

Face-to-face and remote working Autumn 2020

Background

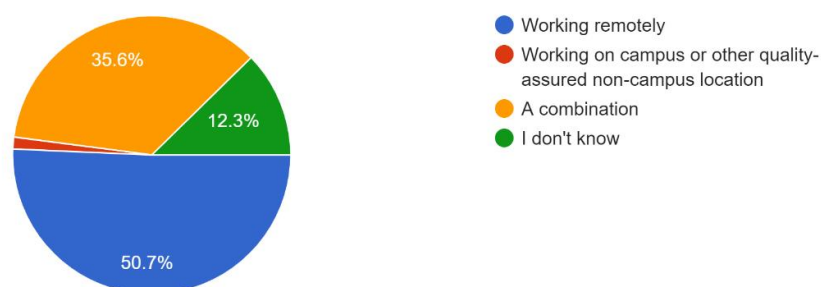
Normal working conditions for most members includes face-to-face work with students in a private room. Despite the UK now being out of complete lockdown, there is still much uncertainty about working conditions for staff in the new academic term.

Recent guidance from the Department of Education, specifically about DSA funded mental health mentoring, states that delivery of support can be provided remotely if this is the students' choice, and that face-to-face support must be in a private room with a door. (1) The introduction of student choice into the format of delivery of support offers scope for UMHAN members to review service/support operation.

UMHAN members do not, on the whole, deliver therapeutic interventions, although the interaction with our members involves some of the skills typically associated with therapeutic interventions and the outcomes of support may have therapeutic benefit. The nature of the work requires building a rapport with students who may be in acutely anxious states or endure recurrent and variable periods of being unwell, and who may be apprehensive or reluctant to engage in support. There has been much discussion about how to safely and successfully work with students in a "remote" way and the cost/benefits of the impact of an intervening technology on engagement, assessment and support.

We asked members about whether they would be working on campus, remotely, or both.

1. In the new term, will you be:
73 responses



Whether by student choice or by service re-design, approximately 86% of members



will be wholly or partially incorporating remote working, at least in the short-term, into their provision. This suggests members have identified ways to maintain business continuity in response to the safety concerns and public health guidance arising from the pandemic.

However, 26% of those expected to work on campus did not feel it was safe to do so. Some members reported pressure from management to reopen mental health services in order to support staff working on campus, despite identifying concerns that it is not necessarily safe to do so. We have drawn up this guidance to support individual members, and their services, as they return to work post-lockdown.

Challenges and benefits

Location

A large proportion of our members' work is 1:1 with students. This is normally in rooms with closed doors to maintain confidentiality. Some rooms may not allow for 2m/1m distance between staff and students, and some rooms are unventilated. Alongside direct 1:1 support of students, other types of work undertaken as part of the normal student usage of mental health services – assessment, review meetings, multi-disciplinary meetings – may also bring staff and students together in spaces which are problematic for limiting the risk of transmission. Equally, corridors and entrances can be tight. Members have reported concerns that both they nor students are comfortable to work in enclosed spaces, even with the Government's suggested mitigations in place.

For all members, especially those currently intending a combination of mixed forms of face-to-face and remote delivery, or those offering the choice of remote sessions, the alternating between the different forms of delivery of support may cause additional pressures where staff are having to find locations suitable for the type of delivery, when private rooms or reliable information technology can be in short supply.

Mode of delivery

UMHAN's guidance on service delivery identifies criteria for facilitative physical spaces that permit members and students to conduct the business of mental health support in an optimal way. With additional guidance with respect to Disabled Students' Allowance funded specialist mental health mentoring, it is becoming common practice to expect and permit support to be delivered remotely, without this being stipulated (for example, on a student's needs assessment report). In relation to DSA-funded mentoring, sessions are not permitted to be conducted over email or instant messaging services.

Asked about the benefits of remote working, members commented:



“Some students find it easier to talk from their home and it means if they struggle with sleeping/fatigue they don't have to get up early or travel”

“Some students have actually engaged better. By having a strong relationship before lockdown I have managed to keep all students engaged to some degree - even those who are not keen on remote support. It remains to be seen how well it will work to help me build relationships with new students.”

“Flexibility for student and advisor, easier to fit sessions around work/home/family commitments. Made us think about flexible working and meetings being conducted virtually or hybrid of in person/virtual as restrictions ease. Delivering support in new ways has opened up further creative thinking regarding future service delivery.”

“Stigma is reduced for some students because they don't need to be seen to be coming for support. We have two campuses so having a small team across two locations spreads us more thinly - this is resolved with remote working. The student only needs to turn on their screen or pick up a call, less motivation needed and less time required to seek help. Student is able to apply coping strategies directly to their own environment.”

“Opportunity to offer more frequent shorter sessions to meet need...Remote working has always been helpful for students experiencing 'bad days' eg when it is difficult to leave the house but feel OK to engage in a shorter meeting which can lift mood.”

“I personally feel that remote support has worked incredibly well for myself and my students. Students are in the safety of their own home and so feel able to let their guard down in a distraction free, totally private space. There is no fear of peers seeing them receiving support and they are relaxed in their environment. I believe they have been able to communicate more openly this way. For students with neurodiverse conditions, they are able to control their environment and so are not distracted or overwhelmed by sensory factors.”

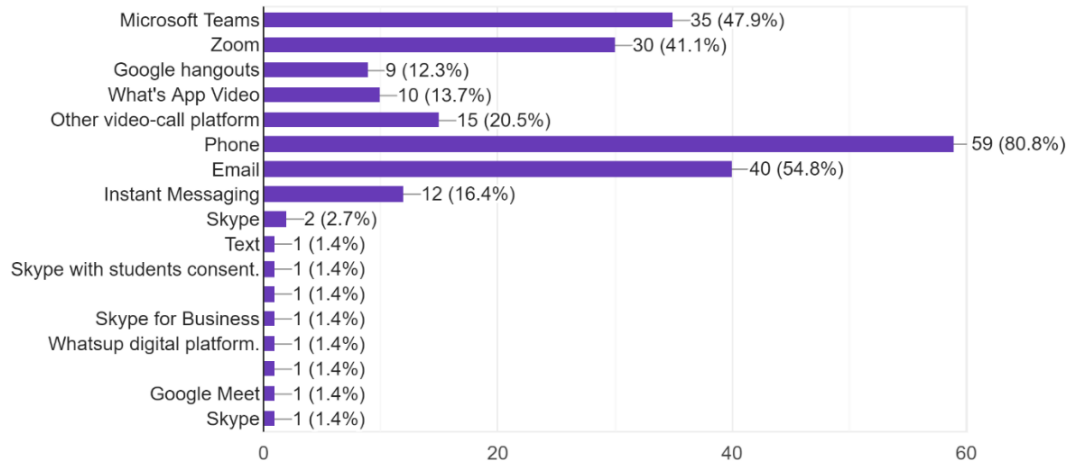
Flexibility and availability in being able to offer appointments was the most cited benefit. For some members who may be provided with reliable and suitable working spaces and information technology, this was a particularly noticeable advantage. This was also perceptible for members who were reliant on non-campus working spaces.

Many students have transitioned to remote support reasonably well (with this being preferred by some). Many members commented that attendance had improved.

Our member survey showed that a range of platforms have been used during lockdown:

1. How have you been delivering remote support to students?

73 responses



Feedback from members has shown that variety is required in the range of platforms offered and used. Universities have a tendency to stipulate that staff must use particular platforms for working, even though students may not have any familiarity with them and this has led to some disengagement from students. Some members have successfully used instant messaging.

However, it is widely recognised that for some students it is preferable for meetings to be held face-to-face if possible. The reasons for this include:

- The impact of social distancing and isolation on some peoples' mental health may be more pronounced due to trauma and previous experiences.
- Some students live in controlling environments where it is not possible to speak freely.
- Some students' living conditions mean there is no private space to hold a remote appointment.
- Some students greatly benefit from the structure an appointment can bring. e.g., from getting dressed and leaving the house to motivating them to study by being on campus.
- Some students greatly benefit from developing a trusting relationship with an adult in a safe, face-to-face environment.
- Some students benefit from having a physical location they go to for discussing mental health/enduring mental health difficulties, as a means of containing, facilitating expression, and providing boundaries to managing their experiences.

- Building and maintaining rapport with new and continuing students can be easier face-to-face. Body language is utilised in relationships to establish rapport, trust and congruence. Remote working reduces the use of non-verbal communication in the relationship.
- For some students, haptic solutions are vital to unblocking a problem. e.g., using tactile, non-digital learning tools.
- Some students do not trust technology. e.g., a student might be paranoid that they are being monitored or have concerns that sessions are recorded.

PPE, cleaning and protective measures

It is important to note that most work done by our members relies on in depth conversation and assessment, with longer rather than brief appointments. Members may have:

- New students arriving from different parts of the country (with different transmission rates and risk of transmission)
- Current students re-engaging with support after a period of not requiring support as part of the variable nature of their mental health condition
- Students engaging with support as a consequence of the psychological consequences of the pandemic
- Students who have had close relations with the virus or had the virus themselves.
- Some members may also have parts of their support “scaled up” through group meetings.

These, of course, increase exposure time, the points of contact with students, and potential for transmission of the virus. These issues are amplified if support requires other attendees (e.g., multi-disciplinary meetings or meetings with other colleagues). It is imperative, therefore that face-to-face appointments and support meetings are conducted under “Covid secure” conditions (2).

Current government guidance does not cover therapeutic situations specifically but does cover “professional services”. It is expected that face masks and visors are worn. Current research is mixed but suggests that visors alone are not enough protection. (3)

Respondents to our survey had largely been informed about increased cleaning and protective measures, such as screens and hand sanitiser.

“Practitioners will have individual rooms. Safety precautions implemented in line with government guidance- face coverings, hand sanitiser, social distancing measures in place. Heat detectors have been installed at each entrance- protocol developed for staff/ students indicating raised temperature/ potentially displaying symptoms of covid-19. Individual appointments with students will take place in rooms to which there are 2 doors to enable 1

way system of entrance and exit. Rooms/ reception will also include Perspex screens. Increase in cleaning duties.”

Other members had been told they would be working in “bubbles” with limited interaction with students. Some mentor members expressed concerns that their employers (recruitment agencies) did not have clear policies on risk assessment; many use ad hoc spaces to meet and fall outside of universities’ remit.

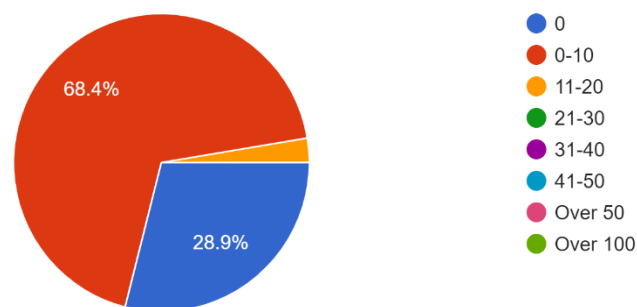
Students who are a cause for concern

Most members reported having up to 10 students on their caseload who had stopped engaging with support and who they assessed were a cause for concern because of this.

Mentors

3. How many students are you concerned about that are not engaging with you? (i.e. those students who you have enough information about t... students disengagement is a cause for concern)

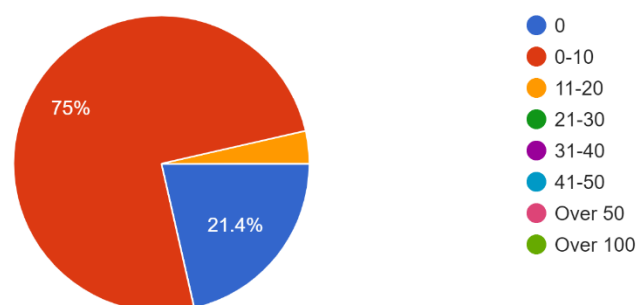
38 responses



Mental Health Advisers

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28 responses

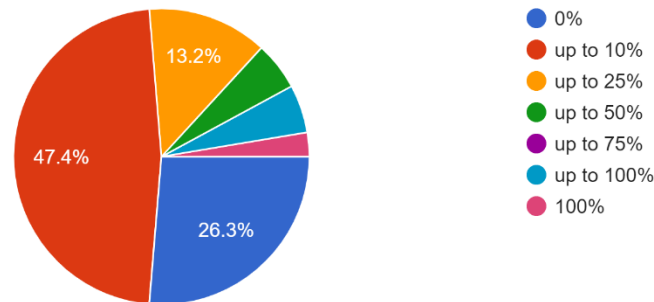


We asked what percentage of these students were assessed to be of high risk:

Mentors

3a. What percentage of these students are considered "high risk"? (e.g., in terms of deteriorating mental health, severity of mental health condition, ...riencing significant disruption to their education)

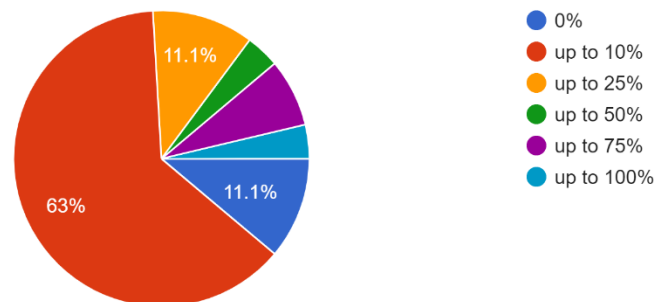
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27 responses



The three main reasons suggested for this disengagement were:

- Covid-19 had exacerbated an existing mental health condition (53% Mentors, 62% Mental Health Advisers),
- Remote support was not liked by the student (42% Mentors, 58% Mental Health Advisers),
- They seem to have disengaged from education-specific support at that time (31% Mentors, 50% Mental Health Advisers),

Other suggested factors were lack of rapport, disengagement from their course and remote support not being accessible.



We asked members how confident they were that “high risk” were able to access external support. The main concerns were about access to usual community support group and activities and assessment after relapse of a mental health condition.

Vulnerable staff

A number of staff may either be at high risk themselves to the effects of Covid-19 or have caring responsibilities for someone else who is. We would expect these staff to be allowed to continue homeworking, in light of health and safety practices and Government public health guidance. However, thought will be needed on how to manage disclosure of this information to students. e.g. if a DSA-funded student requests in-person support this may need to be reallocated or a discussion had with the student about whether remote delivery with that member of staff is possible. Our survey showed that 51% of students were not keen on remote delivery at first, but then decided it was OK, so remote support could be suggested on a trial basis, with the understanding that the student might have to change support workers if they still decided they needed face-to-face support. Similarly, if a member assessed that a student would benefit from face-to-face support rather than remote, this should be enabled.

Recommendations

Development of mental health services post Covid-19

We agree with the Lancet that “service users should be centrally involved in the development of mental health-care services and systems.” (4)

Professional body guidance

Other professional bodies have released guidance on face-to-face working, and we suggest these are reviewed when planning for the safety of staff and students when delivering 1:1 support.

BACP: www.bacp.co.uk/news/news-from-bacp/coronavirus/faqs-about-coronavirus/

This includes useful questions to consider about safety for both staff and students.

UKCP: www.psychotherapy.org.uk/ukcp-news/coronavirus-hub/

This directs members to follow government guidance for primary and community healthcare providers.

BPC: www.bpc.org.uk/download/1245/BPC-Guidelines-5.pdf

This has useful guidance on cleaning rooms and considerations about contact tracing.

Our recommendations

Remote working is an effort to maintain the core business of mental health support and is not equivalently replaced by the mere provision of information (greatly increased through online provision). A core component is the relationship between the support staff and the student (and other staff).

- Education providers should monitor the accessibility issues of providing student services remotely, and where possible, draw comparison with face-to-face services. This should include analysis of usage of services and access to them by disabled students (i.e., those students with mental health conditions who have disclosed to the University) and those who may have other intersectional identities. This should be in addition to any routine service use or outcome measures being undertaken.
- In this context, services should demonstrate a responsiveness to issues concerning a lack of privacy and access to technology. Education providers should assess which students that are known and which there are concerns about, and whether prioritising face-to-face support for these students is required (this might include external mentoring as a response).
- Education providers should also monitor the uptake of support by new students and be prepared to be flexible about the support on offer.
- We recommend that rooms suitable for face-to-face support within Government guidelines are prioritised for students who are not accessing support remotely. Education providers should consider whether they are able to provide appropriate space for mentoring as well as for their own services to ensure that students with mental health conditions receive the best support possible.
- Where a student at risk is being supported by a mentor, Education providers should ensure that they are included in health and safety assessments and factored into “bubbles” of staffing.
- Education providers should consider that their staff will need to utilise the remote working methods of other external services (e.g., health services) and different platforms may be required.
- Track and trace – Education providers should ensure that those staff members (and students) who are involved in face-to-face work are prioritised for any current or future testing programmes.
- In the long term, we need to recognise that the transition to the new academic year always leads to an increase in the transmission of germs and viruses (including sexually transmitted diseases), and an increase in behaviour which can be harmful to health (such as alcohol and drug taking); UMHAN takes the view that Education providers should maintain an ongoing plan of preventative

healthcare, which may include the continuation or reintroduction of remote working arrangements.

- Recognising the benefits of remote and flexible working arrangements:
 - Staff contracts should be reviewed to recognise the need and/or benefits of flexible working arrangements for disabled staff
 - Flexible working arrangements should be recognised as beneficial for the health and wellbeing of all staff and should be negotiated in view of the welcome understanding that most roles can now be performed more flexibly than previously thought.

Conclusion

Although there appear to have been many benefits for both students and staff in working remotely, there are also risks associated with this approach. Careful monitoring of accessibility and outcome measures needs to be undertaken before any firm conclusions or permanent solutions are made. Research into telehealth is emerging (5) and the evidence for its' efficacy should be monitored to sustain or improve current mental health support for students.

References

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- (4) How mental health care should change as a consequence of the COVID-19 pandemic, The Lancet [https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366\(20\)30307-2/fulltext](https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(20)30307-2/fulltext) (accessed 02/9/20)
- (5) Therapy over the telephone: how does it compare to face-to-face? The answer might surprise you..., The Mental Elf, <https://www.nationalelfservice.net/treatment/digital-health/telephone-face-therapy/> (accessed 02/9/20)