Mental Health of Mental Health and Addictions Clinicians Delivering Virtual Counselling

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Disclaimer:

This *Quick Response Report* was published on January 13, 2021. Given the rapidly changing nature of the coronavirus pandemic, some of the references included in this report may quickly become out-of-date. We further caution readers that researchers at the Newfoundland & Labrador Centre for Applied Health Research are not experts on infectious diseases and are relaying work produced by others. This report has been produced quickly and it is not exhaustive, nor have the included studies been critically appraised.

Readers will note that some text below has been highlighted for emphasis.

Original Inquiry

Does delivering virtual mental health and addictions counselling affect the psychological safety of mental health and addictions counsellors (MHACs)?

Summary

- For the purposes of this report, we understood "virtual mental health and addictions counselling" to mean counselling delivered via telephone or video call. Further, we understood "psychological safety" to encompass burnout, compassion fatigue, vicarious trauma, and mental health.
- This is a new topic. Existing guidance and evidence for virtual mental health and addictions counseling has tended to focus on the effectiveness of virtual treatment as compared to face-to-face treatment, as well as on patient and service provider satisfaction.
- The literature on the topic of psychological safety of mental health and addictions counsellors delivering virtual services is sparse. Most of the available literature on this topic is recent primary research.
- At present, there is insufficient evidence to determine conclusively whether the virtual mode of service delivery affects the psychological safety of mental health and addictions counsellors.

APPLIED HEALTH RESEARCH

Guidance from Health Authorities

Mental Health Professionals' Network. Australia. 2020

- [Online Networks](#) provide an online platform for mental health practitioners to connect, promote professional development, and provide peer-support for one another.
- The [Novel Coronavirus (COVID-19) Pandemic Strategy](#) promotes practitioner well-being by providing information on their webinar program, on billing for telehealth services, and on resources for mental health practitioners such as [Telehealth: how to make it work](#), and [Coronavirus: psychologists offer advice for maintaining positive mental health](#).

Expert Opinion

Mitra and Kavoor. [The Missing Discourse on Mental Health of Psychiatrists during COVID-19](#). Australian & New Zealand Journal of Psychiatry, September 8, 2020.

- "Researchers have often highlighted the higher-than-expected rates of physical illnesses, psycho-social morbidities and completed suicide among psychiatrists, likely stemming from lack of self-care. Among 59 abstracts available on PubMed…there was a conspicuous absence of scientific discourse on the mental health needs of psychiatrists themselves during the ongoing COVID-19 pandemic… perhaps reflective of a practiced attitude of putting our patients before ourselves. Various professional bodies have warned against the detrimental effects of this mind-set."
- "Some of us are possibly facing similar stresses as our patients—of being exposed to the risks of infection, unfiltered information and anxiety around our families' well-being. At the professional front, virtual cessation of face-to-face peer interactions is likely adding to the sense of isolation, ==and enforced adaptations to newer frameworks as telehealth are uncomfortable for many==, however."

Kar and Singh. [Mental health of mental health professionals during COVID-19 pandemic: Who cares for it?](#) Asian Journal of Psychiatry, September 1, 2020.

- "Society expects the mental health professionals (sic) to be patient, caring, strong, motivating, readily available, free from stress and frustrations at the time of need; but simultaneously stigmatizes psychiatry and mental health professionals. In this situation, the mental health professional's mental health gets grossly ignored. They often fail to seek adequate help for themselves, possibly out of the faulty belief that as experts they should deal with their mental health problems on own. Moreover, a lack of engaging environment and support to those with history of psychiatric illnesses during COVID-19 pandemic makes them more vulnerable. With already high suicide rates, marital disharmony, addiction among the psychiatrists, deterioration of their mental health should be anticipated for timely action."

Ingram and Best. The Psychodynamic Psychiatrist and Psychiatric Care in the Era of COVID-19. Psychodynamic Psychiatry, September 2020.

- "Under the auspices of the Psychiatrist Wellbeing Project of the American Academy of Psychodynamic Psychiatry and Psychoanalysis, a virtual session of about 50 member psychiatrists and non-member colleagues was convened on April 13, 2020, to consider the impact of the COVID-19 pandemic on our clinical work, our patients, and on the participating psychiatrists themselves… This report summarizes solicited written comments of the meeting's participants and comments from a transcript of the virtual meeting."
- "Themes identified and discussed are paradoxical separateness, seeking an optimal interpersonal distance, finding new idioms, reality and symbolism, and loss, mourning, and isolation."

Joshi and Sharma. Burnout: A risk factor amongst mental health professionals during COVID-19. Asian Journal of Psychiatry, July 8, 2020.

- "Given the limited resources and considering the situation amid covid-19, the surge in mental health services has augmented the risk for personal and professional burnout amongst practitioners. Emotional contagion, perceived stress, compassion fatigue, secondary traumatic stress, poor therapeutic effectiveness, and longer duration of therapy are the contributing factors which increase the risk of burnout amongst mental health practitioners."

Norcross and Phillips. Psychologist Self-Care during the Pandemic: Now more than Ever. Journal of Health Service Psychology, May 2, 2020.

- "This article addresses self-care methods for the extraordinary anxiety associated with the COVID-19 pandemic. In other words, here are quick self-care remedies to help psychologists navigate the current COVID-19 watershed and to operate at (near) peak performance—and feel as calm and controlled as the situation can possibly warrant… Herewith are nine research-supported, practitioner-friendly methods of psychologist self-care during extraordinary times."

McBeath et al. The challenges and experiences of psychotherapists working remotely during the coronavirus pandemic. Counselling and Psychotherapy Research, June 23, 2020.

- Mixed-methods (quantitative and qualitative) survey
- "To our surprise, the responses were overwhelmingly positive to the recent transition, evidencing a considerable resourcefulness and positivity."
- "A number of therapists spoke about the challenge of establishing a private space within their home from which to work. One therapist noted the physical strain on the body, particularly the head, neck and shoulders, when using Skype or Zoom. Another therapist experienced an 'ethical issue' with 'online work because it encourages avoiding real meetings'"

Primary Research

Doorn, et al. [Psychotherapists' Vicarious Traumatization during the COVID-19 Pandemic](#).
Psychological Trauma: Theory, Research, Practice, and Policy, August, 2020.

- "The findings of our therapist survey study suggest that their level of VT experiences during the pandemic was moderate and comparable to those in previous studies on other helping professionals. Notably, around 15% of therapists experienced high levels of VT during the COVID-19 pandemic. Younger age and less clinical experience were associated with higher VT, which was also in line with earlier findings. Negative experiences during the pandemic, such as feeling more distressed, tired, less competent, and less confident, as well as feeling less connected with the client and having a weaker therapeutic alliance than before, were also associated with higher levels of VT."
- "The results imply a need for personal and professional support for therapists working remotely amid a global health crisis."
- "Additionally, the move from in-person to remote therapy presents its own challenges to emotional connection; it is difficult to determine the causal relationships between VT; the isolation required by the pandemic; and the personal experience of fatigue, decreased emotional connection, and weakened therapeutic relationship."
- "Regardless of causation, there is a need for personal and professional support, especially among the young therapists with less experience, to help ameliorate the challenges of working remotely amid a global health crisis. Peer consultation groups, personal therapy, and connecting with mentors and other colleagues may provide avenues of support for therapists during these difficult times."

Joshi, et al. [Psychosocial response to COVID-19 pandemic in India: Helpline counsellors' experiences and perspectives](#). Counselling & Psychotherapy Research, December 27, 2020.

- "The challenges experienced by counsellors in the present study spanned several areas including technology, linguistic diversity, constant exposure to crisis stories, the dearth of resources in the community and difficulties experienced in personal lives. The enormity of the psychosocial impact coupled with lack of available resources in the community created feelings of helplessness and being overwhelmed among counsellors, and adversely impacted them."
- "For those working with helplines during COVID-19, responding to concerns that go beyond traditional mental health issues and fall within the realm of practical concerns (travel, food, shelter, livelihood, etc.) has been a challenge (Ravindran et al., 2020). Further, practitioners are responding to unique concerns of the pandemic that they themselves may not have been prepared for, or feel equipped for (Clay, 2020). These professionals are living through the same collective traumatic events as their clients. While doing so, they are not only responding to their clients' trauma narratives but also experiencing similar stressors in their personal lives as well. This double exposure to

trauma can have an acute impact, making them vulnerable to experiencing post-traumatic stress, increasing vulnerability to the blurring of personal and professional boundaries (Tosone et al., 2012), and raising the risk of feeling inadequate, helpless and experiencing burnout (Chen et al., 2020; Joshi & Sharma, 2020)."

Steidtmann, et al. Experiences of Mental Health Clinicians and Staff in Rapidly Converting to Full-Time Elemental Health and Work from Home During the COVID-19 Pandemic. Telemedicine and eHealth, December 9, 2020.

- "More than 85% of participants rated the experience of providing or supporting full-time [tele mental Health (TMH)] care as ''somewhat better'' or ''much better than expected.'' Clinicians and administrative staff reported perceptions that most clients were satisfied with TMH services. Identified TMH challenges included difficulty providing clinical forms and difficulties with technology. Identified benefits of [Work from Home (WFH)] included lack of commute, time with loved ones, opportunities for self-care, and increased flexibility. Maintaining team cohesion and communication while working remotely, and setting boundaries between work and non-work hours were identified as challenges. Nearly all respondents indicated a preference to continue some TMH from home in the future."

Rapisarda, et al. The Early Impact of the Covid-19 Emergency on Mental Health Workers: A Survey in Lombardy, Italy. International Journal of Environmental Research and Public Health, November 20, 2020.

- "In our sample of MHWs, severe levels of depersonalization were more frequent than emotional exhaustion and involved one in five workers. This rate was slightly higher than findings from a Spanish survey of healthcare workers during the earliest stage of the Covid-19 outbreak in April 2020. We can hypothesize that protective procedures, fear of infection and remote working may have a role in fostering feelings of detachment from clients. Moreover, feelings of detachment only partially overlapped with severe anxious or depressive reactions, and may be a defensive psychological mechanism to cope with the fear of infection and overall stress."
- "In general, the early impact of the Covid-19 emergency on mental health workers in terms of anxiety and depression was mild, but one in three workers experienced severe levels of burnout. However, more research is needed to assess the specific predictive factors. Both general and job-specific stressors are at play, but workplace protectors such as increases in professional roles and social support may have mitigated the impact."

Russel. remote Working during the Pandemic: A Q&A with Gillian Isaacs Russell: Questions from the Editor and Editorial Board of the *BJP*. British Journal of Psychotherapy, July 9, 2020.

- "Our devices bring our work into our homes, into our personal space, dissolving boundaries of space and time. Research shows that, as a result of the lockdowns, US workers are working an average of three hours more per day! In France, Spain and the

UK the workday has stretched an additional two hours (Davis and Green, 2020): 'There's no escape. With nothing much to do and nowhere to go, people feel like they have no legitimate excuse for being unavailable'. Our personal time is online. In the initial adrenalin rush of the lockdown people had Zoom family reunions, Zoom cocktails, Zoom dinner parties. Our work time is online. I find myself working seven days a week, clinically and with additional APSaA Covid-19 support group meetings. There is little space for silence, solitude and recalibration."

- "Our perceptions of time and place are dependent on each other and have a relationship with moving in space. In my pre-pandemic research, patients reported to me that the journey to and away from the consulting room is an important aid to remembering the session. Turning off the computer is not a journey…So the unchanging stasis of lockdown (what one person described to me as a 'soup of experience'), without much movement in space or change in routine or environment, affects our memories and our perception of past, present and future."

Doorn, et al. Grappling with our therapeutic relationship and professional self-doubt during COVID-19: will we use video therapy again? Counselling Psychology Quarterly, June 3, 2020.

- "Overall, our results show that, during the rapid transition to video therapy amidst the COVID-19 pandemic, therapists experienced some professional self-doubt and anxiety, and worried about technicalities and therapeutic relationship difficulties. However, despite this, they reported a relatively good working alliance and strong real relationship with their online patients, thought that their patients had a positive video therapy experience, and overall, they were moderately accepting of video therapy, but somewhat divided about intention to use it in the future. Moreover, factors that were related to more professional self-doubt and anxiety, such as lack of experience and worse in-session relational experience could be addressed in future professional trainings on how to best conduct video therapy."

The following article is a research study protocol; the study has not yet been completed.

Kogan. Longitudinal impact of COVID-19 on clinical practice and well-being of global mental health professionals. Canadian Psychological Association, July 1, 2020-April 30, 2021.

- "Mental health clinicians face increased demands and substantial stress; it is critical to understand their experiences to ensure the availability of high-quality services, including those using telehealth technologies like videoconferencing. This study uses online surveys in 6 languages (including French and English) to assess the impact of the COVID-19 pandemic on clinical practice and well-being of global mental health professionals. Surveys will be implemented at three time points to assess changes over time; the first has been completed. Participants will be members of the World Health Organization's Global Clinical Practice Network, including 15,500 mental health clinicians from 159 countries. The study assesses: 1) Effects of COVID-19 on work circumstances and services provided; 2) Work-related stress and distress; 3) Use of telehealth services and related

concerns; and 4) Expectations, resource needs, and recommendations. Results will inform clinical and health system management and public health response. Findings will be crucial for developing policies to protect the mental health workforce in Canada."

- The study website is here: LINK

News Articles

Sarah Maslin Nir. Therapists and Patients Find Common Ground: Virus-Fueled Anxiety. New York Times, May 3, 2020.

- "From the city's many therapist-client relationships — now taking place on Zoom and FaceTime sessions — a new concern has emerged: mitigating the emotional toll on mental health professionals, who must confront virus-oriented anxiety at work and in their personal lives."
- "Some therapists have enlisted therapists of their own. Others have taken up meditation, or build their days around walks. Dr. Elena Lister, a psychiatrist on the Upper East Side who specializes in loss and grief, spaces out her sessions to include time to do breathing exercises between each one. In Chelsea, Ms. Nesle heads to her roof between appointments. Others find refuge in routine. Every morning, Richard Angle, a clinical psychologist, drives from his home in Brooklyn through the nearly empty streets to his office on the Upper West Side — even though he is exclusively holding phone and tele-therapy sessions."

Sidney Fussel. The Pandemic Creates New Challenges for Crisis Counselors. Wired, April 28, 2020.

- "Counselors must also contend with isolation and the blending of their work and personal lives. "I have to shift, at the end of the night, back to being mom and wife rather than therapist and crisis counselor," [Erika Bosig] says. "But there's no closing the office door and walking away. It's stepping from behind the desk and into the rest of the bedroom." These counselors are aware of the psychological dangers of our new normal but are also vulnerable to the same malaise affecting others being forced to work remotely."
- "Vicarious trauma, as [Ali Perrotto] terms it, can be psychologically damaging to counselors. Internalizing this trauma is always an occupational hazard but is especially heightened now that so many counselors work from home. Remote workers are at increased risk for isolation and burnout."

Methodology

Newfoundland and Labrador Centre for Applied Health Research (NLCAHR) COVID-19 Quick Response reports are initiated by, and shared with, our partners in the provincial health system, including the four Regional Health Authorities, the Departments of Health and Community Services and Children, Seniors and Social Development, and public health officials.

NLCAHR staff work with topic submitters to clarify the research question. We then search for related systematic reviews, meta-analyses, other reviews, interim and other guidance statements, primary research, expert opinion and health and science reporting.

We use several search strategies, with a focus on the following databases:

- Alberta Health Services
- CADTH
- Centre for Disease Control
- Centre for Evidence Based Medicine
- Cochrane Collaboration
- COVID-19 Critical Intelligence Unit
- Evidence Aid
- Guidelines International Network
- Health Canada
- Health Systems Evidence
- HIQA (Ireland)
- Joanna Briggs Institute
- MedRxiv
- National Collaborating Centres on Methods and Tools (NCCMT)
- National Institutes of Health COVID-19 Treatment Guidelines
- National Institute for Health and Care Excellence
- National Library of Medicine
- NIPH Systematic Reviews on COVID-19
- Once for Scotland guidance
- PROSPERO
- Public Health Agency of Canada
- U Penn Center for Evidence-Based Practice
- U.S. Veterans' Affairs (VA) Evidence Synthesis Program
- Usher Network for COVid-19 Evidence Reviews
- World Health Organization
- COVIDEND: Inventory of best evidence syntheses

This report was prepared by Sarah Mallay and Pablo Navarro.

For more information about *COVID-19 Quick Response Reports*, please contact pnavarro@mun.ca