For Immediate Release



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<u>Psychological support to children via phone:</u> Free online resources developed by researchers

Psychologists from Queen Mary University of London, American University of Beirut (AUB), Médecins du Monde, and Johns Hopkins University, have created a free online resource for mental health services now looking to deliver psychological therapy remotely to children amid the current COVID-19 pandemic.

The guidance document draws on the researchers' experience adapting an existing psychological treatment to phone delivery for Syrian refugee children living in Lebanon, which they are currently investigating as part of a clinical research study.

Dr. Tania Bosqui, assistant professor in clinical psychology at the Faculty of Arts and Sciences (AUB), said "the intervention was part of a research project to improve access to services for vulnerable children and adolescents (...) AUB was at the forefront of conducting assessments and interviews with children over the phone, and we have gained significant experience in what works."

Therapists were able to continue delivering treatment despite the major shocks that hit Lebanon, including providing services continuously throughout the road closures in October and November last year.

Whilst the resource is especially relevant for those working in refugee or other low resource settings, the researchers suggest this guidance can be adopted by children's mental health services worldwide who are now transitioning to online or phone delivery due to COVID-19.

Dr. Michael Pluess, professor of psychology at Queen Mary, said: "Initially we had some reservations around how successful remote delivery of an existing treatment would be, however we've been pleasantly surprised by how well the remote treatment program has worked so far

with Syrian refugee children in Lebanon. Whilst we're still waiting for the complete results of our study, we've developed this guidance to support the many practitioners that now need to

deliver psychological treatment via phone or other remote technologies."

According to Dr. Bosqui, it can take some time to get used to phone delivery, "however, clinicians, young people, and their parents usually start to feel comfortable using the phone once

small adaptations have been made, and it can improve the ease of access considerably."

While some existing psychological therapies have been specifically developed for phone delivery, most of the current mental health treatments for children have been designed for face-to-face and in-person delivery and have not undergone the specific adaptation and evaluation

processes for delivery over the phone or via video calls.

The resource covers topics such as developing safety protocols and managing risk over the phone, adapting therapy to maintain child engagement, and tips to manage specific practical and

treatment-related challenges that can arise during therapy.

Dr. Fiona McEwen, postdoctoral researcher at Queen Mary, said: "Through the delivery of our research project, we've already learnt a great deal in terms of what does and doesn't work when it comes to delivering treatment remotely to children. We hope that by sharing our guiding principles we can help mental health services to deliver safe and effective therapy remotely and ensure that children worldwide continue to receive the treatment they need in these challenging

circumstances."

Whilst the guidance proposes a number of specific solutions to support mental health services transitioning to remote delivery, the researchers outline that it is important for each service to adapt these to create protocols appropriate for their specific setting, population, and type of

therapy.

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Note to Editors

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