has communicated plans or intentions of suicide that you need to discuss scheduling with the remote site staff or relatives. This can be followed with immediate muting of the microphone, and then immediately calling the staff, facilitator or relative on a telephone to appraise them of the emerging circumstances.

Additionally, procedures should be in place on how to handle a situation in which a patient leaves a Tele-counselling session abruptly especially when the Tele-counselling provider feels that there is a safety issue which requires **an emergency protocol** that may include contacting a local mental health crisis team, or law enforcement.

Breaking bad news

Practitioners are encouraged to engage in **breaking bad news** through Telepsychology mode with a level of high sensitivity. It is encouraged to make efforts in regularly reviewing current literature and proceed to engage high level skills when breaking bad news remotely. Adequate measures should be taken to ensure relatives and significant others or staff of institutionalized clients or patients are in close vicinity before breaking bad news via tele-technology. Additionally, when dealing with clients such as those in incarceration or correctional facilities, practitioners are encouraged to establish contacts through channels of communication laid down in such facilities unless such administrative structures override ethical obligations. They may also strictly adhere to patterns of communication laid down by the agency that they are working for.

Limitations

Practitioners should be aware of **limitations of Tele-counselling and Telepsychology** services which may include lack of complete control of connectivity. The client's background environment that may interfere with full installation of therapeutic factors. For these reasons, practitioners are encouraged to make judgment on the duration of the Tele-counselling process so as to minimize chances of unforeseen circumstances and interruptions.

Guideline 8: Self- Care

Self-care is critical for mental health services providers. Comprehensive self-care ismulti-dimensional in nature. The caregivers need to focus on their Physical, Psychological, Emotional, Spiritual, Personal and Professional health.

Physically they need to eat healthy, sleep well, exercise and enjoy physical intimacy.

Psychologically there is a need to go for personal therapy, take time to self-reflect, meditate, maintain a journal and join support groups.

Emotionally there is a need to explore one's hobbies, engage in community activities and have fun.

Personal and professional engagements including spending time with family, learning a new skill, spending time with friends, taking a break, leave/mental health holidays and setting boundaries.

It is incumbent on the professional offering mental health services to ensure that their mental health is well taken care of.

Guideline 9: Supervision of Mental Health Practitioners

Tele-mental health practitioners are required to have on-going formal support supervision or consultative support regularly for their work in accordance with professional requirements.

Practitioners using Telepsychology to provide supervision or consultation remotely to individuals or organizations are encouraged to consult others who are knowledgeable about the unique issues' telecommunication technologies pose for supervision or consultation. In providing supervision and/or consultation via Telepsychology, practitioners should make reasonable efforts to be proficient in the professional services being offered and the medium they are using.

In addition, since the development of basic professional competencies for supervisees is often conducted in-person, supervisors are encouraged to consider and ensure that a sufficient amount of in-person supervision time is included so that the supervisees can attain the required competencies or supervised experiences

Supervisors, managers, researchers and coordinators of Tele-mental health services should be aware of how practitioner's expertise, compliments the effectiveness of tele-technology or how

non expertness may promote abrupt disengagements at its worst. Close considerations should be made when supervising, coordinating, managing or researching through Tele-counselling technology.

It is considered more appealing for supervisors, managers and coordinators to attach, deploy or allocate practitioners with due regard to **training backgrounds.** Practitioners with adequate clinical or medical skills should be deployed or attached to clients with clinical symptoms or to those admitted in health institutions while those with community-based competencies and skills may be connected to clients with non-clinical psychological markers. This will foster timely use of tele-technology, improve the quality of communication between onsite multidisciplinary teams, pursue quality data and enhance expert –based easy referral network as appropriate.

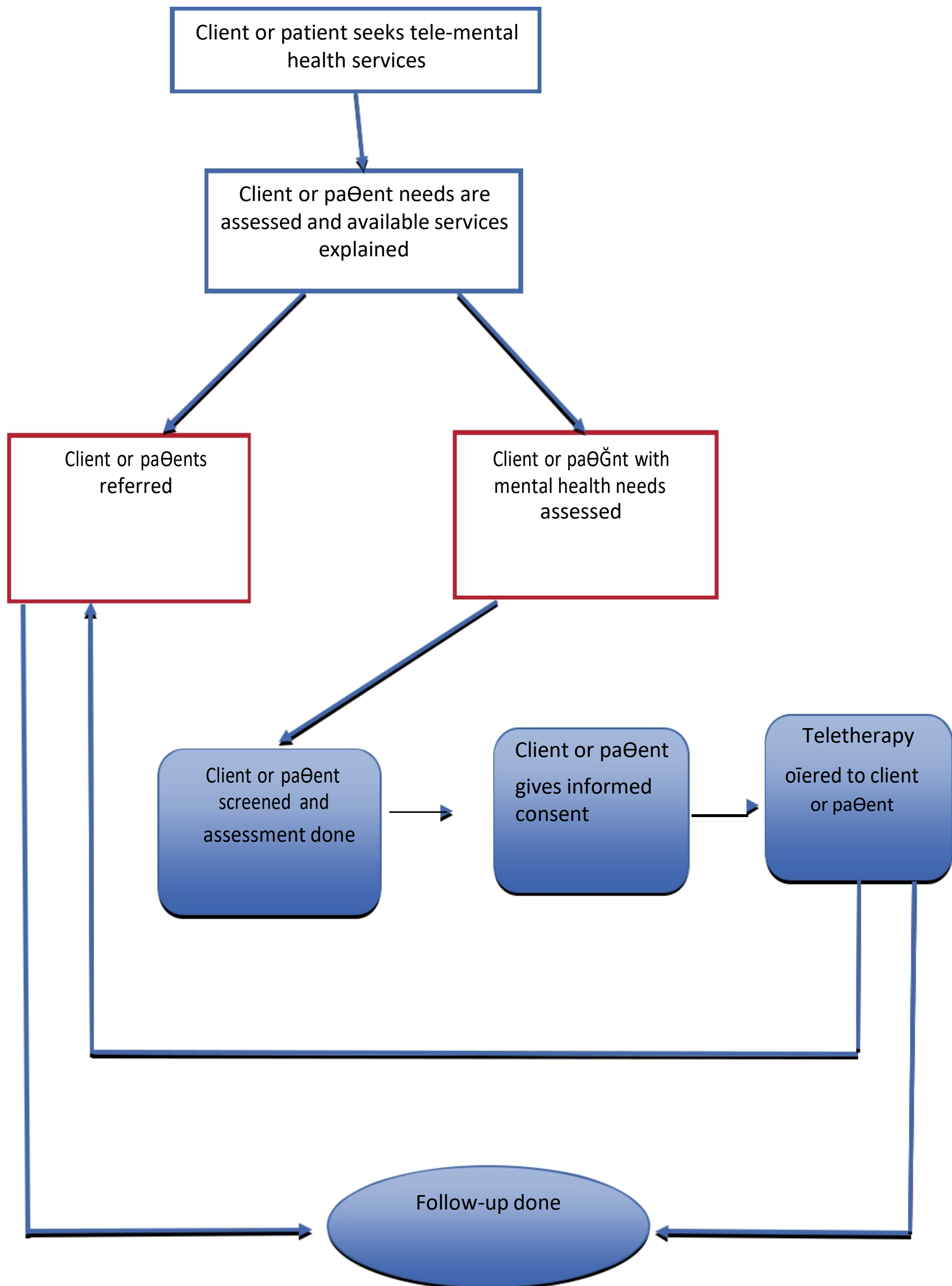
Reports or reporting on any teletherapy care and treatment should include clear statements about the limitations, specific descriptions of the therapeutic environments adapted by the patient or client and the practitioner, how psychological tests (if any) were adapted or modified to suit prevailing circumstances, and how this may bring variations from the in-person Standards of Practice and Care. Practitioners are encouraged to consider the unique issues that may arise with test instruments and assessment approaches designed for in-person implementation when providing Telepsychology services. Practitioners who provide Telepsychology services make reasonable efforts to dispose of data and information and the technologies used in a manner that facilitates protection from unauthorized access and accounts for safe and appropriate disposal.

Guideline 10: Referral System

A referral management system is a unique and powerful tool for telehealth providers to keep track of their patient referral throughout the continuum of care. A complete referral entails feedback from both ends.

Please refer to referral flowchart

Referral Flowchart



TOLL FREE LINES FOR REFERRAL

CALL 119- FREE COUNSELLING SERVICES

CALL 21094 – GENDER BASED VIOLENCE OR SEND HELP SMS TO; 1198

CALL 1195 or 1196 -GENDER BASED VIOLENCE FOR MEN

CALL 1192 - NACADA FOR SUBSTANCE ABUSE COUNSELLING

CALL 1190 - LVCT FOR GENERAL COUNSELLING SERVICES

CALL 116 – CHILD HELP LINE

CALL 911 – POLICE

CALL 112 – POLICE

CALL 0800720608 - HEALTH CARE WORKER COUNSELLING HELP LINE

SMS 21094 or 20767- PERSONS WITH DISABILITY

NMS - EMERGENCY OPERATING CENTRE FOR FREE AMBULANCES CALL;

-0800720541

-0110008608

-0110008609

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I am obliged to the following committee members for their effort and contribution to the finalization of this Manual

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10. Judith Twala –National Campaign Against Drug Abuse
11. Elcah Mbithi – Amani Counselling Centre
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13. Naomi Idah Anyango – Mathari National Teaching and Referral Hospital
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