



National Institute of Mental Health and Neuro Sciences
(Institute of National Importance)
Bengaluru - 560 029, Karnataka, India

Guidelines for Tele-Psychiatric Social Work Practice

By

Department of Psychiatric Social Work

In collaboration with

Tele-Medicine Centre, NIMHANS

&

In association with

**India Network of Professional Social Workers' Associations
(INPSWA)**

30th May 2020



Department of Psychiatric Social Work
National Institute of Mental Health and Neuro Sciences, (INI),
Bengaluru - 560 029, Karnataka, India

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Advisors:

Dr. K. Sekar, Professor, Registrar, NIMHANS, Bengaluru

Dr. R. Dhanadekara Pandian, Professor and Head, Department of Psychiatric Social Work, NIMHANS, Bengaluru.

Prof. Gandhi Doss, President, INPSW, Bengaluru.

Core committee who prepared the Guidelines:

- Dr. A. Thirumorthy (Professor, Department of Psychiatric Social Work), NIMHANS
- Dr. Janardhana N (Additional Professor, Department of Psychiatric Social Work), NIMHANS
- Dr. Vranda MN (Associate Professor, Department of Psychiatric Social Work), NIMHANS
- Dr. Aarti Jagannathan (Associate Professor, Department of Psychiatric Social Work), NIMHANS
- Dr. Kanmani T.R (Assistant Professor, Department of Psychiatric Social Work), NIMHANS
- Dr. Sphoorthi G Prabhu (Psychiatric Social Worker, Department of Psychiatric Social Work), NIMHANS
- Mr. Sreekanth T (Senior Research Fellow - UGC, Department of Psychiatric Social Work), NIMHANS

Reviewers:

- Faculty members of the Department of Psychiatric Social Work, NIMHANS, Bengaluru
- Dr. Suresh Bada Math, Professor, Department of Psychiatry, Head of Tele-Medicine Centre, Forensic Psychiatry Services and In-charge Legal Aid Clinic, NIMHANS, Bengaluru.
- Dr. Surinder Jaswal, Professor and Deputy Director, TISS, Mumbai.
- Dr. Sanjai Bhatt, Professor, Department of Social Work, University of Delhi, President of NAPSWI.
- Dr. Kalpana Sarathy, Professor & Deputy Director, TISS, Guwahati Off-Campus, Assam.
- Dr. Rameela Shekhar, Former Faculty and Dean of Social Science, Roshni Nilaya, Mangaluru,
- Dr. P. Ilango, Professor, Bharatidasan University, Tiruchirappalli, Tamilnadu.
- Mr. Sriganesh MV, Secretary General INPSWA, affiliated to IFSW
- Dr. Anish K R, Vice President, Kerala Association of Professional Social Workers – KAPS, Kerala.
- Dr. Sonia Pereira Deuri, Professor and Head, Department of Psychiatric Social Work, LGBRIMH, Tezpur, Assam.
- Dr. Subhasis Bhadra, Associate Professor and Head, Department of Social Work, Central University, Rajasthan.
- Dr. Pravin B Yannawar, Psychiatric Social Worker, Department of Psychiatric Social Work, IHBAS, New Delhi.
- Ms. Veeralakshmi Rajasekhar, In-country Indian Consultant, Children's Heart Link, Minnesota, USA.
- Dr. Nancy Premkumar, Medical Social Worker, JIPMER, Puducherry

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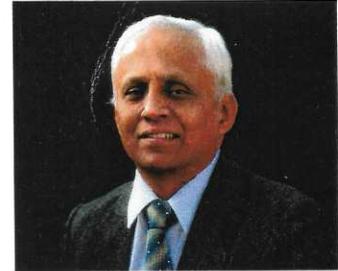
P.B.No.2900, BENGALURU - 560 029 (INDIA)

Dr. B.N. Gangadhar

MBBS, MD, DSc (Yoga), FAMS

Director

Sr. Professor of Psychiatry



FOREWORD

The Department of Psychiatric Social Work is an integral part of the multidisciplinary team at NIMHANS and has been instrumental in providing psychosocial care and services for persons and families affected with mental health issues.

In wake of the current pandemic of COVID -19, tele-services have gained importance. One of the major advantages of tele- services is that it can be cost effective and easily accessible. In India, till now there are no guidelines on the practice of Tele-Psychiatric Social Work services. A comprehensive guideline on use of tele-services for psychiatric social work practitioners is essential.

I am happy to know that the Department of Psychiatric Social Work has prepared comprehensive guidelines on Tele-Psychiatric Social Work for providing online services in India. These guidelines will provide a framework to Psychiatric social work practitioners for providing ethical and safe tele-psychiatric social worker services to needy clients and their families.

I appreciate the team's effort in successfully compiling these guidelines.

Dr. B.N. Gangadhar
Director



NATIONAL INSTITUTE OF MENTAL HEALTH AND NEURO SCIENCES
Institute of National Importance, under Ministry of Health and Family Welfare, Govt. of India
Hosur Road, Bengaluru – 560 029



National Institute of Mental Health and Neuro Sciences (NIMHANS) has a very important status not only in our country but all over the world for focusing on all aspects of physical and psychosocial wellbeing with its dedicated team of medical and paramedical professionals. Psychiatric Social Workers are an integral part of this multidisciplinary team.

The government is committed to providing equal access to quality care to all and digital health is a critical enabler for the overall transformation of the health system. Hence, mainstreaming Tele-Psychiatric Social Work in mental health systems will reduce the barriers to access care and improve continuum of care services. India's digital health policy advocates the use of digital tools for improving the efficiency and outcome of the healthcare system and lays significant focus on the use of tele services. Further, one of the objectives of the National Mental Health Programme is to reach the unreached. The last mile connectivity to the unreached population can occur only through the Tele-Psychiatric Social Work Services.

The Department of Psychiatric Social Work, NIMHANS, Bengaluru has compiled guidelines for practicing Tele-psychiatric social work services across the country which is an important step in providing psychiatric social work interventions to the unreached population. I convey my greetings and congratulations to the department for developing these comprehensive guidelines.


Dr.K.Sekar
REGISTRAR



Prof. Ghandi Doss L S
PRESIDENT



A Guideline for Tele –Psychiatric Social Work Practice is the collective outcome of the Faculty of Psychiatric Social Work NIMHANS to meet the growing demand to reach out society at large in a professional way in the current context. We are all in the midst of adopting social distancing as a 'healthy social norm'. The hand book on Tele professional practice is a notable work to bridge the gap. This hand-out provides a detail understanding of the professional approach to 'help all'

“The improvement of understanding is for two ends: first, our own increase of knowledge; secondly, to enable us to deliver that knowledge to others”. John Locke

The practice of social work desires capacity for adaptive expertise. This will certain to reflect on pedagogical choices, choose right strategies to address the problems encountered in Tele practice and assess results. The adaptive process and internalisation certain to refine our practice.

The practioners need to be conscious to the fact this methodology is data driven and preserving and using the data storage requires ethical procedures and professional confidentiality.

Appreciation and congratulation is placed on record for the efforts of Faculty of Psychiatric social work and NIMHANS administration for it's tireless efforts to the Institution always in excellence.

A handwritten signature in black ink, appearing to read 'G. S. Doss L S'.

PRESIDENT .INPSWA



NATIONAL INSTITUTE OF MENTAL HEALTH AND NEURO SCIENCES
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BENGALURU - 560 029
DEPARTMENT OF PSYCHIATRIC SOCIAL WORK

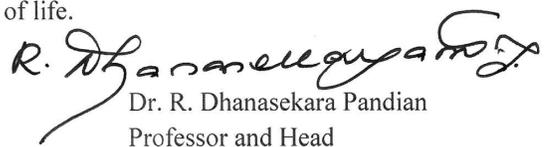
Dr. R. Dhanasekara Pandian
M.Phil., Ph.D.
Professor & Head
Department of Psychiatric Social Work



Psychiatric Social Work services were initiated at NIMHANS in 1963. Since then, the department has been providing preventive, promotive and curative health and mental health services for different sections of the population in the country. The department is well known to be a pioneer in conducting various collaborative research activities with National and International agencies and has taken a leading role in conducting many capacity building training programmes on pertinent psychosocial issues. The department also has initiated many networking and collaborative activities with various national and international organizations in providing a high quality of psychosocial care and support services for the marginalized, victims of trauma, discrimination, and people with distress.

Keeping in view of the recent technological advancement in the country and the 'Digital India' vision by the Honourable Prime Minister of India, the Department of Psychiatric Social Work has initiated numerous clinical intervention services from in-person to Tele-Psychiatric Social Work practices. In this regard, the department has also come out with the development of the Tele-Psychiatric Social Work guidelines for providing various clinical, training, research and allied services using modern technology to reach out the larger number of service users in the recent global crisis of COVID-19 pandemic. In this context, it is imperative to have a clear set of guidelines for psychiatric social work practices using technology and to ensure the continuity of clinical services without any compromise on the quality, ethics and standards of practice. The department would also train the professional social workers across the country for extending the Tele social work services using technology.

It gives me an immense pleasure to bring out these guidelines for Tele-Psychiatric Social Work Practice, which is the need of the hour. These guidelines will be of tremendous use for the psychiatric social work fraternity in our country to extend their services using technology especially for the marginalized and needy people in their own communities. I also strongly believe that the present guidelines would provide a conceptual framework for professional social workers working for the empowerment of individuals, families, groups and communities in order to improve their overall quality of life.


Dr. R. Dhanasekara Pandian
Professor and Head

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The Department of Psychiatric Social Work, NIMHANS would like to thank Prof. B. N. Gangadhar, the Director, NIMHANS for supporting this important work and for releasing these guidelines. We believe that the release of these guidelines would guide thousands of Psychiatric Social Workers across the country to practice social work through technological tools effectively and within the standards prescribed.

The Department would like to thank Dr. Suresh Bada Math, Professor of Psychiatry, Head of Tele-medicine Centre, Forensic Psychiatry Services, and in-charge Legal Aid Clinic NIMHANS, who encouraged the department to develop these guidelines. It was on his pursuance that this work has reached its logical conclusion today. We also thank him for giving his valuable inputs to the guidelines.

We would like to thank all the reviewers of these guidelines who have within a short notice provided useful suggestions to finalise this manual. The department of Psychiatric Social Work is thankful to all the faculty members of the department who reviewed the guidelines, Dr. Suresh Bada Math, Professor, Department of Psychiatry, Head of Tele-Medicine Centre, Forensic Psychiatry Services and In-charge Legal Aid Clinic, NIMHANS, Bengaluru; Dr. Surinder Jaswal, Professor and Deputy Director, TISS, Mumbai; Dr. Sanjai Bhatt, Professor, Department of Social Work, University of Delhi, President of NAPSWI; Dr. Kalpana Sarathy, Professor & Deputy Director, TISS, Guwahati Off-Campus, Assam; Dr. Rameela Shekhar, Former Faculty and Dean of Social Science, Roshni Nilaya, Mangaluru; Dr. P. Ilango, Professor, Bharatidasan University, Tiruchirappalli, Tamilnadu; Mr. Sriganesh MV, Secretary-General- INPSWA, affiliated to IFSW; Dr. Anish K R, Vice President, Kerala Association of Professional Social Workers – KAPS, Kerala; Dr. Sonia Pereira Deuri, Professor and Head, Department of Psychiatric Social Work, LGBRIMH, Tezpur, Assam; Dr. Subhasis Bhadra, Associate Professor and Head, Department of Social Work, Central University, Rajasthan; Dr. Pravin B. Yannawar, Psychiatric Social Worker, Department of Psychiatric Social Work, IHBAS, New Delhi; Ms. Veeralakshmi Rajasekhar, In-country Indian Consultant, Children's Heart Link, Minnesota, USA and Dr. Nancy Premkumar, Medical Social Worker, JIPMER, Puducherry.

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The department is thankful to the Akshara Printers, Bengaluru who have done the DTP work for these guidelines in a short period in the background of lockdown and COVID crisis.

- Core committee members

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ABBREVIATIONS

ASWB	:	Association of Social Work Boards
COVID 19	:	Corona Virus Disease - 2019
CSWE	:	Council on Social Work Education
DDRO	:	District Disability Rehabilitation Officer
DH	:	District Hospital
IASW	:	International Association of Social Workers
IFSW	:	International Federation of Social Workers
INPSWA	:	India Network of Professional Social Workers' Association
NASW	:	National Association of Social Workers
NGO	:	Non-Governmental Organization
NIMHANS	:	National Institute of Mental Health and Neuro Sciences
PHC	:	Primary Health Care Centre
PHI	:	Protected Health Information
VRC	:	Vocational Rehabilitation Centre

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Section 1: Introduction

In the modern era, technology has brought changes in Psychiatric Social Work practice and has greatly expanded Psychiatric Social Workers' ability to assist people in need. Social Workers' use of technological tools has created new ways to interact and communicate with clients, address compelling social justice issues, organise communities, administer organisations, and develop social policies as given by the 'Standards for Technology in Social Work Practice', released by the National Association of Social Workers (NASW) in collaboration with Association of Social Work Boards (ASWB), Council on Social Work Education (CSWE).

The use of technological tools in Psychiatric Social Work practice may be offered stand-alone or in conjunction with in-person Psychiatric Social Work services. Contemporary Psychiatric Social Workers can provide services to individual clients, groups, and communities by using online/telephonic/video/self-guided web-based services. Psychiatric Social Work Practice using telecommunication technology includes the use of email, text messaging, video conferencing, online chat, or internet phone calls. The following standards are provided for five main Psychiatric Social Work services, which are: (1) Working with individuals, (2) Working with families, (3) Working with groups, (4) Crisis management and (5) Working with communities. Each practice standard provides Psychiatric Social Workers with general guidance on how to use technological tools ethically and maintain the professional boundary. The standards and their interpretations are intended to set a minimum score of excellence for professional practice when psychiatric social workers use technology and to provide a framework to address possible benefits, challenges, and risks that arise when using these tools.

These guidelines are developed in response to the emergent needs of access and continuity of Psychiatric Social Work Services during the pandemic of COVID-19. However, the guidelines are not restricted to this time period alone, but aim to assist Psychiatric Social Workers, who are working in mental health settings. The use of technological tools helps to reduce cost and logistic barriers for the clients to reach a tertiary care centre, and strengthens multi disciplinary approaches. These guidelines were prepared after reviewing several national and international guidelines on the use of technological tools for the provision of health services- including the Medical Council of India Guidelines, 2020 and Tele-Psychotherapy Guidelines, 2020 prepared and released from the Department of Clinical Psychology, NIMHANS, Bengaluru. However, these guidelines are subject to revision in future to accommodate the specific types and levels of psychosocial care services from institution to community settings that can be provided by Psychiatric Social Workers.

1.1. Definitions

- **Tele-medicine:** The delivery of health care services, where distance is a critical factor, by all health care professionals using information and communication technologies for the exchange of valid information for the diagnosis, treatment, and prevention of disease and injuries, research and evaluation, and for the continuing education of health care

providers, all in the interests of advancing the health of individuals and their communities.

- Tele-session: Each session of case work / case management, group intervention, family intervention, crisis intervention, community work conducted using technological tools, which is documented and is of the same duration as in-person sessions.

1.2. Technology Applications

The technology applications used for providing Psychiatric Social Work practice can be either real-time or asynchronous exchange of relevant information via the following telecommunication platforms:

- Video (Telemedicine-facility, Apps, Video on chat platforms, Skype/Facetime, etc.)
- Audio (Phone/ VOIP, Apps, etc.)
- Text-Based: Chat-based applications (specialised telemedicine smartphone apps, websites, other internet-based systems, etc.), general messaging/ text/ chat platforms (WhatsApp, Google Hangouts, Facebook, Messenger, etc.) or, asynchronous (email/fax, etc.)

1.3. Who can offer Tele – Services?

- i. A qualified 'Psychiatric social worker' as per the Mental Health Care Act 2017, having a post-graduate degree in Social Work and a Master of Philosophy in Psychiatric Social Work obtained after completion of a full-time course of two years which includes supervised clinical training from any University recognised by the University Grants Commission established under the University Grants Commission Act, 1956 or any such recognised qualifications, as may be prescribed.
- ii. A 'Professional Social worker' who has completed two years full-time Masters Degree in Social Work with a specialisation/paper in 'Medical & Psychiatric Social Work', from UGC recognised Universities and has completed the three months course in 'Diploma in Community Mental Health' under NIMHANS Digital Academy, NIMHANS and working in mental health care setting for a minimum period of two years.

1.4. Who can receive these Services?

A careful and thorough assessment of the need and suitability of clients/families for the use of technological tools in the provision of Psychiatric Social Work practice is important. Client factors such as cognitive abilities, current clinical status and their comfort with using technological tools, having a reasonable level of privacy in their home setting etc., should determine the suitability to use technology for Psychiatric Social Work Services. Those with severe psychopathology, in distress and/or are at suicide risk and those who require an emergency service are not suitable for tele-sessions. However, in-person psychiatric/

medical evaluation and treatment or other referrals should be recommended for these groups of clients. The following groups may be offered tele-sessions after assessment of need, suitability, consideration of alternate options, and discussing with the multi disciplinary teams/other professional colleagues/consultants.

- These services are useful for those clients/families who are pre-registered , for whom detailed evaluation has been completed earlier and a provisional diagnosis (Psychiatric/Medical/Psychosocial) is already arrived at, in mental health settings. These clients might have also completed an in-person intake session or an initial psychosocial assessment, conducted by the Psychiatric Social Worker in a health setting. This would ensure the continuum of care services in situations where there is sustained disruption of in-person social work sessions (e.g. due to the COVID-19 pandemic or during a disaster) or when sessions are not possible due to geographical relocation etc.
- Clients who have accessed helplines (e.g. those set up during the COVID-19 pandemic) and have requested for more intensive/longer-term Psychiatric Social Work services including multi-level co-ordination within and between the various Governmental and Non-governmental services, assistance in meeting the basic needs, advocacy & networking and referral services.
- Clients who are referred for Psychiatric Social Work interventions by health professional colleagues/organisations/others or those who seek social work services directly.

1.5 Credibility

Psychiatric Social Workers should use technological platforms that are licensed or certified to provide services. Psychiatric Social Workers need to know the technology and keep themselves updated about technology-related confidentiality/safety issues. Knowledge and skills could be developed through a review of available literature/professional resources, consultation with colleagues, and participating in training programmes. All Psychiatric Social Workers and Professional Social Workers intending to provide online consultation need to complete a mandatory online course within five years of the notification of these guidelines, to offer Tele-consultation. This course, curriculum, and certification will be notified by the Department of Psychiatric Social Work, NIMHANS, Bengaluru in collaboration with Telemedicine Centre, NIMHANS.

1.6 Ethics, Laws, and Values

When communicating with clients using various online platforms as explained in 1.2, Psychiatric Social Workers need to ensure that the information reflects the standard ethical guidelines of IFSW, IASW and NASW. Ethical guidelines related to competence, conflicts of interest, privacy and confidentiality, respect, dishonesty, fraud and deception, misrepresentation, solicitations, private conduct and acknowledging credit shall be followed.

Psychiatric Social Workers shall follow all professional clinical standards, protocols, policies and procedures while offering psychosocial care, which will be similar to traditional in-person psychosocial care. Psychiatric Social Workers shall abide by all laws and ethics, which will be identical to traditional in-person psychosocial care.

1.7 Legal Framework

Currently in India, there is no legislation on the practice of psychosocial interventions using technological tools such as video, phone or internet-based platforms (web/chat/apps, etc). The existing Information Technology Act, 2000, Information Technology Rules, 2011 (Reasonable Security Practices and Procedures and Sensitive Personal Data or Information) and Mental Health Care Act, 2017, primarily govern the practice of health services or information technology.

It is recommended that Psychiatric Social Workers familiarise themselves with various Acts and legislations in India which are relevant in the event of use of technology as well which address issues pertaining to in-person Psychiatric Social Work practice. They include, for examples, Protection of Children from Sexual Offences, POCSO Act, 2012, and Rights of Persons with Disabilities, RPWD Act, 2016. Psychiatric Social Workers should abide by all laws and ethics, which will be identical to traditional in-person psychosocial care. Salient features of the Act pertinent to Psychiatric Social Work Practice using Technology include:

- **Information Technology Act, 2000:** The Psychiatric Social Worker who initiates practice using technology should be aware of how to store electronic medical records of clients and maintain his/her boundaries during the tele-session.
- **Information Technology Rules, 2011:** A Psychiatric Social Worker must be aware of the 'Sensitive Personal Data and Information'(SPDI) rule including '*physical, physiological and mental health conditions...medical records*' and 'reasonable security practices and procedures' (RSPP) to initiate use of technology for Psychiatric Social Work practice.
- **The Mental Health Care Act, 2017:** It recognises Psychiatric Social Workers and outlines and defines interventions that need to be taken up by them in the community (to tackle the stigma related to illness, suicide etc.), for advocacy (rights of patients, registration and monitoring of all mental health care institutions), for the facilitation of social welfare benefits (such as medical insurance for poor), etc.

Section 2: Guidelines for Psychiatric Social Work Practice using Technological Tools

All Psychiatric Social Workers who provide tele-sessions to individuals, families and groups, during a crisis should adhere to the following:

- The Psychiatric Social Worker can choose not to proceed with tele-sessions at any time.
- At any step, the Psychiatric Social Worker may refer or request in-person tele-sessions in the interest of the client.
- At any stage, the client has the right to choose to discontinue the tele-sessions.

2.1 Working with Individuals using Technological Tools

Psychiatric Social Workers can work with individuals for social case work and case management services. Psychiatric Social Workers practice case work as a therapeutic intervention among aged seeking care for their ailments, for adults having behavioural health care issues which also includes mental health and substance use, for children with external disorders and youth having problems of emotional dysregulations and other mental health problems and for people with disabilities. Supervision needs to be taken from senior professionals or mentors or a multidisciplinary team in times of need/crisis/confusion/lack of clarity about the case. Case management as an intervention is a method of providing services based on assessed needs of the client and their family. Case managers provide, coordinate, monitor, evaluate, and advocate a package of multiple services to meet the specific client's complex needs.

Process of Working with Individuals Using Technological Tools:

The following guidelines need to be adhered to, to initiate work with individuals using technological tools:

- A decision about the suitability of the client for tele-sessions is required. This can be done either by:
 - (1) In-person evaluation or
 - (2) Evaluation of potential clients through technological tools.

It is important to assess the relative benefits and risks of providing case work & case management services using technological tools. Three core elements need to be considered before offering Tele-Psychiatric Social Work practice:

- a) Irrespective of the tool of communication used, the core principles of social work practice remain the same.
- b) The professional judgement of a Psychiatric Social Worker should be the guiding principle for all tele-sessions.

- c) The Psychiatric Social Worker should exercise their professional judgement to decide whether a Tele-Psychiatric Social Work practice is appropriate in a given situation or if in-person care is needed in the interest of the client. For example, in-person services may be necessary on an appropriate, immediate referral made by the Psychiatric Social Worker when it is felt that clients pose a significant risk of self-harm or injurious behaviour, and/or are cognitively impaired.

The process of assessing the suitability of the client for individual work using technological tools are given below:

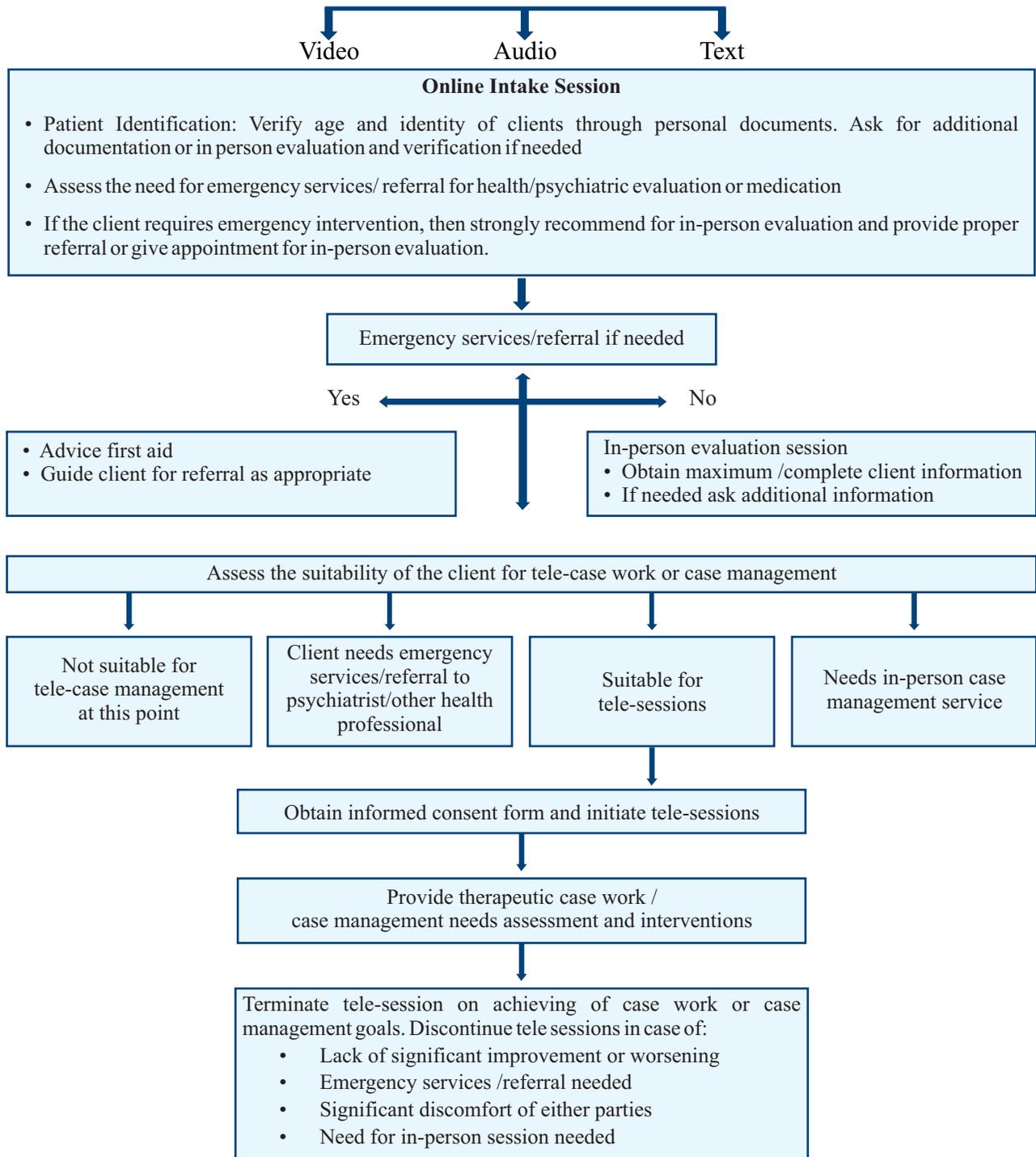
- For the new clients, the Psychiatric Social Worker must obtain, verify and maintain documentation of their name, age, address, email id, phone number, and identity of the client(s) through valid recognised governmental identity documents during the intake session. If the Psychiatric Social Worker is unsure or unable to verify identity, additional documentation may be requested, or the client may be requested to be present in person for evaluation. The verification of client identity is important at the start of every session for both new and follow-up clients.
- Both client and the Psychiatric Social Worker need to know each other's identity.
- The Psychiatric Social Worker should ensure that there is a mechanism for a client to verify the credentials, qualification, designation, specialisation, working for/affiliated to, and contact details of the Psychiatric Social Worker.
- It is important that Psychiatric Social Worker must evaluate the need for emergency service(s) for psychiatric evaluation/medication, at intake session and appropriate referral should be done.
- The Psychiatric Social Worker should share information about the range of available tele-options (e.g audio/video/text) to the clients. The Psychiatric Social Worker and the client could choose between the options based on available technological support, preferences, and judged the suitability for the client.
- The Psychiatric Social Worker must obtain informed consent after the detailed evaluation and assessment of the suitability for tele-sessions. Before initiating the sessions, however, the client must be informed about the processes of case management.
- Ensure that the environment is quiet and private for both the Psychiatric Social Worker and the client. Arrange the environment to reflect professionalism. Before using video-conferencing, make a test call and ensure the angle of the camera is such that both the Psychiatric Social Worker and the client see each other. Consider using a virtual background for video calls which enhances the professional environment. Clients are entitled to the same level of privacy during tele-session as they would

receive during in-person meetings. Conduct the tele-sessions in a location where privacy is assured, where others will not overhear the meetings in the practitioner's environment. Dress appropriately and professionally for the session.

- Test the strength of your internet service before meeting clients via video conferencing, to ensure that you can sustain the conference without signal loss or interruption. All other meetings, applications and notifications should be minimised to reduce the distractions during the sessions.
- Tele-sessions are to be done only on an appointment basis as emergency services do not come within its purview. The appointment could be fixed via text messages or email. The date/time/potential duration of case work and case management session needs to be planned well in advance along with the procedure for rescheduling the missed sessions or those sessions interrupted due to problems with the internet or mobile connectivity or other technical issues.
- For new clients, a detailed in-person evaluation is strongly recommended to understand the area of difficulty for the client and for a provisional diagnosis before the further decision is made about providing the needed services. Additional in-person evaluation sessions for psychiatric evaluation may be required to understand the areas of difficulty and reach provisional diagnoses.
- The Psychiatric Social Worker must assess the need for emergency services or any other referral at each follow-up session. The Psychiatric Social Worker needs to assess the appropriateness of working with individuals, using technology for each client in each session. At every stage, it is the professional discretion of the Psychiatric Social Worker regarding the method of interventions suitable for the client.

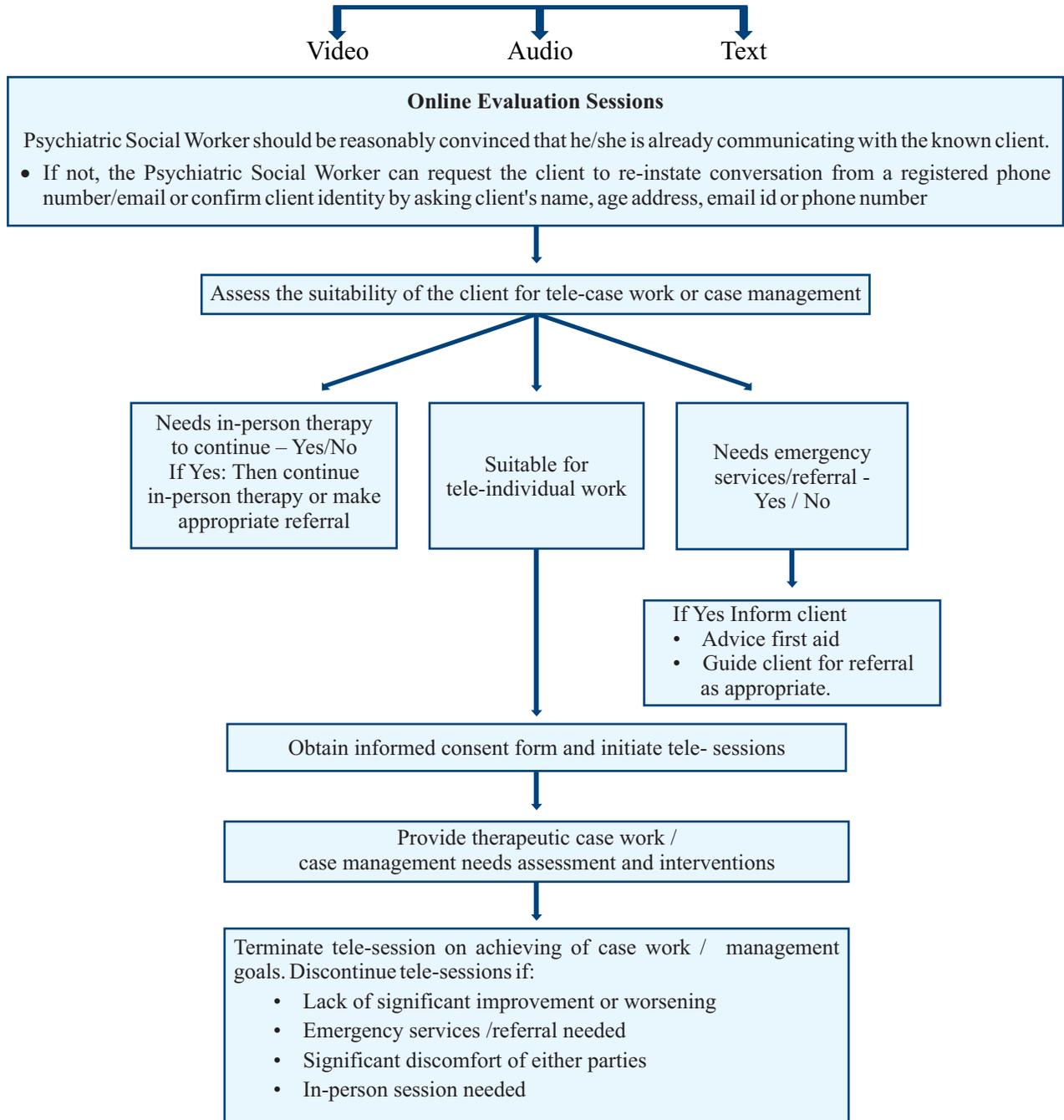
The flow chart indicates the process of assessment and decision-making algorithm for the suitability of new clients for tele-case work or case management services (First Consultation-Figure 1).

Figure 1
Flow Chart for Providing Tele-Case Work & Case Management for New Client (First Consultation)



The flow chart indicates the process of assessment and decision-making algorithm for the suitability of pre-registered clients for tele- case work & case management services (Follow-up Consultation- Figure 2).

Figure 2
Flow Chart for Providing Tele-sessions for Pre-Registered Client
(Follow-Up Consultation)

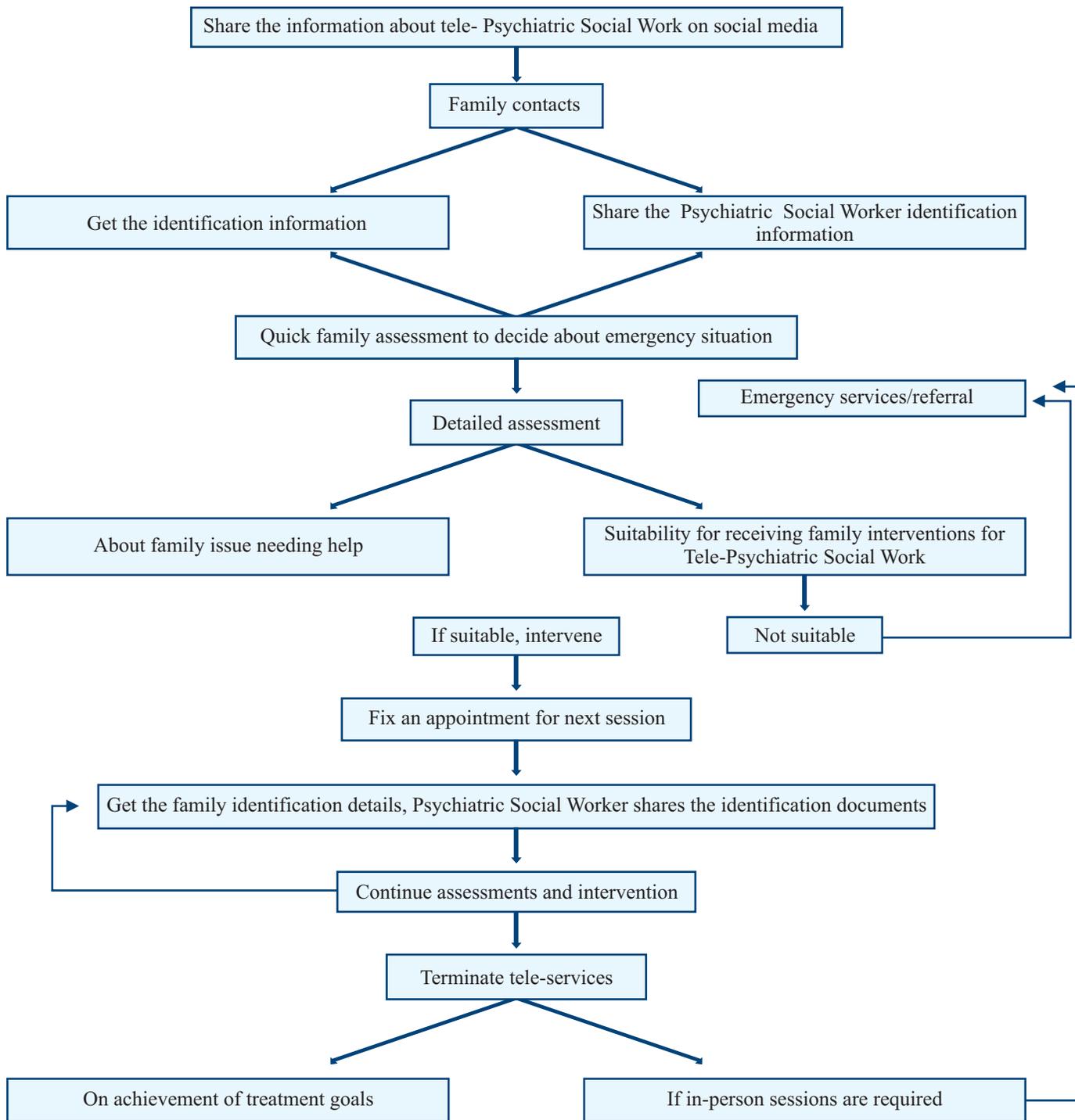


2.2 Working with Families using Technology Tools

Family is an integral part of the continuum of care of persons with mental illness in India. The family dynamics have a bearing on the maintenance or recovery from mental illness. Family therapy interventions may be provided online via the following guidelines. A family may directly contact the Tele-Psychiatric Social Work team for help. The process to provide teleservices to the families:

- Establish a respectful and empathic working relationship with the family members and value the lived experiences of the families.
- Get the identification details of the family members. This can be orally mentioned by the family members and the same should be recorded by the Psychiatric Social Worker.
- The identification details of the Tele-Psychiatric Social Worker should be informed to the family members.
- Get permission from all the family members for the tele- sessions.
- The concerns/ issues of the family members should be briefly assessed.
- If there any emergency situation, the crisis should be intervened and the family be directed to professionals for in-depth therapeutic interventions.
- If the family is unable to reach the referred professionals, a Psychiatric Social Worker from or around the jurisdiction of the client should be informed of the needful interventions.
- In case of a non-emergency situation, a detailed assessment should be carried out with maximum information of the family members regarding the issues/concerns. The assessment should mainly focus on communication, interactions, roles, responsibilities, and family dynamics.
- Assessment should ensure the suitability of the case for tele-sessions. During this, rules and requirements for tele- sessions should be informed to the family members.
- In case, the family member/s has/have to be followed up, an appointment should be given. The identification information sheet should be sent to the family, who has to fill it and send it back to the Tele-Psychiatric Social Worker before the next session. The tele-Psychiatric Social Worker should also send the documentation that shall reveal their identity. The sessions will continue until required (similar procedure as explained under the heading of 'continuum of care' can be followed in case of families too) after which it will be terminated.
- If the case is not suitable for Tele-Psychiatric Social Work, the family members should be referred for an in-person consultation.

Figure 3: Flow Chart for Family Interventions



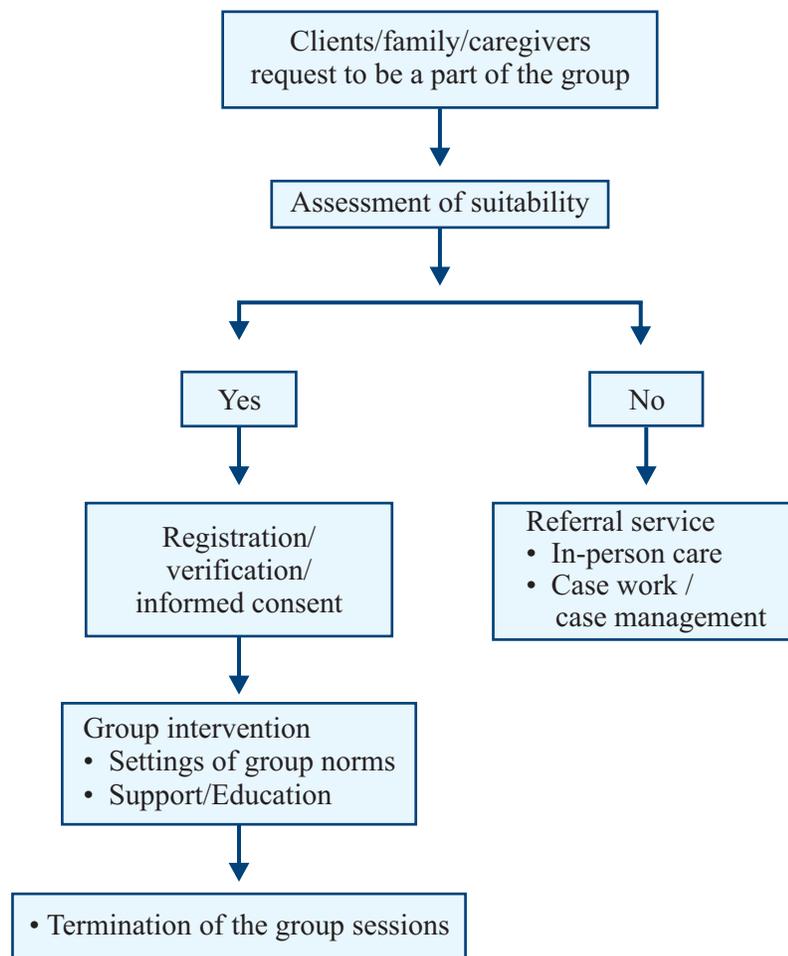
2.3. Working with Groups Using Technological Tools

In mental health care settings, Psychiatric Social Workers practice group work as a method for mental health promotion. The group process aims to understand bio-psycho-social perspective of the individual and supports them to resolve their negative thinking, develops problem solving skills, provides motivation to adjust with interpersonal problems, cope with life transition and aids them to develop social relationships.

2.3.1 Process of Conducting Groups using Technological Tools:

The process of working with groups using technological tools has been delineated in Figure 4. The following guidelines need to be adhered to initiate working with groups using Technological Tools:

Figure - 4: Flow Chart for Working with Groups



Type of groups: Psychiatric Social Worker using technology can work with open and closed groups. Open groups primarily meant for psycho-educational needs, and the closed groups facilitate support to address specific needs in a homogeneous/ heterogeneous groups (for example: Persons with mental illness, migrants, family member's, care givers with chronic health and mental health problems, job related stress among certain professionals, etc.).

- The types of group interventions that can be provided using technological tools include:
 - **Support Groups:** Support groups are a platform for individuals undergoing similar experiences to come together and share their emotions, grievances, and problems. The essence of these groups is to understand that one is not alone in your situation - others too, are experiencing similar problems. Individuals can learn how to cope with their issues by listening to others.
 - **Educational Groups:** Group facilitated by a mental health professional for educating clients and their family members about their disorders and ways of coping.
- The number of participants attending the online group sessions would depend on the type of groups. For example:
 - (1) Support Groups: A group consisting of a minimum of five to fifteen clients.
 - (2) Educational Groups: A group consisting of any number of participants.
- The online group interventions should be conducted by the Psychiatric Social Worker along with one or two co-facilitators based on the number of participants, nature of group dynamics, and topic under group discussion.
- Decisions about the suitability of participants for online group interventions are required before including them in the group. This can be done either by in-person evaluation or evaluation of potential clients through technological tools.
- The Psychiatric Social Worker must obtain, verify and maintain documentation of the names, age, addresses, email id's, phone numbers, and identities of the participants through valid recognised government identity documents during the start of every online group session. If the Psychiatric Social Worker is unsure or unable to verify identity, additional documentation may be requested or the client may be requested to present themselves in-person for evaluation. This can be facilitated by an online system of registering and allowing participation (through providing login id and password to those registered and verified) of only those who have valid documentation.
- Both clients and the Psychiatric Social Worker need to know each other's identity.
- The Psychiatric Social Worker should ensure that there is a mechanism for a client to verify the credentials, qualification, specialisation, designation, working for/affiliated to, and contact details of the Psychiatric Social Worker.
- The Psychiatric Social Worker will identify themselves to the client at every touch point of the tele-session.

- It is important that the Psychiatric Social Worker evaluates the need for emergency service/s for psychiatric evaluation/medication/case work & case management and makes appropriate referrals in case any participant in the group is found to be in a crisis.
- Groups can be best conducted via Video (Telemedicine facility, Apps, Video on chat platforms, Skype/Facetime, etc.,) so the group participants can see each other and the facilitators for optimum group interaction.
- Groups can be effectively conducted only if an individual client feels safe to share private information in a confidential atmosphere. Every member of the group must agree to uphold the confidentiality of the therapeutic setting. Members agree to keep the names and identities of other group members confidential. The Psychiatric Social Worker must obtain the informed consent of all the group participants to discuss issues within the group amongst members.
- Before the session starts, ensure that environment is quiet and private for both the Psychiatric Social Worker and group members. Arrange the environment to reflect professionalism. Before using video-conferencing, make a test call and ensure the angle of the camera is such that both the Psychiatric Social Worker and the client see each other. Consider using a virtual background for a video call to enhance the professional environment. Participants who login from their homes and/ or from their places of work are entitled to the same level of privacy during tele-session as they would receive during in-person meetings. Psychiatric Social Workers should dress appropriately and professionally for the session.
- Test the strength of your internet service before meeting with clients via video conferencing to ensure that you can maintain a conference without signal loss or interruption. All other applications and notifications should be minimised to reduce the distractions during the sessions. Having a mock session with all participants logging in from their location could help smooth functioning of the group sessions.
- All those interested to participate in an online group session should register in advance with their contact details and verification documents. Once registered, they would be sent a meeting invite to attend the group session. The date/time/potential duration of future online group sessions need to be planned well in advance with the group (during the end of each session or via email) along with the procedure for rescheduling the missed sessions or those sessions interrupted due to problems with the internet or mobile connectivity or other technical related issues.
- Group norms should be discussed in the first session and reinforced in subsequent sessions to ensure an understanding of confidentiality and to ease the participants

into the use of technology to engage in group discussion. A written agreement should be made that the client will not record any sessions or other discussions unless agreed upon in advance with the group facilitators and/or group members. Psychiatric Social Workers should assess the cultural, environmental, and linguistic issues that need to be addressed as part of group norms in the first online group session itself. A minimum period will be fixed between identifying the group members to accommodate the clients working in different time shifts and to initiate tele-sessions with groups to plan the day and time of the session.

2.4 Crisis Intervention Using Technological Tools

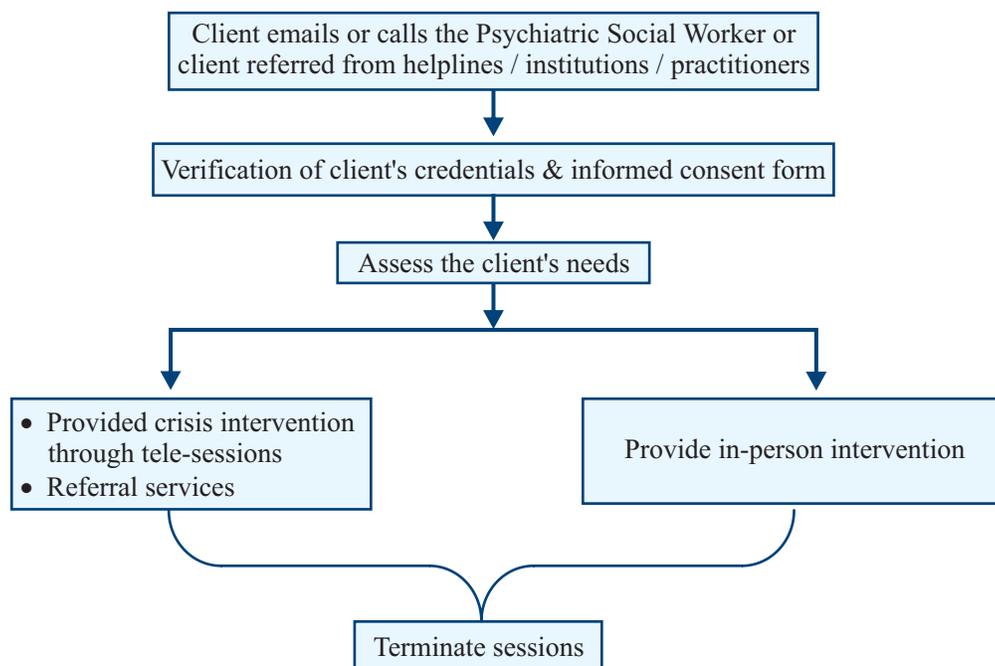
Crisis intervention is an immediate and short-term psychosocial care aimed at assisting individuals in a crisis to restore equilibrium to their bio-psycho-social functioning and to minimise the potential of long-term psychological trauma. Acute crisis-inducing situations range from the sudden loss of a loved one to chronic health conditions and to disasters. During the crisis, immediate attention needs to be provided for assessment, psychosocial first aid, identifying support systems, and appropriate referral.

Clients usually reach out for psychosocial support during crises like COVID-19, disasters, etc., through helplines, emails/text messages to concerned health establishments/ portals, or mental health professionals.

2.4.1 Process of Providing Crisis Intervention Using Technological Tools:

The process of providing crisis intervention using technology has been shown in Figure 5. The following guidelines need to be adhered to initiate working with groups using technological tools:

Figure 5: Flow Chart for Providing Crisis Intervention



- Psychiatric Social Worker conducts a thorough bio-psycho-social and severity/imminent danger and crisis assessment. This should also involve identifying the major problems, including crisis precipitants and exploration of the client's feelings and emotions.
- Post establishing a collaborative relationship, the Psychiatric Social Worker must obtain, verify and maintain documentation of name, age, address, email id, phone number, and identity of the client/s through valid recognised government identity documents during the intake session. If the Psychiatric Social Worker is unsure or unable to verify identity, additional documentation may be requested or the client may be requested to present themselves in-person for evaluation. Obtain contact details of a significant family member.
- The Psychiatric Social Worker should share information about the range of available real-time technological tools (e.g audio/video) to the clients. The Psychiatric Social Worker and the client could choose between the options based on available technological support, preferences, and judged suitability for the client for follow-up and booster sessions.
- The Psychiatric Social Worker must obtain informed consent after the initial crisis assessment and before initiating crisis interventions.
- The Psychiatric Social Worker must assess the need for in-person-evaluation or case work & case management if the crisis is not manageable using technological tools. The Psychiatric Social Worker needs to assess the appropriateness of using technology for each client in each session. At every stage, it is the professional discretion of the Psychiatric Social Worker regarding the method of interventions suitable for the client.
- The Psychiatric Social Worker should use the Psychological First Aid (PFA) approach to help children, adolescents, adults, women experiencing violence, trauma, and abuse; and families in the immediate aftermath of the crisis to reduce the initial distress caused by traumatic events and to foster short- and long-term adaptive functioning and coping.
- Psychiatric Social Workers should have 'up to date' information on local resources, nearest emergency care centers, for co-ordinating and/or referring the client to police/administration/local NGO's/ health care professionals/ family or community member who could be called upon for the support. Psychiatric Social Workers should be aware of the available crisis helplines in situations of risk/violence/trauma. The information provided by the Psychiatric Social Worker should be authentic and reliable (from a government source).

- Use of a specific modality of technology may be temporarily terminated or discontinued by the Psychiatric Social Worker for genuine reasons such as the following
 - Significant discomfort is experienced by the client and/or Psychiatric Social Worker
 - Tele-sessions are found to be unproductive or potentially detrimental
 - In-person in-depth interventions are warranted.

The reasons for the change of decision along with clear suggestions about other options available for continued care must be clearly explained to the client by the Psychiatric Social Worker. The client can choose to withdraw from the sessions at any point in time. Furthermore, during the session, if there are any difficulties in communication (technical) the session should be terminated and a new appointment should be given.

2.5. Working with Communities using Technological Tools

Psychiatric Social Workers should start viewing the community as a client, where the community can be defined and understood from demographic, cultural, economic, social, demographic, or special interest terms. The essence of the community is a sense of common bond, the sharing of identity, membership to a group holding and things in common. Services need to be tailor-made to suit the members of the community. The community may thus include (Figure-6):

- The neighbourhood, immediate and extended, in which a person lives and the network of relationships among peoples who live there and the resources available within their reach.
- A group of people, who recognise a shared identity, shared geographical area, shared culture, and shared resources.
- The network of formal and informal services and resources within a defined geographical area.

Tele-Psychiatric Social Work can greatly enhance Psychiatric Social Workers' ability to engage in social action, promote social justice, work with communities, administer organisations, and develop social policy in the community with the use of technology. This section provides Psychiatric Social Workers with guidance on the use of technology in the context of larger systems in the community. In these contexts, Psychiatric Social Workers may use technological tools for various purposes, including

- Engaging, empowering, and organising community members and groups

- Coalition and capacity building by handhold training for the various medical, paramedical, and other stakeholders.
- Advocating for changes in social policy to improve the social and economic well-being of individuals, families and groups, within the community, by coordinating with various governmental and non-governmental organisations.
- Providing supervision to Psychiatric Social Workers, other professionals, and volunteers in the community.
- Planning, implementing, managing, and evaluating social programmes.

2.5.1 Advocacy and Social Change

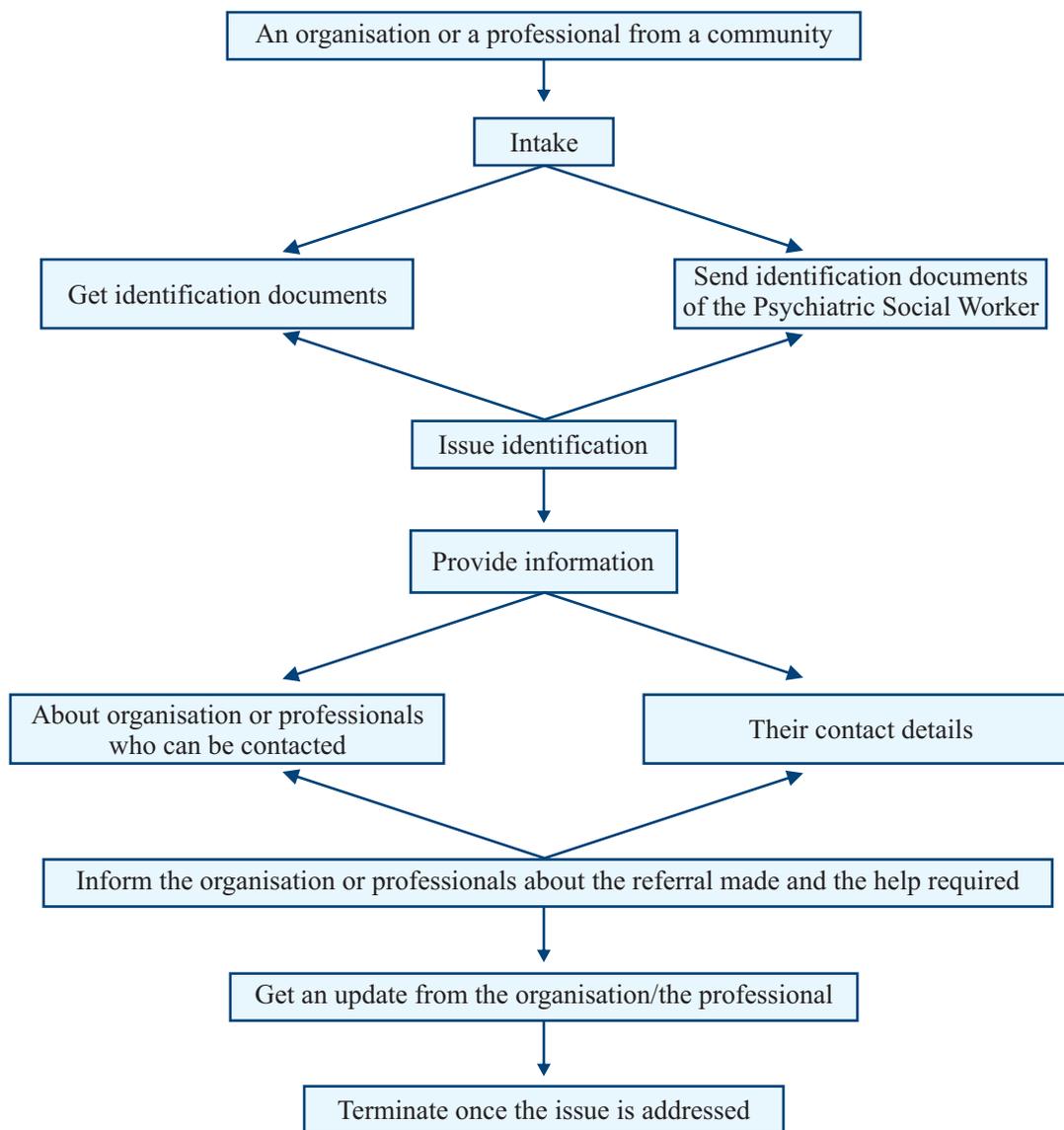
Psychiatric Social Workers advocate for social change; engaging in policy practice; and improving the services provided to individuals, families, groups, organisations, and communities. Using technological tools, Psychiatric Social Workers can use web sites, online social networking and other electronic communications to mobilize and organize communities and advocate policy issues on appropriate platforms. Psychiatric Social Workers who use thought-provoking language and stories to attract attention and motivate people to act, should ensure that the content of their communication is honest accurate, respectful, and is neither exploitative of clients nor sensationalistic. In a multicultural country like India, considering the cultural differences is important for initiating advocacy and social change.

Psychiatric Social Workers need to abide by the policies of the institutes where they work while engaging in advocacy-related work.

2.5.2 Networking in the Community

Psychiatric Social Workers should collaborate with clients, their families and a friend to achieve what is important for each client's recovery and wellbeing in the society. In this process, certain clients would require networking with various organisations or professionals. The professionals or individuals benefit immensely through the use of technological tools while networking to managing the clients and their needs. The process of networking in the community using technological tools has been delineated in Figure 6.

Figure 6
Flow Chart of Procedures to be followed for Networking Services



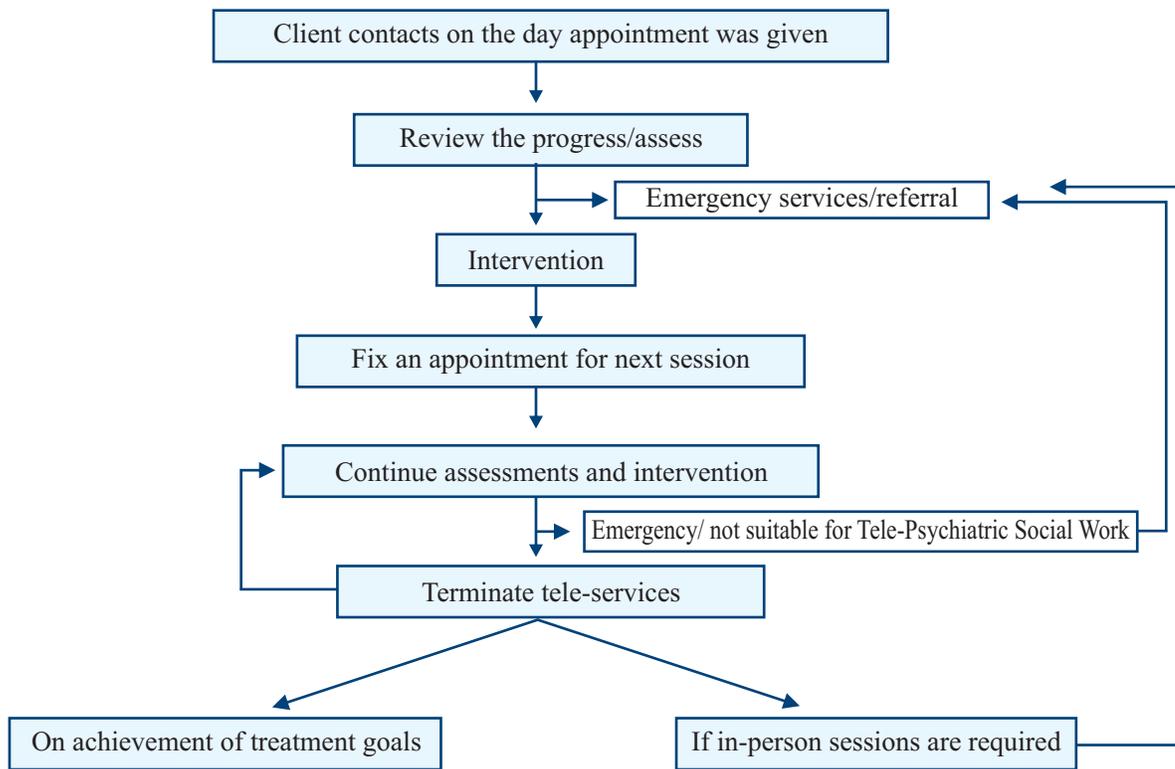
- Develop a resource directory (Government offices, NGOs, PHCs, DH, Community Health Centers, Panchayath members, DDRO, etc.) for the community
- Make contact with the stakeholders from all sectors relevant to mental health and rehabilitation like an educational institution, VRCs, DDRO, Health Department, Banks, etc., so that referrals can be initiated.
- Develop a working knowledge of relevant services in the community and maintain formal and informal contact with the service providers, so that the clients' needs are addressed in time.

- Establishes an empathic and respectful working relationship with the client.
- During intake get the identification details of the organisation/professional who has contacted the Psychiatric Social Worker. They should be requested to send the documents.
- Get the details of the concerned authorities that they have or contacts they require.
- Develop a service plan with the client that takes account of the short term and long-term goals for the client.
- Details of the organisation or the person who will be able to help and address the issues should be provided.
- Contact the organisation/the professional whose reference was given to the service-seeker and explain the issue to them clearly and the ways in which it can be addressed.
- Re-contact the client to get an update about the progress.
- Advocate with and for the client to obtain resources and to support clients to achieve their long-term and short-term goals.
- Maintain records of networking done.

2.5.3 Continuum of Care (Follow-Up) Services:

The process involved in providing Continuum of Care Services in the community using technological tools has been delineated in Figure 7. Before initiating the follow-up sessions, the identification details of the client should be received.

Figure 7: Flow Chart of Procedures to be followed in Continuum of Care



- Establish a respectful and empathic working relationship with the client and value the lived experiences of clients.
- The progress since the last session will be reviewed. The needful assessments will be made.
- Interventions will be continued as planned earlier and based on the new information.
- Next appointment is made if further interventions are needed.
- The case will be terminated after the achievement of the treatment goals.

In case, it is identified that the case is not suitable for Psychiatric Social Work services using technological tools/or in case of an emergency at any point of time, in-person sessions should be conducted or appropriate referrals should be made.

2.6 Termination or Discontinuation of Sessions

Use of a specific modality of technology may be temporarily terminated or discontinued by the Psychiatric Social Worker for genuine reasons such as:

- Significant discomfort is experienced by the client and/or Psychiatric Social Worker

- Tele-sessions are found to be unhelpful or potentially detrimental
- In-person in-depth interventions are warranted.

The client should be told about the reasons for the change of decision along with clear suggestions about other options available for continued care. The client can choose to withdraw from continuing the sessions at any point in time. Furthermore, during the session, if there are any difficulties in communication (technical) the session may be terminated and a new appointment should be given.

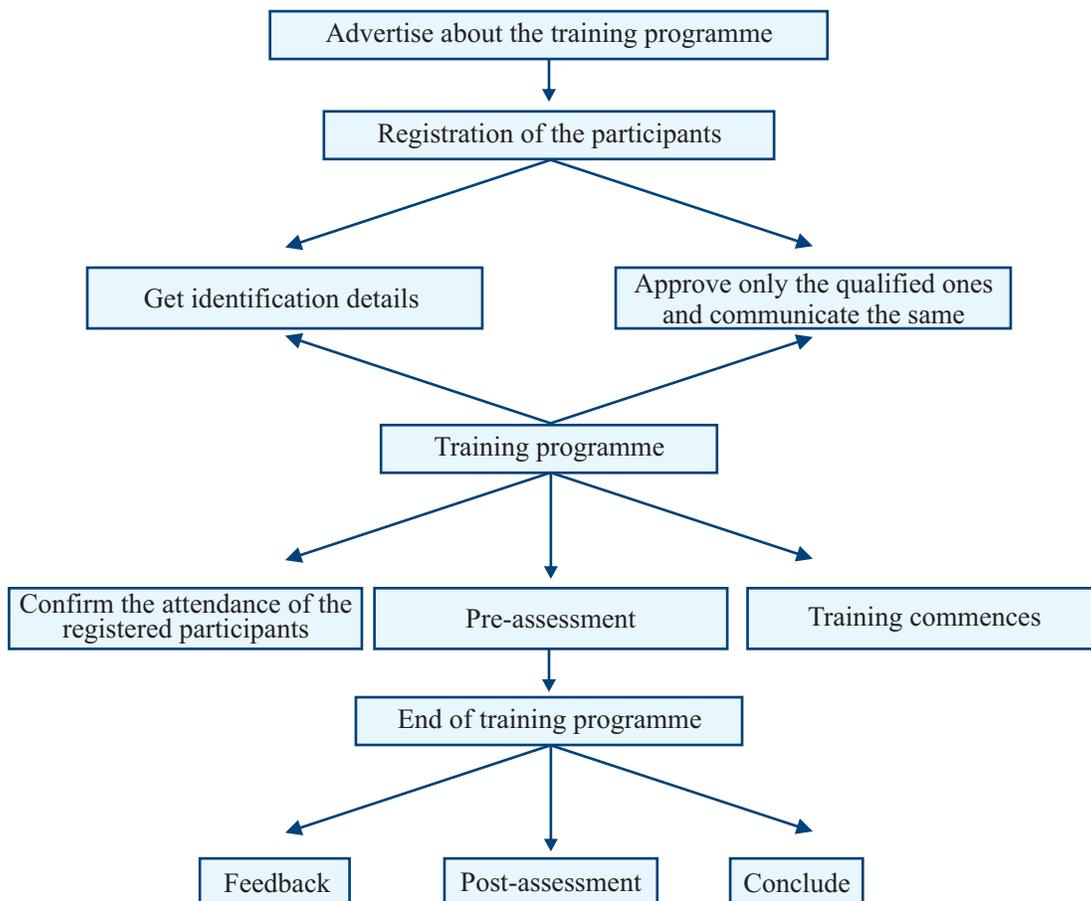
2.7 Capacity Building-Training

Training can be provided primarily for the community-based workers to enhance their knowledge and therapeutic skills.

One-time training programme:

The process of conducting a one-time training programme in the community using technological tools has been delineated in Figure 8.

Figure 8
Flow Chart of Procedures to be followed for One-Time Training Programmes

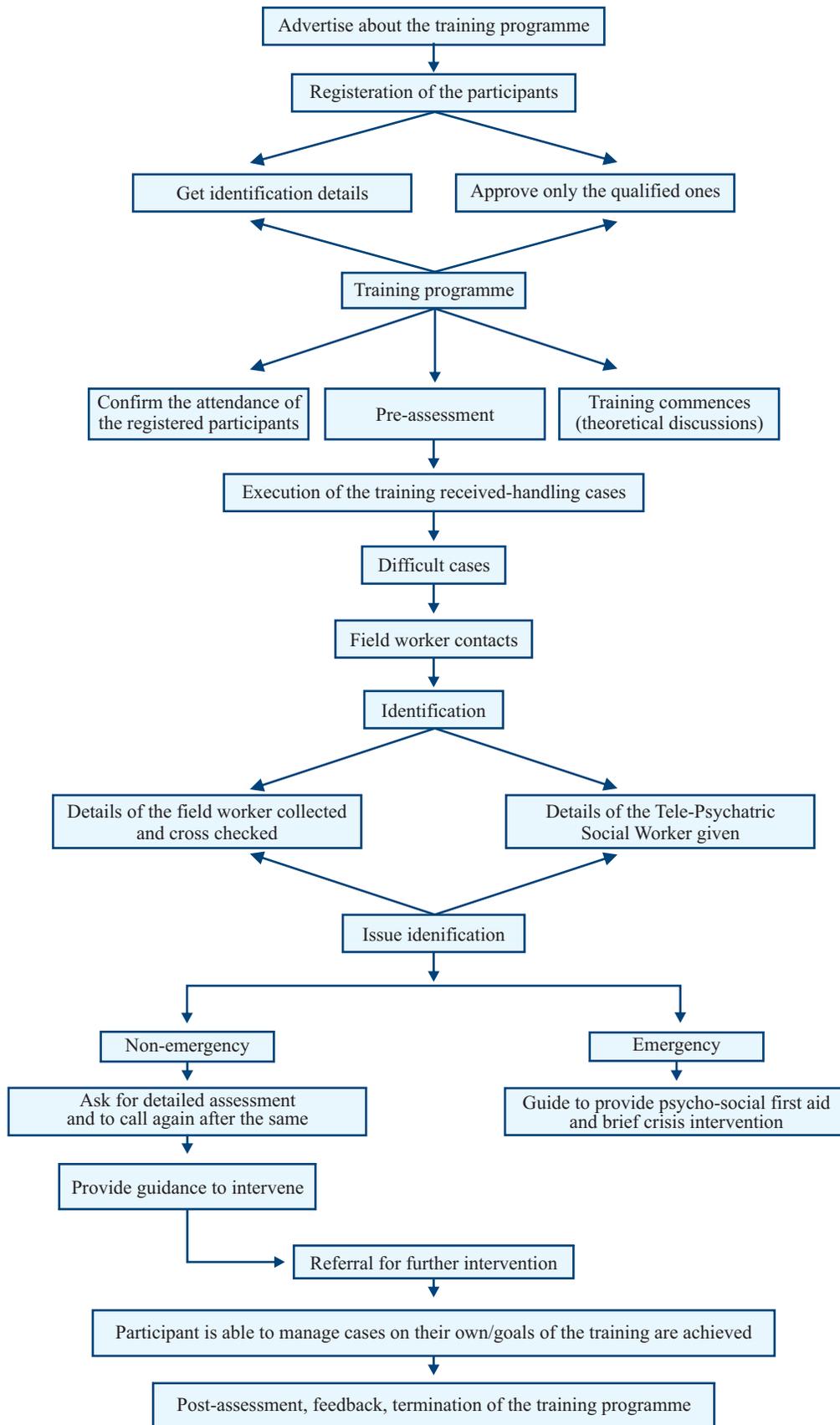


- Advertise through appropriate online platforms, information about the training programme should be advertised to reach the interested participants.
- Need to register from the registrations received, the eligible participants should be chosen. Further information about the programme should be communicated to the participants.
- On the day(s) of the training programme, the availability of the participants should be noted. Assessment of the participants' understanding on the topics of the training programme should be made before starting the training. Following this, the training should commence.
- Psychiatric Social Workers shall take reasonable steps to ensure that the information is accurate, respectful, consistent and validated when they conduct the training programme.
- The power points and materials used by the Psychiatric Social Workers should uphold the values, ethics, and mission of the profession.
- The effectiveness of the training will be assessed after the programme. Feedback will also be sought from the participants.

Hands-ontraining:

A hands-on training programme will involve the Community worker's execution of their learning from the training and receiving supervision until goals is met. The first three steps would be the same as mentioned above. Following this, the community based worker will start working with the community. In the process, the community based worker may experience challenges that can be dealt with effectively through the Psychiatric Social Worker's guidance using technological tools. The process of providing hands-on training using technological tools has been outlined in Figure 9.

Figure 9: Flow Chart of Capacity Building



- The Psychiatric Social Worker would identify the community based worker and the identification details should be collected. The identification details of the Tele-Psychiatric Social Worker should also be given.
- The Psychiatric Social Worker should request the community-based worker to present the case details. If the case appears to be an emergency, the community- based worker should be guided to provide psychological first aid or brief crisis intervention after which the case should be referred to emergency services. If the case is not an emergency, further details of the case should be gathered from the field worker. If the assessment is not sufficient, the tele-Psychiatric Social Worker should guide community based worker for further assessment.
- After the completion of the assessment, based on the findings, the fieldworker should be guided on providing appropriate interventions and gradually refer to the concerned professional for further interventions.
- Once the community-based worker is independently able to handle various cases/ once the goals of the training programme are achieved, an assessment should be made of the effectiveness of the hands-on training programme and feedback from the participants should be taken. Following this, the session will be terminated.

Section 3: Framework for the Use of Technological Tools in Psychiatric Social Work Practice

3.1 Informed Consent

When services are provided using the technological tools, Psychiatric Social Workers should inform the potential benefits and risks. A format of an Informed Consent Form has been attached in Appendix 1 for Adult / Family & Appendix 2 for Child (Consent Form/Assent Form)

Possible benefits that need to be explained include

- Technology would enhance the access to Psychiatric Social Work services that are unavailable in person because of various factors ranging from, geographical distance, clients' disabilities, or illnesses and response rapidity
- Real-time monitoring of clients' status during the tele-session, when appropriate such as observing the clients' conditions at home, the family's involvement in the care of the client, etc., and for ease of communication.
- Providing a cost-effective delivery of Psychiatric Social Work services
- Reducing the frequency of clients' travel to obtain Psychiatric Social Work services so that direct and indirect costs in health care can be reduced in a vast country like India.

Possible risks of providing Psychiatric Social Work services using technological tools include:

- Technological illiteracy in the rural communities of the country
- Technology failure and interruption of services
- Confidentiality breaches
- Prevention of unauthorised use or unethical purposes
- The high cost of technological devices
- Cultural competency related issues

3.2 Confidentiality

Psychiatric Social Workers using technology should develop protocols and policies to protect client confidentiality. They should use encryption software and firewalls and periodically assess confidentiality policies and procedures to ensure compliance with

statutes, regulations, and social work standards. Sharing the information with others needs to have prior informed consent from the client.

3.3 Procedures for Documentation

Adequate documentation is required at different stages of Psychiatric Social Work practice using technological tools. A format of a session recording form has been attached in Appendix 3:

- Documentation of all tele-sessions should be maintained including details such as the date, time, duration, the modality of sessions, client and Psychiatric Social Worker details, and brief session notes in a uniform format. A psychosocial / treatment plan based upon an assessment of the patient's needs should be developed and documented.
- Document all contacts and services provided to clients and inform clients that tele-communications will be included in client records.
- Inform clients about the mechanisms used to secure and back up records (such as hard drives, external drives, third-party servers), and the length of time that records will be stored before being destroyed.
- Inform clients that they have a right to information about the content of their records in accordance with prevailing ethical and legal standards.
- Psychiatric Social Workers shall maintain an electronic record for each client for whom they provide remote services. Such a record should include an assessment, client identification information, contact information, history, treatment plan, informed consent, and information about welfare benefits accessed in the past and present and the name of the scheme.
- Details of any crisis or recommendations made for accessing emergency contacts/other services.
- Supervision may be accessed where available and brief documentation of supervised discussions/ discussions with other team members (with date) to be maintained.
- Any consultation or referral to another professional or service; e.g. a medical professional for evaluation/medication, state administration, or agencies in contexts of risk/violence should be documented.
- Reasons for stopping or temporarily discontinuing tele-sessions if judged to be unhelpful to the client or any change in medium used, along with clear recommendations about other options for continued care should be mentioned.

- Psychiatric Social Worker working in hospitals or organisations would be required to detail the process of work in official files/records of the organisation.
- In the case of audio-visual data from the sessions are stored, patient authorisation should indicate, that this can be shared for medico-legal issues to the competent authority.

3.4 Maintaining of Professional Boundaries

Psychiatric Social Workers should maintain professional boundaries and avoid providing their contact numbers or personal information to clients, avoid posting personal information of the clients in social media which can result in stigma in the community, etc. The Psychiatric Social Workers should follow all the values, principles of social work and maintain professional boundaries to protect themselves from legal issues; any further grievances of the Psychiatric Social Worker experienced during the tele-session can be brought to the notice of the nodal agency that certified provision of Psychiatric Social Work practice.

3.5 Use of Personal Technology for Providing Services

It is important to consider the practical implications of using personal devices to provide Psychiatric Social Work services using technology especially during a crisis like COVID-19, disasters, etc. In case of the use of personal devices or technology, care should be taken to maintain professional boundaries with the clients/ families and set norms for scheduling calls/sessions. As much as possible, Psychiatric Social Workers should use devices and technology provided by the Organisation / Institution / NGOs to work with clients/families. The costs of the devices and technology used to provide the services should be borne by the employers as a matter of fairness and to maintain ethical boundaries and professionalism. It is advisable to have a dedicated mobile number, social media account, and email account for professional work. It is suggested to avoid sharing personal social media account and personal email accounts with the clients because of possible boundary violation issues.

3.6 Training to Provide Psychiatric Social Work Practice Using Technological Tools

An online programme will be developed and made available by the Department of Psychiatric Social Work, NIMHANS, to select nodal Psychiatric Social Work institutions in India. All Psychiatric Social Workers who wish to provide tele-sessions need to register for and complete a mandatory online course within five years of notification of this course and curriculum to provide consultation via technology. This online course will be provided by the Department of Psychiatric Social Work, NIMHANS, and NIMHANS affiliated institutions for certification purposes. All Psychiatric Social Workers who undergo this course will be provided a certification by the nodal Psychiatric Social Work Institution to practice using technology. The said institution will also act as the local governing body to

monitor all Psychiatric Social Workers registered and trained by them for malpractice in the provision of Psychiatric Social Work practice using technology.

3.7 Supervision

Supervision may be accessed where available and brief documentation of supervised discussion/ discussions with other team members (with date) to be maintained. The supervisor's registry may be maintained in nodal agencies.

3.8 Accessing records by Clients

The Psychiatric Social Worker should inform clients that they have a right to information about the content of their records in accord with prevailing ethical and legal standards. An explicit written request (email or hard copy) is required from clients to access their records. The session notes are to be maintained as per the format in Appendix-3 and may be shared under the conditions specified in the Mental Healthcare Act, 2017.

3.9 Billing

Payment may be based on the documented session dates and duration:

- Brief follow-up or check-in sessions cannot be billed as therapy sessions
- The charges for Psychiatric Social Work practice sessions using technological tools will be the same as those for in-person sessions of the same duration.
- Individuals or organisations may make decisions to provide free, subsidised payment for follow-up or tele-sessions for the clients/families who are socio-economically disadvantaged.
- Explicit information about billing and payment methods should be provided to clients before the start of sessions.

3.10 List of exclusions

- This guideline does not cover hardware, software, and/or data management issues.
- This guideline does not apply to or cover issues beyond the jurisdiction of India.
- Tele-sessions cannot involve the use of artificial intelligence-based intervention unless the same has been approved by a relevant agency in the country

APPENDIX

**Informed Consent - Adult / Family
Tele - Psychiatric Social Work Practice**

I, _____ (name of the client), hereby consent to participate in tele-session work with, _____ (name of the Psychiatric Social Worker), as part of my therapeutic intervention Case Work & Case Management. I understand that Tele-Psychiatric Social Work is the practice of delivering Psychiatric Social Work intervention via technology assisted media or other electronic means to a client by a Psychiatric Social Work practitioner from a different location.

I understand that,

1. I have the right to withdraw my consent for continuing tele-sessions at any time without affecting my future care and services, or program benefits to which I would be otherwise entitled. I would get the services as a matter of my rights.
2. I understand the risks, benefits, and consequences associated with tele-sessions. Tele-sessions do have some benefits and risks which have been explained to me in the language I understand.

The possible benefits of providing Tele-Psychiatric Social Work services through electronic means include:

- a. Enhancing access to Psychiatric Social Work services that are unavailable in-person because of geographical distance, clients' disabilities or illness. Real-time monitoring of clients.
- b. Enhancing access to services.
- c. Better cost-effective delivery of Psychiatric Social Work Services, ease of communication, reduce the frequency of clients' travel to obtain Psychiatric Social Work Services.

Possible risks of providing Psychiatric Social Work Services through electronic means include

- a. Potential for technological failure and interruption of services
 - b. Potential for confidentiality breaches
 - c. Prevention of unauthorised use or unethical purposes
 - d. The higher cost of technology
3. There will be no recording of any of the online sessions by either party. All information disclosed within sessions and written records pertaining to those sessions are confidential and may not be disclosed to anyone without written authorisation, except where the disclosure is permitted and/or required by law.

4. The tele-Psychiatric Social Work Services follows the privacy laws that protect the confidentiality of the PHI with some exception to confidentiality (i.e. mandatory reporting of child sexual abuse; elder, or vulnerable adult abuse; danger to self or others, as an issue in a legal proceeding).
5. If I have suicidal or homicidal thoughts, or actively experience psychotic symptoms or experience a mental health crisis that cannot be resolved remotely, it may be determined that Psychiatric Social Work Services using technology are not appropriate and a higher level of care is required, I will be referred to the tertiary care center for further service.
6. During a tele-session, I could encounter technical difficulties resulting in service interruptions. If this occurs, I have to end and restart the session. If I am unable to reconnect within ten minutes, please call me at _____ to discuss, since we may have to re-schedule the appointment.
7. I understand that my Psychiatric Social Worker on perceiving any adverse events may need to contact my emergency contact and/or appropriate authorities in case of an emergency.
8. The Psychiatric Social Worker can choose not to proceed with the Tele-Psychiatric Social Work Services at any time.
9. At any step, the Psychiatric Social Worker may refer or request for in-person Tele-Psychiatric Social Work Services in the interest of the client.
10. At any stage, the client has the right to choose to discontinue the Tele-Psychiatric Social Work Services.

Emergency Protocols

The Psychiatric Social Worker needs to know my location in case of an emergency. I have to inform my address (where I am) at the beginning of each session. The Psychiatric Social Worker also needs a contact person whom he/she may contact on my behalf in a life-threatening emergency only. This person will only be contacted to go to my location or take me to the hospital in the event of an emergency. Therefore, In case of an emergency, my location is: _____ and my emergency contact person's name, address and phone number is: _____

I have read the information provided above and discussed it with my Psychiatric Social Worker. I understand the information contained in this form and all of my questions have been answered to my satisfaction

Signature of client/parent/legal guardian

Date

Signature of Psychiatric Social Worker

Date

Informed Assent - Child
Informed Assent form for Tele-Psychiatric Social Work Practice

I, _____ (name of the client), hereby give my consent to participate in tele-Psychiatric Social Work session with, _____ (name of the Psychiatric Social Worker), as part of my therapeutic intervention. I understand that tele-Psychiatric Social Work is the practice of delivering tele-Psychiatric Social Work interventions via technology assisted media or other electronic means to a client, by a social case work & case management services practitioner from a different location.

I understand that,

1. I have the right to withdraw my consent for continuing tele-sessions at any time without affecting my future care and services,
2. The benefits I am enjoying would continue to be enjoyed by me and the same will not be affected by the decline in my participation.
3. There are risks, benefits, and consequences associated with tele-sessions. Both the benefits and the risks have been communicated to me in a language that I understand.

The possible benefits of providing Tele-Psychiatric Social Work Services through electronic means include:

- a. Enhancing access to Psychiatric Social Work services that are unavailable in-person because of geographical distance, clients' disabilities, or illness. Real-time monitoring of clients.
- b. Enhancing access to services.
- c. Better cost-effective delivery of Psychiatric Social Work Services, ease of communication, reduce the frequency of clients' travel to obtain Psychiatric Social Work Services

Possible risks of providing social work services through electronic means include

- a. Potential for technology failure and interruption of services
 - b. Potential for confidentiality breaches
 - c. Prevention of unauthorised use or unethical purposes
 - d. The higher cost of technology
4. There will be no recording of any of the online sessions by either party.

All information disclosed within sessions and written records pertaining to those sessions are confidential and may not be disclosed to anyone without written authorisation.

5. Disclosures are permitted when required by law (i.e. mandatory reporting of child sexual abuse; elder, or vulnerable adult abuse; danger to self or others, as an issue in a legal proceeding).
6. The Psychiatric Social Worker follows the confidentiality of the information, the information would be disclosed to others in the best interest of the child (like If I have suicidal or homicidal thoughts, actively experiencing psychotic symptoms or experiencing a mental health crisis that cannot be resolved remotely)
7. During a tele-session, I could encounter technical difficulties resulting in service interruptions. If this occurs, I have to end and restart the session. If I am unable to reconnect within ten minutes, please call me at _____ to discuss since we may have to re-schedule the appointment.
8. The Psychiatric Social Worker on perceiving any adverse events may need to contact my emergency contact and/or appropriate authorities in case of an emergency.
9. The Psychiatric Social Worker can choose not to proceed with the Tele-Psychiatric Social Work services at any time.
10. At any step, the Psychiatric Social Worker may refer or request for in-person Tele-Psychiatric Social Work services in the interest of the client.
11. At any stage, I have the right to choose to discontinue the Tele-Psychiatric Social Work services

Emergency Protocol

The Psychiatric Social Worker needs to know your location in case of an emergency. You have to inform your address (where you are) at the beginning of each session. The Psychiatric Social Worker also needs a contact person whom he/she may contact on your behalf in a life-threatening emergency only. This person will only be contacted to go to your location or take you to the hospital in the event of an emergency. Therefore, kindly respond to the below:

In case of an emergency, my location is: _____ and my emergency contact person's name, address and phone number is: _____

I have read the information provided above and discussed it with my Psychiatric Social Worker. I understand the information contained in this form and all of my questions have been answered to my satisfaction

Signature of client/parent/legal guardian

Date

Signature of the Psychiatric social worker

Date

Session Recording Form
(Name of the Institute/Hospital/Centre with Address)

Psychiatric Social Worker Session Notes

Clinic Record No:

Patient Name

Age

Gender

Diagnosis: Psychiatric / Other Health Conditions

Session Number & Date:

Duration of session:

Session Participants:

Therapy Method:

Individual

Objectives of the session:

- 1.
- 2.
- 3.
- 4.
- 5.

Key Issues Addressed: (psychosocial problems/adjustment problem/conflict management/crisis situations/emotional issues/addiction problem/family and marital issues/occupational stressors/ intimate partner violence/others/anxiety problems/behavioural issues/conduct problems/emotional difficulties/school related issues/others)

Psychosocial Assessment:

Therapy Techniques Used:

Psychiatric Social Worker Observation and Reflections:

Next scheduled session:

Psychiatric Social Worker:

Name

Date:

Signature

References

- Davies., M. (ed.). (2001). *The Blackwell encyclopedia of social work*. United States:Wiley-Blackwell.
- Department of Clinical Psychology. (2020). *Guidelines for tele-psychotherapy services*. Retrieved from <http://nimhans.ac.in/wp-content/uploads/2020/04/Guidelines-for-Telepsychotherapy-Services-17.4.2020.pdf>
- Information Technology Act, 2000. (2000). *Indian Journal of PublicAdministration*, 46(3), 417-455. doi.org/10.1177/0019556120000313
- Inter-Agency Standing Committee. (2007). *IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings*. Retrieved from <https://doi.org/10.1037/e518422011-002>
- Lasky, G. B., & Riva, M. T. (2006). Confidentiality and privileged communication in group psychotherapy. *International Journal of Group Psychotherapy*. 56(4), 455-476. doi.org/10.1521/ijgp.2006.56.4.455
- Lata, N. (2008). Social work with groups. *Indian Journal of Social Work*,69 (2), 221-237.
- Medical Council of India. (2020). *Telemedicine practice guidelines*. Retrieved from <https://www.mohfw.gov.in/pdf/Telemedicine.pdf>
- Middleman, R. R., & Goldberg Wood, G. (1990). From social group work to social work with groups. *Social Work with Groups*, 13 (3), 3-20. doi.org/10.1300/J009v13n03_02
- Ministry of Law, Justice and Company Affairs. (2008). *The Information Technology Act, 2008*. Retrieved from [https://police.py.gov.in/Information%20Technology%20Act%202000%20-%202008%20\(amendment\).pdf](https://police.py.gov.in/Information%20Technology%20Act%202000%20-%202008%20(amendment).pdf)
- Ministry of Law and Justice. (2017). *The Mental Healthcare Act, 2017*. Retrieved from <http://egazette.nic.in/WriteReadData/2017/175248.pdf>.
- Ministry of Law and Justice. (2016). *The Rights of Persons with Disability Act, 2016*. Retrieved from http://legislative.gov.in/sites/default/files/A2016-49_1.pdf
- NASW Delegate Assembly. (2017). *Read the Code of Ethics*. Retrieved from <https://www.socialworkers.org/About/Ethics/Code-of-Ethics/Code-of-Ethics-English>
- Roberts, A. R., & Ottens, A. J. (2005). The seven-stage crisis intervention model: A road map to goal attainment, problem-solving, and crisis resolution. *Brief Treatment and Crisis Intervention*, 5(4), 329-339. doi.org/10.1093/brief-treatment/mhi030
- Scheller, A. H., & Trecker, H. B. (1956). Social Group Work. *The American Catholic Sociological Review*, 17 (2), 175-176. doi.org/10.2307/3708922
- Stowell, K. R. (2008). Principles and Practice of Psychiatric Rehabilitation: An Empirical Approach. *Journal of Psychiatric Practice*, 14(6), 409-410. doi.org/10.1097/01.pra.0000341898.58679.6d
- Sumner, W. G. (1907). Folkways, a Study of the Sociological Importance of Usages, Manners, Customs, Mores, and Morals. *The American Journal of Psychology*, 18(3), 376. doi.org/10.2307/1412602