INTRODUCTION

The COVID-19 pandemic has had dramatic and unforeseen impacts on multiple aspects of our lives and general wellbeing, and not insignificantly on our mental health. Lockdown and other restrictions including social distancing has led to a rapid uptake in the use of technology, including in the mental health sector, across all levels of service delivery.

Since early in 2020, mental health community-based services in Australia made considerable efforts to adapt to the demands of the pandemic and service delivery constraints. They sought to maximise engagement in a challenging environment and continue to provide mental health care and psychosocial support services that met people's needs, despite government restrictions.

Community-managed organisations (CMOs) found innovative and creative ways to develop sustainable adaptations to their modes of delivery. These organisations used the opportunity to review their infrastructure, identify gaps in service delivery, and offer alternatives and additions to their existing service delivery programs and models. These difficult circumstances presented a chance to promote quality improvement and further disseminate good practice that increasingly results in more sustained, efficient, and equitable delivery of mental health support services. CMOs have ensured effectiveness and initiated improvements to their service offerings for the future.

The NSW Government has also been taking steps to embed safe, effective, accessible virtual care in NSW health services. The Virtual Care Strategy 2021-2026 notes that "virtual care will become increasingly important as consumers have expectations of convenient, seamless and personalised services from other industries; technology can enable timely and equitable access to better value care; and COVID-19 pandemic has driven demand for models of care to address safety concerns and mobility challenges".

CONSUMER EXPERIENCE OF DIGITAL SERVICE DELIVERY

Background

Research has generally found strong demand for blended models of service delivery. In June 2020, Mind Australia reported on the experiences of consumers using a diversity of services in seven Australian community-managed mental health organisations (Flourish Australia, Open Minds, Stride, OneDoor, Neami National and Wellways). Their questionnaire surveyed 739 consumers accessing these services to assess the impact of COVID-19[1].

Around a third of respondents reported that they had received additional support services, with 70% delivered by telephone, approximately 25% by text, WhatsApp or Messenger and another quarter by video-conferencing platforms such as Zoom. Over 50% continued to receive face-to-face support. Many respondents used a mix of provision types.

Of people who used video conferencing services, 64% of people reported being satisfied, very satisfied or extremely satisfied. At the same time, the most common challenges reported by respondents included a preference for face-to-face services, trouble with the internet connection and difficulty in connecting with people using online services.

When respondents were asked how they wished to receive mental health support in the future, 37.5% reported a preference for face-to-face services only. Importantly, 59% reported a preference for a mixture of face-to-face, online and/or telephone services.

In another study, a survey of 2391 Australians investigated the experiences of NDIS participants, or their 'parents and carers' when accessing NDIS-funded allied healthcare support during the COVID-19 pandemic[2]. A range of disabilities were represented, including 28% of people with autism, 11% with intellectual disability and 8% living with psychosocial disability.

This research was a collaboration between the National Disability Insurance Agency and the University of Melbourne. It found that for people who had remote consultations:

- 66% were happy with the privacy/security of the consultation
- 54% found the technology easy to use and felt comfortable communicating during the consultation
- 75% felt safe during the consultation
- 59% believed the care they received was effective and were happy with the management they received during the consultation
- 12% believed remotely delivered consultations were better than being in-person; and
- 32% indicated they were likely to choose to use such services after the pandemic.

As more research emerges about consumer experiences and preferences for blended and hybrid models of service delivery; ongoing review of outcomes over time will need to be re-evaluated to ensure recovery practice principles are maintained across a changing environment.

What MHCC heard from Members

MHCC consulted member organisations in September 2021 to gather specific information as to the service delivery changes that they had initiated in response to the pandemic. We wanted to investigate what might need to be considered in terms of policy and procedures, organisational modifications and workforce supports that had not been fully planned for when the new working environment emerged. Some changes are clearly here to stay, but when planning for the future will need to be reconsidered.

What MHCC learnt from members

- The most common digital services used are Microsoft Teams, Coviu, Zoom and telephones
- Consent forms customarily used are applied when delivering services digitally
- Common barriers to service delivery include participant access to the internet, limited access to smart phones, limits to internet coverage in some areas, and some people not sufficiently competent with IT, making it difficult to support them when not engaging face-to-face
- Consumers are concerned about data usage and cost when using video platforms
- Organisations have not experienced cyber security or data breaches so far, but staff are being trained to understand security issues
- Organisations are generally not accessing MyHealth
- Transfer of care from hospital to community is problematic. Planning, risk and follow up via digital means that workers are unable to visit clients, or meet in hospital, and multidisciplinary meetings do not include CMOs as they are outside of the hospital. Hospital staff are even busier than usual and discharge summary delays are affecting risk management, follow-up appointments and referrals, and some participants are uncomfortable engaging with staff digitally.

What is Digital Service Delivery?

A digital service is a mental health, suicide prevention, or alcohol and other drug service that uses technology to facilitate engagement and the delivery of care. The service may be in the form of information, online counselling, treatment (including assessment, triage, and referral) or a peer to-peer service that is delivered to a consumer via telephone (including mobile phone), videoconferencing, web-based (including web chat), SMS or mobile health applications (apps)[3].

Digital Services can be **synchronous**, where services are delivered in real time with an individual or group. For example, a support worker can contact a consumer through videoconferencing or be available through an online chat platform.

Digital Services can also be **asynchronous**, where information or advice is shared over time with service users. For example, a support worker may provide through support through emails and texts; psychoeducation may be provided on social media platforms; and consumers can access guided self-help videos online.

Please note: *This Guide uses the language / terminology of 'Digital Services' to refer to all forms of virtual or online mental health service delivery including telehealth, smartphone apps and other telephone support services.*

Aims of this Guide

Given the magnitude of the changes to service delivery, where digital service delivery has replaced some more traditional models of care and support, it is important to consider the implications for the community sector where hybrid service delivery is likely here to stay.

The development of digital technology is outpacing laws, regulations, as well as ethical guidelines in some areas relevant to digital services. At present, there is no single Australian regulatory framework for digital services in the mental health sector. The National Safety and Quality Digital Mental Health Standards are voluntary for digital mental health service providers but represent an extremely helpful framework for service delivery. Nevertheless, it is useful to bear in mind that these standards may be required by funders in the future.

This Guide raises important issues for organisations to consider - to ensure that people using community-based services remain at the centre of delivery of effective and ethical mental health and psychosocial support services. This Guide is written to assist leaders, managers and staff of NSW community-managed organisations, and Mental Health Coordinating Council (MHCC) members who have indicated that there is need for guidance in a digital service delivery context.

Principles

The eMental Health International Collaborative have developed a set of principles that the authors of this Guide suggest may help direct emerging digital service delivery in relation to ethical frameworks. These principles are relevant from pre-development including any initial work in testing an idea and deciding whether to proceed, through to design, development, implementation, ongoing maintenance, and even winding down particular systems.

The Collaborative recommend that these principles should be considered as 'living principles', in so far that they are likely to develop as the digital mental health field evolves.

The principles are:

- **Partnership and active involvement of people with 'lived experience'**

  ACTION - Processes for partnership and active involvement of persons with lived experience, as well as the views of support people, must be developed, implemented, and maintained in relation to the planning, design, delivery, measurement, review, evaluation and regulation of e-mental health tools and services.

- **Privacy**

  ACTION - e-mental health practices should be harmonised with exemplary privacy and data protection standards, recognising that these are likely to continue evolving.

- **Accountability**

  ACTION - To foster public trust and confidence, organisations and individuals involved in e-mental health should adopt robust frameworks and processes to achieve high levels of accountability and oversight in the use e-mental health.

- **Safety and security**

  ACTION - e-mental health initiatives should demonstrate evidence of safety and security, including ensuring consent processes include explicit details of data security measures.

- **Transparency and explainability**

  ACTION - e-mental health initiatives should seek to achieve high levels of transparency, explainability and key elements of informed consent in order to build trust, and to uphold the highest standards of responsible practice.

- **Fairness, non-discrimination, and equity**

  ACTION - All persons, public and private, involved in the design, development and use of e-mental health initiatives must seek to prevent and mitigate against discrimination risks, promoting e-mental health initiatives that are socially, culturally, and economically equitable.

- **Professional responsibility**

  ACTION - Training and continuing education programmes should be developed and made available to assist mental health practitioners and crisis support professionals in understanding and adapting to use of e-mental health practices, as well as to consider evidence-based practice and to maintain high professional standards.

- **Evidence-based practice**

  ACTION - Human rights obligations must be met by those who fund, design, regulate or use e-mental health technologies.

Readers of this Guide should refer to the reference cited below to read about each principle in more detail, which are outlined at a high level of generality.

Resource

Gooding, P. & Wee, R. (2022). eMHIC Position Statement and Call to Action: Ethics and Law as essential to e-Mental Health, Ver. 1.eMental Health International Collaborative. Available: https://emhicglobal.com/ethics-law-in-emental-health-position-statement/