SUPERVISION MODEL OF MENTAL HEALTH TELECARE VOLUNTEERS DURING THE COVID-19 PANDEMIC

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Abstract

The COVID-19 outbreak is a pandemic that has strained significantly the capacity of many public and private health systems. To alleviate the burden, many students of health-related professions volunteered to offer their expertise to attend to the health needs of the public. This brief article aims to share a replicable supervision model that is currently in place to care for those volunteers in telecare mental health. The key aspects of this supervision model are the team composition, ongoing group supervision, formally structured supervision sessions, and the objective monitoring of members' well-being.

Key words: COVID-19, mental health, psychological supervision, telecare, psychological first aid

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Global context

In March 2020, the World Health Organization (WHO) declared COVID-19 outbreak a pandemic. By August 18th, the Pan American Health Organization (PAHO, 2020) claimed this pandemic was also an unprecedented mental health crisis. Currently, there have been 22,492,312 confirmed cases, including 788,503 deaths reported to WHO (2020), as of August 21. In South America, the virus continues to spread; and Brazil, the largest country in the region, reports the most cases with more than 3,359,570 people infected. Ecuador, one of the smallest countries, has 105,508 confirmed cases. To protect the physical well-being of the population, avoid the spread of the virus, and prevent the collapse of the health systems, many governments around the world have implemented measures such as curfews, compulsory confinement, and social distancing. Ecuador applied them since early March 2020.

There is no definitive evidence on the long-term psychological consequences of the pandemic nor the restrictions in place. Nonetheless, many already advise on the toll that these measures, the intense stress caused by the situation, the uncertainty, and the changes in routine will have on the mental health of the population (Inchausti, Prado-Abril, García-Poveda, Prado-Abril, & Sanchez-Reales, 2020; Mucci, Mucci, & Diolaiuti, 2020). It will be important to have trained professionals to treat and care for the people who have gone through this pandemic. It will also be relevant to teach resilience and conflict resolution strategies to face fears (Casale & Flett, 2020), as well as to develop tools and psychological interventions that could be applied to this context (Orrù, Ciacchini, Gemignani, & Conversano, 2020). However, research must also focus on the resources that are becoming available to help maintain and improve psychological well-being during the pandemic, such as the one in Ecuador, where a free telecare mental health service has been implemented by the Ministry of Public Health. Here, volunteers (mostly psychology students) provide psychological first aid and psychoeducation and refer consultants to telepsychology and telepsychiatry services when needed.

Clinical supervision and the proposed model

Considering the magnitude of the pandemic, the capacity of the health systems has been exceeded; this is also true for some mental health structures. Thus, in many countries, student and professional volunteers are assisting in health matters. Several universities in Ecuador, with the support of government agencies, have also trained recent graduates and psychology students in the last years of their undergraduate studies in clinical psychology to attend to the population's mental health needs. These volunteers completed a 20-hour online course on telecare. This type of care is the most effective way of assisting the population, given the strict mobility restrictions in place (Zúñiga, López, & Baldus, 2020).

As in any other mental health intervention, supervision is a vital aspect because it is an element of quality assurance. Supervision is a habitual element in

psychology training programs. There are different models of supervision with specific tasks for the supervisor and the supervised individual or group, depending upon the theoretical model used (Fernández Alvarez, 1992; Loubat, 2005; Ussher, 2008). Nonetheless, supervision is always a space to communicate, review, guide, reflect, transmit the philosophical bases of praxis and ethics of the professional practice, and grow both personally and professionally (Galán Jiménez & De Ávila Ramírez, 2018; Sánchez Cano, 2010).

Consequently, a supervision model was developed by the School of Psychology team of Universidad de Las Américas to support this process. This article seeks to contribute by presenting this structured supervision model for telecare volunteers during the pandemic, which is currently being applied in Ecuador. In this specific model, as shown in figure 1, the telecare volunteer groups consist of the main supervisor, two to three supervisors, and five to seven student volunteers who are in direct contact with the consultants.

Telecare is a relatively novel manner of offering a mental health care service (Bermejo Mercader, 2001). Offered interventions during the telecare assistance are not like the traditional continuous psychotherapeutic process for which professionals in training receive supervision for every applied intervention. This type of telecare has an added complexity to supervision and care because, in one session, volunteers need to achieve the emotional containment needed. Also, this type of mental health service during a global pandemic implies more resiliency, flexibility, and openness to learning from volunteers and supervisors.

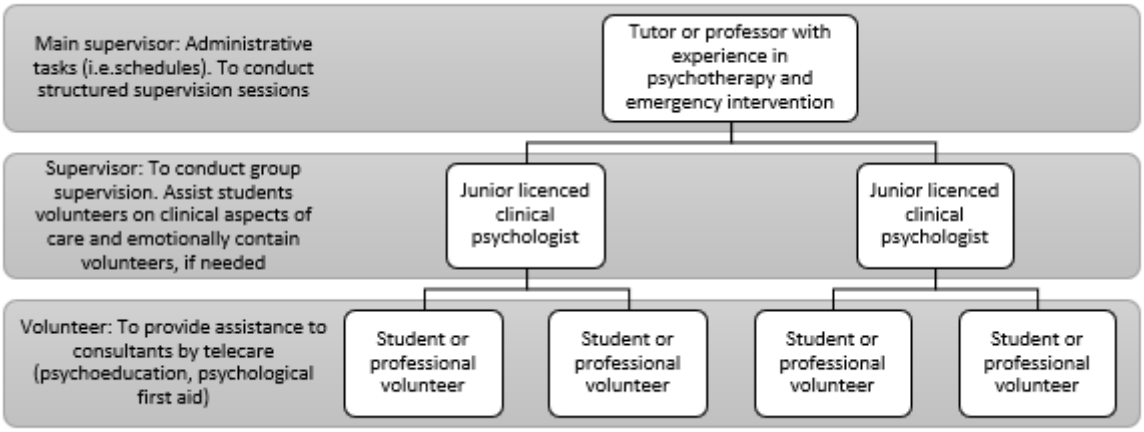
In fact, to implement this service in response to the COVID-19 emergency involved setting up a particular telecare service, though it also includes some guidelines and recommendations by other authors (Bermejo Mercader, 2001; Inchausti et al., 2020; Lorenzo Ruiz, Díaz Arcaño, & Zaldívar Pérez, 2020). The telecare service and thus its supervision, in this context, is continuously evolving. Some of its unique characteristics are: i) it is a shift-based telepsychology service, which does not always allow personalized monitoring for all the volunteers, ii) it systematically includes the tracking and management of the emotional responses of volunteers facing a health emergency, which can affect them at a personal level, iii) it involves learning and applying dynamic and flexible interventions, such as psychological first aid and psychoeducation, that can be quickly adapted to the different stages of the pandemic, and iv) it draws attention to the socio-cultural diversities of a multicultural and multiethnic country. All these present challenges which are discussed within the supervision team to support the development of the competencies needed to deal with all the tasks required by the service.

This supervision model has two main goals: i) to contain and manage volunteers' emotional needs and ii) to further develop telecare skills. To achieve the first goal, each member of the team weekly completes a questionnaire that includes possible pandemic-related issues (e.g., testing positive for COVID-19 or the loss of a family member), and an approved translation of the Clinical Outcomes in Routine Evaluation-10 (CORE-10, Barkham et al., 2013), which is a measure used to track psychological distress in psychological interventions. This measure includes items that cover subjective well-being, problems or symptoms, life functioning, and risk of harm. The purpose of the use of this measure was to have an indicator of volunteers' mental states as weeks go by. Data analysis is conducted every week, and it is supported by Professor Chris Evans, one of the trustees of the CORE system (www.coresystemtrust.org.uk). The analyses focus on the detection of a possible deterioration in psychological distress in the whole group of volunteers, as well as in specific cases. Supervisors are alerted when there is a deterioration or the presence of a high score on the risk item included in the CORE-10. The inclusion of this questionnaire allows managing necessities and attending to the teams' mental health needs derived from their volunteer experience, as well as from any other risks due to the pandemic (Evans, Sabucedo, & Paz, 2020).

To achieve the second goal, to improve on telecare skills, there is permanent communication within the teams as ongoing group supervision where the volunteers can contact their peers and supervisors with specific questions and concerns through instant messaging or video calling. This provides the support needed for difficult situations that may arise during the telecare assistance. Also, structured on-line supervision meetings are scheduled weekly. These meetings are recorded in audio and video, with the consent of the participants, for future analyses and feedback on designing and implementing observable indicators of skill and competence development and for improving the telecare protocols in place.

The paradigm that supports the proposed supervision model is the integrative meta-theoretical approach, which is conceptually wide and flexible,

Figure 1. *Telecare volunteer group composition and roles*



as well as creative and insightful; it also allows the integration of several models (Garcia & Fantin, 2012; Loubat, 2005; Neufeld, 2019). The combination of these models allows us to achieve the common ground to supervise telecare volunteers. Thus, we combined three approaches of intervention and supervision: the crisis intervention (Pittman, 1998; Slaikeu, 1996), the cognitive-behavioral (Nezu et al., 2006; Yáñez et al., 2001), and the systemic-constructivist models (Arnold, 1997; Díaz Olguín, 2007; Pacheco & Ceberio, 2016).

This integrative model also nourishes metacognition. Specifically, it intends to raise awareness and understanding of how this unprecedented experience (pandemic) mobilizes personal meanings in a socio-family-cultural context to improve supervision and psychotherapeutic work (Moggia, 2017). Hence, the supervision sessions include implementation of activities oriented towards the improvement of metacognition and reflection on the volunteers' learning process (Bastidas-Bilbao & Velásquez, 2016), emotional support for all participants, verbal discussion of the cases, reference to evidence-based practice elements, modeling, and corrective feedback, elements that have been related to the improvement of professional competencies (Bailin, Bearman, & Sale, 2018). This way supervision becomes a privileged context in which the subjectivity of the caller, the volunteer, and the supervisor converge. Finally, the supervision sessions also aim to encourage volunteers to generate self-care behaviors (Loubat, 2005) and, as a result, to achieve more technical, responsible, and ethical management of the conducted telecare assistance.

Our supervision structure incorporates relevant aspects of other models and allows the co-construction of tentative telecare intervention protocols aimed at making care more effective while minimizing the levels of emotional exhaustion of student and professional volunteers. This model is a process of empathic and reflective supervision to "care for the caregiver" through theoretical, practical, and emotional containment needed in psychoeducation, psychological first aid, clinical psychology, and psychiatry. We believe the model is replicable to other contexts and contributes to current and future strategies to care for those who manage the psychological side effects of the COVID-19 pandemic. As it is a developing model, the collection of video data of the weekly supervisions will serve to develop other strategies as needed.

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