



REMOTE MENTAL HEALTH COUNSELLING: RESEARCH & DEFINED LEARNING OUTCOMES

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Project number: 2021-1-AT01-KA220-VET-000028037



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Acronyms and abbreviations

AF	Application Form
EPALE	Electronic Platform for Adult Learning in Europe
EAEA	European Association for the Education of Adults
CEDEFOP	European Centre for the Development of Vocational Training
KPIs	Key Performance Indicators
VET	Vocational Education and Training
HE	Higher Education
EQF	European Qualifications Framework
ECVET	European credit system for vocational education and training



1. RESEARCH METHODOLOGY TO GUIDE SKILLS INTELLIGENCE GATHERING ACTIVITIES



1.1. Introduction

The COVID-19 pandemic has disrupted or halted critical mental health services in 93% of countries worldwide while the demand for mental health is increasing, according to a new WHO survey. The survey of 130 countries provides the first global data showing the devastating impact of COVID-19 on access to mental health services and underscores the urgent need for increased funding.¹

Official organizations tried to provide people with recommendations, useful tips and ways to overcome the threat of mental health issues that COVID-19 intensified (e.g. map of helplines and services to support mental health during COVID-19 in 36 European countries)². However, there is a shortage of training offerings (both formal and informal) on remote counselling practices for mental health workers, resonating with the expansion of “telemedicine” and “teletherapy” during the COVID-19 pandemic. Occasionally, relevant training needs are addressed by initiatives of associations of mental health institutions and professionals, medical societies, in the form of seminars and short cycle courses.

To overcome pandemic disruptions brought into in-person services, workers in the mental health care sector - such as mental health counsellors, clinical social workers, counselling psychologists, psychiatrists, marriage/family therapists – had to switch to digitally enabled, remote mental health care solutions such as teletherapy and telemedicine, even without previous experience or professional training. Whereas this was regarded as a temporary solution to the challenges imposed by the pandemic, it quickly became apparent that remote mental health care will have a lasting effect, as remote counselling practices have proven particularly effective in delivering the necessary care to “patients” (beneficiaries), enhancing also people’s accessibility to critical mental health services. Other benefits include cost effectiveness, easier/rapid access to specialists, convenience in scheduling, and increased treatment acceptance.

REMCO is an Erasmus+ KA220 project, which aims to make available a curriculum with corresponding Open Educational Resources (OERs) for the continuous professional development of mental health workers, to address the emerging occupational & skills needs related to the provision of remote counselling services.

The first project result of the project consists of methodological tools and guidelines for identifying training requirements and mismatches for remote mental health care provision with the view to design an evidence-based course curriculum on remote skills intelligence for mental health workers. This report is the first activity leading to the development of Result 1 (R1-T1), namely **“Definition of REMCO learning outcomes based on skill needs analysis”**.

This methodology aims to provide project partners with the appropriate tools and steps for mapping the challenges encountered by practitioners and their needs in skills & competences for the provision of remote mental health services, as well as collecting feedback from their own

¹ <https://www.who.int/news/item/05-10-2020-covid-19-disrupting-mental-health-services-in-most-countries-who-survey>

² <https://www.mhe-sme.org/library/helplines/?location=gr#>



countries. More specifically, the methodology will guide the information collection activities by addressing:

- Research methods, techniques and sources
- Data collection tools
- Sampling & sources
- Performance indicators

1.2. Research methodology

The purpose of information collection activities (R1-T1) is to help define the range of soft and hard skills and competences required for remote mental health counselling, thus proffering an informed basis for the formulation of learning outcomes that will address labour market needs as emerging from the challenges experienced under the 2020 pandemic across most EU countries.

This report seeks to address the following main questions:

- What are the challenges that remote services provision is faced in the EU?
- What are the skills requirements brought about by the expansion of online practices in mental health care?
- What are the training needs of mental health workers resulting from the increasing demand for remote services provision?
- What are the barriers and considerations for remote counselling?
- How tailored to the needs of people is the existing academic and training programs on remote mental health provision?

To answer the above questions, a combination of desk and field research will be employed; desk research will provide evidence on in-demand skills for remote counselling and data on relevant existing training provisions, while field research will gather field experts' and relevant stakeholders' perceptions on remote working skills through an online questionnaire.

1. **Desk research.** It will be the primary activity for gathering evidence on challenges & working skills that mental health workers have to take into consideration. There will be two kinds of researches – one on European level and another one on national level in partner countries. Further to the above, secondary research will be also employed to collect information on existing training provision on remote counselling. Dedicated desk research reporting forms will be used to facilitate the documentation of the services.
2. **Field research.** It will be implemented through an online survey on skills and competences required for the effective provision of mental health services online. In



addition, semi-structured interviews with selected target groups representatives be also optionally be carried out to provide complementary insights.

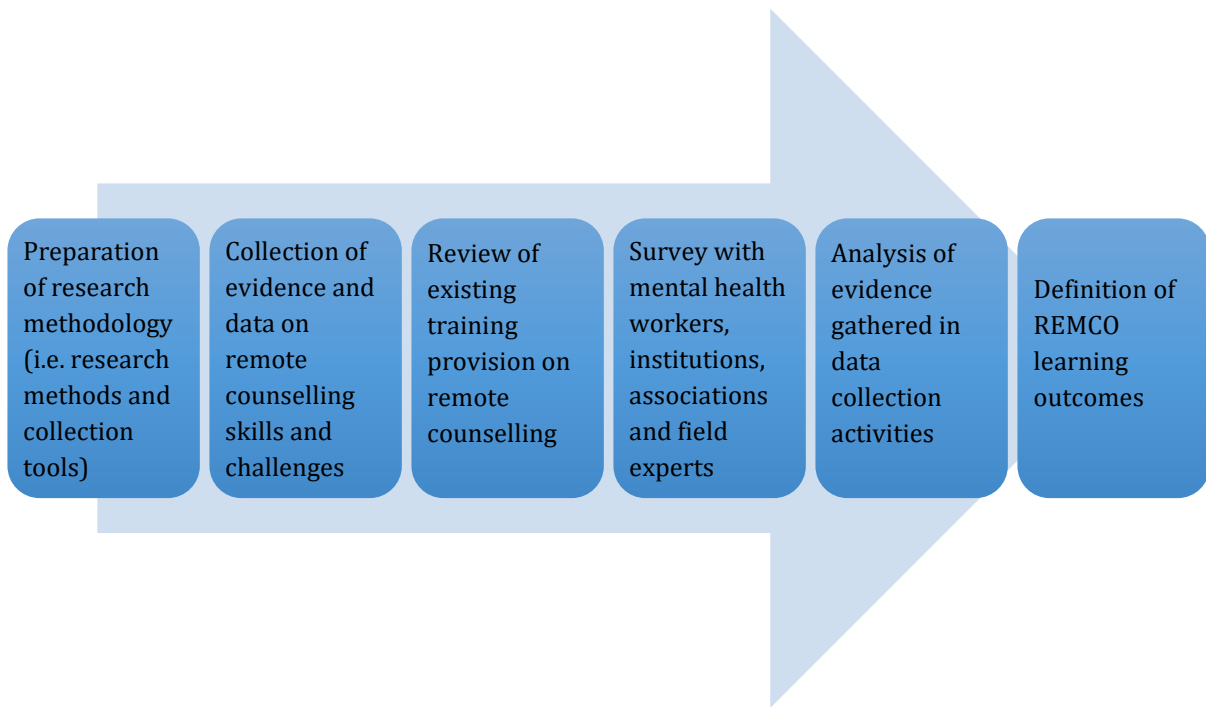


Figure 1: Progression of tasks leading to the production of the first Project Result

1.3. Desk research

Desk research will be conducted as a means for gathering information on current and future training needs in the REMCO partnership countries and beyond, focusing on the area of remote services.

This activity includes reviewing the availability and content of reports and/or other documents and sources of information on:

- Required skills and competences for remote counselling
- What type of counselling and by which professionals is the most popular in your country
- Challenges encountered by practitioners in each partnership country and beyond
- The role of mental health institutions, European (as well as international) organizations to draw conclusions on the needs of the labour market, in the aftermath of the COVID-19 epidemic
- Existing training provisions and educational resources, focusing on mental health workers



- Skill mismatches and gaps in the labour market, particularly job openings requiring remote working skills
- Ways in which employers and educational providers can support the process of transitioning their teams/employees to remote counselling

In order to be clearer, there will be three main categories of desk research:

1. Desk research on new work conditions and skills requirements brought about by the expansion of online practices in mental health care.
2. Desk research on the challenges encountered by practitioners
3. Evidence collection on existing training provision for mental health workers

The results of desk research are expected to reveal trends in the current labour market and thus highlight conclusions on the training needs of mental health workers, and/or individuals who search for remote counselling.

1.3.1. Desk research sources

The identification of skills demand through desk research will mainly be realized by collecting skills needs evidence from European bodies, national reports and databases across the project countries.

- a. European bodies:** The official website of the European Commission integrates data from several European and national sources, thus shedding light on how the EU member states set out to implement telework and the ways that remote working and recent technologies

affect people, businesses and training networks.³ Through the same source, it is easy to gather official data concerning mental health and how COVID-19 influenced this sector.⁴ In addition, reports and papers on remote work skills needs delivered by other European bodies may also be considered. A case in point is the European Centre for the Development of Vocational Training (CEDEFOP), which constitutes an agency of the European Union. CEDEFOP's role centres on vocational education and training (VET), yet its recent emphasis has recently shifted towards new working and learning habits that emerge after the COVID-19 epidemic.⁵ Other sources of information shall include, but not be limited to, the following European bodies: the Electronic

3 https://ec.europa.eu/jrc/sites/jrcsh/files/jrc120945_policy_brief_-_covid_and_telework_final.pdf

4 https://ec.europa.eu/health/sites/default/files/state/docs/2020_healthatglance_rep_en.pdf

5 See for instance <https://www.cedefop.europa.eu/en/news-and-press/news/working-and-learning-remotely-europe-new-normal>



Platform for Adult Learning in Europe (EPALE)⁶, the European Association for the Education of Adults (EAEA)⁷, Vox EU⁸, and Mental Health Europe⁹.

- b. Existing education and training provision (skills supply)** provide useful information on the availability and content of existing formal & non-formal training offerings for mental health workers. The focus will be on formal HE programs in the field of psychology to identify relevant components in existing curricula, and theme-specific seminars (on remote counselling) offered by professional associations and mental health research institutes. Moreover, research will be conducted for online courses on remote working practices to assess their capacity to address part of mental health workers' skills requirements.
- c. Articles, (national) business reports and national remote work guides** on the issue. Partners are encouraged to conduct online research to identify national reports (e.g. Ministry of Labour and Employment, Ministry of Education, Ministry of Health), academic articles and journalistic articles as well as national remote work guides which capture the state of remote counselling in their own country, as well as the set of skills, competences and knowledge required to work efficiently in a remote work environment. Moreover, through this source, information about the challenges that mental health workers are facing concerning the provision of mental health will be gathered. Indicatively, possible sources of information can be:

Table 2: Articles and business reports

<u>Skill measures to mobilize the workforce during the COVID-19 crisis</u>
<u>COVID-19 and the world of work: Impact and policy responses</u>
<u>COVID-19 and the Workplace: Implications, Issues, and Insights for Future Research and Action</u>
<u>Productivity gains from teleworking in the post COVID-19 era: How can public policies make it happen?</u>
<u>Effective Remote Counselling</u>
<u>The changing nature of work and skills in the digital age</u>
<u>Coronavirus Highlights Stark Divides Between Those Who Can Work From Home And Those Who Can't</u>

6 See for instance <https://epale.ec.europa.eu/en/blog/learning-about-smart-working>

7 <https://eaea.org/>

8 See for instance <https://voxeu.org/article/how-covid-19-crisis-reshaping-remote-working>

9 <https://www.mhe-sme.org/>



Data collection should focus on recent articles, reports, and training provisions, preferably within the timeframe of the last 12 months (up to 2 years). Given that the COVID-19 pandemic is a new global challenge, the project is interested in capturing these developments to design a timely curriculum that will address the current and potential future needs in the areas of work and business organization.

Furthermore, remote working skills intelligence gathering (research) activities should not only concentrate on core digital skills (fundamentals of computers, use of the internet) which are considered to be integral in the remote working landscape, but also to skills within the area of communication, know-how towards setting up and running a home office and work routines, as well as maintaining a work-life balance and healthy lifestyle. Moreover, identification of sector specific skills would be very important for the learning outcomes that REMCO will be based on.

The information on skill needs and challenges should be retrieved primarily from the countries represented in the project (i.e. Austria, Belgium, Greece, Italy, Croatia and Romania) and secondarily on a European level.

To this end, research activities (desk research) should revolve around the following thematic areas in line with the provisions of the AF:

- Fundamentals of computers
- Digital skills
- Case management strategies and assessment
- Organizational skills
- Client communication
- Work-life balance and healthy lifestyle
- Problem solving
- Data collection and analytics

1.3.2. Desk research reporting forms

Reporting forms will be the information collection tool to be used by project partners for documenting all relevant evidence/information, as retrieved from multiple secondary sources. Partners are requested to compile their research findings and fill in the relevant reporting forms in English, as appropriate. The methodology provides one reporting form for each desk research activity, as follows:

- Reporting form for documenting work conditions and skill needs for mental health workers on European level. **10 to 12** reports should be reported– **INNOVELA**
- Reporting form for documenting work conditions and skill needs for mental health workers on national level. **5 to 6** reports should be reported – **All partners**



- Reporting form for documenting challenges and barriers to remote mental health provision on European level. **10 to 12** reports should be reported– **INNOVELA**
- Reporting form for documenting challenges and barriers to remote mental health provision on national level. **5 to 6** reports should be reported– **All partners**
- Reporting form for documenting existing training provision on remote counselling. **10-12** training offerings from each partner – **All partners**



Table 3: Desk research reporting form – **INNOVELA ONLY** | Analysis of articles on remote counselling (European level)

DESK RESEARCH REPORTING FORM – ANALYSIS ON WORK CONDITIONS AND SKILL NEEDS FOR MENTAL HEALTH WORKERS ON EUROPEAN LEVEL (10 to 12 reports, academic studies and/or media articles at the EU level)	
EU Level – Nr.	
Title of article	
Type of article	<input type="checkbox"/> Media article <input type="checkbox"/> Academic study <input type="checkbox"/> Other _____
Short description of content	
Discussion on digital requirement, skills and competences	
Discussion on non-digital requirements, skills and competences	
Discussion on sector specific requirements, skills and competences (digital & non-digital)	
Benefits of remote work for mental health workers and/or labour market	
Challenges of remote work for mental health workers and/or labour market	
Source (link)	



Table 4: Desk research reporting form – **ALL PARTNERS** | Analysis of articles on remote counselling (national reports, academic articles, and media articles)

DESK RESEARCH REPORTING FORM – ANALYSIS ON WORK CONDITIONS AND SKILL NEEDS FOR MENTAL HEALTH WORKERS ON NATIONAL LEVEL (5 to 6 national reports, academic studies and/or media articles in each country)	
COUNTRY – Nr.	
Title of article	
Type of article	<input type="checkbox"/> Media article <input type="checkbox"/> Academic study <input type="checkbox"/> Other _____
Short description of content	
Discussion on digital requirements, skills and competences	
Discussion on non-digital requirements, skills and competences	
Discussion on sector specific requirements, skills and competences (digital & non-digital)	
Benefits of remote work for mental health workers and/or labour market	
Challenges of remote work for mental health workers and/or labour market	
Source (link)	



Table 5: Desk research reporting form – **INNOVELA ONLY** | Analysis of articles on remote counselling (European level)

DESK RESEARCH REPORTING FORM – ANALYSIS ON CHALLENGES AND BARRIERS TO REMOTE MENTAL HEALTH PROVISION ON EUROPEAN LEVEL (10 to 12 reports, academic studies and/or media articles at the EU level)	
EU Level – Nr.	
Title of article	
Type of article	<input type="checkbox"/> Media article <input type="checkbox"/> Academic study <input type="checkbox"/> Other _____
Short description of content	
Discussion on digital requirement, skills and competences	
Discussion on non-digital requirements, skills and competences	
Discussion on sector specific requirements, skills and competences (digital & non-digital)	
Benefits of remote work for mental health workers and/or labour market	
Challenges of remote work for mental health workers and/or labour market	
Source (link)	



Table 6: Desk research reporting form – **ALL PARTNERS** | Analysis of articles on remote counselling (national reports, academic articles, and media articles)

DESK RESEARCH REPORTING FORM – ANALYSIS ON CHALLENGES AND BARRIERS TO REMOTE MENTAL HEALTH PROVISION ON NATIONAL LEVEL (5 to 6 national reports, academic studies and/or media articles in each country)	
COUNTRY – Nr.	
Title of article	
Type of article	<input type="checkbox"/> Media article <input type="checkbox"/> Academic study <input type="checkbox"/> Other _____
Short description of content	
Discussion on digital requirements, skills and competences	
Discussion on non-digital requirements, skills and competences	
Discussion on sector specific requirements, skills and competences (digital & non-digital)	
Benefits of remote work for mental health workers and/or labour market	
Challenges of remote work for mental health workers and/or labour market	
Source (link)	



Table 7: Desk research reporting form - **ALL PARTNERS** | Existing training provision

DESK RESEARCH REPORTING FORM – EXISTING TRAINING PROVISIONS FOR REMOTE COUNSELLING (10 to 12 training provisions in the most important education providers and online platforms in each country)	
COUNTRY – Nr. ...	
Qualification/ Accreditation / Certificate	e.g. part of an M.Sc.
Institution / Provider	e.g. University of Athens
Location & country	
Type of course	e.g. Academic course (full-time)
Mode of study (check all that apply, e.g. in case of blended learning)	<input type="checkbox"/> Class-based learning <input type="checkbox"/> Workplace-based learning <input type="checkbox"/> Online course (e.g. MOOC) <input type="checkbox"/> Other type of distance learning
Duration	e.g. 2 years
Scope of course	e.g. Obtain a certification, or Up-skilling
Target audience information	Description of participants, e.g. experience, relevant professional groups
Core Modules / Topics addressed	(please fill in all information available)
Knowledge/skills/competences (to be) obtained upon the completion of training	(please fill in all information available)
Source	(link)



1.4. Field research

Field research will be carried out to supplement the results drawn from desk research on remote working skills and training requirements. This research activity has a twofold purpose; first, to determine the most valued and needed skills brought about by the expansion of online practices in mental health care. Secondly, to highlight existing skills imbalances and experiences for online counselling, current skills availability and future tendencies for the mental health field.

1.4.1. Online survey

For safety and efficiency reasons, raw data will be collected through the creation of an online questionnaire (i.e. Google form).

The survey questionnaire comprises mostly close-ended questions, as they are easier and quicker for respondents to answer; offer better coding, analysis and comparison possibilities; and can clarify question meaning for respondents through response choices. Moreover, some open questions will help us receive answers from the perspective of participants. To ensure consistency and facilitate data analysis, the questionnaire will be developed, communicated and completed in English. Project partners will translate both the questionnaire and responses (in case of additional comments, communication, etc.) in order to facilitate the process and reach a more important number of respondents in each country.

Considering the recent change within the area of remote counselling, which has only recently gained significant prominence and popularity across many sectors of the EU, it is particularly important to identify respondents that are aware of the latest developments in remote working and familiar with the different set of skills required for such professional positions. Thus, the target population of the survey includes (non-exhaustive list):

- Experienced mental health workers
- Mental health institutions
- Public organizations providing mental health community services
- Medical professional associations
- Academics and researchers in the field

The online survey will run in all 6 partnership countries (Austria, Belgium, Croatia, Romania, Italy and Greece). The target set by the AF is 150 completed questionnaires.



Table 8: Target number per consortium country

Partner	Country	Target number per country
bit Schulungcenter GmbH	Austria	25
IAL	Italy	25
INNOVELA	Belgium	25
UNIRI	Croatia	25
CREFOP	Romania	25
EXELIA	Greece	25
TOTAL		150

Each partner is going to analyse the received answers and prepare a national report (5-10 pages) which will be sent to BiT.

1.4.2 Interviews

Interview-based research on remote counselling needs will be optionally launched in case the desk research and online survey fail to provide adequate evidence, or in case partners already have existing contacts with field experts that could easily and fast provide valuable input.

The rationale is that interviews can help to collect in-depth qualitative information, providing increased flexibility and allowing for more detailed answers from respondents. This activity includes the collection of experience-based views and perceptions from field experts, particularly addressing to practitioners with experience in online counselling and employers (e.g. health institutions).

Field experts will be contacted to provide through semi-structured interviews additional insights, in a manner not possible through desk research and online questionnaire.

Semi-structured questionnaire

A semi-structured questionnaire (Annex C) will be employed for interviewing target respondents. The questionnaire will be used to establish a structured way to gather evidence and personal views on remote counselling skills needs as well as barriers and considerations for online counselling and future tendencies for the mental health field.



First contact will be established with interviewees through email or phone (in line with GDPR provisions), to introduce the topic under investigation and proceed with the face to face or virtual interview. The questionnaire will begin with a short introduction that will include: a) the background and objectives of the REMCO project, as well as the purpose of the collection of evidence on remote counselling requirements, b) assurances regarding anonymity, information disclosure and use of collected data, and c) the benefits of providing information; participants will have early access to REMCO learning outcome and the online course.

The process will be short (not exceeding 10-15 minutes duration), mainly providing the opportunity for interviewees to express their opinions and views by including open-ended questions.

Guidelines for conducting the interviews

1. Get prepared for the interview. Be sure about the type of information you want to obtain through the interview and to whom you are going to speak. Before the interviews, partners should gather basic facts about the interviewee's professional profile.
2. Inform the interviewees about the scope of the survey and the means you will use to record his/her views.
3. Choose the most appropriate methods to record interviewees' answers. Recording answers can be done by taking notes, audio or video recording. Taking notes allows the interviewer to record the most critical points from the discussion, whilst making the production of the final report easier as there is no need to go through large files of transcripts.
4. Build a rapport with the interviewee. It is important to use words and actions that will make the respondent feel welcome and give him the desire to commit to the discussion, in order to gain the interviewee's confidence and get useful insights about the topic under investigation. To build a rapport, you can also, in case the pandemic allows it, conduct the interview in a comfortable and open space, offer amenities to the interviewee, and inform the interviewee when the results will be published and how he/she can have access to them.
5. Ask questions that lead to targeted answers. Phrase questions in a way that you will receive detailed answers rather than simple "Yes" or "No". It is recommended that you should focus on the aspects that you have not managed to retrieve sufficient information during the stage of desk research.
6. Time to end the interview. It is important to know when you must end the interview. This may occur the time you understand that the interviewer feels tired with the process or he/she does not provide any new information. A good practice is to summarize the key points and provide the respondent with a last opportunity to complement/expand or clarify any already mentioned points.



* Upon the completion of interviews, project partners need to prepare a summary report, presenting the answers provided by respondents and highlighting the main conclusions drawn from the discussion.

1.5. Focus Group

The focus group is a qualitative research methodology employed to gain rich insight into attitudes and behaviours. Researchers are better equipped to understand and meaningfully explain certain communication phenomena with descriptive data. The term focus group stems from interviewing a purposeful sample, ideally six to eight participants, and focuses on a preselected centralized topic. The focus group method is gaining recognition in the field of communication and is used to comprehend health and organizational communication issues, as well as media effects on consumers.¹⁰

In the framework of evidence collection on existing training provision for mental health workers, the partnership will organize a focus group with educational providers & mental health institutions from the partnership countries to discuss the relevance of existing education provision including plans to address new work environment requirements.

The Focus Group should:

- Be based on a carefully planned discussion;
- Attempt to obtain perceptions of a defined interest area;
- Structured on open-ended questions' path, designed to gather ideas and opinions that are within but also outside the scope of prepared questions:
- Be carried out in a permissive, non-threatening environment.

1.5.1. Focus group composition

In order to gather valuable and well-rounded information, it would be beneficial to invite experts from a variety of job positions such as employers in mental health institutions, representatives of educational providers (HE & VET), experienced mental health workers, representatives of mental health associations.

The focus group should comprise at least two participants from the responsive partner (UNIRI) and two participants that will be selected from the rest partner countries. Due to COVID-19 and budget restrictions, the focus group will be organized virtually (or hybrid in case UNIRI gathers more participants and it is preferable) by UNIRI.

¹⁰ <https://methods.sagepub.com/reference/the-sage-encyclopedia-of-communication-research-methods/i5753.xml>



The challenge is the language barrier as all participants should speak in English during the focus group. Therefore, partners should take this fact into consideration when choosing their representatives. Moreover, within this document suggested questions will be provided in order to help participants be prepared but also partners would facilitate the conversation if needed. The main outcome of the focus group will be a summary report with the main conclusions from the discussion.

1.5.2. Suggested questions

Below you can find some suggested questions that can be adapted based on the profile of each participant.

After making sure that all the necessary documents (consent form, signature lists, etc.) have been signed by the participants, with the support of the observer, the facilitator invites all the participants to introduce themselves, including their professional or personal background related to the topic of interest.

There are three types of questions to be asked during the focus groups:

- Engagement questions

Introduce participants to and make them comfortable with the discussion topic

- Exploration questions

Focus and debate on the findings of online surveys and semi-structured interviews

- Exit question

Make sure that nothing was missed in the discussion and that everyone had the chance to contribute with their opinions

Focus groups have the same background and contents of the online survey. During the focus groups, the issues investigated with the questions in the survey should be used as prompts for the discussion. In particular, you should present and discuss results obtained with online surveys and semi-structured interviews.

Here we provide an example of a possible set of questions to be asked:

Engagement questions

- How do you find the role or the importance of remote counselling?

Exploration questions

- Have you ever implemented counselling remotely?
 - If yes, how was your experience?
 - If not, was there any reason that retained you by doing so?



- Which are the most important digital and non-digital skills that a mental health worker needs in order to do remote counselling?
- What kind of training provision should be developed so as to have obtain better results in the readiness and capacity for remote counselling provision?

Exit question

- Is there anything else you would like to say about the topic of this focus group or the REMCO project in general?

These are only suggestions and are inclusive but not exhaustive of the questions facilitators should ask. Other and more in-depth enquiries based on the discussion that takes place during the focus group are needed and encouraged.

1.5.3. Facilitators and observers

The focus group is conducted by an ideal team consisting of one facilitator (UNIRI) and two observers (recommendable). The facilitator ‘facilitates’ the discussion; the observers take notes and provide explanations/translations, if needed, to the participants.

1.5.4. How to conduct a Focus Group in an online environment

In order to facilitate the conduction of a focus group in an online environment, it is recommendable to put the participants at ease by using easy-to-use and accessible technology (such as Google Meet, Zoom, Skype, GoToMeeting). To be able to track participants’ body language and expressions, it is important to ask people to keep their cameras open throughout the session.

When beginning the focus group, the facilitator can use a prepared script to welcome participants, reminding the purpose of the discussion and setting the ground rules.

Focus group introduction

WELCOME

Welcome and thanks for agreeing to be part of this focus group. We appreciate your willingness to participate.

INTRODUCTION

My name is I am going to facilitate the group.

Let me introduce to the observers, who are going to keep notes and provide explanations and/or translations if needed.

My role today is to make sure that we have a productive discussion and to summarize the group’s opinion and remarks on the selected topic. Me and my colleague will not refer to any participant by name in the report we will prepare.



The information will be kept confidential and used only by the research team of the REMCO project. As all of you have completed all the forms [signature list, a few demographic questions (age, gender, occupation) and the consent form], we are ready to start.

PURPOSE OF THE FOCUS GROUP

We are here to talk about the REMCO project and how the remote counselling represents an important issue for mental health sector. For this reason, we have prepared open ended questions for you to answer freely and broadly in order to deepen the topic.

For the aim of the research, the REMCO partners have already conducted online surveys and semi-structured interviews and are now going to further analysing the findings during this focus group.

We believe that in this way, we will be able to get more in-depth information on each of the thematic areas covered in the research and we will be able to create a more consolidated report about the motivation and limitations for digital transfer of languages, used digital tools and good practices within language education. This focus group will allow us to understand the context behind the answers given in the online survey and it will support us in exploring such topics in more detail.

Therefore, the aim of this focus group is to discuss about the specific topic mentioned before and to debate on the findings coming from preliminary research phases.

METHODOLOGY

The discussion we are going to have is called “focus group”. For those of you who have never participated in one of these sessions, I would like to explain a little about this type of research.

Focus groups are used to informally gather information from a small group of individuals who have a common interest in a particular subject.

I will ask questions seeking information related to (mention the relevant thematic area) in your personal and professional life. There are no right or wrong answers and we definitely want to hear answers from everyone in the room.

I will be moderating the session and moving us along. If I think that we are spending too much time on one single subject, I will step into and keep the discussion moving. The discussion will be taped and the major findings will be summarized in a final report on skills needs evidence.

GROUP INTRODUCTION

Let’s start introducing ourselves. Please, remind to mention your name, your occupation and, if relevant, tell us something about your organization.

GROUND RULES [REMINDER]

Let me remind some ground rules for this session:

1. WE WANT YOU TO INTERACT



- a. We would like everyone to participate in the discussion
 - b. I may call on you if I haven't heard from you in a while.
 - c. We learn from you (positive and negative).
2. THERE ARE NO RIGHT OR WRONG ANSWERS
- a. Every person's experiences and opinions are important.
 - b. Speak up whether you agree or disagree.
 - c. We want to hear a wide range of opinions. We are not trying to achieve consensus; we are gathering information.
3. WHAT IS SAID HERE STAYS HERE
- a. We want you to feel comfortable in sharing even sensitive issues.
4. WE WILL RECORD THE GROUP DISCUSSION
- a. We want to capture everything you have to say.

LOGISTICS

This focus group will last about one and a half hours. If for some reason you need to leave, we can understand! Once we finish, if someone wants to stay and give more comments, we will be happy to listen.

While you are in the group, please, participate actively within the whole group and don't start side and/or bilateral conversations.

Let's start!

CONCLUSIONS

We can now conclude our focus group. Thank you very much for coming and sharing your thoughts and opinions with us.

We will now provide you a short online evaluation form that we would like you to fill out if you have time. If you have additional information that you didn't manage to mention during the focus group, please feel free to write them on this evaluation form.



1.6. Research Stages and Implementation Steps

Research will be implemented in 4 stages to ensure the collection of adequate evidence and data that will provide an informed basis for the formulation of REMCO learning outcomes.

Stage A: Desk research on challenges & work requirements in remote counselling

- Identify relevant sources of information
- Literature review
- Fill in reporting forms

Stage B: Desk research on existing training provision for mental health workers

- Identify relevant sources of information
- Literature review
- Fill in reporting form

Stage C: Online survey

- Create a list of relevant stakeholders to take part in the survey
- Select promotional channels to reach target respondents
- Contact stakeholders to communicate the nature of survey
- Collect completed questionnaires
- Analyse the results and develop a national report

Stage D: Interviews (*optional)

- Identify potential interviewees
- Communication with field experts
- Carry out interviews
- Prepare summary reports

Stage E: Focus group

- Identify participants
- Communication with participants
- Carry out focus group



1.7. Elaboration of the REMCO Learning Outcomes

1.7.1. Learning outcomes based on the European Qualifications Framework

The **European Qualification Framework (EQF)** is the common European reference framework, which connects countries' qualifications systems increasing the transparency of qualifications throughout Europe. It acts as a translation device to make national qualifications more readable and comparable across Europe, aiming to promote workers' and learners' mobility between countries and facilitate their lifelong learning.

In particular, the EQF relates different countries' national qualifications systems and frameworks together around a common European reference – its eight reference levels based on **“learning outcomes”** (defined in terms of knowledge, skills and competences). This approach shifts the emphasis from input (type and duration of learning experience) to actual learning i.e. to what a person is able to do upon the completion of a learning process. By shifting the focus to learning outcomes, the EQF manages to:

- Match the needs of the labour market with education and training offerings;
- Facilitate the transfer and use of qualifications across different countries and education and training systems;
- Enable the validation of non-formal and informal education;
- Transfer units of learning outcome, based on a credit system (ECVET).

The development of national qualifications frameworks with descriptors based on learning outcomes is a step towards making qualifications and levels of learning explicit for all users. According to the EQF, *“learning outcome”* is defined as a statement of what a learner knows, understands and is able to do upon the completion of a learning process. Furthermore, learning outcomes are used as a basis for credit transfer and accumulation (ECVET) and are specified in three categories dimensions (descriptors) – as knowledge, skills and competence, which can be described as follows:

- **Knowledge:** The outcome of the assimilation of information through learning. Knowledge is the body of facts, principles, theories and practices related to a field of work or study. According to the EQF, knowledge is described as theoretical and/or factual.
- **Skill:** The ability to apply knowledge and use know-how to accomplish tasks and resolve problems. According to the EQF, skills are described as cognitive (involving the use of logical, intuitive and creative thinking) and practical skills (involving manual dexterity and the use of methods, material tools and instruments).



- **Competence:** The proven ability to use knowledge, skills and attitudes, in work in study situations and in professional and personal development. According to the EQF, competence is described in terms of responsibility and autonomy.

1.7.2. Practical instructions on how to formulate the REMCO learning outcomes

The following instructions are intended to support project partners in applying the learning outcomes-oriented approach for the design of the REMCO curriculum. The European e-Competence Framework 3.0¹¹ is a well-defined reference framework for measuring different types of education and sets of competences that can be used as a guide for the definition of the REMCO learning outcomes.

What are the key characteristics of learning outcomes?

When formulating learning outcomes, a number of important aspects should be considered to ensure that the developed learning outcomes are understandable and consistent with the EQF standards.

1. Learning outcomes should refer to qualifications, not to individual learners' specific development of skills and competence. This is because learning achievements may vary from learner to learner considering the different levels of progress and skill development. Consequently, when learning outcomes are to be described, they should refer on the learning achievements of an average learner.
2. Learning outcomes should be student-centred. Learning outcomes need to be described in such a way that their focus is on the onus of the learner and not on the teacher or the objectives that the curriculum needs to achieve.
3. All learning outcomes should be externally verifiable and measurable. They should be formulated in such a way that an evaluation process can be employed to determine whether the learner has actually achieved the learning outcomes. Moreover, orienting learning outcomes towards occupational activities and tasks makes it easier to determine assessment criteria.
4. Learning outcomes should refer to what the student knows and is able to do at the end of the learning process. In other words, learning outcomes should not describe the learning path or activity but the outcome following the completion of a learning process.
5. The type of learning methods and processes used to accomplish specific learning outcomes are not relevant with the description of learning outcomes.
6. There should be as many learning outcomes as needed to clearly reflect what students will learn from the course.

¹¹ <http://www.ecompetences.eu/>



- Each learning outcome statement should have a single primary purpose rather than a dual or compound purpose. A dual outcome may be problematic if a student demonstrates achievement in one area but not in another. In such a case, it is better to formulate two distinct learning outcomes.

How are good learning outcomes formulated?

- Use active, clearly comprehensible verbs:** It should be ensured that active verbs (e.g. “explain”, “develop”, “select”, “analyse”) will be used in the formulation of learning outcomes. Such verbs should describe measurable and observable actions and tasks and can be supplemented and combined with sector specific verbs. Ambiguous verbs such as “to be familiar with” should be avoided. Table 8 provides a list of active verbs that can be used for the descriptors of knowledge, skills and competence.
- Specify and contextualise the active verb:** Learning outcomes should be specified and contextualized in terms of what the knowledge and ability refer to. The formulation of learning outcomes should consist of a verb and the related object as well as an additional sentence describing the context.
- Avoid vague and indefinite formulation:** Learning outcomes should be neither too general that they become indistinct nor too concrete so that modules becoming inflexible. Simple and unambiguous terminology that is easily comprehensible to learners should be used. Academic jargon should be avoided. Last, learning outcomes should not contain evaluating words such as “good”, “simple”, “efficient”, “successful” etc.
- Set minimum requirements** for achieving learning outcomes: Learning outcomes should comprehensibly describe the minimum demands for achieving/validating a unit of learning outcomes, i.e. all learning outcomes which are necessary for fulfilling the tasks in the sense of a complete vocational activity should be listed.

Table 11: List of active verbs

List of active verbs	
Knowledge	Arrange, define, describe, duplicate, identify, label, list, name, match, memorise, outline, order, select, determine, present, have knowledge of, gather, classify, explain, write, recognise, measure, emphasise, repeat, report, know, state, reproduce, recall, relate, recognize, etc.
Skills	Draft, infer, analyse, alter, apply, argue, assemble, itemise, split, demonstrate, express, choose, influence, substantiate, provide examples, name, report, describe, designate, judge, assess, present, diagnose, discuss, illustrate by example, conduct, classify, categorise, assign, discover, design, develop, elucidate, recognise, explain, calculate, compile, expand, tell, manufacture, evaluate, produce, find, conclude, formulate, contrast, devise, generate, question, indicate, identify, illustrate, integrate, interpret, clarify, criticise, teach, praise, solve, modify, rearrange, recreate, rewrite, use,



	arrange, organise, plan, practice, justify, regulate, represent, collect, create, appreciate, deduce, write, refer to, structure, synthesise, divide, separate, test, translate, shape, rephrase, outline, paraphrase, differentiate, investigate, subdivide, transform, visualise, connect, compare, verify, defend, utilise, predict, prepare, display, project, suggest, select, appraise, show, summarise, etc.
Competence	Lead a team, instruct trainees, act independently, monitor work processes, assume responsibility, etc.

How should the learning outcomes and units be described in REMCO?

To ensure compatibility with EQF standards, the REMCO learning outcomes should be described **“holistically”** in the context of a coherent description as a matrix, subdivided into individual elements of knowledge, skills and competence. This description mode is clearly structured as regards the subsequent assessment of learning outcomes and enables the comparison with the respective national curricula. The title of the unit of learning outcomes should be clear and comprehensible and reflects the content of the unit. The following table gives an example of how learning outcomes should be described following the above instructions.

Table 12: REMCO learning outcome mode of description (Example)

UNIT OF LEARNING OUTCOMES (i.e. LEARNING UNIT)	APPLICATION DESIGN		
	EXPECTED LEARNING OUTCOMES		
	KNOWLEDGE	SKILLS	COMPETENCES
EQF LEVEL 4	Knows / Aware of: <ul style="list-style-type: none"> - Bundled set of productivity applications - Communication platforms - Practical application of mental health knowledge and well-being 	Be able to: <ul style="list-style-type: none"> - Work without supervision - Communicate via email, chat, videoconference - Make time for casual conversation 	Be able to: <ul style="list-style-type: none"> - Ability to solve technical problems and seek assistance, when needed



2. ANALYSIS OF CHALLENGES & WORK REQUIREMENTS IN REMOTE COUNSELLING



2.1. Introduction

The COVID-19 pandemic presented mental health (hereinafter referred to as “MH”) care professionals with a very new and real challenge. All existing in-person MH treatment was required to be moved online so as to continue offering support to individuals in-need as well as adapting MH support to handle new issues thrown up by the pandemic itself, such as increased stress levels and loneliness. For the purposes of this draft summary report, online MH provision shall refer to “the provision of behavioral and/or mental health care services using technological modalities in lieu of, or in addition to, traditional face-to-face methods” [Appleton et al., 2021, 6]. Furthermore, a variety of different terms shall be used synonymously to refer to the online MH care provision, such as ‘telemental health’, ‘telepsychiatry’ and ‘online therapy’. The report shall detail the situation as regards this sector in a pan-European context and subsequently in each of the six project partner countries: Austria, Belgium, Croatia, Greece, Italy and Romania. Within each pan-geographic or geographical sub-group, the various different challenges or barriers to the aforementioned sector have been divided up into the following categories: challenges perceived by the patient or client themselves; MH workers and the personal challenges that they face; challenges of a legal nature as well as regulatory issues; methodological issues, skill set issues and technical infrastructure issues.

2.2. EU-Overview

During the transition phase at the outset of the COVID-19 pandemic, MH professionals in the EU worked to transition from in-person to online care in a variety of different ways. First and foremost, consultations with fellow colleagues and superiors, including sitting in on more experienced colleagues’ sessions, proved a common approach to the new and challenging situation. In addition to this, surveys found that MH professionals turned to following online posts, read up on government guidelines, prepared consent forms for the purpose of data protection, consulted videos on the topic and read articles about video therapy (Aafjes-van Doorn, 2020). Online MH care provision was being offered predominantly via video conferencing channels, however further innovative tools have also come into play, such as instant messaging services, videos, forums, applications, telephone, emails or text messaging. These latter, more informal kinds of technology allowed for more constant contact between therapy sessions, reinforcing the therapist- patient bond (Appleton et al., 2021).

Going forward, it was clear that certain fundamental issues with the concept of online MH provision were going to arise. Less experienced therapists reported higher levels of self-doubt and job-related anxiety online. This was, however “unsurprising, given the novelty of the treatment method” and that the professionals couldn’t have been properly prepared for the situation given the sudden nature of the pandemic onset. Furthermore, the predominant issues with the online medium centered around technical issues with the various platforms used, patients or clients struggling to find appropriate spaces at home for therapy and, potentially as a result, the patient’s or client’s inability to concentrate for longer periods (effect of screen exposure). Professionals noted difficulties relating to the patient or client, were struggling to read “non-verbal cues” (Appleton et al., 2021), detect other physical symptoms and generally show empathy towards the



patient or client. However, it was felt that with sufficient training in online audio-visual provision of MH care, that many of these issues could be addressed (Aafjes-van Doorn, 2020).

A further major issue to be addressed was the need for suitable counselling tools which provided a level of privacy, data protection and gave clients access to some sort of technical helpdesk for troubleshooting purposes. This was accompanied by the requirement to make patient or client records available electronically so that professionals could gain access to these (Appleton et al., 2021). The WHO reiterated this in reminding that it is imperative that we “monitor and evaluate the accessibility, acceptability, safety and impact of these tools and technologies” being used for this purpose in the long-term. The need for “culturally-adapted” tools was also identified, emphasizing that different countries should run and further only the applications which were relevant to their cultural backgrounds (2021). A fundamental issue and byproduct of the pandemic period was the lack of a stable internet connection which, in the case of online MH provision, poses serious issues.

In response to the many and various challenges presented above, it is vital to mention that many of these issues could be solved through the use of targeted training as to how to go about video therapy (Aafjes-van Doorn, 2020). Flexibility proved one of the major advantages of online therapy. Longer in-person appointments were swapped for more frequent, shorter appointments to cope with lagging attention span and the additional strain of online service provision for both parties. The online medium also allowed both parties to reduce travel and, in so doing, the amount of time spent travelling and the cost of it. Many MH professionals reported an improvement in their work-life balance as a result. The online environment also provided them with an added safety barrier in the event of violent or challenging behaviour on the part of clients. Online file sharing and similar tools helped MH professionals to work more efficiently (Appleton et al., 2021).

AUSTRIA

Austrian MH online service providers highlighted the need for safe spaces (an environment from which the patient or client can comfortably speak to the therapist) during the pandemic, the all-important stable internet connection to ensure that therapy ran seamlessly and a requirement for clear boundaries between therapist and patient. Agreed therapy times were a great aid in this respect. Furthermore, they discussed the importance of a careful approach to online therapy with certain target groups, such as emotionally unstable individuals, those suffering from self-harm issues and any patients who could tend towards a worsening condition or be in need of a very accurate diagnosis (potentially more difficult via audio-visual medium).

Austria offers MH therapy in a variety of ways, including all modes of synchronous and asynchronous communication. This level of connectivity promoted efficiency in the MH care giving sector, particularly for the purpose of medical imaging, as the Internet provided professionals with the opportunity to exchange information at high speed. Documentation in an online setting also proved far easier.

Legal issues did arise, however, as on an international level. Data protection and privacy (in particular of teleconferencing) sparked debate as to the most appropriate tool for online therapy as “clinical-psychological interventions” have to take place (Eichenberg & Kühne, 2014, Stetina, 2009). Skype and its provider, for example, it was found, could gain access to the content shared



on the platform and, as such, MH care providers identified the need for documents relating to therapy to be encoded are at the very least password protected (Hoyer & Knappe, 2020). On the other hand, online therapy provided the necessary anonymity and confidentiality that some patients or clients require. Those suffering from drug dependence, for example, found it far easier to gain access to therapy in an online environment. Women in abusive relationships were another prime example of patients who needed discretion and benefited enormously from the online medium (Zehetner, 2020).

Online therapy providers felt that they lacked the necessary theoretical foundation for their work (Stetina, 2009). This prompted professionals to go searching for training and information on the subject. Despite the fact that the instructive materials for improving remote therapy providers were certainly on the increase, this search revealed that there was comparatively little on offer in this field. Skills such as online discussion moderation, developing and supporting “didactic learning settings online” and having an understanding of “special features of virtual group dynamics” are what is badly needed (Eichenberg & Kühne, 2014).

Patients appeared to feel less inhibited when attending online therapy sessions, as opposed to in-person, however misunderstandings also took place more frequently. These then did have the potential to worsen the patient’s condition. It was also argued that “aspects” of a MH care professional’s “critical judgement formation” were affected (by the online environment), thus resulting in diagnosis difficulties (Eichenberg and Stetina, 2015). Text-based counselling – such as via “chats” resulted in a reduction of the amount of information being shared which meant there was an increased risk of projection. Emergency situations were also more complicated to mitigate as asynchronous communicational channels didn’t allow for immediate response. It was felt that sticking to the HON code and adhering to basic ethical and moral principles would promote quality assurance and help alleviate this issue (Eichenberg & Kühne, 2014). Furthermore, written feedback was suggested so that when IMI methods were employed, the MH care professional could find out how the patient was responding to it (Hoyer & Knappe, 2020) and regular proofreading of written material between colleagues so as to avoid ambiguous wording. In the online setting, counsellors carry arguably greater responsibility for their patients and have to ensure that their own attitude towards online work is the correct one (Zehetner, 2020).

Online therapy pioneered the concept of bringing therapy to the patient. This not only reduced time, travel and premises costs, it also allowed for shorter sessions, thus further reducing costs and potentially allowing sessions to take place more frequently, as a result (Eichenberg & Kühne, 2014).

BELGIUM

Belgium responded overall positively to the introduction of online therapy provision, and it is generally felt among MH care professionals that teleconsultation is a suitable mode of delivery for mental health services, in comparison to most other sectors. However, the research did identify key issues, such as a loss of intensity of communication, the inability to read patients’ non-verbal cues, observe play as part of child therapy sessions and patients not feeling immersed in the therapy process. Further issues which arose in the pediatric therapy field included difficulties



evaluating the parent-child dynamic, particularly where violence was concerned. Children with screen addiction issues were also unsuitable for the online therapy medium (Tomiche, 2021).

IT and technical issues arose, just as in other partner countries, and it was felt that online therapists themselves should have the relevant skills to support their patients technically. A survey indicated that “slightly more than half (56%) of respondents indicate that a patient must be able to count on technical support to conduct a video consultation and that the other half of respondents (51%) indicated that they could start a video consultation themselves.” This also referred to financial elements: payment processes had to be clearly defined and easy to carry out (Avalosse et al, 2020).

Topics such as usability, privacy and data security as well professional ethics issues were raised. The online setting also led to a degree of misinformation which burdened the therapeutic bond between MH care provider and patient. Thus, it was recommended that MH care providers set up a website for their patients or clients so as to make sharing clear information easier. Despite all the above, it was identified that MH services were more widely on offer during the pandemic phase and broke down geographical restrictions (if a MH care provider can't be found in a given area, for example, or a patient requires discretion). This mode of therapy was well-suited to certain patients suffering from conditions which prevented them from leaving the house, such as agoraphobia, a disability or chronic pain (Wurtz, 2020). For the most part, online MH care provided an effective way of continuing to offer mental health care despite restrictions and without risk of infection.

The healthcare body “Conseil Supérieur de la Santé” reported that IT-related issues predominantly seemed to affect those in precarious living circumstances and the elderly. These people also had difficulty finding an appropriate space in which to have therapy sessions. Mis- and lack of information surrounding the topic of healthcare proved a further issue, meaning it was hard to maintain patient confidence in online therapy. The online medium affected MH care providers' ability to manage their work-life balance due to difficulties disconnecting from client situations. This often resulted in physical and mental exhaustion and thus impacted the quality of online service which they were able to provide (2021).

As in other partner countries, research revealed that the efficacy of distance therapy in Belgium varies greatly, depending on who is being treated, how involved the patient themselves is in the online therapy process and whether communication between therapist and client proves successful or not (Wurtz, 2020).

CROATIA

Online therapy has essentially proved successful in Croatia. Advantages such as cost- and timesaving are well received by the Croatian population as many live outside major cities, on islands off the mainland or have work or family commitments which means getting to in-person counselling proves difficult. Likewise, many patients feel less inhibited in an online setting and are more prepared to share information. Certain types of MH therapy were just as effective in the virtual setting, such as cognitive-behavioral therapy for treating depression, panic disorder, social anxiety and generalized anxiety disorder (Jurkovic, 2020). Whereas some psychotherapeutic approaches which involved more physical analysis, such as psychoanalytical psychotherapy, were



still better suited to in-person settings unless MH therapists had an awareness of the obstacles put in place by the online setting and could work around these (Matacic, 2018). The same went for patients suffering from suicidal ideation or psychotic symptoms (Jurkovic, 2020).

The challenges presented by online therapy revolve around similar topics to the other partner countries: legal, ethical and technical issues (such as an unstable internet connection) and changes in techniques, both theoretically and clinically. In an individual setting, some patients had issues accepting the concept of virtual psychotherapy at all and privacy issues arose as many struggled with lack of space and family members interrupting. The group therapy scenario appeared, on the other hand, easy to transition online, however, nevertheless, it has been suggested that a period will have to pass, before we know the full impact of the virtual setting on group psychotherapy (Moro, 2021).

From a training perspective, Croatia had already started producing materials, informing professionals how to go about online MH provision and concepts such as supportive supervision to help with emotional regulation and feedback loops had been suggested to ensure that the patient's response to the online setting could be monitored and that all information relating to privacy and ethics could be conveyed (Ajdukovic, 2020).

A particular issue raised during Croatian desk research refers to the presence of fraudulent online therapists during the pandemic phase. Naturally, this made potential patients somewhat wary and caused mistrust and a lack of confidence in the system (Jurkovic, 2020).

On average, Zoom was greatly preferred as a means of communication for security reasons, as well as the use of secure email addresses such as hush- and proton mail. It was recommended that clients be made aware beforehand of what technical equipment would be required for online therapy and that therapists should do a trial run beforehand to ensure all works correctly. Also deemed vital was a Plan B in the event that technology failed (it was commented that the divide between digital natives and digital immigrants here was often unfair and discriminated against older professionals). Other advice for those running online therapy included checking that legal protection and regulation existed in the country of practice, being aware of client cancellation rights and of rights of ownership regarding any recordings made of sessions. Last but not least, a safeguarding issue was mentioned, explaining that online therapy could not be considered a replacement for emergency care as MH care providers may not always be contactable (Rhodes, 2020).

GREECE

Whilst Greece reported many of the same low cost and time investment advantages, they also presented with research preaching caution with regards to unstable cases, such as patients suffering from substance abuse, suicidal ideation or psychosis or those exhibiting aggressive behaviour and warning of certain social groups being excluded as a result of financial issues and technical deficiencies. A leading article commented that the transition to online MH provision was quite poor and data collection from different sources inaccurate.

Several innovators and public authorities would like to leverage IoT tools to take the weight off the Greek healthcare system. IoT and AI technologies, when combined with virtual reality prove



“a reliable alternative to the classic physical and mental examination and treatment in many areas of mental and neurological diseases” (Psychiatriki-journal, 2021). They are also capable of detecting early signs of mental illnesses with a high degree of accuracy.

Mental health is one of the areas that seems to benefit the most from these technologies and a definite increase has been observed since the pandemic began (Psychiatriki-journal, 2021). Electronic health records also proved very helpful as part of the online MH provision. Concerns did also arise over patients’ and professionals’ privacy and this can be a cause of embarrassment for both parties. The risks involved when building a therapeutic relationship and maintaining it appropriately were also detailed. Issues such as data protection were raised in connection with patient key data (Μωραΐτη, 2022). Unfortunately, despite technological advances, a proportion of the population still do not have access to Internet or the means with which to do so (Μωραΐτη, 2022).

However, a major advantage of online MH provision was seen as the ability to personalise and tailor MH to support key individuals or groups and the fact that more people had access to MH. Thrive Global suggested that online MH provision also meant that patients could be monitored much more closely (2021). Another mental health organisation reported that patients felt more relaxed due to the lack of risk of infection (helpmyself) whilst taking part in online therapy.

Psychology Thessaloniki recommended, despite the obvious advantages of online MH care provision, that professionals turn to the European Psychotherapy Association for guidance and to ensure that the MH care provided is of high-quality. Furthermore, it is also suggested that regular reassessment is very important to establish whether the online medium is still working for the patient or client (2022).

ITALY

Research provided from Italy provides a balanced illustration of the positive and negative aspects of online MH care. Carpiello discusses the challenges that the Italian system was faced with at the outset of the pandemic. In his opinion there was a distinct lack of shared procedures at a national level, insufficient official recognition and remuneration and a shortage in staff in the MH sector (accompanied by “low computer and telematics literacy”). The service sector also failed to provide sufficient technology (such as broadband networks, PCs and protected platforms) and substantial socio-economic and generational difference defined technological literacy. Many older people were not familiar with the concept of “long-distance communication”. On top of that, issues concerning personal privacy and professional confidentiality featured (2020).

Guida Psicologi, an online publication, also comments on the various pitfalls of online MH therapy, namely, slow internet bandwidth, causing delayed audio function or the camera cutting out. Information which could otherwise be gleaned from non-verbal cues can be easily lost, meaning it takes longer to help the patient or diagnose what may be wrong. Unnatural online interaction can make it difficult to establish an appropriate therapeutic relationship with the patient. Privacy poses a major issue and in Italy it is felt that a legal framework regulating the use of technology in practicing online MH provision is lacking (2022). Last but not least, Sanità Digitale comments that, in order to meet the technological needs of online MH provision, ADSL and wireless lines would need to be adapted to improve performance and hardware and software would also need upgrading.



MH care professionals require training in how to use the various platforms on offer for this purpose (with the relevant data protection) and, generally, the MH sector has still to overcome deep-seated societal prejudices against online psychology (2022).

However, online MH care provision also carries with it some distinct advantages. Firstly, in Italy, it was felt that online MH can be extended above and beyond the therapy session itself. This type of care is far more sustainable. Therapists are able to advise on meditative practices or recorded visualisations to help with certain conditions, such as sleeplessness or anxiety. Message exchange outside of the audio-visual conferencing tool can provide patients with a lifeline to a MH professional outside of their therapy session. Online groups can provide patients with a sense of community, connecting sufferers of certain conditions or people simply struggling with the same problems. Multimedia options are also available. Therapists could get really creative and set up therapy sessions in virtual settings through the use of avatars. This could help some patients to work through different situations by practising role plays. Online group therapy also becomes an option. The online setting allows the MH professional to combine people with similar characteristics, regardless of their geographical location.

Ultimately, online therapy could work to democratise (Guida Psicologi, 2022) and promote greater inclusion in the MH sector. Online therapy encourages rapprochement in the patient-therapist relationship and provides a safe environment for those who wish to receive help, however, may be too embarrassed to go down the conventional channels (Setting Terapeutico Online, 2021). Bernardelli goes on to explain that use of digital equipment and platforms can help to “increase user involvement in a care path”, thereby reducing the likelihood that patients drop out. Furthermore, the use of technology can “increase the likelihood of relying on a psychotherapeutic or empowerment path”, thus reducing “prejudice and stigma” related to mental health. This also raises awareness of telepsychology and its uses.

However, in order to provide consistently good care, it is important to follow a couple of key guidelines. Bernardelli recommends researching well and finding the correct software and hardware to use with psychotechnology and the accompanying digital techniques to go with it. He also suggests that an awareness of the different kinds of psychotechnologies, such as relaxation psychotechnologies or psychodiagnostics, is a good idea and that professionals in this field do require upskilling in this area. He also suggests developing a video conferencing etiquette for sessions so that the patient is aware who is supposed to start the call, what to wear, punctuality and other general topics that perhaps wouldn't require clarification for the purpose of in-person sessions (2022).

ROMANIA

Research on the topic of online MH provision in Romania focuses on a number of key areas. First and foremost, an unstable Internet connection proves to be one of the most frequent issues. The video chat platforms used for the purpose of teletherapy often experience glitches causing the screen to freeze and the session has to then be transferred to another means of communication. Naturally, this doesn't make for the best therapy environment (Munteanu, 2021).

In the online MH patient-therapist relationship, both parties are jointly responsible for sourcing an environment in which to hold a therapy session. Hand gestures are another fundamental aspect



of online meetings of any kind as they often interpreted differently. For example, an outstretched hand may appear “distorted and may be perceived as unnatural”. In order to make both parties feel as comfortable as possible, “choose the distance, the optimal positioning in front of the computer, which allows the patient's gestures not to be perceived as distorted”. Adjust the lighting in the room so that facial expressions can be easily read and have the volume dial on hand, should you need it (Aventura Dezvoltării, 2022).

Although running or attending therapy sessions from the living room is certainly practical, it definitely isn't very private. Consider that some people may not have access to a safe, quiet space for therapy, especially if they live in a small flat or have young children (Psiholog Online, 2021). Other privacy-related aspects of the online therapy process which pose problems are keeping textual information exchanged between patient and therapist confidential and the risk of a third party listening in to or recording conversations. All of these factors can affect the patient-therapist relationship, and this is fundamental for the patient's progress. It is paramount that, during online therapy, both parties invest more time and energy into the therapy process so as to avoid misunderstandings (Barca, 2017).

Some personal accounts from therapists themselves may help to provide some insight into the world of online MH provision. Krisztina Gabriela Szabó (PhD in psychology, psychotherapist) says she has “often found (both in the case of clients and herself) - to her pleasant surprise - that” they have been able to “establish a genuine and deep connection even in these online therapy settings”. In contrast, Lavinia Tăutu (psychologist, cognitive-behavioural psychotherapist) feels that in online therapy “you don't have access to the full range of non-verbal behaviour” and that these sorts of sessions are “not suitable for all people (referring both to clients and psychotherapists). For elderly clients, people with severe emotional or psychological distress, or those with suicidal ideation, the online format may not provide sufficient safety and comfort, as these clients need the presence of the professional in physical proximity.” She also feels that there are “some therapeutic methods and techniques (involving a somatic component) that are not yet or cannot be adapted to the online environment” (Pagina de Psihologie, 2021).

2.3. Online survey on remote counselling skills needs, barriers & considerations for online counselling

Most people were interviewed in Greece. Croatia and Romania were also able to recruit many people for the survey. In addition, most people are self-employed or work in a mental health institution. These institutions are mostly private. This is also reflected in the question about the number of employees. Many of the organisations have over 50 employees or are run as independent organisations. A large part of the respondents is a mental health worker/practitioner (e.g. psychologist). Regarding the measures introduced for remote counselling, many stated that they had introduced remote counselling because of the COVID pandemic. Many were also provided with suitable technical equipment. However, a high number of respondents stated that although this had been provided, it was not sufficient. The survey found that organisations rarely provide appropriate training for staff, and in most cases do not provide support. Most of the respondents were trying to provide online services and had been doing so for two years. In this



context, the survey showed that a large part of the respondents considered training for remote counselling to be helpful.

The ability to find and collect information online is seen as very important by the respondents. Skills like being able to use different tools or being able to identify problems and solve small issues are extremely important points for the respondents. The question whether the consultants possess the skills to a sufficient degree was answered by most only with the answer average. The non-digital skills were rated as very high or high by many of the respondents. Knowledge of the different ways to offer online counselling, many stated that they felt only a few had the knowledge.

Most of them see the most important barriers in receiving non-verbal signals or in establishing a strong therapeutic relationship. Furthermore, they state that in some cases online counselling may be less suitable for certain groups such as older adults or patients with certain diagnoses and there may also be a high risk of digital exclusion.

2.4. Conclusion

To conclude, it is clear that despite the variety of countries represented here, a key list of overarching issues was flagged up repeatedly by partners. Unstable internet connection and insufficient hardware and software infrastructure posed serious issues to online MH provision. In addition, many felt that the patient-therapist relationship was unduly affected and that many professionals required further training in order to cope with the online demand. Furthermore, data protection issues were found to be an issue across the board and it is clear that appropriate platforms are required for the purpose. However, online MH provision was consistently applauded for cutting both cost and time and providing a more solid lifeline to the therapist for those in need. This process has also worked to begin to destigmatise the MH sector and, hopefully, provide many more people with the help and care they need. Many results of the desk research overlap with the results of the survey. The relationship between client and therapist is in the foreground and many stated that they see difficulties in recognising non-verbal signals in remote counselling. The fact that there is insufficient technical equipment for online counsellors is also indicated in the survey. In theory, it is often stated that further training is necessary for online counsellors. This is clearly confirmed by the survey. Many would find such training helpful.



3. EVIDENCE COLLECTION ON EXISTING TRAINING PROVISION FOR MENTAL HEALTHCARE WORKERS



3.1. Introduction

The partner organisations reviewed the availability & content of existing formal & non-formal training offerings for mental health workers. The report at hand summarises the results of this research, identifying the current level of the skills required for effective remote mental health services.

The research investigated:

- Formal Higher Education programs in the broader field of Psychology,
- Theme-specific seminars (on remote counselling) offered by professional associations and mental health research institutes, and
- Online courses on remote working practices.

Complementing the desk research, the partnership organised a focus group with mental health professionals (psychiatrists, psychologists, counsellors) active in various sectors of the partner countries (public/private sector, counselling/psychotherapy). They discussed the relevance of existing education provisions, including plans to address new work environment requirements.

3.2. Background problem

The goal was to either identify relevant components within the curricula of the programmes of greater length and scope, or assess the capacity of seminars and lessons to address part of mental health workers' skills requirements.

Range of investigation

The geographical scope of the research included all 27 EU member countries. It was conducted online, focusing primarily on training offerings within the countries of the partner organisations (Austria, Belgium, Croatia, Greece, Italy, and Romania). A further investigation was conducted for the other 21 EU member countries. Researchers went through online postings, either singular or within training aggregators that included information on training offerings in the form of HE programs, VET programs, seminars, and webinars, and other relevant modes.

Methods of analysis

Results were tested qualitatively, for their relevance to the field of psychology, psychotherapy, psychiatry and/or education and the inclusion of elements pertaining to providing remote services treating mental health.



3.3. Results: National training provisions in 6 EU countries

Austria

Seven existing training providers in Austria were identified, while general training regulations for distance counselling were absent. In most cases, training opportunities target people who already have experience in counselling. For further training at universities, a university degree is mandatory. In addition, there is also the possibility of a seal of approval from the BÖP (Professional Association of Psychologists). This "seal of approval for online psychological counselling" guarantees that the quality of the internet counselling offered by clinical psychologists and health psychologists corresponds to the standards of usual clinical psychological counselling and/or health psychological counselling ("face-to-face" counselling). Criteria such as proof of subject-specific training (media-specific and technical skills and knowledge) must be provided. Furthermore, there are no official training regulations that deal more specifically with distance work but only with face-to-face counselling.

Belgium

During the research on Belgium, the lack of standalone, clearly defined training programs addressing the upskilling of professional of mental health care was evident, with the exception of specific private seminars.

The research focuses on educational programmes of Higher education, mainly provided by Universities, of 1st cycle (BA) and 2nd cycle (Master's – specialisation) and programmes of clinical specialisation (modality specialisation), complemented by programmes of schools of higher education (vocational schools) and provisions of non-formal education.

Thematically, the described provisions range from general education on psychology for High School graduates to Specialisation in therapeutic modalities of psychotherapy, Speech Therapy, Orthopedagogy and Life Coaching.

These specific training provisions are included to inquire into the inclusion of remote service provision training in their curricula. They were specifically chosen, as indicative of the educational paths one would opt for, pursuing their education and ultimate certification as a psychotherapist or a professional in the field of mental health. Inversely, these are (some) of the training programmes the professionals that needed to follow the recommendations to shift to teleconsultations have followed as their professional education.

The information the mental health care workers' community received was reaching individuals through sectoral recommendations that were created to bridge their current practice with the desired shift of mode of service delivery (on-site to online).

Studying the curricula of the major institutes of Higher Education that treat Psychology and Psychotherapy (U.C. Louvain, Free University of Brussels, University of Liège), no special content regarding provision of remote services was included, neither during the 1st cycle of HE, nor during the 2nd cycle.



Gathered data show that training for competences for remote service provision is not within the scope of Formal Higher Education. The few training provisions that addressed this new need are generally brief in duration, non-formal in nature and generally organised ad hoc. Availability of training provisions with content specific to the skill needs of teleconsultations is deemed limited.

The thematic areas set by this research's methodology were treated separately, in varying degrees within the different curricula. Specifically, training provisions for specialisation included treatment of case management strategies and assessment, touch upon organisational skills and problem solving through conducting of research and require the persons enrolled to collect and analyse data. The assumption is that digital skills and fundamentals of computers are treated de facto, due to the requirements of carrying out research. Client communication can be said that is also treated through the necessary internships of some programmes.

Ultimately, these competence areas are treated through experiential elements of long-term training provisions. This is not essentially different from how practitioners and professionals learn while they are providing their services.

To conclude, while there is evidence that the thematic areas are generally treated during the required education of mental health workers, training provisions that are purpose-specific to teleconsultations and remote service provision as a mode of service delivery are very limited and have been provided occasionally.

Croatia

The extensive research on existing training provisions for remote counselling in Croatia yielded no results, i.e. there is no training provision for remote counselling in Croatia.

The search included research in general by using different synonyms for remote counselling and educational provision through research engines (*key words: savjetovanje, psihoterapija, zdravstvene usluge, usluge mentalnog zdravlja + psihoterapija, savjetovanje, terapija, psihologija + online, on-line, usluge na daljinu, telepsihijatrija, telepsihoterapija, telesavjetovanje + edukacija, trening, silabus, obrazovni program + kako voditi online, etc.*). In addition, web pages of institutions providing mental health services or educational organizations for future mental health professionals were extensively researched.

The availability of remote counselling and provision of remote mental health services is on the rise due to the pandemic; however, there are no formal or informal training provisions on the topic in Croatia.

There have been at least two Conferences where professionals in the field have shared their experiences, suggesting that there is a high demand in training/education for remote counselling in Croatia.

Greece

Besides the fact that remote counselling/telepsychiatry is a new sector for Greece, in the last few years, one can find online courses to upskill themselves in the provision of remote mental health services. Ten training offerings have been identified, provided by universities, NGOs, educational



centres, and scientific and sectoral institutions. The duration of these training provisions varies from 10 hours to 9 months and the common characteristic is the fact that all can be found on online platforms.

Italy

General training regulations for distance counselling were not found. In Italy, there are no specific university degrees or training at university related to remote counselling. There are no ad hoc modules on online counselling in psychology faculties either. The only existing training offer on this topic consists of training courses provided by training providers or associations of psychologists. The aim of most of these courses is to obtain CME- Continuing Medical Education credits. This type of training is obviously directed at mental health professionals but there are no special requirements for taking part in it; no previous experience in online counselling is required.

Romania

No specialized courses on remote counselling are provided. The survey covered all training providers authorised by the College of Psychologists and Universities providing Master's degree Programmes in Psychology. The training programmes reviewed focus on the development of non-digital competences. Those interested to enhance their digital skills are enrolling themselves in IT courses, but these are focusing on consolidating existing technical skills, without tailoring the course to the practice of mental health care.

	HE programmes	Theme-Specific Seminars	Online Courses
Austria	✓	✓	✓
Belgium	X	✓	X
Croatia	X	X	X
Greece	X	✓	✓
Italy	X	✓	✓
Romania	X	X	X

Table 1. Presence of training programmes in the countries of the partnership



3.4. Results: Training provisions in EU-27

In the 21 EU member states remaining, no training providers for remote counselling were found. CREFOP researched existing training providers for remote counselling in the European Union. Since 6 out of the 27 EU member countries (Austria, Belgium, Croatia, Greece, Italy, and Romania) were covered by the native organisations of the consortium, CREFOP focused on the remaining 21.

The research identified institutions that offer training in the field of Counselling/Psychology/Psychotherapy and presented them to highlight the approach of **learning by doing** or **learning on the fly** that is adopted in the field.

Participation in these online training courses gives the opportunity to the participants to develop some skills that also apply to remote counselling. However, the need for training offerings specifically designed for remote counselling is still unaddressed and can be seen as a new direction for public policies/projects in each country.

Bulgaria

In Bulgaria, no training providers for remote counselling were found. Due to pandemic restrictions, different Bulgarian institutions responsible for counselling externalised different types of online & distance therapy pieces of training (via different means for online communication ex. Zoom), but none of those institutions offers training for remote counselling.

Cyprus

Training providers for online counselling were not to be found in Cyprus.

Czech Republic

In the Czech Republic the research has found some training providers for Counselling, but not specifically for online counselling. Although the research could not identify any providers for online counselling, it is worth saying that there are lots of institutions that offer counselling courses online, pieces of training or workshops in the Czech Republic.

Denmark

The Danish system for counselling did not provide any remote counselling training, but the research identified some courses for counselling.

Estonia

The research found interesting articles about Estonia, as «*leading the way*» in online counselling (especially in *career counselling*), developing even an e – counselling system and online solutions for children and young adults. This system shows that regardless of the fact that the research could not find training providers for online counselling in Estonia, the Estonian system is *learning by doing* and is also ready to *offer training for specialists* who will take part in the project.



Finland

In Finland, due to the COVID-19 pandemic, some universities externalised several online courses for students, courses that will contribute to the improvement of knowledge in the field of *Psychology*. The research also found a Therapy institute that offers training in *focused – psychology* but, again, no remote counselling training providers were found in this country.

France

In France, the research found one interesting mental health and counselling training & courses provider, but this institution did not provide instruction about how to put into practice the pieces of information learned within the training and/or courses when counselling remotely.

Germany

The research could not find a remote counselling training/course provider in Germany, but the researchers identified one interested *Training Institute for Psychotherapy* that provides training sessions for accredited psychological psychotherapists.

Hungary

No remote counselling training providers were found in Hungary, despite the existence of mental health/counselling training providers.

Ireland

Ireland is the only country in which the research found some guidelines for Online Counselling and Psychotherapy. Although this is not a training or a course, we think those guidelines designed particularly for remote counselling are a step forward for the digitalization process in the field of *Counselling /Psychology/ Psychotherapy*. The research also found a training provider for Counselling Skills, but not for counselling remotely.

Latvia

In Latvia, despite several university courses focused specifically on *Counselling, Psychotherapy and Guidance*, the research did not identify remote counselling training/course providers.

Lithuania

In Lithuania the research did not find any training providers in the remote counselling field, but only some Universities that offer relevant courses for students.

Luxemburg

In Luxemburg, various training services related to mental health are offered, but none of the services provided was provided by a remote counselling training institution.

Malta



No remote counselling training offerings were found in Malta, neither training providers for online counselling; only a couple of academic programs that may be useful for mental health specialists.

The Netherlands

In the Netherlands, the research could not find any institution which provides remote counselling pieces of training/courses, but found some institutions that offer training for specialists who want to develop their skills in Counselling. It is worth noting that the skills learned in this course can be used both in the face-to-face process of Counselling and in the remote process as well.

Poland

In Poland, institutions that provide training in Counselling/Psychotherapy were identified, without them offering remote counselling training.

Portugal

In Portugal, the research could not find a remote counselling training provider.

Slovakia

In Slovakia, no institution to help mental health specialists to develop their practical skills when counselling online was found.

Slovenia

In Slovenia, new skills that are needed in remote counselling are not addressed.

Spain

In Spain, new skills that are needed in remote counselling are not addressed.

Sweden

Remote counselling training providers could not be found in Sweden, but the research could identify some institutions that offer their services for upskilling interested mental health specialists in the field of Counselling.

3.5. Results: Focus group

The focus group was conducted online on June 15th, 15:00-16:30 CEST, with the participation of 6 professionals with the knowledge and/or experience of the field in the 5 countries of our partnership (Austria, Belgium, Greece, Italy, Croatia and Romania). The moderators were Dr. Tanja Frančišković, (MD, PhD, psychiatrist) and Dr. Aleksandra Stevanović (PhD, psychologist) from the University of Rijeka.



Agenda

Time 2- 5 min	<p>Welcome and introductions</p> <ul style="list-style-type: none"> • Moderators' greeting • Aim of the focus group: Create discussion on the relevance of remote counselling, the existing education provision, and the needed skills for remote counselling in the field of mental health • Final outcome of the group: A summary on discussion will be used in developing up-to-date and quality educational resources on the topic. 	UNIRI (TF & AS)
5 min	Ground rules and housekeeping	UNIRI (AS)
10 min	Short introduction by participants	AS&ALL
50 min	<p>Focus group questions</p> <ul style="list-style-type: none"> • How do you find the role or the importance of remote counselling? • Which are the most important digital skills that a mental health worker needs in order to do remote counselling? • Which are the most important non-digital skills that a mental health worker needs in order to do remote counselling? • Are you aware of any training on remote counselling in your country or abroad? If yes, in your opinion, which are the best features of that training or the ones which could be improved? • What kind of training provision should be developed so as to have/obtain better results in the readiness and capacity for remote counselling provision? 	TF
10 min	Questions from the group	ALL
5 min	Summarizing	TF



Participants

The Focus group gathered a variety of experts, not only from a professional background (psychiatrists, psychologists, counsellors) but also from different work fields (public and private sector, counselling and psychotherapy) which adds to the value of the findings.

Two mental health experts from Croatia were a psychiatrist with years of clinical experience, stakeholder position, educator and psychotherapist and a psychologist with years of experience working as a counsellor in a student's counselling centre. The participant from Belgium was an experienced psychologist and psychotherapist who currently work in the private sector and offers online therapy. Three participants were from Romania and work as vocational therapists and counsellors with experience in social care and child protection.

Findings

How do you find the role or the importance of remote counselling?

All participants agreed that there is great value in remote counselling, especially for hard-to-reach populations as well as in case of crises (eg. Covid-19 pandemic, population displacement etc.). Participants shared their experiences of the benefits and downsides of remote counselling and psychotherapy. Most agreed that the experience of online counselling turned out better than expected. Yet, great importance was placed on differentiating between the type of services given (short check-up, psychoeducation, long-term psychotherapy, etc.) and the suitability of types of remote, ICT-supported modalities (videoconference, chat, telephone, email, etc.) also in the context of who is the client (digital natives are good at chat, the telephone is the most likely available modality for users of social services, etc.). Types of modalities and purposes should be well defined and described in realistic terms of what is achievable and what is not (for example, psychotherapy through instant messaging is probably not the best way).

Which are the most important digital skills that a mental health worker needs to do remote counselling?

In general, one needs to be skilful in typing and technology. Remote counsellors and psychotherapists should have a basic understanding of making internet connections and how to strengthen Wi-Fi connections to avoid interruptions. They should also be familiar with the various applications and platforms, how to navigate inside one and know about the data security they provide (for example, Facebook offers no privacy). Professionals have to secure confidentiality. Also, the professional should be able to solve minor technical issues and give instructions to clients on the technical issues. The service provider should know the features of specific apps and platforms (no privacy on FB) to ensure confidentiality. Counsellors and therapists should be able to explain to the client how to solve minor technological issues. Sometimes clients are better versed in ICT, but the service provider must be able to understand the basic technical terms and be able to set up the technical framework. Part of the therapeutic framework has to include a technical framework – just like the counsellor or therapists give out the therapeutic framework so should they go through the technical sides of remote counselling. It is important to test equipment and software before we start using them with our clients.



Which are the most important non-digital skills that a mental health worker needs to do remote counselling?

Participants of the focus group stressed the importance of professional background, especially in terms of psychotherapy. For example, vocational counselling can greatly benefit from being online, and cognitive-behavioural therapists can more easily incorporate different ICT-supported modalities of remote counselling and therapy unlike those with psychodynamic and analytic backgrounds. Setting the boundaries concerning the therapist's professional background and the scope of remote counselling was one of the most mentioned non-digital skills. Other important non-digital skills discussed were creating trust in an online setting, lack of non-verbal cues (posture, sense of bodily presence, but even poker face on purpose as we can see ourselves in video calls), different skills in reading non-verbal cues, adjustment from the side of the service provider (clients are no longer in the environment we control) and greater creativity and flexibility than needed in the traditional setting. For example, responsibility for confidentiality goes both ways now more than before, as service providers cannot control whether the client is alone. Digital and non-digital skills vary depending on the purpose/medium

Are you aware of any training on remote counselling in your country or abroad? If yes, in your opinion, which are the best features of that training or the ones which could be improved?

None of the participants was aware of training on remote counselling currently.

What kind of training provision should be developed to have/obtain better results in the readiness and capacity for remote counselling provision?

Tips on how to transition from a traditional to an online setting. Time management is different, more effort should be put into defining the online setting.

Education should start with a dictionary, definitions of terms, and recommendations depending on the scope of counselling

Digital and non-digital skills vary depending on the purpose/medium.

To define a technical framework - secure apps, what to use - it is the professionals' responsibility to know and keep up with the new ICT features.

Ethical and legal issues - patients far away, suicidal behaviour, psychotic features - how to set in motion medical care; indications and counterindications for online therapy: exclusion criteria psychotic, serious addictions etc.; potential use of informed consent and contract - what is the legal set up of the country of origin.

3.6. Conclusion

Regarding special training programmes or parts of curricula that address the skills needed for remote mental health care services provision, the research showed that while lacking in most countries of the EU, in four (AT,BE,GR,IT) out of the six countries of the partnership, there have been at least some instances of such training.



According to the data gathered, a general absence of training programmes to address the specific needs of online mental healthcare service provision was noted, with some rare exceptions.

The experts that participated in the focus group, from the fields of psychiatry, psychotherapy, counselling and education confirmed this finding.

3.7. Sources (links to training offerings)

Austria

<https://www.bildungsmanagement.ac.at/bildungsangebote/diplomlehrgaenge/digitale-beratung-online-beraten.html>

<https://www.forschungsgreisslerei.at/lehrgang-onlineberatung-herbst-2022/>

<https://www.uniforlife.at/de/weiterbildung/bildung-soziales/seminare/online-beratung/>

<https://www.coachingyou.at/online-coaching-online-beratung.html>

<https://psychologie.sfu.ac.at/de/studium/fort-und-weiterbildung/ulg-online-beratung/>

https://www.aap-akademie.at/psychologische_online_beratung/

<https://www.bfi.wien/kurs/8093/persoenlichkeit/beratung-1/online-beratung/>

https://www.ecounselling4youth.eu/online-material/modules/course_description/?course=TM110

Belgium

<https://www.cresam.be/formation-en-ligne-du-cresam-sur-la-teleconsultation/>

<https://uclouvain.be/prog-2021-psp1ba>

<https://uclouvain.be/prog-2021-psy2m>

<https://www.helmo.be/Formations/Pedagogique/Specialisation-en-Orthopedagogie/Grille-de-cours.aspx>

<https://uclouvain.be/prog-2021-cpi2mc-programme>

<https://www.ulb.be/en/programme/fc-298>

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<https://web.umons.ac.be/fpse/fr/formations/m2-mpsyfo/>

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<https://www.semifind.gr/seminaria/view/Seminario/7897/gnorimia-me-to-DSM-V-%E2%80%93-kliniki-synteyxi>

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<https://psychotherapia.gr/v2/%CE%B3%CE%BD%CF%89%CF%83%CE%B9%CE%B1%CE%BA%CE%AE-%CF%83%CF%85%CE%BC%CF%80%CE%B5%CF%81%CE%B9%CF%86%CE%BF%CF%81%CE%B9%CE%BA%CE%AE-elearning/>

<https://www.golearn.gr/moriodotoymeno-seminario-sti-sholiki-psyhologia>

<https://tetedu.gr/index.php/seminaria/guruPrograms/1-efarmosmenes-proseggiseis/3-aidikes-therapeies-apo-apostasi>

Italy

https://www.emagister.it/corso_l_utilizzo_della_scrittura_terapeutica_nella_psicoterapia_online-ec2801444.htm

<https://www.giuntipsy.it/corsi-e-eventi/corso/digitalizzazione-della-professione-deontologia-nuove-tecnologie-e-nuovi-scenari>

http://www.psicologia-psycotherapy.it/autopromozione-web/autopromozione-web_free.html

<https://formazionecontinuaipsicologia.it/corso/terapia-online-con-bambini/>

<https://formazionecontinuaipsicologia.it/corso/terapia-online-su-clienti-con-ansia-usando-il-viso-e-la-voce-per-creare-calma/>

<https://formazionecontinuaipsicologia.it/corso/tecniche-e-metodologie-pratica-clinica-online/>



<https://www.centroscp.com/scoperta-terapia-online-formazione-ecm/>

<https://psicologia.it/corso/introduzione-alla-teoria-e-alla-tecnica-della-consulenza-e-della-psicoterapia-online/>

<https://www.giuntipsy.it/corsi-e-eventi/corso/consulenza-psicologica-online>

<https://www.psicologia.io/formazione-online/teoria-e-pratica-del-colloquio-psicologico-online>

Romania

<http://psihoterapieintegrativa.ro/curs-de-autoterapie-asistata-managementul-stresului-dezvoltare-personala-si-relationala/>

<https://www.sper.ro/workshopuri/>

<https://positum.ro/niveluri-certificare/>

<https://artcc.ro/despre-formare/>

<http://igb.ro/programul-formativ/>

<https://www.acpor.ro/curs-metode-de-relaxare-si-meditatie/>

<https://asociatia-phoenix.ro/cursuri-psihologice/curs-interventie-asistenta-consiliere-personala-si-psihologica>

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<https://www.istt.ro/formare-complementara/>

<http://insight.org.ro/formare-in-psihoterapie-psihanalitica/>

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4. DEFINITION OF REMCO LEARNING OUTCOMES BASED ON SKILL NEEDS ANALYSIS



4.1. Introduction

In the following report, the identified skill needs of mental health workers and the resulting required learning outcomes are described in more detail. The required skills of mental health workers have already been identified through a survey. The report will subsequently define the fine learning objectives in more detail and provide the basis for the development of the curriculum. An exact sequence has not yet been determined.

4.2. Skill needs and learning outcomes

The survey identified many of the skills needed by mental health workers to deliver mental health services online. Important points that came out of the survey were the hardware skills of the mental health worker, the relationship between therapist and patient, and data protection regulations. Many also agreed that they would like to see an opportunity for further training in the area of mental health services on the Internet.

For this reason, the rough structure of the learning course was defined in a workshop. First, mental health workers should get an overview of the structure of distance counselling. Subsequently, the topic of communication should be addressed in the course, as this was a concern from the survey, among others, because it is feared that the relationship between therapist and patient suffers under remote counselling. In order to be best prepared for the new environment, basic digital skills and tools for distance counselling should be covered in the course. Furthermore, ethical standards and legal principles need to be explained in more detail. Subsequently, there should be a separate learning package that only deals with the relationship work in distance counselling in order to take away the participants' fear of the new situation as much as possible. Finally, the topic of self-care should be addressed, as the distinction between work and everyday life threatens to become blurred in distance counselling and the distance counsellors suffer as a result. The following topics were defined for this purpose:

1. Remote counselling structure
2. Communication
3. Digital Basics and tools
4. Ethics and legal practice
5. Relationships
6. Self-care



4.3. Learning outcomes

Learning unit	Learning objectives	Fine Learning Objectives
Remote counselling structure	How to start online counselling	You know how to set up online distance counselling.
		You know which methods you can use for online counselling.
		You are able to make initial contact via online media.
	Differences between online and offline counselling	You can explain the difference between online and offline counselling.
	Possibilities and Limitations	You know the possibilities and limitations of distance counselling.
	Awareness about differences in individuals	You are able to respond to different individuals and their needs.



Learning unit	Learning objectives	Fine Learning Objectives
Communication	Effective verbal communication and how to maintain effective communication	You know how to communicate verbally in distance counselling and which aspects are important.
		You know how to give effective instructions to your clients.
	Non-Verbal communication	You know the rules of online communication.
		You can describe the levels of non-verbal communication.
	Prejudice cues and awareness about differences in individuals	You are able to interpret non-verbal signals.
		You have considered prejudice signals in communication.
		You respect the different individuals and can deal with the differences in a reflective way.
		You know the process of stereotyped thinking.
		You know how stereotyped thinking affects distance counselling.



Learning unit	Learning objectives	Fine Learning Objectives
Digital Basics and tools	Hardware skills	You can name the hardware of a computer.
		You know the difference between hardware and software.
	Software skills	You know the necessary hardware for professional remote counselling.
		You are able to handle the basic software of a computer.
		You are able to name the most common online meeting tools.
		You know useful communication software for online remote counselling.
		You know the different possibilities of counselling in an online environment
		You can identify which tools you can use to improve your remote counselling.
	How to guide clients	You know Microsoft Teams and how to use the functions
		You know Zoom and how to use the functions.
		You can guide learners on how to use hardware and software for online remote counselling.
		You can instruct clients on the technical procedures.
	Troubleshooting	You can find suitable tools for remote counselling of clients.
		You are able to deal with disruptions in remote counselling.
		You know how to deal with software failure in remote counselling.
		You are prepared for connection failures.
	You are able to guide clients during technical disruptions.	



Learning unit	Learning objectives	Fine Learning Objectives
Ethics and legal matters	Privacy / Security	You know the definition of Data Privacy.
		You understand the meaning and purpose of Data Privacy.
		You know what personal and sensitive data are.
	Secure environment and confidentiality	You can guide clients to find a safe place at home.
		You are able to point out the risks of the digital space to clients.
	Awareness of ethical issues in online counselling	You know how to deal with the principle of autonomy in online counselling.
		You know the ethical principles and what is important in remote counselling.
		You know how to educate clients about online counselling data protection.
	Keeping and protecting client's data	You know what you have to do in case of a breach.
	Documentation / Data management	You know when you have to delete personal and sensitive data of your clients.
	You know on what legal grounds you are allowed to process data of your clients.	
	You know the methods of data management and data transfer (encryption, firewalls, passwords, virus protection).	



Learning unit	Learning objectives	Fine Learning Objectives
Relationships	Recognize signs of possible difficulties	You will be familiar with different online behavioural issues scenarios and possible solutions to these.
	Establish inclusion criteria	You know which clients can participate in remote counselling.
	Building and maintaining effective relationships	You will know how to introduce yourself and establish a base for development of the relationship.
	How to gather feedback/opinions of client	You know how to use tools for feedback.
		You know when to use tools for feedback.



Learning unit	Learning objectives	Fine Learning Objectives	
Self-care	Self-care as an online counsellor and signs of exhaustion, burn-out and what could be done	You know forms of self-care.	
		You can name vulnerable points.	
		You can recognise and assess the risks and dangers of the job.	
	Self-promotion of online counselling		You know the promotional guidelines of counselling.
			You and your clients will know how to apply ergonomics in order to optimize efficiency of online lessons.
			You can name ways of acquiring clients.
		Setting boundaries	You are able to set priorities.
	Specificity of online counselling		You can distance yourself from the hopes and expectations of clients in online counselling.
			You know what possibilities there are to keep a healthy distance.
			You are able to develop an efficient routine for working from home.
		You know methods to draw a line between work and private life when remote counselling.	
Work-Life balance		You are able to distinguish between private and professional life in order to separate the two effectively.	



4.4. Conclusion

The six defined learning packages provide a good basis for mental health workers and can be used independently. It is important to provide specially adapted training material for the target group. Great attention is paid to relationship building and the lack of verbal and non-verbal exchange. Furthermore, the programme also refers to self-care and everyday life with distance counselling and makes suggestions for better practicability. Since most of the distance counselling is done through digital media, there is a big learning package with a lot of soft- and hardware skills and the legal issues.



5. ANNEXES



ANNEX A: Input forms (examples)

DESK RESEARCH REPORTING FORM – ANALYSIS ON CHALLENGES AND BARRIERS TO REMOTE MENTAL HEALTH PROVISION ON EUROPEAN LEVEL (10 to 12 reports, academic studies and/or media articles at the EU level) ¹²	
EU Level – No.	Belgium-1
Title of article	Remote collaboration – facing the challenges of COVID-19
Type of article	<input checked="" type="checkbox"/> Media article <input type="checkbox"/> Academic study <input type="checkbox"/> Other _____
Short description of content	A summary report on challenges experienced by remote workers during the COVID-19 epidemic
Discussion on digital requirement, skills and competences	N/A
Discussion on non-digital requirements, skills and competences	N/A
Benefits of remote work for mental health workers and/or labour market	N/A
Challenges of remote work for mental health workers and/or labour market	<ul style="list-style-type: none"> ● Battling a new set of “distractions” e.g., a child wanting attention, a dog barking ● Lack of commitment due to the virtual nature of work ● Technical issues may prevent employees from getting their work done ● Screen fatigue likely to decrease attention-span ● Sense of disconnectedness as employees cannot engage directly with colleagues and leaders ● Fusion of work and private life
Source (link)	https://www2.deloitte.com/content/dam/Deloitte/de/Documents/human-capital/Remote-Collaboration-COVID-19.pdf

¹² This media article has been used as an example; INNOVELA is going to find similar reports, academic studies and/or media articles at the EU level.



DESK RESEARCH REPORTING FORM – ANALYSIS CHALLENGES AND BARRIERS TO REMOTE MENTAL HEALTH PROVISION ON NATIONAL LEVEL

(5 to 6 national reports, academic studies and/or media articles in each country)¹³

COUNTRY – No.	1
Title of article	Psychotherapists’ Challenges With Online Therapy During COVID-19
Type of article	<input type="checkbox"/> Media article <input checked="" type="checkbox"/> Academic study <input type="checkbox"/> Other : blog
Short description of content	This study aimed to investigate the main challenges experienced by therapists during the transition from in-person to online therapy at the beginning of the pandemic
Discussion on digital requirements, skills and competences	<ul style="list-style-type: none"> • Little training and experience in providing online psychotherapy pre-pandemic • impact of technical glitches, insufficient Internet literacy, and confidentiality issues
Discussion on non-digital requirements, skills and competences	<ul style="list-style-type: none"> • A strong work ethic (integrity) • Feasibility of building a strong therapeutic alliance in a remote setting
Benefits of remote work for mental health workers and/or labour market (if applicable)	<ul style="list-style-type: none"> • Flexibility and control over own time
Challenges of remote work for mental health workers and/or labour market (if applicable)	n/a
Source (link)	https://www.frontiersin.org/articles/10.3389/fpsyg.2021.705699/full

¹³ This blog post has been used as an example; All partners are invited to find similar reports, academic studies and/or media articles from their own countries.



DESK RESEARCH REPORTING FORM – EXISTING TRAINING PROVISIONS FOR REMOTE COUNSELLING

(10 to 12 training provisions in the most important education providers and online platforms in each country)¹⁴

COUNTRY – No. ...	
Qualification/ Accreditation / Certificate	Diploma
Institution / Provider	Academy for Online Therapy
Location & country	
Type of course	Diploma Level 3 (full-time)
Mode of study (check all that apply, e.g. in case of blended learning)	<input type="checkbox"/> Class-based learning <input type="checkbox"/> Work place-based learning <input type="checkbox"/> Online course (e.g. MOOC) <input checked="" type="checkbox"/> Other type of distance learning
Duration	318.5 hours over 28 weeks
Scope of course	This diploma course provides you with fully comprehensive training to become a professional Online Therapist.
Target audience information	Psychotherapists, counsellors, CBT therapists and psychologists worldwide with at least a diploma level or equivalent qualification.
Core Modules / Topics addressed	<ul style="list-style-type: none"> ● Working online within an agency / organisational setting and private practice ● Working via online platforms ● Developing an online practice: practical tools for working online ● Assessment of clients online and managing risk and safeguarding ● Contracting with online clients: 'informed' consent & limits and breach of confidentiality ● Confidentiality, Legal Issues, Security & Privacy: Keeping your clients safe; developing an understanding of the

¹⁴ This training has been used as an example; All partners are invited to find similar existing training provision from their own countries.



	<p>security and confidentiality requirements for your specific practice, including online confidentiality, client security, data protection (GDPR and international), privacy & jurisdiction issues relating to working cross-border including international law</p> <ul style="list-style-type: none">● Professional indemnity Insurance: individual and organizational, as appropriate, ensuring you are covering for online/distance work in the UK and internationally● Developing access to services: thinking about how working online opens access to new groups of clients, consideration of the Equality Act (re access to services)● Incorporating diversity including different cultural attitudes to mental health. Diversity & inclusion are at the heart of our learning and for this reason you will not see it as a specialist subject on the timetable. All students are invited to be fully open to difference & consider what this means within the context of their learning and their own situations● Different media formats e.g. mail, live chat, audio/visual online counselling, online platforms, virtual reality and artificial intelligence, apps –we will use these so that students can get an experience of each format● Develop your marketing strategy including social media, websites, blogs● Research Codes of Practice & complaints procedures ensuring that your practice reflects these● The legal and ethical issues for online work and how these might be different from F2F work● Adapting your initial training for working online and exploring other modalities for working online● What works for whom? Demonstrating how you might implement this● Differences between online, blended and digital (F2F) therapy● An in-depth understanding of the online therapeutic alliance: how this works online, evidence-based research to support this, and issues and challenges that arise within the relationship boundaries● Individual and Group work
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	<ul style="list-style-type: none"> ● Case notes and records of sessions and storage, including cloud storage ● The role and use of language: working in a 2nd language, non-verbal communication in the online context, netiquette (online etiquette), use of translators ● Social media and its impact on the consulting room face to face and online ● Digital and privacy policies ● Psychological processes online ● Creativity and other online resources including Virtual Reality and Artificial Intelligence ● Gamification and technology apps in digital mental health ● The role of research and research tools to support the client’s therapeutic journey ● Self-care ● The need for and use of online supervision ● Endings online
<p>Knowledge/skills/competences (to be) obtained upon the completion of training</p>	<ul style="list-style-type: none"> ● Introduction to online therapy. ● Psychological Processes relevant to online therapy. ● Assessment of clients/patients for online therapy. ● Contracting and Boundaries for online therapy. ● Communication in online therapy. ● Text-Based Communication and Creativity in online therapy. ● Managing Risk and Safeguarding Issues presenting during online. ● Providing online therapy across International and State boundaries. ● Endings and Supervision in online therapy. ● UK Data protection governed by GDPR relating to Counselling and Psychotherapy online.
<p>Source</p>	<p>https://www.acadtherapy.online/test-prospectus-diploma-in-online-therapy</p>



ANNEX B: Questionnaire

REMCO- Upskilling counselling workers for remote, online services provision

What is the purpose of this survey?

The recent pandemic has disrupted or halted critical mental health services across the EU (WHO, 2020); at the same time, the demand for mental health care has increased, as the effects from the pandemic on people's everyday lives have triggered mental health issues and exacerbated existing ones. The mental health care sector has exhibited low readiness to fully exploit the potential of ICT-enabled counselling services, primarily due to a lack of mental health care workers with the required knowledge and skills on how to plan and run effective online sessions, creating a mismatch between increased demand for mental health support and current capacity of mental health workers.

The purpose of this survey is to determine the set of skills, knowledge and competences required by current mental health workers. Your input will aid the REMCO partnership to design a comprehensive and up-to-date training content and develop freely available online training material to assist individuals, training providers and employers in the field of mental health, for an effective transition to remote counselling.

Who should participate?

Mental health institutions, territorial administrations, civil organizations, human resources managers, job consultants / Career counsellors, sector representatives and social partners, training providers with mental health training offerings, self-employed mental health workers, professionals employed in mental health institutions.

How long does it take?

Approximately 15 minutes.

Thank you very much in advance for your participation and valuable contribution!

The survey is carried out in the context of the REMCO project, which is co-funded by the Erasmus+ programme of the European Union.



SURVEY ON SKILLS AND COMPETENCES REQUIRED FOR THE EFFECTIVE PROVISION OF MENTAL HEALTH SERVICES ONLINE

English questionnaire

A. RESPONDENT PROFILE

Q1: In which country are you based?

- Belgium
- Croatia
- Austria
- Greece
- Italy
- Romania
- Other _____ (please specify)

Q2: What kind of organisation do you work for?

- Mental health institution
- Association of mental health institutions
- Private recruitment agency
- Self-employed
- Other _____ (please specify)

Q3: The organization you work is:

- Private
- Public
- Not applicable

Q4: How many employees does your organisation have?

- Self-employed



- 1-4 employees
- 5-9 employees
- 10-20 employees
- 21-49 employees
- More than 50 employees

Q5: What is your job position in the organisation?

- Executive in mental health institution
- Mental health worker/practitioner (e.g. psychologist)
- Human resources manager
- Academic/ Researcher
- Job Consultant/ Career counsellor
- Other _____ (please specify)

B. FAMILIARITY WITH REMOTE COUNSELLING

Q6: Has your organisation introduced remote counselling due to the COVID-19 pandemic?

- Yes
- No, remote counselling existed already before the COVID 19 pandemic
- No, we do not have remote counselling in our organisation
- Not applicable

Q7: Does your organisation provide technical equipment to remote mental health workers?

- Yes, and it is sufficient
- Yes, but it is not sufficient
- No, but it would be necessary
- No, it is not necessary
- Not applicable



Q8: Does your organisation provide training on remote counselling for employees?

- Yes, and it is sufficient
- Yes, but it is not sufficient
- No, but it would be necessary
- No, and it is not necessary
- Not applicable

Q9: Have you tried to provide your services online on your own?

- Yes
- No
- I haven't thought about it

Q10: If yes, how long have you been offering remote mental health services?

Q11: Do you have any support/supervision when doing remote counselling (e.g. from the organization you are working)?

- Yes
- No

Q12: Would it be helpful to take part in training for remote counselling?

- Yes it would be very helpful
- No I don't think there is need to do so
- No but maybe I will think about it in the future

C. REMOTE WORKING SKILLS NEEDS IN COUNSELLING, CURRENT SUPPLY AND CHALLENGES



C1. Digital skills

Q13: Remote counselling requires specific digital skills. In your opinion, how important are the following digital skills for remote mental health workers?

	Extremely important	Very important	Moderately important	Slightly important	Not important	Do not know
Use bundled sets of productivity applications (word processor, spreadsheet, presentation applications, etc.)						
Efficiently collect information online						
Use different mediated communication and collaboration tools/software (email, chat, videoconference etc.)						
Identify major technical problems and ask for support when needed						
Resolve simple technical issues (e.g. access to VPN, install new software, restore back-up files)						
Take measures towards minimising a potential leak of confidential information at a technological level (anti-virus, back-up)						
Install, configure and use the necessary communication equipment for remote						



work (e.g., microphone, headset, webcam)						
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Q14: In your opinion, to what extent do remote mental health workers actually have the following digital skills?

	Very high	High	Average	Low	Very low	Do not know
Use bundled sets of productivity applications (word processor, spreadsheet, presentation applications, etc.)						
Efficiently collect information online						
Use different mediated communication and collaboration tools (email, chat, videoconference etc.)						
Identify major technical problems and ask for support when needed						
Resolve simple technical issues (e.g., access to VPN, install new software, restore back-up files)						
Take measures towards minimizing a potential leak of confidential information at a technological level (anti-virus, back-up)						



Install, configure and use the necessary communication equipment for remote work (e.g., microphone, headset, webcam)						
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C2. Non-digital skills

Q15: Remote counselling requires specific non-digital skills. In your opinion, how important are the following non-digital skills for remote mental health workers?

	Extremely important	Very important	Moderately important	Slightly important	Not important	Do not know
Set a productive remote work schedule						
Define working hours and stick to them (punctuality)						
Be flexible in terms of appointments' change						
Track and monitor daily progress						
Timely respond to clients' messages and calls						
Keep a professional appearance (both dress code and background)						
Keeping a quiet, distraction-free area at home in which you can focus on work						
Maintain balance between professional and personal life						



Adapt to new processes and procedures						
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Q16: In your opinion, to what extent do remote mental health workers actually have the following non-digital skills?

	Very high	High	Average	Low	Very low	Do not know
Set a productive remote work schedule						
Define working hours and stick to them (punctuality)						
Be flexible in terms of appointments' change						
Track and monitor daily progress						
Timely respond to colleagues' messages						
Keep a professional appearance (both dress code and background)						
Keeping a quiet, distraction-free area at home in which to focus on work						
Maintain balance between professional and personal life						
Adapting to new processes and procedures						

C3. Sector specific skills



Q17: Remote counselling requires sector specific skills (digital & non digital). In your opinion, how important are the following sector specific skills for remote mental health workers?

	Very high	High	Average	Low	Very low	Do not know
Keep electronic health records						
Knowledge of the different ways of offering remote counselling and of the associated technologies						
Ability to recognize, acknowledge and respond to issues of equality, diversity, and inclusion pertinent to remote counselling						
Knowledge of, and ability to operate within, legal, professional and ethical guidelines when offering remote counselling						
Excellent interpersonal skills to relate effectively with co-workers and patients						
Ability to problem solve and de-escalate crisis situations						
Make time for casual conversation with colleagues						
Develop treatment plans and strategies to						



best meet patient needs.						
Ability to conduct data entry						
Good Judgment Skills						
Ability to Develop Help-Focused Relationships						
Critical Thinking Skills						
Empathy and Understanding						

Q18: In your opinion, to what extent do remote mental health workers actually have the following sector specific skills?

	Very high	High	Average	Low	Very low	Do not know
Keep electronic health records						
Knowledge of the different ways of offering remote counselling and of the associated technologies						
Ability to recognize, acknowledge and respond to issues of equality, diversity, and inclusion pertinent to remote counselling						
Knowledge of, and ability to operate within, legal, professional and ethical guidelines						



when offering remote counselling						
Excellent interpersonal skills to relate effectively with co-workers and patients						
Ability to problem solve and de-escalate crisis situations						
Make time for casual conversation with colleagues						
Develop treatment plans and strategies to best meet patient needs.						
Ability to conduct data entry						
Good Judgment Skills						
Ability to Develop Help-Focused Relationships						
Critical Thinking Skills						
Empathy and Understanding						

Q19: In your experience, what additional skills (other than those discussed above) mental health workers need to have to effectively provide remote services?



Q20: How challenging are the following aspects when counselling remotely?

	Extremely challenging	Very challenging	Moderately challenging	Slightly challenging	Not at all challenging	Do not know
Unplugging after work						
Collaboration and communication						
Staying motivated						
Overlaps between work and personal life						
Distractions						
Feasibility of building a strong therapeutic alliance in a remote setting						
Creation of proper atmosphere with clients						
Equipment / Technology sufficiency						
Technical difficulties (e.g., network hiccups)						
Ensuring each client is able to understand how to access online mental health services						



Well-versed with the intricacies of remote counselling in an emergency situation						
Digital divide that exists among socioeconomic classes						
Efficient interaction with clients						

Q21: How important are the following barriers in shift to remote mental health services provision?

	Extremely important	Very important	Moderately important	Slightly important	Not at all important	Do not know
Difficulties in picking up on non-verbal cues						
Establishing a strong therapeutic relationship						
Less acceptable for certain groups, including new patients, service users without a private space at home for therapy, service users with a schizophrenia diagnosis, severe anxiety or learning disabilities, children, older adults, and those from lower socio-						



economic backgrounds.						
Risk of digital exclusion						
Loss of sense of community						
Issues regarding safety, privacy and confidentiality						
Lack of experience for remote counselling						
Logistical tasks (e.g., inadequate staffing, scheduling, overwhelming workloads, staff changes)						
unanticipated organisational constraints						

Thank you for your participation!



ANNEX C: Interview guide

Instructions: Let the interviewee tell his/her story in each section and use the follow-up questions below as probes¹⁵. Upon the completion of interviews, prepare a summary report presenting the answers provided by interviewees and highlights the main conclusions drawn from the discussion, as regards remote counselling skills and requirements.

Questions:

1. What do you consider to be the most important traits for a mental health worker to have?

Probe: Attending and active listening?

Respect for confidentiality and professional boundaries?

Resilience, patience and humility?

A non-judgemental approach?

A genuine interest in others?

Counselling training?

2. How these traits can be transferred to a remote session effectively?
3. What are the risk factors for providing remote counselling?
4. In which way the new work conditions due to COVID-19 affected counselling?
5. What is the future of counselling and the mental health sector in general?
6. Are soft skills considered by employers when it comes to hiring mental health workers?

Probe: Communication?

Decision-making?

Problem solving?

Initiative-taking?

¹⁵ Interview probes: An important part of interviewing is following up on things people tell you. Your initial question opens the door to an issue, and your interviewee's response is a first draft of an answer to your question. One that draft is on the table, you need to ask more questions to get the full story (Source: <https://msu.edu/>).



Risk assessment?

7. Do you believe that it is easy to find existing training opportunities for remote counselling skills? Who should be responsible for offering training in this field?

Probe: Higher Education Institutions?

Vocational Education & Training (IVET & CVET)?

Commercial courses?

MOOCs or/and online courses?

In-house training?

Thank you for your time. Do you have any questions that you would like to ask of me?



ANNEX D: Invitation e-mail

Subject: REMCO project – Invitation to participate in a survey for the training needs of remote mental health workers

Dear Sir/Madam,

With this email, we would like to invite you to take part in a survey on the most needed skills for individuals transitioning to remote counselling.

The recent pandemic has disrupted or halted critical mental health services across the EU (WHO, 2020); at the same time, the demand for mental health care has increased, as the effects from the pandemic on people's everyday lives have triggered mental health issues and exacerbated existing ones. To overcome pandemic disruptions brought into in-person services, workers in the mental health care sector had to switch to digitally enabled, remote mental health care solutions such as teletherapy and telemedicine, even without previous experience or professional training. The REMCO project aims to make available a curriculum with corresponding Open Educational Resources (OERs) for the continuous professional development of mental health workers, to address the emerging occupational & skills needs related to the provision of remote counselling services.

We consider your help vital in identifying the most valued skills for transition to remote counselling. Your contribution will assist us to develop a modular learning syllabus that will be made freely available to the public in 2023.

The survey takes around 10-15 minutes to complete and will be open until **31 March 2022**.

Click here to participate **{Insert the link of the online questionnaire}**

In case of any difficulties / enquiries please do not hesitate to address them to: **{email account to be used by each partner}**

Thank you very much for your contribution.

Signature: