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REVIEW

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‘We don't have the answers’: What do we know about the experiences of psychological professionals providing virtual psychological support to people with intellectual disabilities during the COVID-19 pandemic?

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Abstract

Background: Government restrictions enforced globally in response to COVID-19 necessitated changes to the delivery of mental health services, with many psychology professionals (PPs) forced to transfer their face-to-face practice to virtual means (telephone/video therapy) overnight. This review explores what is known about the experiences of PPs providing psychological support to people with intellectual disabilities (PWID) during the pandemic.

Method: Literature was systematically searched and 11 papers were identified, critically appraised and thematically synthesised.

Results: Four themes were synthesised from findings: (1) ‘Impact at Service Level’, (2) ‘The Emotional Impact on PPs’, (3) ‘The Limitations of Virtual Support’, (4) ‘Unexpected Gains’.

Conclusions: This review highlights the challenges and positives in experiences of PPs, whilst acknowledging the inequalities experienced by PWID. It is hoped that the findings can be used to aid education and training, and inform future practice and policy. Future research is recommended.

KEYWORDS
COVID-19 pandemic, experiences, intellectual disability, psychological support, psychology professional, virtual

1 | INTRODUCTION

On 11th March 2020, the World Health Organisation (2020) declared a pandemic due to the rapid transmission of a respiratory disease called COVID-19 (Morgül et al., 2020). The pandemic necessitated sudden and radical changes to many aspects of daily life, and restrictive measures were introduced globally (Feijt et al., 2020). For example, the United Kingdom (UK) Government introduced police enforced lockdowns which mandated people leaving their home infrequently and working from home where possible (Davies et al., 2021).

Between 1% and 3% of the global population are people with an intellectual disability (PWID; Maulik et al., 2011; Salvador-Carulla et al., 2018), categorised by an IQ of less than 70 and significant limitations in adaptive skills present before the age of 18 (Totsika et al., 2022). PWID are equally as likely as the general population to experience anxiety or depression, however more likely to receive a diagnosis of a psychiatric condition (Foundation for People with Learning Disabilities, 2022). This may be due to greater exposure to social and physiological determinants of health such as poverty, reduced health literacy and low levels of exercise (Emerson & Baines, 2011). The pandemic has exacerbated

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health inequalities for PWID as they are at greater risk of contracting COVID-19 (Courtenay & Perera, 2020) and experienced associated mortality at 4.1 times higher than the general population as health needs are often overlooked or misattributed to their ID (National Institute for Health and Care Excellence, 2016). With the disproportionate impact of COVID-19 on PWID, access to mental health support is essential (Gregson et al., 2022).

Psychology professionals (PPs) play a central role within specialist teams which support the psychological wellbeing of PWID, typically providing individual or systemic support within a face-to-face capacity pre-pandemic. Many psychological interventions are adapted for delivery to PWID (Beail, 2017), including consideration of the client's level of understanding, ability and needs and strengths; some interventions may require changes to delivery to accommodate physical, cognitive, sensory and communicatory impairments (National Institute for Health and Care Excellence, 2016).

The pandemic generated fear and panic globally (Brooks et al., 2020; Pillay & Barnes, 2020), with reports in the United Kingdom of reduced psychological wellbeing, increased anxiety and increased loneliness in the general population (Office for National Statistics, 2020). Within healthcare settings, declines were reported in the mental health of clients (Troyer et al., 2020) and healthcare professionals whom experienced increased anxiety, stress and sleep disturbances (De Kock et al., 2021; Jalili et al., 2021; Pappa et al., 2020). The reasons for reductions in healthcare professionals' wellbeing are reported as poor access to safety equipment, risk and fear of COVID-19 transmission, juggling family and care commitments, and uncertainties around the pandemic (Shanafelt et al., 2020). Whilst the evidence provides an overview of healthcare professionals' experiences, there is limited evidence focusing on specific professions.

In light of the pandemic, significant pressures were placed on healthcare providers to adapt service set up to accommodate new ways of working (Pillay & Barnes, 2020). Changes to the delivery of psychological support were necessitated, with many PPs forced to work from home and transfer their face-to-face practice to virtual means (telephone/video therapy) overnight (Feijt et al., 2020). Some mental health services were suspended unless they provided essential care, such as inpatient psychiatric intensive-care units (Hughes & Anderson, 2022). Some psychological and behavioural interventions were also suspended as they were unable to be adapted to virtual format (Courtenay & Perera, 2020). Common barriers to online support for PWID are highlighted as lack of physical presence, loss of virtual cues and limited access to technology (Kalvin et al., 2021).

Little to no guidance was available regarding how to provide psychological support virtually at the time of the first lockdown as restrictions rapidly changed (Gregson et al., 2022). In May 2020, the British Psychological Society (BPS, 2020) released guidance which outlined the need for PPs to continue working, how to implement reasonable adjustments and the limits of working psychologically during the pandemic. However, this document did not advise how those unable to access computers or telephones should be supported (Lake et al., 2021). It remains unclear how this guidance was received by PPs and how they experienced the pandemic whilst supporting PWID.

1.1 | Rationale

It is important to systemically capture the experiences of PWID who received psychological support during the pandemic, including the views of services and systems (Courtenay & Perera, 2020). Whilst existing research captures the experiences of healthcare professionals, there is less focus on the experience of PPs who supported PWID. As the post-pandemic world is navigated, it is essential to explore and compile these experiences to further educate and inform future practice and policy. This literature review asks the question: 'What is known from existing literature about the experiences of PPs providing virtual psychological support to PWID during the COVID-19 pandemic'?

2 | METHOD

2.1 | Search strategy and terms

A search of the literature was completed on 2nd May 2022 using five electronic databases: EBSCO, Scopus, Directory of Open Access Journals, APA PsycArticles and the BPS Bulletin of the Faculty of PWID. Search terms were derived that were felt to capture those most commonly used in the literature base: 'Psychologist' OR 'Psychological Therapist' AND 'Experiences of Delivering Online Support' OR 'Experiences of Delivering Virtual Support' AND 'Learning Disabilities' OR 'Intellectual Disabilities' AND 'COVID-19' OR 'Coronavirus-19'. The search was restricted to January 2020 onwards; the first cluster of COVID-19 cases was reported in Wuhan, China on 31st December 2019 (World Health Organisation, 2020). The search was not limited by geographical location.

2.2 | Study selection

Titles and abstracts were screened and, if deemed appropriate, the full text was retrieved and subjected to the inclusion criteria.

2.3 | Inclusion criteria

- Includes PP's experience of providing psychological support to PWID or autism spectrum disorder (child or adult) through a virtual methodology (e.g., online, video). PWID and autistic individuals are commonly supported within the same services due to comorbidities (Srivastava & Schwartz, 2014), therefore both experiences were captured in this review.
- Both qualitative and quantitative studies were included as limited literature was available
- Full text available in English Language

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2.4 | Paper selection and data extraction

The search produced 597 results before 191 duplicates were removed, a further 396 were removed by screening the titles based on the inclusion criteria, and 37 were assessed for eligibility. Of these, 26 were excluded for reasons stated in the PRISMA flow chart (Figure 1).

3 | RESULTS

Eleven studies met the inclusion criteria for review (Table 1).

3.1 | Quality assessment

A scoring system was applied to the appraisal tools which allowed studies to be quantitatively compared for the ease of the reader. All studies were rated of high quality. Due to the relative novelty of this field, an overview of quality assessment for the studies within this review is included below.

Mixed method papers were appraised using the Mixed Method Appraisal Tool (Hong et al., 2018) which comprises of five items. The Critical Appraisal Skills Programme (2018) is a 10-item appraisal tool and was used for qualitative studies. Commentaries were appraised using the Standard Quality Assessment Criteria for Evaluating Primary Research Papers from a Variety of Fields (Kmet et al., 2004).

3.1.1 | Sampling

Sampling strategy across studies varied, namely convenience sampling (Embregts et al., 2022; Oudshoorn et al., 2021) and purposive sampling through social media advertisement (Gregson et al., 2022; Langdon et al., 2021) and professional networks (Chemerynska et al., 2022; Power et al., 2021; Theodore et al., 2020) were used. Given the context of providing virtual support, recruitment via social media may bias findings as social media users may be more used to using technology and hold prejudice when discussing their experiences (Gregson et al., 2022).

Sample sizes ranged from 1 (Windsor, 2021) to 105 (Power et al., 2021). All papers except Theodore et al. (2020) and Power et al. (2021) provide demographic information (gender, age) for their participants which increases internal validity. Of the commentaries, Windsor (2021) and Datlen and Pandolfi (2020) provide details of authors,

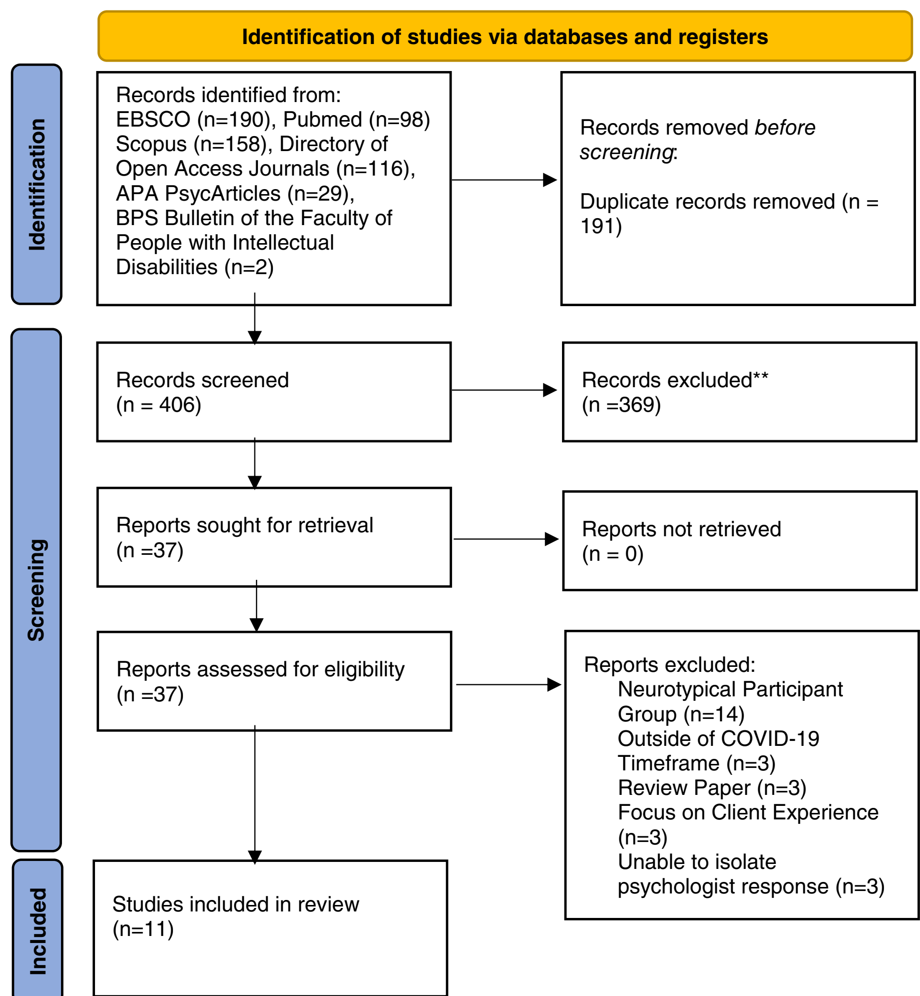

FIGURE 1 PRISMA flow chart of study inclusion process (Page et al., 2021)

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TABLE 1 Data extraction table

Author and country	Sample	Client group	Method	Analysis and main findings
Embregts et al. (2022) Netherlands	$N = 5$ psychologists working across three residential services	$N = 2$ supporting adults with mild to moderate ID $N = 3$ supporting all levels of adult ID	22 audio messages were sent to the researcher with a mean duration of 4.5 min per week, and a total of 2–5 audio messages per participant	Thematic Analysis Main themes: • Working from home • Adapting to the new reality • Advising and coaching support staff
Kalvin et al. (2021) USA	Authored by 8 PPs	Supporting autistic children aged 8–14	Commentary of the transition to remote delivery	Main themes: • Children were more comfortable in home environment • Difficulties adjusting to remote delivery • Boundaries lost during sessions
Oudshoorn et al. (2021) Netherlands	$N = 5$ psychologists, $n = 1$ art psychotherapist, $n = 1$ psychomotor therapist	Supporting adults and children with mild ID, mental health difficulties and/or challenging behaviour Community and inpatient facilities	Audio recording (mean 12.8 min, $SD = 5.3$) per person	Thematic Analysis Main themes: • An immediate transition to virtual working • Developing virtual ways to support clients both in coping with COVID-19 related stresses and continuing therapy • Lacking the appropriate equipment • Limitations in virtually attuning to PWID • Unforeseen opportunities for distance-based psychological assessments and therapy
Chemerynska et al. (2022) UK	$N = 11$ HCPC registered psychologists (ranging from psychologist to consultant)	NHS Adult Community Learning Disability Team	Virtual semi-structured interviews averaging 52 min (range = 43–62 min)	Interpretive Phenomenological Analysis Main themes: • Survive or thrive • Left to their own devices
Langdon et al. (2021) UK	$N = 97$ HCPC registered psychologists living in the UK	Supporting adults or children with ID in a variety of services in the NHS	Online cross-sectional survey Free text comments	Thematic Analysis Main themes: • Being human • Being an employee Quantitative findings: • Occupational stress, learning new roles, demands at home, and changes due to COVID-19 were associated with poorer mental wellbeing. • Role uncertainty, a shortage of PPE, and poorer wellbeing were associated with occupational stress.
Gregson et al. (2022)	$N = 12$ HCPC registered psychologists	Supporting adults or children with ID in a variety of services in the NHS and private sector	Virtual semi-structured interview	Thematic Analysis Main themes: • Delivering psychological services • Wellbeing of PWID • Learning and future practice

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TABLE 1 (Continued)

Author and country	Sample	Client group	Method	Analysis and main findings
Datlen and Pandolfi (2020) UK	$N = 3$ Art psychotherapists	Supporting $n = 5$ adults with ID in private practice	Commentary of transitioning a group intervention to Whatsapp	• Challenges with communication needs • Challenging boundaries • Living with uncertainty
Theodore et al. (2020) UK	$N = 95$ PPs (81% qualified, 17% assistant psychologist, 2% art therapist/PBS specialist)	Supporting adults or children with ID in a variety of services in the NHS and private sector	Online questionnaire Free text comments	• Technological barriers to providing support • Increased flexibility Quantitative Findings: • Mixed experiences implementing virtual support • Difficulties getting set up to deliver virtual support
Hardcastle et al. (2021) UK	$N = 1$ Clinical psychologist, $N = 1$ trainee Clinical psychologist, $N = 1$ Assistant psychologist	NHS Adult Community Learning Disability Team	Commentary of delivering a Cognitive Behavioural Therapy-based group programme	• Difficulties collecting post-intervention scores • COVID-19 related anxieties changing the focus of psychological intervention
Power et al. (2021) UK	$N = 105$ Art Psychotherapists and Trainee Art Psychotherapists who attended a British Association of Art Therapist peer support group	Supporting adults or children with ID in a variety of services in the NHS and private sector	Virtual focus groups	Reflexive Thematic Analysis Main themes: • The pandemic as a leveller • The joy and jeopardy of working online • Art after the eclipse • The function of the professional support group • Insight and understanding to meet client diversity
Windsor (2021) UK	Assistant Psychologist	NHS Adult Community Learning Disability Team	Reflections of working in the pandemic	• Experiencing worry and panic • Challenges in adapting to virtual methods • Supporting staff wellbeing

however Hardcastle et al. (2021) and Kalvin et al. (2021) would benefit from additional information regarding author demographic and role to increase credibility. Similarly, Langdon et al. (2021) does not provide detail on the context of psychological work (e.g., inpatient, community, children or adult), therefore these findings are hard to generalise. All studies have more female than male participants, and minority groups are underrepresented within this literature review, with only Chemerynska et al. (2022) and Gregson reporting inclusion of one participant from a racialised background.

Gregson et al. (2022) were the only study to report reaching data saturation, therefore it is unknown whether sample sizes in other papers were sufficient to reach saturation; failure to reach data saturation can reduce study validity (Kerr et al., 2010).

3.1.2 | Methods and data collection

Four commentaries (Datlen & Pandolfi, 2020; Hardcastle et al., 2021; Kalvin et al., 2021; Windsor, 2021), five qualitative papers (Chemerynska et al., 2022; Embregts et al., 2022; Gregson et al., 2022; Oudshoorn et al., 2021; Power et al., 2021), and two mixed methods papers (Langdon et al., 2021; Theodore et al., 2020) were included in this review.

Audio recording

Embregts et al. (2022) and Oudshoorn et al. (2021) asked participants to collect self-recorded audio on a smartphone at a time that was convenient for them and suggested topics for participants to reflect on. The use of audio recordings may have biased findings as participants selected what to send the researcher, which reduces internal validity and could lead to demand characteristics whereby participants may have been more likely to reflect on a day worth reflecting on (e.g., busier day). Recordings were translated from Dutch to English for transcription which may have incurred missing data and low internal validity (Birbili, 2000).

Online interviews

Gregson et al. (2022) and Chemerynska et al. (2022) completed virtual semi-structured interviews and provided adequate detail of their data collection procedure. Gregson et al. (2022) were the only study to offer financial reward for participation which can introduce cognitive bias to findings (Gignac, 2018).

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Focus group

Power et al. (2021) completed six online focus groups and incorporated time for reflective discussion. Handwritten notes were taken in real time which limited the internal validity of findings due to inevitable loss of data.

Commentaries

Kalvin et al. (2021), Datlen and Pandolfi (2020), Hardcastle et al. (2021) and Windsor (2021) provided commentaries on the adaptation of a singular psychological intervention. All provided adequate theory-practice links and described what influenced their approach. Information was generally lacking regarding how contributions from authors were collated in a systemic way in all except Windsor (2021).

Mixed methods

Langdon et al. (2021) and Theodore et al. (2020) developed questionnaires for their research, however only Langdon et al. (2021) provided detail on how questions were collaboratively developed based upon clinical and research experience. Langdon et al. (2021) also used validated measures which increased internal validity.

3.1.3 | Ethical issues

Consideration of ethical issues fluctuated through papers, from limited reference to ethics in some to full ethical disclosure in others.

3.1.4 | Data analysis

Triangulation is a process of verification in qualitative research which reduces internal validity (Flick, 2004). Embregts et al. (2022), Oudshoorn et al. (2021), Chemerynska et al. (2022) and Langdon et al. (2021) triangulated qualitative findings with authors, however Gregson et al. (2022) completed triangulation with an external researcher which reduced confirmatory bias. Power et al. (2021) provided a clear, detailed account of data analysis and was the only paper that triangulated findings with participant which increased internal validity. Langdon et al. (2021) triangulated qualitative and quantitative data which found support for the majority of their findings; mixed methodology provided richer exploration of experiences by providing a holistic summary and increasing rigour. However, no detail of methodological analysis or triangulation is provided by Theodore et al. (2020) which minimised study rigour.

Only two studies (Chemerynska et al., 2022; Gregson et al., 2022) outlined reflexivity and consideration of their relationship with participants which increased rigour.

3.2 | Thematic synthesis

A thematic synthesis was completed on qualitative data (Thomas & Harden, 2008). The results sections and text relating to the author's experience in commentaries were extracted from all included papers and coded line-by-line by HB. Initial free codes were developed inductively before clustering into similar areas to develop descriptive themes which were interpreted beyond the content of their original study to generate analytic themes (Thomas & Harden, 2008). Coding quality and validation through consensus was established between HB and KG (Braun & Clarke, 2022; Levitt et al., 2018).

Four themes were identified across the 11 papers: (1) 'Impact at Service Level', (2) 'The Emotional Impact on PPs', (3) 'The Limitations of Virtual Support', (4) 'Unexpected Gains' and 14 sub-themes.

3.2.1 | Theme 1: Impact at service level

This theme describes the impact on services that PPs report impacting their experience, and includes subthemes 'Left to Try and Make Sense of it All', 'Changes to the Role' and 'Team Dynamics'.

Left to try and make sense of it all

PPs were frustrated over unclear guidance around how services should deliver virtual support to PWID (C*hemerynska* et al., 2022; Datlen & Pandolfi, 2020; Gregson et al., 2022; Langdon et al., 2021; Power et al., 2021; Theodore et al., 2020). On occasions, service managers lacked empathy towards their teams, which resulted in PPs feeling uncontained and unsupported (Chemerynska et al., 2022). The quality of guidance was mixed across NHS Trusts and between services (Power et al., 2021) which contributed to frustrations; PPs working with PWID felt that they faced greater challenges than those working in general mental health services (Chemerynska et al., 2022; Langdon et al., 2021). Furthermore, PPs felt that PWID were 'overlooked in [the] pandemic' (Chemerynska et al., 2022, p. 591) by government and society, which left PPs unsure where to turn when seeking professional guidance (Gregson et al., 2022).

Changes to the role

Services experienced an increase in referrals and waitlist demands (Chemerynska et al., 2022; Langdon et al., 2021; Oudshoorn et al., 2021) during the pandemic, which led to the role of some PPs focusing on service adaptations (Windsor, 2021) and overcoming difficulties with understaffing (Langdon et al., 2021). PPs described threats of redeployment (Chemerynska et al., 2022; Embregts et al., 2022; Power et al., 2021) and a need to be 'Covid-useful' (Gregson et al., 2022, p. 179) which contributed to feelings of uncertainty.

PPs became the 'container for a lot of [their] colleagues distress and loss and sadness' (Gregson et al., 2022, p. 180). They offered psychological support to staff within their teams and more widely across employing NHS Trusts (Langdon et al., 2021; Windsor, 2021), which emphasises the transferable skills of PPs such as empathy and containment. This support included facilitating virtual debriefs and reflection spaces (Langdon et al., 2021; Windsor, 2021), virtual coffee breaks (Gregson et al., 2022) and manning staff support lines (Gregson et al., 2022).

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Many PPs were required to pause therapeutic work where this could not be adapted to virtual means, and instead undertook basic wellbeing checks and risk-related triage calls for PWID (Embregts et al., 2022; Hardcastle et al., 2021; Power et al., 2021; Windsor, 2021), and their carers (Windsor, 2021). This left some PPs feeling deskilled (Gregson et al., 2022).

Team dynamics

There were reduced opportunities for informal conversations between professionals when working remotely which contributed to increased social isolation and disconnect from colleagues amongst PPs (Chemerynska et al., 2022; Datlen & Pandolfi, 2020; Gregson et al., 2022; Langdon et al., 2021). With great importance placed on team cohesion and support from colleagues (Gregson et al., 2022) when supporting PWID, some PPs struggled to adjust to the isolation of remote working.

Increased clinical supervision was sought in some cases which helped PPs to both manage case complexities and feel more supported by their team thus able to persevere with the challenges of remote team working (Datlen & Pandolfi, 2020; Gregson et al., 2022; Langdon et al., 2021). Some PPs attended peer support groups, which improved their psychological wellbeing and increased social connectedness (Power et al., 2021). Initiatives such as virtual coffee breaks were introduced and successfully increased team connectivity in early phases of the pandemic (Embregts et al., 2022), although PPs participating in later research reported they had 'fatigued' (Gregson et al., 2022, p. 181), of virtual coffee breaks perhaps as initial camaraderie and the novelty of remote working had reduced.

3.2.2 | Theme 2: The emotional impact on psychology professionals

This theme describes the emotional impact working through the pandemic had on PPs, and includes subthemes 'Wellbeing', 'We don't have the answers' and 'Juggling Work and Life'.

Wellbeing

The changes necessitated by the pandemic were reported to negatively impact the emotional wellbeing of PPs across all papers except Kalvin et al. (2021) as this paper provided a commentary of therapy adaptations within the pandemic context. Some PPs experienced burnout and emotional exhaustion (Chemerynska et al., 2022; Gregson et al., 2022; Power et al., 2021), with increased demands testing their flexibility (Oudshoorn et al., 2021) and prolonged screen time contributing to increased tiredness (Langdon et al., 2021; Power et al., 2021; Theodore et al., 2020). Quantitative findings provide further support for this sub-theme, as higher levels of occupational stress and changes due to COVID-19 were associated with poorer mental wellbeing ($p = .01$; Langdon et al., 2021).

Individual differences amongst PPs experiences were noted, as previous experience in providing virtual psychological support was highlighted as advantageous in reducing the consequences of the 'traumatic change' (Power et al., 2021, p. 6) from face-to-face to virtual delivery of support. For some PPs, the negative impact of the pandemic wellbeing limited the long-term sustainability of remote working post-pandemic (Chemerynska et al., 2022), whilst others reported that the pandemic offered an opportunity to adopt a slower pace of life, reflect and 'remember what's important' (Power et al., 2021, p. 6).

We don't have the answers

Higher than normal pressure and demands were experienced by PPs during the pandemic which increased levels of frustration and experiences of struggle (Gregson et al., 2022; Oudshoorn et al., 2021). Pressure stemmed from management level in some cases which contributed to PPs feeling as though they were not valued by their service (Chemerynska et al., 2022; Langdon et al., 2021), which further impacted wellbeing. A sense that PPs were looked at to problem solve without acknowledgement that they may too be struggling added to frustrations across papers: 'We don't have the answers and we also feel very uncertain […] we are also adjusting and adapting to new normality' (Gregson et al., 2022, p. 180). These increased pressures were called out by PPs who emphasised that they did not have a 'magic wand [and] can't take COVID away' (Chemerynska et al., 2022, p. 592).

Experiences of guilt were shared where PPs felt unable to provide enough support to clients in the face of higher than normal pressure (Langdon et al., 2021) and felt helpless to support clients who did not have access to technology (Gregson et al., 2022). PPs shared feeling helpless and powerless (Gregson et al., 2022) as they were unable to provide the 'service [they wanted] to provide to people' (Chemerynska et al., 2022, p. 589) due to COVID-19 restrictions. This led some PPs to overcompensate as the quality of face-to-face communication could not be replicated (Datlen & Pandolfi, 2020). Moral injury, whereby individuals were unable to work inline with their values, was reported (Chemerynska et al., 2022), and coupled with a reduction in confidence supporting PWID (Chemerynska et al., 2022; Gregson et al., 2022; Langdon et al., 2021; Power et al., 2021) and reduced job satisfaction (Power et al., 2021).

Guilt was also expressed by PPs based on being able to 'work from home without the risk of infection' (Embregts et al., 2022, p. 296) unlike frontline colleagues and clients, which perhaps contributed to PPs feeling detached from colleagues and excluded from camaraderie.

Juggling work and life

Some PPs struggled to maintain a work-life balance when working remotely (Chemerynska et al., 2022; Datlen & Pandolfi, 2020; Embregts et al., 2022; Langdon et al., 2021; Power et al., 2021). Working from home encroached on privacy and blurred professional boundaries as clients were able to see more of their PPs life than before, such as home environment (Datlen & Pandolfi, 2020; Langdon et al., 2021), which left PPs feeling vulnerable (Chemerynska et al., 2022). Many PPs whom worked from home were reminded of challenging client conversations and emotive content when looking around their house which further challenged work-life balance and

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was emotionally challenging to navigate (Chemerynska et al., 2022; Embregts et al., 2022; Gregson et al., 2022; Power et al., 2021): 'you see your laptop sitting there and you think, oh god yeah, I've just had that awful conversation, and […] it just brings it all back' (Gregson et al., 2022, p. 179).

Childcare commitments necessitated by COVID-19 restrictions left some PPs home-schooling and caring for their children whilst working which challenged boundaries and confidentiality for the client and PP, for example if PPs children entered the room during appointments (Embregts et al., 2022; Langdon et al., 2021). Concentration was also reduced due to sudden transitions between being a parent and being a PP which unavoidably impacted on professionalism (Chemerynska et al., 2022; Langdon et al., 2021) and increased frustrations. Indeed, occupational stress (inclusive of juggling demands at home) was associated with poorer mental-wellbeing ($p = .02$; Langdon et al., 2021), which emphasised the sacrifices made by both PPs and other professionals.

3.2.3 | Theme 3: The limitations of virtual psychological support

This theme explores the limitations of virtual psychological support raised by PPs, and includes subthemes 'Changes to the Course of Support', 'Losses to Therapy', 'Power Dynamics', 'Technological Barriers' and 'Remote Risk Management'.

Changes to the course of support

All papers acknowledged that PPs faced changes to their ways of working which encompassed greater challenges; PPs were concerned that virtual support felt more distanced and diluted (Datlen & Pandolfi, 2020; Kalvin et al., 2021; Langdon et al., 2021; Oudshoorn et al., 2021; Power et al., 2021). The focus of support altered to accommodate factors which related to COVID-19, such as health-related anxiety, in some cases (Datlen & Pandolfi, 2020; Hardcastle et al., 2021; Kalvin et al., 2021; Langdon et al., 2021; Oudshoorn et al., 2021), which elongated the time clients spent within services as time was taken away from their primary intervention.

> The clinician and family shifted the treatment plan to focus on the child's separation anxiety, which was becoming increasingly prominent and ties to COVID-19 related concerns. (Kalvin et al., 2021, p. 4242)

PPs were unable to obtain routine outcome measures from participants where measures did not translate to virtual means (Hardcastle et al., 2021) and response rates to feedback requests were poor (Datlen & Pandolfi, 2020), which was problematic for service development.

Losses to therapy

Therapeutic relationships and rapport were more challenging to develop virtually (Chemerynska et al., 2022; Embregts et al., 2022; Gregson et al., 2022; Kalvin et al., 2021; Oudshoorn et al., 2021; Power et al., 2021; Theodore et al., 2020). Specifically in child therapy, PPs struggled to build rapport as activities 'such as drawing or working on a puzzle' (Kalvin et al., 2021, p. 4245) did not translate to virtual means.

Concern for the therapeutic relationship was highlighted in the absence of sensory aspects of the relationship, with face-to-face containing remaining preferable for rapport development (Power et al., 2021). PPs found it easier to foster an emotional contact with clients when using videoconferencing opposed to telephone as they were able to visualise the client which felt more personal than voice alone (Theodore et al., 2020). It was easier to continue psychological support when an existing rapport had been established face-to-face (Power et al., 2021), which strengthened the importance placed on in-person connectivity.

The implications of absent non-verbal communication, such as body language, were highlighted across papers. A reliance on verbal communication led to misunderstandings and confusion for both the client and PPs (Gregson et al., 2022), particularly as PWID may rely on non-verbal cues when communicating (Oudshoorn et al., 2021).

> The lack of live contact prevents me from noticing non-verbal signs. Due to the use of video conferencing and phone calls, I miss these signals. Under normal circumstances, with live contact, I can easily spot those signals, but now they're hard to pick up on. (Embregts et al., 2022)

As non-verbal communication was missing from assessments, PPs felt that formulations were incomplete (Chemerynska et al., 2022; Gregson et al., 2022), which potentially impacted on their ability to plan effective psychological interventions.

Power dynamics

Clients exerted more power when receiving virtual support than observed when face-to-face (Datlen & Pandolfi, 2020; Gregson et al., 2022; Hardcastle et al., 2021; Oudshoorn et al., 2021; Power et al., 2021; Theodore et al., 2020), for example PPs were spoken over or ignored during appointments, and struggled to re-direct and re-focus conversations (Kalvin et al., 2021). An overall reduction in engagement and motivation was also observed as some clients had poorer concentration and generally took support less seriously, and consumed food or were doing their shopping during an appointment (Power et al., 2021). These changes to dynamics may have occurred due to a lack of physical boundary, distractions within the home environment or anxiety around virtual methods of accessing support (Kalvin et al., 2021; Theodore et al., 2020).

An increase in last minute cancellations (Hardcastle et al., 2021; Oudshoorn et al., 2021) and inappropriate contact with facilitators outside of sessions (Datlen & Pandolfi, 2020) created feelings of frustration. All included papers discussed the importance of establishing clear boundaries and expectations when first meeting to maintain safety for both the PP and client; boundary agreements should be

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communicated in different formats to ensure communicative inclusivity (Datlen & Pandolfi, 2020; Gregson et al., 2022).

Technological barriers

All papers highlighted that both PPs and clients experienced difficulties with technology, such as time delays with set up (Theodore et al., 2020) and poor internet connection (Oudshoorn et al., 2021). Individual differences in the ease of transition to virtual support amongst PPs and clients emerged (Theodore et al., 2020), as those with higher computer literacy levels found this easier (Power et al., 2021).

Some clients were unable to access or continue with psychological support without means to access virtual support (Gregson et al., 2022; Hardcastle et al., 2021; Power et al., 2021), which was morally complex for PPs. In some instances, PPs contacted social care for additional funding and advocated for client rights to access technology (Chemerynska et al., 2022). Additionally, clients often required support from family or support workers to access virtual appointments (Langdon et al., 2021; Power et al., 2021; Theodore et al., 2020) which posed a threat to risk-management and concern over power.

> It has potential to be quite disempowering, sometimes they're asking someone to set the call up for them or they're using, say their carers laptop or the staff members laptops, and I think that comes with all sorts of issues […] I suppose about power and confidentiality. (Gregson et al., 2022, p. 175)

PPs empathised with the difficulties experienced by PWID when navigating new virtual platforms (Chemerynska et al., 2022), with preference expressed for familiar platforms such as Zoom (Theodore et al., 2020). However, some PPs shared that holding initial preparation sessions prior to the commencement of interventions with clients allowed barriers with technology and unfamiliar platforms to be overcome (Gregson et al., 2022; Kalvin et al., 2021; Theodore et al., 2020).

Remote management of risk

All papers acknowledged challenges with the remote management of risk and establishing therapeutic safety; PPs needed to be more vigilant and pay greater attention when remotely managing risk. PPs highlighted difficulties when managing confidentiality during appointments as they were unable to establish who was in the room with the client and for what duration (Oudshoorn et al., 2021; Theodore et al., 2020), especially when clients did not want their video camera on (Power et al., 2021), lived in supported accommodation (Hardcastle et al., 2021), or where children were supported by parents during child-only segments of support (Kalvin et al., 2021).

> [I] have to explain and clarify things more and question what is actually happening to someone else […] a man [client] began to cry very loudly and actually disappeared out of sight [moved away from the screen]. Urgh, that felt unpleasant because [I] couldn't do anything at that moment, I didn't know where the [client] was and [I was] really at a distance. (Oudshoorn et al., 2021, p. 6)

Increased anxiety was experienced by PPs when managing risk remotely, alongside a sense of pressure and unknowing how to manage and recognise a risky environment virtually (Oudshoorn et al., 2021). Furthermore, PPs shared concern that parents supporting PWID to access virtual support can reduce the client's sense of agency and independence (Datlen & Pandolfi, 2020), and that they felt unsure how to respond to confidentiality when parents remained present for the duration of the appointment.

3.2.4 | Theme 4: Unexpected gains

This theme focuses on the unexpected gains that PPs experienced when delivering virtual support, and includes subthemes 'Opportunities to experiment in everyday practice', 'Flexibility and Efficiency' and 'Benefits to the Client'.

Opportunities to experiment in everyday practice

Virtual working provided opportunities for PPs to be creative and engage meaningfully with clients in new ways (Chemerynska et al., 2022; Embregts et al., 2022; Gregson et al., 2022; Kalvin et al., 2021; Oudshoorn et al., 2021; Power et al., 2021; Theodore et al., 2020). This experience afforded an unforeseen opportunity to learn and develop professionally, as increased confidence in working remotely and satisfaction with positive outcomes (Oudshoorn et al., 2021) were highlighted.

> It's just expanded our repertoire really in a way that we can engage with people differently […] It's forced us to step out of our comfort zones and get used to this technology and see who it may work for. (Chemerynska et al., 2022, p. 590)

All papers shared effective ways of working virtually, which included using the chat function (Theodore et al., 2020), whiteboard space (Power et al., 2021), screen sharing (Gregson et al., 2022; Theodore et al., 2020) and websites or videos (Gregson et al., 2022; Kalvin et al., 2021). Furthermore, Datlen and Pandolfi (2020) found the use of emoji's on Whatsapp by PPs and clients beneficial when communicating their emotions. The versatility of virtual support was highlighted as PPs successfully used Makaton (a language programme), British Sign Language and Intensive Interaction (Power et al., 2021; Theodore et al., 2020) virtually.

Flexibility and efficiency

PPs reported greater flexibility with their time and approach that they had not experienced when working face-to-face (Chemerynska et al., 2022; Gregson et al., 2022; Langdon et al., 2021; Oudshoorn

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et al., 2021). As PPs were not required to commute to work or meetings (Theodore et al., 2020), they were able to offer more appointments and reported that the efficiency of online multidisciplinary team meetings increased (Gregson et al., 2022). Furthermore, systemic working was made easier (Oudshoorn et al., 2021; Power et al., 2021; Theodore et al., 2020) as multidisciplinary teams and agencies could be brought together virtually at short notice for consultation, contributing to better outcomes for PWID. It was also easier for PPs to gain insight into the client's home environment, meet with carers or relatives and implement exercises such as exposure within the targeted context (Kalvin et al., 2021; Oudshoorn et al., 2021). Indeed, some PPs expressed that the benefits of remote working meant they did not want to return to exclusively providing face-to-face support (Oudshoorn et al., 2021).

Benefits to the client

Some clients were observed as more comfortable and relaxed during virtual support (Kalvin et al., 2021; Oudshoorn et al., 2021) as this felt less intense than face-to-face contact (Gregson et al., 2022; Theodore et al., 2020), which was beneficial to the therapeutic process. PPs also observed that clients who had accessed virtual support independently appeared confident and empowered (Chemerynska et al., 2022; Datlen & Pandolfi, 2020; Theodore et al., 2020), as PPs appeared to have underestimated the ability of PWID in accessing virtual support. In some cases, cancellations were minimised by the removal of travel barriers (Gregson et al., 2022; Hardcastle et al., 2021; Kalvin et al., 2021; Oudshoorn et al., 2021) which increased the ease of parent/carer attendance (Theodore et al., 2020).

Virtual support particularly benefitted autistic people (Chemerynska et al., 2022; Gregson et al., 2022; Power et al., 2021; Theodore et al., 2020), as they appeared more able to engage with support content without the intensity of face-to-face communication. However, autistic children appeared to become preoccupied by seeing themselves on the screen which posed a barrier to engagement (Kalvin et al., 2021), and further emphasised the need for method of delivery to be assessed on an individual basis.

4 | DISCUSSION

The rapid switch to virtual delivery of psychological support to PWID was necessitated by the COVID-19 pandemic, however little is known about how PPs experienced this switch to inform research and clinical practice. As COVID-19 restrictions ease and mental health services adopt a hybrid model of face-to-face and virtual support (Wappula, 2022), this systematic literature review identified and summarised the experiences of PPs; 4 themes and 14 sub-themes were identified from the 11 papers included in this review.

The negative psychological impact of providing remote support to PWID was highlighted, which emphasised that the pandemic has impacted the psychological wellbeing of clients and PPs alike (De Kock et al., 2021). This decline in psychological wellbeing (e.g., Langdon et al., 2021) was also observed in healthcare professionals (Tiete et al., 2021), nurses (Stelnicki et al., 2020) and the general population (Office for National Statistics, 2020) during the pandemic. These findings mirror that of healthcare professionals experiences during previous infection disease outbreaks (e.g., Brooks et al., 2018). Many reasons for poorer psychological wellbeing amongst PPs were highlighted in this review, including changes to their role (Embregts et al., 2022; Hardcastle et al., 2021; Power et al., 2021; Windsor, 2021), burnout (Chemerynska et al., 2022; Gregson et al., 2022; Power et al., 2021), and adjustment to virtual working. Thus, it is important to consider what support is available for PPs own psychological wellbeing.

PPs experienced moral injury, which is defined as psychological distress which results from one's actions or inability to act, which violates their ethics or morals, and is commonly miss-labelled as burnout (Ford, 2019; Mantri et al., 2020; Murray et al., 2018). Primary factors of moral injury, such as increased workloads (Chemerynska et al., 2022; Langdon et al., 2021; Oudshoorn et al., 2021) and stress (e.g., Gregson et al., 2022). Working under high pressure (Chemerynska et al., 2022; Gregson et al., 2022; Langdon et al., 2021; Oudshoorn et al., 2021) and feeling unable to provide adequate care (Chemerynska et al., 2022; Gregson et al., 2022; Langdon et al., 2021; Power et al., 2021) are amongst predictors of moral injury, with exposure to morally injurious events precipitating feelings of distress amongst PPs. As these experiences mirror those of healthcare professionals pre-pandemic (Sibeoni et al., 2019; Sorenson et al., 2016), the pandemic may have exacerbated and highlighted existing difficulties within already-struggling healthcare systems (Litam & Balkin, 2021). Furthermore, PPs felt unsupported and abandoned by leadership and overlooked within policies, which resulted in feelings of uncertainty, and is recognised as a precipitating factor of moral injury in literature (French et al., 2022; Mantri et al., 2020). Interestingly, PPs who felt unsupported were from research conducted in the United Kingdom (e.g., Chemerynska et al., 2022) which may indicate that PPs outside of the UK felt more supported due to differences in pandemic responses. Organisational distrust and fractured relationships with leadership may continue unless moral repair is completed (French et al., 2022), therefore it is important for leaders to engage in moral-repair to improve the job satisfaction and psychological wellness of PPs (Shale, 2020). This review provides important contributions from PPs to the growing evidence base of moral injury during the pandemic, which will inform how healthcare professionals are supported moving forward (Litam & Balkin, 2021).

The highlighted difficulty of maintaining boundaries between home and work (Chemerynska et al., 2022; Datlen & Pandolfi, 2020; Embregts et al., 2022; Langdon et al., 2021; Power et al., 2021) provide support for boundary theory (Hunter et al., 2019). Boundary violations, such as children disrupting home working, were associated with poorer mental wellbeing and job satisfaction (Langdon et al., 2021), and are also observed in literature (Hunter et al., 2019). Boundary violations can lead to high levels of work–family conflict (Barriga Medina et al., 2021) which did not emerge in this review. However, moral injury can harbour increased guilt and impact the families of healthcare professionals (Figley, 1997), therefore future research could explore the experiences of PPs with a systemic focus.

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A notable finding of this review is that PPs experienced difficulties with obtaining outcome measures, which is problematic as the evaluation of outcomes is essential for developing effective interventions, delivering person-centred support and minimising bias (Hatfield & Ogles, 2004). There is limited guidance on how to adapt outcome measures for online delivery, therefore it is important to consider how measures can be adapted in future research and to explore the experiences of PWID receiving virtual support to ensure these views are captured in the absence of measures.

Losses to therapy, such as non-verbal communication and clear boundaries, are echoed as barriers to engagement and therapeutic alliance with neurotypical communities during the pandemic (Heyworth et al., 2020; Zoumpouli, 2020). PPs shared difficulties with recognising client emotions in the absence of non-verbal cues (Embregts et al., 2022) and communicating concepts (Power et al., 2021), which may have interfered with the therapeutic process. PWID also hold preference for clear communication, physical presence and facial expressions (Mencap, 2022) and display a reliance on non-verbal communication (Hinzen et al., 2020), therefore it is important to PPs to overcome these challenges to enable affective support to continue.

Rapport should be established with clients before engaging in interventions to increase therapeutic alliance (Ekberg et al., 2013), even when delivered virtually. However, PPs experienced difficulty with establishing rapport in the absence of face-to-face contact and usual rapport building activities (Kalvin et al., 2021). PPs shared that facilitating preparatory sessions prior to the commencement of intervention allowed clients to increase confidence with technology and work through practical issues (Gregson et al., 2022; Kalvin et al., 2021; Theodore et al., 2020); although no impact on therapeutic alliance is highlighted, it is hypothesised that this opportunity allowed clients to become familiar with the PP thus increasing rapport and strengthening therapeutic alliance, which may in turn increase efficacy of interventions (Berry & Danquah, 2020).

All papers reported that PPs found the transition to remote working distressing; however, PPs with previous experience of virtual support felt more competent using computers and faced less barriers when transitioning (Power et al., 2021). Therefore, training in the use of online platforms and how to adapt virtual support for PWID may increase PP confidence (Békés et al., 2021) and minimise negative prejudice towards virtual support. Indeed, PPs own negative beliefs about virtual therapy can become a barrier to use (Simpson et al., 2021), therefore reducing prejudice may minimise this barrier and increase job satisfaction. However, consideration is given to the timing of data collection, as research completed later in the pandemic may include PPs who have greater confidence due to duration of virtual working.

4.1 | Limitations

This review focused on an understudied area, therefore available papers were not focused to a single country due to scarcity of research which is a noted strength. However countries differed in their response to COVID-19 due to the pandemic occurring in waves at different time points in each country (Borek et al., 2022; Toshkov et al., 2022) therefore it is challenging to establish the context in which the included papers were completed, which reduced internal validity. Although paper quality was comparable, there was notably less information available for analysis within the four reflective pieces which may bias results. Furthermore, PPs differed by occupation, setting (inpatient/community), cohort (adult/child) and employer (private/NHS), which may confound results; as new research is published, reviews should focus on homogeneous groups of specific PPs to increase internal validity of findings. Although a systematic approach was adopted which allowed for transparency and replication, rigour is compromised as this review was completed by one researcher which introduces bias (Johnson et al., 2020).

5 | CONCLUSION

This review aimed to inform future practice and policy by exploring what was known from existing literature about the experiences of PPs who provided psychological support to PWID during the COVID-19 pandemic. A thematic synthesis was completed to analyse findings from 11 papers. These results highlighted the challenges and positives in the experiences of PPs, whilst acknowledging the inequalities faced by PWID and the impact this has on their support system, inclusive of PPs. Evidence of moral injury is presented, alongside the negative impact of the pandemic on PP wellbeing and job satisfaction. This paper also makes recommendations for training needs. In a post-pandemic world, the decision to deliver virtual psychological support to PWID must be assessed on an individual basis and take the training and experience of the PP into consideration.

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CONFLICT OF INTEREST STATEMENT

The authors declare no conflict of interest.

DATA AVAILABILITY STATEMENT

Data sharing not applicable to this article as no datasets were generated or analysed during the current study.

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