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British Psychological Society response to EFPA Board of Ethics in conjunction with the EFPA Project Group one-Health

Psychological services via the internet and other non-direct means: recommendations for ethical practice

The British Psychological Society, incorporated by Royal Charter, is the learned and professional body for psychologists in the United Kingdom. We are a registered charity with a total membership of just over 60,000.

Under its Royal Charter, the objective of the British Psychological Society is "to promote the advancement and diffusion of the knowledge of psychology pure and applied and especially to promote the efficiency and usefulness of members by setting up a high standard of professional education and knowledge". We are committed to providing and disseminating evidence-based expertise and advice, engaging with policy and decision makers, and promoting the highest standards in learning and teaching, professional practice and research.

The British Psychological Society is an examining body granting certificates and diplomas in specialist areas of professional applied psychology.

Publication and Queries
We are content for our response, as well as our name and address, to be made public. We are also content for the Committee to contact us in the future in relation to this inquiry.

Please direct all queries to:-

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About this Response

The response was led on behalf of the Society by:

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	Comments, to include the reasons underlying the comments so they can be better understood:
	The British Psychological Society welcomes this guidance and thanks EFPA for the opportunity to comment. The introduction discusses "the internet" but some operational definitions here would be useful on specifically what this may refer to in relation to the different ways the internet can be used for remote practice. Within this, making a clear distinction about examples of "non-direct means" would add some clarity. Arguably "the internet" can include (but not be restricted to): • Online video chat/conferencing • Email • Instant Messaging, SMS • Collaborative, cloud-based assessment methods It would be useful to specify who these guidelines are for, currently they seem to be written for small business practitioners expanding beyond face-to-face sessions. However, many psychologists will be practising within large organisations across Health and Social care and beyond. There are also 20,000 mental health and psychological therapy apps (mHealth apps) delivering psychological services remotely, a figure which is expected to grow. As well as Virtual reality (VR) assisted and Artificial Intelligence (AI) assisted delivery of psychological services. Each of these Apps requires specific ethical consideration and guidance. We have provided some suggested content and considerations for these at the end of our response however, if this is beyond the remit of the guidelines, it should be made clear that the scope is only relevant for remote video-call/conferencing services and not for any services provided via the internet. It may be worth distinguishing between a website presence and social media presence (in section 5.1.1). Guidance could suggest appropriate professional services which may be considered relevant here (e.g., LinkedIn). The BPS has produced its own guidelines on the use of social media (BPS, 2012) by professionals/practitioners, and there will likely be similar guidance from regulators and other professional bodies. The BPS has produced guidance for conducting psychological therapy and assessment (BPS 2020, 2021a) remotely as well as Internet-mediated research ethics guidelines (BPS, 2021b) which cover a wide range of ethical issues relating to working online. We feel many of these issues are relevant to be included in this guidance, specifically: <u>Safeguarding</u> The guidance neglects to mention the safeguarding and/ or duty of care for clients. Clients joining virtual sessions from their homes may mean that psychologists witness situations or relationships which are not healthy or which are harmful and there is a duty of care for psychologists to act in these situations. When working with clients at home with families, psychologists should consider the

wellbeing of all those in the setting (BPS 2021). Similarly, when clients would normally be attending a face to face session alone, when attending virtually they may have someone with them (visible or not) making it harder for them to disclose particular information.

As well as this, digital media makes it hard to judge client's reactions using usual methods including body language, which would ordinarily give clues about safeguarding concerns.

The guidance could mention this and encourage psychologists to be aware of the issues, ensure their clients are able to be alone and be involved in psychological services safely.

<u>Privacy</u>
Although the guidance mentions confidentiality and practicalities, it does not talk about making sure the client has privacy during a sessions. Psychologists need to ensure their clients are aware of what they need to do and consider. For example, if attending a video conference they should be in a private room with the door shut, they should ensure there are no interruptions where possible. Both client and psychologist may like to consider wearing earbuds or headphones as this can help to make the conversation more confidential and improve sound quality.

In terms of effective confidentiality and risk management, the following additional issues should be considered when offering therapy digitally:

- Would you want to know where the client is during the sessions (e.g. at home or at work)? This would be important if a welfare check needed to be arranged for a client who was presenting with active suicidal plans or intentions.
- What would you do if a client terminated a therapy session, especially following a disclosure of plans or intentions to harm themselves or others?
- Do you need to follow-up any sessions by emailing clients' crisis details? How will you ensure the client has received these?
- How will you transparently discuss the security of the video link and the risks associated with this in terms of confidentiality? Is verbal consent enough for this or is written consent regarding your liability needed?

<u>Equity</u>
More explicit reference is needed with regards to inequity of access and digital divide as these are pertinent issues when providing practical guidance. We note a number of areas in which the guidance should consider:

a) Movement to e-health may exacerbate a digital divide among some populations. For example, remote services for some older adults and people with dementia may be unsuitable and exclusive to those with good internet access (e.g., Giebel et al., 2021).
b) In remote support services for people with cognitive disabilities via video conferencing platforms, it can create challenges with communication and some people may consequently feel excluded. It is important to have clear rules for communication so that everyone feels included and can benefit from virtual support services (e.g., raising of the hand symbol on Zoom, raising 'I want to speak cards').
c) Remote services will need to be tailored to the individual – this can prevent adverse effects and promote engagement. For example, people with eating disorders have reported negative effects of seeing themselves on videoconferencing software (e.g., Branley-Bell & Talbot 2020).
d) Impoverished communication is mentioned on page two. This presents additional challenges for people with communication disabilities (such as dementia) who often rely on behavioural cues which may not translate well online.
e) For those who require support for digital access this raising issues of the role of the support person in the therapeutic process (Sheehan & Hassiotis, 2017; Seale & Chadwick, 2017) and issues of safety, privacy and confidentiality especially for those people who live in group or

shared home settings where both access and privacy may be more limited (San Juan et al., 2021).

It is important to ask what mode of communication is best for the individual. Services should also work to use software that centres the voices of people with lived experience.

Considerations for app, VR and AI based delivery of psychological services

There are specific ethical considerations for app-based delivery of psychological services (e.g. psychologists using 'Uber for psychologists' apps – such as AbleTo that connect therapists with people who want therapy). Some suggestions of additions we feel would be useful are:

A) Specific reference to **app-based delivery of psychological services**, and **mHealth**
B) Specific reference to Virtual reality (VR). VR comes with specific ethical issues (Marloth, Chandler & Vogeley, 2020, Rizzo & Koenig, 2017). It would be useful to include a specific section on **VR-assisted delivery of psychological services.** A sub-section could include other XR (extended reality) technologies such as augmented reality.
C) Some more specific reference is needed to Artificial Intelligence (AI) and the ethical guidelines involved in the **AI-assisted delivery of psychological services.** The World Health Organisation has published clear guidance on this (WHO 2021), including six clear ethical guidelines:

1. Protecting human autonomy
2. Promoting human well-being and safety and the public interest
3. Ensuring transparency, explainability and intelligibility.
4. Fostering responsibility and accountability
5. Ensuring inclusiveness and equity.
6. Promoting AI that is responsive and sustainable.

The World Health Organisation states clients have the right to know whether and when they are interacting with a human psychologist or an AI-based agent or therapist and suggest that AI-based agents or therapists should clearly indicate their identity. (WHO 2021)

References

British Psychological Society (2012). Supplementary guidance on use of social media. Leicester: Author. Retrieved July 16, 2021, from https://www.bps.org.uk/sites/www.bps.org.uk/files/Policy/Policy%20-%20Files/Suplementary%20Guidance%20on%20the%20Use%20of%20Social%20Media.pdf

British Psychological Society (2021a) Adaptations to psychological practice: Continuing guidance during Covid-19 pandemic. Leicester: author. Retrieved 23rd July 2021 from: https://www.bps.org.uk/sites/www.bps.org.uk/files/Policy/Policy%20-%20Files/Adaptations%20to%20psychological%20practice%20-%20interim%20guidance%20during%20Covid-19.pdf

British Psychological Society (2020) Effective therapy via video: Top tips. Leicester; author. Retrived 23rd July 2021 from: https://www.bps.org.uk/sites/www.bps.org.uk/files/Policy/Policy%20-%20Files/Effective%20therapy%20via%20video%20-%20top%20tips.pdf

British Psychological Society (2021b). Ethics Guidelines for Internet-mediated Research. Leicester: Author. Retrieved July 16, 2021, https://www.bps.org.uk/sites/www.bps.org.uk/files/Policy/Policy%20-%20Files/Ethics%20Guidelines%20for%20Internet-mediated%20Research.pdf

Branley-Bell, D., Talbot, C.V. (2020). Exploring the impact of the COVID-19 pandemic and UK lockdown on individuals with experience of eating disorders. *Journal of Eating Disorders, 8* (44). https://doi.org/10.1186/s40337-020-00319-y

Giebel C, Pulford D, Cooper C, et al. COVID-19-related social support service closures and mental well-being in older adults and those affected by dementia: a UK longitudinal survey. *BMJ Open, 11*, e045889. doi:10.1136/bmjopen-2020-045889

Marloth, M., Chandler, J., & Vogeley, K. (2020). Psychiatric interventions in virtual reality: Why we need an ethical framework. *Cambridge Quarterly of Healthcare Ethics*, *29*(4), 574-584.

Rizzo, A., & Koenig, S. T. (2017). Is clinical virtual reality ready for primetime? *Neuropsychology*, *31*(8), 877-899.

San Juan, N. V., Shah, P., Schlief, M., Appleton, R., Nyikavaranda, P., Birken, M., ... & Johnson, S. (2021). Service user experiences and views regarding telemental health during the COVID-19 pandemic: a co-produced framework analysis. *medRxiv*.

Seale, J., & Chadwick, D. (2017). How does risk mediate the ability of adolescents and adults with intellectual and developmental disabilities to live a normal life by using the Internet? *Cyberpsychology: Journal of Psychosocial Research on Cyberspace, 11*(1), article 2. http://dx.doi.org/10.5817/CP2017-1-2.

Sheehan, R., & Hassiotis, A. (2017). Digital mental health and intellectual disabilities: state of the evidence and future directions. *Evidence-Based Mental Health*, *20*(4), 107-111.

WHO (2021) Ethics and governance of artificial intelligence for health. Retrieved 23rd July 2021 from: https://www.who.int/publications/i/item/9789240029200

End.