# Remote and Digitally Delivered Mental Health Support for Care-Experienced Young People: Some Practice-Based Reflections in Response to Cummings (2022)

In a recent contribution to this journal, Cummings (2022) reports findings from a preliminary qualitative study of practitioner viewpoints regarding digitally delivered mental health support to care-experienced young people. Cummings' study highlights the need to engage with professional experiences of using digital methods with this group, both during and outside of the COVID-19 pandemic. A response to - and commentary on – Cummings' contribution is provided, to advance discussion of issues identified by the research. We reflect on our experience as practitioners and researchers working in and alongside specialist child and adolescent mental health service teams serving care-experienced children and young people. We focus on workspaces in remote working, therapeutic technique in online and telephone-based care, and virtues and challenges of remote care delivery.

Key words: care-experienced young people; digital delivery; remote delivery; telemental health

Children and young people living in foster or residential care are recognised as vulnerable to a high level of mental health need due to childhood adversity and the secondary challenges of being in public care (Tarren-Sweeney 2019). This level of need has influenced the development of dedicated provision in the UK, in the form of specialist child and adolescent mental health service (CAMHS) teams for looked-after children within the National Health Service (NHS) as well as tertiary therapeutic services (Callahan et al. 2004; Rao et al. 2010).

The delivery of mental health care and psychological therapy to these children and young people who are care-experienced, i.e., living in out-of-home residential, foster or kinship care, is therefore an important area of empirical investigation (Davies and Wright 2008; Fisher 2015). Within that research context, a particular area of concern is the experiences of children, young people, professionals and other stakeholders.

Cummings' (2022) recent contribution published in this journal relates findings from a preliminary qualitative study of practitioner viewpoints regarding digitally delivered mental health support to care-experienced children and young people. With a dearth of research on this topic, the study importantly highlights the need to engage with professional experiences of digital mediums and the use of these mediums during and outside of the COVID-19 pandemic. For the study, ten professionals were interviewed after being accessed primarily via third sector organisations serving young people with mental health difficulties. Themes arising from the interviews related to different aspects of the experience of providing care: the shift to online working during the pandemic (and concomitant issues of ensuring privacy and confidentiality when working online), accessibility of digitally delivered care, and expectations around future service delivery. While the study participants expressed caution about not providing in-person care, there was also optimism that the option of digital delivery afforded a means to reach young people who were previously unable to access support.

We were interested to read Cummings' contribution as practitioners and researchers practicing in and working alongside CAMHS teams serving care-experienced children and young people. What follows is a response to - and commentary on – Cummings' contribution, taking forward various issues identified in the research. This paper reflects a professional commentary on the original article whereby we describe our own experiences but do not report on new empirical research.

We are:

- a mental health practitioner, clinical psychologist, trainee clinical psychologist, and senior registrar in child and adolescent psychiatry who have all worked, during the last two years, in a specialist CAMHS team in the East Midlands of England serving care-experienced children and young people (aged 5-19), as well as other groups considered vulnerable to mental health difficulties;
- a consultant child psychiatrist practicing in a similar team in a different area of the East Midlands;
- a forensic psychologist combining academic research and teaching with clinical practice in the community, including work with children living in residential care;
- a chartered psychologist in health who works in academic setting providing direct support to NHS professionals with expertise in qualitative research and child and adolescent mental health; and
- a child welfare researcher based in the United States who combines clinical practice with research focussing on psychodynamic, mentalisation-based interventions.

Those of us who have worked in specialist CAMHS have been involved in providing care and treatment that is primarily orientated to acute levels of mental health need, which constitutes a different care context to that represented in the experience of the participants in Cummings' study. Partly to make sense of our own clinical experience during the pandemic

and lockdown periods in the UK, i.e. between March 2020 and June 2021, those of us working clinically sought to reflect on our practice and undertake evaluation projects, with the support of the colleagues based primarily in research. The reflections we share here arose out of conversations (most often via videoconferencing and telephone) and email correspondence we had with each other during this time. Evaluative work we carried out informed service development at a local level, but we also sought to report the findings to a wider audience (see Archard et al. 2021, 2022a, 2022b, 2022c, 2022d, 2023a, 2023b).

## Workspaces in remote working and practitioner vulnerability

One important theme identified in Cummings' study concerned practitioner vulnerability in remote and online working, reflecting the findings of other research addressing online mental health care (Bentham et al. 2021). Some participants in Cummings' study reported finding the move from office- to home-based working during the pandemic a positive professional experience: in allowing for a better work-life balance and increased opportunity for self-care and regular breaks. However, this certainly was not the case for all professionals in the study. There were participants who reported struggling to separate their home and work 'selves', with appointments via videoconferencing being described as an 'invasive' experience by some. Some participants were reported to resign from their posts due to not feeling free of work at home.

Consistent with these reports, we found that space is an important consideration in remote care delivery. In therapy appointments, distressing experiences are often related by young people, as they are in consultations with carers and parents, and exposure to this distress can be challenging when working from home, especially with limited opportunity to take breaks from a demanding schedule and a continuous expectation to be online. In these situations, it can become less a best-of-both-worlds situation, where one can work more

flexibly with a greater work-life balance. Instead, it is a situation where longer hours are worked, greater productivity is expected, with limited ways of escaping the home-based office. Regularly, practitioners can be called to attend safeguarding meetings and other professional forums. Additionally, working online, there are more limited opportunities to straightforwardly debrief following an emotionally demanding meeting or session. One cannot have more casual conversations with colleagues which tend to occur when sharing a physical office space, potentially placing practitioners at an increased risk of burnout and vicarious traumatisation (Ireland et al. 2022).

For those of us practicing in specialist CAMHS teams during the pandemic, some in-person care remained necessary where clinically warranted, for example, due to concerns about the level of risk, the presence of severe mental health symptomology, and vulnerability. Yet, a great deal more took place via telephone and videoconferencing, often via home-based working. We found that such experiences change the way one experiences one's home – it no longer seeming able to offer the same protective shield to close off the world of work. Working online also restricts how much one can realistically appreciate the efforts colleagues and other professionals are engaged in, which can contribute to increased feelings of isolation, frustration, and a sense of persecution from the systems within which one works – as related research has found (Mendonça et al. 2022).

There are also inequities in the capacity to work from home. Just as some young people face challenges to straightforwardly access private spaces for personal telephone conversations with mental health professionals, so it is for professionals. The ideal of a separate work office 'consulting room' is not possible for all practitioners. Some practitioners, especially those in training, may live in shared accommodation, having access to a single small room which functions as a study, living and sleeping space. A quote Cummings (2022) included in her analysis relates specifically to one participant who left her

job because she ‘needed that separate space’ (p. 6). This being unfortunately the case, whether in shared accommodation or not, work can intrude into the domestic sphere.

In our clinical experience, we also found that factors outside a practitioner’s control can also seep into the clinical sphere, for instance, traffic noise or, in the case professionals with dependent children, the unpredictable burden of one’s own children being off sick. We know of mental health and social care professionals who have re-evaluated the impact their work has on their wellbeing and their families and been led to move to a different post seeking a better work-life balance. There can be a gendered nature to this in that it was most often working mothers who were left burdened with domestic and caregiving responsibilities alongside professional commitments.

## Therapeutic technique in online and telephone-based care

Technique in psychological therapy and consultation changes when working online. This is not something dealt with in much depth in Cummings’ research (which does address issues of engagement and training in digital delivery). However, it has been the focus of literature published during the pandemic (see, e.g., Appel et al. 2020; Feijt et al. 2020; Greenhalgh and Wherton 2022; O’Brien and McNicholas 2020; Racine et al. 2020; Reay et al. 2020). Simply stated, working online as a mental health professional has been recognised as different from working online during a pandemic. Cohen (2021) for instance, a practicing psychoanalyst, recounts the disconcerting nature of the abrupt shift to online-based therapy prompted by the pandemic. He cites the British psychoanalyst Wilfred Bion’s description of the psychoanalytic session as the meeting of ‘two rather frightened people’:

> The Zoom consulting room brought me a renewed awareness of my patient and me as two rather frightened people. The vagaries of teleconferencing quickly undid the consulting room’s atmosphere of quiet receptivity. It turns out the buffering icon isn’t really a ‘waiting room’, that a meaningful silence can be difficult to distinguish from a loss of signal, that the words I’d have spoken into a receptive pause of the here and

> now in a shared room were liable, in the two second delay of Zoom, to cut clumsily into the patient's flow of speech. (ibid., p. 15)

Those of us who provided clinical care to care-experienced young people during the pandemic were involved in a range of tasks: initial and more specialist assessments (for example, for neurodevelopmental conditions), consultations to carers, group-based intervention, and individual psychological therapy for a range of different problems. In different respects, we found that, in this work, we became more orientated to external reality, even the importance of practical help, in supporting young people therapeutically. For example, we found a greater level of involvement in terms of advocating on their behalf and providing input and consultation to educational settings to ensure that their emotional wellbeing was prioritised there.

In interactions with young people, professionals and carers, there could also be a greater degree of authenticity in encounters. Working on the telephone, it can be easy to retreat into a more conversational exchange, avoiding the actual doing of therapy (Brockopp 1970). However, we found this was less the case during the pandemic – the therapy became more conversational and beneficially so, for instance in the form of talk about everyday activities, interests, and frustrations young people were experiencing with the lack of contact with friends due to physical distancing requirements.

In relation to this, one issue we reflected on (and wrote about) was professional self-disclosure, i.e., the act of the professional revealing information about their personal identity or lived experience to those they are seeking to help (Archard et al. 2023a, 2023b). These sorts of disclosures tended, we found, to occur with greater frequency working online during the pandemic, such as when informing young people, parents, and carers about changes in scheduling due to illness in one's family or having to take leave for other personal commitments. These disclosures could also help to avoid giving the misleading impression

that one was somehow unaffected by the challenges everyone was facing in a way that others were not.

In making these observations about self-disclosure, we are not claiming that disclosures were necessitated in this context but rather observing that more was revealed at times. We also considered how, when working online, one makes choices about what to reveal (and not reveal) in terms of one's taste in decor, items that are left on show, whether a digital wallpaper is opted for or not and so on, so it is approached in a different way (see Morris, 2018). This type of stage management of the online therapeutic space and implicit form of disclosure was, at the start of the pandemic, done on the fly, with little time to consult with colleagues about appropriate personal and professional boundaries.

## Virtues and challenges in remote care delivery

The perspectives of the participants in Cummings' study spotlight accessibility as a virtue of online working with care-experienced children and young people but also illustrate how digital inequalities can be an issue, with some young people not having access to the requisite technology for online sessions. They also highlight how issues with privacy and distraction can be very complicated to navigate when practicing in improvised settings.

In our work in CAMHS teams and with care experienced children and young people, our experience has been that remote working with telephone calls and videoconferencing has enabled continuity in working relationships with young people who were also seen in-person, i.e., as part of a blended or integrated delivery. Our experience has been that the greater sense of anonymity with telephone-based intervention has helped with some disclosures in individual therapy (Lester 1974), as well as to enable children and young people to become familiar with a professional. These relationships can begin with some (online) distance before

meeting them in person; thus, offering an opportunity for rapport and trust to develop in what the child/young person perceives to be a safe space.

This reflection can be related to the findings of an evaluation some of us undertook which involved interviews with care-experienced young people (Archard et al. 2022c, 2022d). For most of the 16 young people who participated and were accessing specialist CAMHS care at the time (of whom six were living in residential or foster care), remote and digital delivery methods were viewed as acceptable in the context of a need to physically distance to prevent the transmission of coronavirus and helpful in maintaining contact with a case holding clinician. Nevertheless, digital delivery was not necessarily preferable outside of a need for physical distancing, with four of the six care-experienced young people expressing an explicit preference for face-to-face contact.

Conversely, gathering views from 38 foster and adoptive parents and other professionals, including residential care staff, accessibility seemed more important than the medium by which support was provided (Archard et al. 2022c). For these groups, following the turn to remote delivery, satisfaction with care remained high, yet changes in the shift to remote appeared more challenging for those already involved with the team prior to the pandemic. Moreover, differences in experience that could be discerned between groups appeared, in part, to be linked to the extent a parent or carer felt included as part of a professional network and able to access certain lines of communication (notably email) with clinical staff.

These findings, along with our clinical experience, reinforced for us a need to take time to explore preferences regarding the medium of support. Carers may prefer a young person to access therapy via remote and digital delivery methods and wish to limit time spent travelling or have found working online easier themselves, but this may not concur with the young person's preference. Care-experienced children and young people are potentially

easily discouraged by any intimation they are somehow undeserving of support. Comments from carers about obstacles to accessing support can potentially serve to reinforce deeply felt anxieties children and young people have about whether or not they deserve the care of others.

Along similar lines, it can be said that in the evaluation of care delivery it is practically easier to arrange access to speak to adult carers and professionals and not children and young people, with all the permissions and considerations required. However, this can lead to their views being overlooked in planning the development of care pathways. We found that directly involving a peer support worker in the service evaluation described was beneficial in ensuring young people's views were gathered (Archard et al. 2022d, 2023b).

## Directions for research and implications for practice

The reflections provided here are based on clinical experience in specialist CAMHS teams working specifically with children and young people with acute mental health needs. As care experienced young people in the UK access metal health support not just via such teams, but also third sector provision (as represented by the participants in Cummings' study), caution is warranted in considering the relevance of this learning across different service contexts. Indeed, participants in Cummings' research highlighted this in commenting on how digital methods may better suit 'lower levels of mental health needs' as compared to 'complex demands' (p.8).

This being acknowledged, Cummings' analysis of the reflections of professionals working in an adjacent care context provide food for thought on the prospects for ongoing digital and remote delivery methods in mental healthcare. The issues the study addresses remain important now that physical distancing restrictions to prevent coronavirus disease transmission are lessened. The value of a hybrid model with some home working and some

office working has been widely advocated and the issue of choice is an essential part of the debate. Young people may prefer digital delivery methods at times, but not others, and practitioners might also prefer aspects of online and in-person care, at different times, but for different reasons. The obvious benefits around accessing care remotely for children, young people and professionals are important to state as well, in terms of convenience of access. Yet, the pandemic increased the stress level for both groups and working remotely has often not been a choice for many. Lack of control and stresses in the wider environment added to the pressures of working remotely.

The dearth of research examining remote and online delivery of mental health care to care-experienced children and young people mean there is a need for further empirical exploration, and Cummings should be commended for what was achieved in an exploratory study. The voices of young people themselves are also vital for the development of responsive approaches to care delivery and further research may take the form of longitudinal qualitative studies, involving, for instance, clinician diaries and a practice-near approach that seeks to get close to practice experience. To also help with developing professional practice in this area, the findings of quality improvement work and individual case-based learning should be shared amongst practitioner and research communities. In both research and quality improvement endeavours, the consideration of the stress that practitioners are subject to and opportunities to reflect on practice are important matters to address.

## References


Appel, A., J. Charlebois, and B. McKim. 2020. “Out of the Frame: Boundaries in Online Psychotherapy,” Journal of Psychiatry Reform 8 (2): 1-4. https://journalofpsychiatryreform.com/2020/04/29/out-of-the-frame-boundaries-in-online-psychotherapy/

Archard, P. J., M. O’Reilly, S. Fitzpatrick, and J. Fox. 2021. “Youth Telemental Health and COVID-19,” Irish Journal of Psychological Medicine 38 (4): 318-319

Archard, P. J., J. Blackwell, I. Moore, L. Briggs-Deardon, T. Adkins, and M. O’Reilly. 2022a. “Providing Specialist Clinical Support for Adoptive Parents and Adoption Professionals,” Mental Health Practice 25 (6). doi: 10.7748/mhp.2022.e1632

Archard, P. J., S. Fitzpatrick, N. Morris, and M. O’Reilly. 2022b. “Consultation in a Specialist Mental Health Team for Vulnerable Children Before and During the Early Stages of the COVID-19 Pandemic: Audit Findings and Practice-Based Reflections,” Practice: Social Work in Action 34 (2):101-115

Archard, P. J., E. Giles, I. Moore, S. Awhangansi, S. Fitzpatrick, L. Kulik, and M. O’Reilly. 2022c. “Parent, Carer and Professional Views of Specialist Child and Adolescent Mental Health Care During the COVID-19 Pandemic,” Journal of Children’s Services 17 (4): 251-264. doi: 10.1108/JCS-09-2021-0036

Archard, P. J., L. Kulik, S. Fitzpatrick, S. Awhangansi, I. Moore, E. Giles, N. Morris, and M. O’Reilly. 2022d. “Young People’s Views on Specialist Mental Health Care and Remote Delivery During the COVID-19 Pandemic,” Mental Health Practice. 25 (6). doi: 10.7748/mhp.2022.e1632

Archard, P. J., I. Moore, M. O’Reilly, P. Majumder, D. Warrender, T. Adkins, and E. Tilbury. 2023a. “Professional Self-Disclosure and Helping Relationships With Foster

Carers During the COVID-19 Pandemic," Mental Health Practice. doi: 10.7748/mhp.2023.e1623

Archard, P. J., M. O'Reilly, T. Spilsbury, A. Ali, L. Kulik, and P. Solanki. 2023b. "Formality, Advocacy and the Sharing of Lived Experience in Peer Support Work," Irish Journal of Psychological Medicine. doi:10.1017/ipm.2023.8

Bentham, C., K. Driver, and D. Stark. 2021. "Wellbeing of CAMHS Staff and Changes in Working Practices During the COVID-19 Pandemic," Journal of Child and Adolescent Psychiatric Nursing 34 (3): 225-235. doi: 10.1111/jcap.12311

Brockopp, G. W. 1970. "The Telephone Call: Conversation or Therapy," Crisis Intervention 2 (3): 73-74.

Callaghan, J., B. Young, F. Pace, and P. Vostanis. 2004. "Evaluation of a New Mental Health Service for Looked After Children," Clinical Child Psychology and Psychiatry 9 (1): 130-148.

Cohen, J. 2021. Losers. London: Peninsula Press.

Cummings, A. 2022. "The Views of Mental Health Professionals Who Use Digital Methods to Support Care-Experienced Young People," Practice: Social Work in Action

Davies, J., and J. Wright. 2008. "Children's Voices: A Review of the Literature Pertinent to Looked-After Children's Views of Mental Health Services," Child and Adolescent Mental Health 13 (1): 26-31. doi: 10.1111/j.1475-3588.2007.00458.x

Feijt, M., Y. de Kort, I. Bongers et al. 2020. "Mental Health Care Goes Online: Practitioners' Experiences of Providing Mental Health Care During the COVID-19 Pandemic," Cyberpsychology, Behavior and Social Networking 23 (12): 860-864. doi: 10.1089/cyber.2020.0370

Fisher, P. A. 2015. “Review: Adoption, Fostering, and the Needs of Looked-After and Adopted Children,” Child and Adolescent Mental Health 20 (1): 5-12. doi: 10.1111/camh.12084

Greenhalgh, T. and J. Wherton. 2022. “Telepsychiatry: Learning from the Pandemic,” The British Journal of Psychiatry, 220: 257-261.

Ireland, C. A., S. Keeley, M. Lewis, and S. Bowden. 2022. “Vicarious trauma and compassion fatigue in residential care workers of traumatized children”, Abuse: An International Impact Journal 3 (1): e1-e12. doi: 10.37576/abuse.2022.030

Kinoshita, S., and T. Kishimoto. 2022. “Advantages and Disadvantages of the Long-Term Use of Telepsychiatry,” Irish Journal of Psychological Medicine.

Lester, D. 1974. “The Unique Qualities of Telephone Therapy,” Psychotherapy: Theory, Research and Practice 11 (3): 219-221.

Mendonça, I., F. Coelho, P. Ferrajão, and A. M. Abreu. 2022. “Telework and Mental Health during COVID-19,” International Journal of Environ Research and Public Health 19 (5): 2602

Morris, M. E. 2018. Left to Our Own Devices: Outsmarting Technology to Reclaim Our Relationships, Health, and Focus. Cambridge, Massachusetts: The MIT Press.

O’Brien, M., and F. McNicholas. 2020. “The Use of Telepsychiatry During COVID-19 and beyond.” Irish Journal of Psychological Medicine, 37 (4): 250-255.

Power, E., S. Hughes, D. Cotter, and M. Cannon. 2020. “Youth Mental Health in the Time of COVID-19.” Irish Journal of Psychological Medicine 37 (4): 301–305. doi:10.1017/ipm.2020.84.

Racine, N., C. Hartwick, D. Collin-Vézina, et al. 2020. “Telemental Health for Child Trauma Treatment During and Post-COVID-19: Limitations and Considerations. Child Abuse and Neglect. 110 (2). doi: 10.1016/j.chiabu.2020.104698

Rao, P., A. Ali, and P. Vostanis. 2010. “Looked After and Adopted Children: How Should Specialist CAMHS Be Involved?” Adoption and Fostering 34 (2): 58-72.

Reay, R. E., J. C. Looi, and P. Keightley. 2020. “Telehealth Mental Health Services During COVID-19: Summary of Evidence and Clinical Practice,” Australasian Psychiatry 28 (5): 514-516.

Tarren-Sweeney, M. 2019. Mental Health Screening and Monitoring for Children in Care: A Short Guide for Children’s Agencies and Post-adoption Services. London: Routledge.