

# Digital Service Delivery Guide

**QUALITY PRACTICE  
IN COMMUNITY-BASED  
SERVICES**



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Reference Group Members represented these organisations:

- Anglicare
- Being
- Flourish
- Grow
- Mental Health Carers NSW
- Mission Australia
- Neami
- Open Minds
- OneDoor
- Parramatta Mission
- Wellways

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References were up to date at the time of finalising these resources but changes to the law, regulations, professional and ethical guidelines that affect organisational policy and practice may have occurred since. The links to further resources were also current at the time of publication. The Council does not accept any legal liability for any injury, loss or damage incurred by use of, or reliance on, this document.

### **Language**

Different language, terminology and expressions are used across the mental health, psychosocial disability, and related human services sectors. In many service environments 'person', 'client' or 'service user' are used, other organisations or sectors prefer 'consumer', 'person with lived experience' or 'people who access mental health services'. The NDIS uses the term 'participant'.

Organisations may wish, or need, to adapt terminology used in this resource according to specific circumstances and context. The Guide refers to what Mental Health Coordinating Council in consultation with the sector considers best practice for mental health community-managed services while acknowledging that other community-based services may use different language.

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# 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<sup>1</sup>.

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<sup>2</sup>. 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)<sup>3</sup>.

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-mental-health-position-statement/>





# Governance, leadership and culture

Your organisation should already have a Governance Framework to establish corporate and clinical/ practice governance systems. This can contribute to the planning, design and operation of the organisation and identify opportunities for improvement and communicate these to relevant individuals or bodies.

# GOVERNANCE, LEADERSHIP AND CULTURE

## Governing bodies

Your organisation may be overseen by a governing body such as a Board. Digital service delivery is no different to other modes of service delivery, in that governing bodies must lead the development of a common organisational language in safety, quality and practice governance. The governing body should actively communicate its commitment to the delivery of safe, high-quality care. They should ensure that an effective culture of safety and quality exists within the organisation and lead the organisation towards achieving a 'blame-free', accountable and learning culture.

### Checklist: Governing bodies

Do governing bodies:

- Ensure that an effective culture of safety and quality exists within the organisation?
- Lead development in digital service delivery to ensure safety, quality and practice governance?
- Monitor organisational culture, and identify and capture improvement opportunities and ensure that they are acted on?
- Ensure that the organisation has plans, strategies and policies that support safety and quality of care in digital service delivery?
- Actively communicate their commitment to the delivery of safe, high-quality digital care?
- Lead the organisation towards achieving a 'blame-free', accountable and learning culture?

## Manager involvement

It is important that managers (including those in administrative roles as well as clinical/practice managers) actively communicate the commitment of the organisation to the delivery of safe, high-quality digital services, and create opportunities for the workforce to receive education in safety and quality theory and systems. Likewise, managers should model the safety and quality values of the organisation in all aspects of management and support practitioners who embrace leadership roles. They should also ensure safety and quality business plans are integrated into organisational plans, policy documents and procedures.

Managers must establish effective relationships with other relevant services to support recovery outcomes; and be aware of how the service organisation sits within a wider network of other health and human services locally. They must also ensure that the organisation has a comprehensive suite of plans, strategies and policies, and that organisational resources are allocated to support safety and quality of care, irrespective of how the care and supports are delivered.

Managers also create relevant education and training opportunities. Likewise, they allocate enough time and attention to safety and quality of care, monitor organisational culture, and identify and capture improvement opportunities as well as ensure that they are acted on.

### Checklist: Management involvement

In the delivery of digital services, do managers:

- Take part in all aspects of the development, implementation, evaluation and monitoring of digital services?
- Encourage, mentor, educate and guide colleagues in the delivery of safe, high-quality care?
- Actively communicate the commitment of the organisation to the delivery of safe, high-quality care to staff and clients? Do they model safety and high-quality values of the organisation in all aspects of management?
- Understand best practice in digital service delivery?
- Encourage a culture of safety and quality improvement?
- Ensure that the organisation partners with consumers and their supporters?
- Ensure that roles and responsibilities are clearly defined for the governing body, management, and staff?
- Review reports and monitor the organisation's progress on safety, quality, performance, and effectiveness?
- Monitor the action taken by means of results of an analysis of clinical and technical incidents and trends?
- Establish principles and practices within governance frameworks that support the organisation's ability to adapt to technology as it changes?

### Staff involvement

Good governance and a culture of leadership encourage and ensure that all staff can actively take part in the development of an organisational culture that enables, and gives priority to, consumer safety and quality services. Staff should be able to actively communicate their commitment to the delivery of safe, high-quality health care, and model professional conduct consistent with this commitment.

Consequently, all staff should embrace opportunities to learn about safety and quality theory and systems and welcome opportunities to take part in the management of all services. They should encourage, mentor and guide colleagues in the delivery of safe, high-quality care and take part in all aspects of the development, implementation, evaluation and monitoring of governance processes.

### Checklist: Staff involvement

In delivering digital services, do staff:

- Actively take part in the development of an organisational culture that enables, and gives priority to, consumer safety and quality?
- Actively communicate their commitment to the delivery of safe, high-quality health care?
- Model professional conduct consistent with a commitment to safety and quality in all their endeavours?
- Access opportunities to learn about safety and quality theory and systems?
- Embrace opportunities to take part in the management of direct services?

### Further resources

UK resource for youth organisations, see section on 'organisational considerations'. [Digitally Kind: Bridging the gaps between digital policy, process and practice to improve outcomes](#)



# Digital Inclusion



# DIGITAL INCLUSION

## Rights to access digital services

The whole community benefits when technology is accessible to everyone. Consumers should not be excluded from services because they do not own smartphones or other such devices. Digital inclusion requires that all Australians can make full use of digital technologies. This includes using technology to manage their health and wellbeing.

The [Australian Digital Inclusion Index](#) (ADII) measures the extent of digital inclusion in Australia. Access and affordability can present barriers to digital inclusion. However, a person's digital engagement is also affected by attitudes, as well as skills and activities.

The ADII reports on digital inclusion in Australia each year by measuring access to the internet, affordability, and digital ability. In 2020, the [Index showed](#) that digital inclusion needs to be improved for those with lower levels of education, income and employment; people living in rural and remote areas; adults over 65 years old and Aboriginal and Torres Strait Islander people. The index also showed that the people with the lowest digital inclusion were people who only have access to the internet on their mobile phone rather than a computer (35% Indigenous Australians and 31.2% of Australians with disability are mobile-only users); people aged over 65 years old, people who did not complete high school, and households with incomes less than \$35,000 per year. Financial hardship related to the COVID-19 pandemic might exacerbate internet access affordability. People "living with mental illness are significantly more likely to have no internet access because of affordability issues than those without mental illness" <sup>4</sup>.

During COVID-19, public health restrictions mean that people with disability need to rely on digital platforms to access carers and disability and health supports. The main way of accessing some essential government services, such as the National Disability Insurance Scheme and My Aged Care is online. People who are not digitally included are at greater risk of being left further behind in terms of access and equity, as digital service delivery is here to stay.

### Checklist: Rights to access digital service

Does your service:

- Have a plan for identifying digitally excluded consumers?
- Have a plan for reaching digitally excluded consumer groups? For example, if clients of your service live in a community where internet service is inadequate, are they also able to access a phone or text hotline?
- Have intake procedures that require technology, or can digitally excluded consumers access your services through other means?
- Support digitally excluded consumers to develop skills to use technology effectively or can you refer them to services that can assist them acquire these skills?

## Accessibility of digital services to people with disability

Digital service delivery can increase access to support services for people with disability. However, digital services that are poorly designed or poorly delivered may further exclude people living with disability.

Australia is a party to the Convention on the Rights of Persons with Disabilities, which aims to promote, protect, and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities. It also provides for the right of people with disability to access technology provided to the public. These rights to access technology supports people with disability to realise a range of other rights. For example, the right to highest attainable standard of health can be compromised when the cost of assistive technology is prohibitive.

Your organisation should ensure that technology used to provide digital services has been designed with the needs and aspirations of people accessing the service central to all considerations. Mainstream technology designed for the entire community is described as 'functionally accessible' when it also meets the needs of a person's disability. This is different to assistive technology, which is specifically designed to support people with a particular disability to perform a task.

The National Disability Insurance Scheme (NDIS) helps to ensure that people with disability have access to goods, services and facilities that enable participation in the community. Under the NDIS, people with disability receive 'reasonable and necessary' supports under individualised NDIS plans. However, the rules and policies on the funding of assistive technology (which include digital communication technologies) are complex. The NDIS does not always support improved access to the internet and 'mainstream' goods, services and facilities that use digital communication technologies.

Your organisation should consider this point when providing digital health and support services to consumers with disability.

### Checklist: Accessibility of digital services

In your organisation:

- For existing consumers with disability, is your organisation's technology accessible?
- For new consumers with disability, does your organisation assess the individual's needs and the benefits and risks of using technology before offering appropriate digital health services?
- Is the written material of your organisation in an accessible format, such as Easy English or large print?
- Are your apps accessible for people who have a vision impairment? For example, if your program uses a chat tool, is it compatible with screen-readers?
- Is visual content captioned to enable accessibility for consumers with a hearing impairment?
- If the consumer has a carer - have you discussed their role in digital service delivery with the consumer?
- If the consumer has an NDIS plan, does that include access to mainstream technology, such as smartphones?

### Further resources

[Thanks a Bundle toolkit](#): This toolkit comprises templates of Easy English factsheets for people with cognitive disabilities with things to know when buying or signing up for a phone, tablet or internet service.

## User agreements

Where possible, community-managed organisations may assist people to access digital services by providing devices, software or data. Consumers and their carers can sign a user agreement when receiving a device, software or data, which outlines their responsibilities and the organisation's responsibilities.

The specific content within a user agreement is up to your organisation, but some suggestions include:

- Protocols of use, including a requirement to return device, software or data after the consumer is no longer with the organisation, or the process following a breach of the user agreement.
- Disclosure of information and restrictions on sharing of documents.
- A code of conduct for use of the organisation's devices, software or data when engaging in social media.

### Checklist: User agreements

- Does your organisation provide user agreements that outlines the roles and responsibilities of your organisation and the consumer and their carers in relation to digital services?

## Making technology available to consumers

Community-managed organisations should have policies in place to ensure that technology is used for their intended purpose. In terms of distributing devices to consumers and their carers, some strategies to limit the risk of hardware being misused or not returned include:

- The community-managed organisation keeps a log of all devices. For example, iPads can have serial numbers, corresponding to the log and can be tracked via MDM license if required.
- Hardware is only distributed to long-term consumers and/or their carers who express commitment to engage with the service.
- Devices such as iPads can be locked so that only certain software or websites can be used.
- Devices such as iPads can be monitored via MDM software, which means that their physical location can be tracked, or they can be remotely made un-usable. This reduces the likelihood of the hardware being sold or consumers being pressured to allow their hardware to be used for other purposes.
- In terms of distributing data to consumers and their carers, community-managed organisations can roughly estimate how much data is needed to attend sessions and monitor whether this amount seems to be exceeded unreasonably quickly.



### Checklist: Making technology available

Does your organisation:

- Have a strategy in place for managing the use of devices, software or data given to consumers and their carers?
- Provide training to consumers and their carers in the use of devices, including a troubleshooting service?

### Further resources

- For the latest research about digital inclusion in Australia, see the fifth [Australian Digital Inclusion Index](#).
- For programs to build digital ability, please see:
  - [Digital Springboard](#): a learning program to help people learn the digital skills. Courses are delivered face-to-face by local, trusted delivery partners such as community organisations and libraries. The courses are relaxed, informative and designed to build digital confidence.
  - [Be Connected Network \(Good Things Foundation\)](#): an Australian Government initiative to increase the confidence, skills and online safety of older Australians.
- [Good Things Foundation](#): builds capacity in community organisations through specialised training packages, grants and program support, and works with partners in government and business to develop programs that make a real impact in people's lives.
- For consumer rights information regarding internet, mobile, home phone, etc. [ACCAN](#) helps consumers decide how to choose for example an appropriate internet plan, connecting/using NBN, etc. It can be a helpful service for CMOs to refer consumers to if they are not so digitally literate.
- Mental Health Coordinating Council provides free beginner courses for HASI and CLS consumers: *Digital Skills for Living*. This course is aimed at consumers who would benefit from learning how to use smartphones and digital technology in their daily lives. It assists consumers wanting to improve their basic IT skills. The workshops are free and facilitated various locations. For more information contact MHCC Learning & Development via email [training@mhcc.org.au](mailto:training@mhcc.org.au) or phone 02 9060 9626 # 106.



# Codesign and Collaboration

# CO-DESIGN AND COLLABORATION

## Co-designing digital service delivery

Co-design is a process of bringing consumers, carers, families and staff together to ensure quality service delivery. It creates an equal and reciprocal relationship, enabling the design and delivery of services to represent a meaningful partnership between all stakeholders. Digital services are no different to other modes of service delivery, in that planning, designing, as well as the implementation and evaluation of services with the people that use the services, means that they bring their experience of what works and what does not work to the process. This partnership and collaboration will mean that the final product is more likely meet their needs.

This way of working demonstrates a shift from seeking involvement or participation after an agenda has already been set, to seeking consumer leadership from the outset, so that consumers are involved in defining the problem and designing the solution.

Co-design typically uses a staged process that adopts participatory and narrative methods to understand the experiences of receiving and delivering services, followed by consumers and health professionals co-designing improvements collaboratively<sup>5</sup>.

Consumers must enjoy the rights to access services via technological means and their collaboration considered in the earliest conceptual, research and design phases. The COVID-19 pandemic has meant that frequently, digital services have been developed 'on the run', out of necessity. It is vital to consider what has been offered and how those services can be evaluated and redesigned using a co-design process

## Co-design and co-production

Best practice in service delivery requires that organisations meaningfully engage with people who use services, including their family, carers and support persons. To design and produce services that meet people's needs, as well as implement and evaluate whether those services are working well, it may also be necessary to consistently review potentially changing views as time elapses and circumstances develop. Evidence has shown that many consumers welcomed the availability of digital services when social distancing and other restrictions were imposed due to the pandemic. However, over time some of the enthusiasm declined. As consumers have grown more used to receiving different modes of service delivery a hybrid of services and the ability to make choices as to how services can be accessed is clearly the preference.

### Checklist: Co-design and co-production

In your organisation:

- Do consumers collaborate in the conceptualisation, development (including user testing), design, implementation, and evaluation of new service delivery models?
- Is the mix of people collaborating reflective of the diversity of service users, including those at risk of digital exclusion?
- Are consumers supported to engage in the process? For example, is the process accessible to people with disability?
- Do consumer's views and opinions genuinely shape policy and practice, including staff training and education?

- Is there a systemic, consistent, and ongoing process for receiving consumer feedback into the evaluation and refinement of digital services?
- Is feedback is provided to service users, including carers and support persons, on the ideas or issues they have shared so that they can understand the impact of their contributions?
- Do you support a culture of co-design within your organisation through leadership, i.e., by providing flexibility and time for staff to participate and being engaged through action?
- How does your organisation evaluate co-design and production processes with consumers?

## Staff engagement in co-design of digital services and policy development

Staff must be supported to share their professional experience and/or subject matter expertise and actively input into the design process of any service or program. In addition to meetings, they could be involved as co-design champions within the organisation. Co-design and co-production should be embedded in the development and implementation of services as well as the policy that underpins the implementation and practice approach.

### Checklist: Staff engagement in co-design

- Are staff are engaged in the process of developing digital policy and practice?
- Are frontline staff as well as management involved in co-design?
- How does your organisation evaluate co-design and production processes?

### Further resources

- The Agency for Clinical Innovation's [A Guide to Build Co-design Capability](#) supports health services partner with people with lived experience of a health condition to make healthcare improvements using co-design processes.
  - The Agency for Clinical Innovation's [clinical redesign methodology and fact sheets](#)
  - The Agency for Clinical Innovation's [Experience Based Co-Design Toolkit](#)
  - Consumer Health Forum of Australia's [Experience Based Co-Design toolkit](#)
- The Point of Care Foundation's [Experience Based Co-Design toolkit](#)
- Commissioning Mental Health Services: [A Practical Guide to Co-design](#)
- The Good Things Foundation's [Widening Digital Participation program](#) has helpful resources for co-designing in digital health. This program explores ways that digital can help people who are most disadvantaged.

## Design elements of a digital service

The consumer's experience and needs should be at the heart of co-design. An effective co-design process should lead to a service that is usable, equitable and accessible to consumers and their support people.

Digital services should complement the services your organisation offers generally. Digital services should enhance, rather than replace, in-person services.

If consumers receive services from several service providers, the design of other common digital services used should also be considered. This is to ensure a more consumer-centred approach, as it could become burdensome for consumers to manage multiple platforms and accounts.

Below are some aspects to consider as you design a digital service or when reviewing a service already on offer.

### Checklist: Design elements of a digital service

- Has your organisation:
  - documented the purpose and intent of the model of digital services and the context in which it will operate?
  - defined the intended service user demographic and matched the approach of care to the consumers and their support people?
  - considered monitoring and evaluating the performance and effectiveness of the approach to care?
  - assigned accountability for maintaining and improving the effectiveness of the model of care?

- Is the approach to care for digital services based on best available evidence and best practice and supporting policies?
- Is product information on digital services provided to consumers and their support people that:
  - aligns with the current template endorsed by the Australian Commission on Safety and Quality in Health Care; and
  - is easy to understand and meets their needs?
- Is consumer choice at the centre of service delivery (including the choice to not use digital services)?
- Do consumers find the digital services user-friendly in terms of:
  - function
  - cultural safety
  - service user feedback, experience and satisfaction
  - service user outcomes; and
  - access?
- In terms of accessibility, do consumers find that the design:
  - minimises barriers to accessing services associated with the hardware, software, data requirements and platform used for the services, or the language, location, age, culture and skills of consumers and their support people?
  - ensures services are compatible with commonly used assistive technologies?
  - meets relevant standards for web page or web application?
  - includes regular review of access to services and take action to improve access by consumers and their support people?

## Further resources

- The [Cognitive Disability Digital Accessibility Guide](#) is designed to help professionals working in digital environments to find practical solutions to accessibility issues associated with cognitive disability.

## Choosing the right technology

Digital mental health services should be delivered on a platform that is safe, effective and most suited to the people using your services. If your organisation began delivering digital services without comparing different platforms, this section can be helpful in a re-assessment of whether the current platform is the most appropriate. Ideally, this decision should be made in consultation with consumers.

There are many freely available video apps that operate on smart phones for easy access by consumers. Skype, WhatsApp, Facebook Messenger, FaceTime are examples of popular and easy for ad-hoc video calls. However, these platforms may not have all the functions required (i.e., an option for screen sharing) or the appropriate level of security. Video conferencing platforms such as Zoom and Skype for Business allow multiple attendees and sharing of screens but may not be accessible for all consumers.

There are also comprehensive platforms specifically designed for health providers to conduct telehealth consultations, such as CoviU or Cliniko.

Ideally, digital mental health services should be delivered on a system that can be integrated into your organisation's existing IT platforms and software.

### Checklist: Choosing the right technology

When deciding which platform is most appropriate to digital service delivery, have you considered:

- Functionality:** for example, does the platform include screen sharing, instant messaging, group chat functions, etc. and other functions needed by your service?
  - Is there a need for technical support?
  - Will specific training for staff be required to use the platform?
- Security:** can the technology ensure privacy and confidentiality?
  - For example, does the platform collect or store personal data; or trade or sell personal data?
  - Does the platform use end-to-end encryption that complies with Australian Privacy Principle 11 of the *Privacy Act 1998* (Commonwealth)?
  - Does the platform require strong passwords, use two-factor (step) authentication, and keep an audit trail of a user's access to consumer information?
- Accessibility:** is it user-friendly and easily accessible by your consumers?
  - For example, is it simple to install and use?
  - Do consumers need to sign up for an account?
  - Can consumers connect through various types of browsers and devices?



### Checklist cont.

- Is it accessible for digitally excluded consumers?
  - For example, can consumers with limited data or bandwidth access the platform?
- Is it generally accessible for consumers with disability or other needs?
  - Can consumers request changes to service delivery to make it more accessible for their individual needs?
  - Which platforms are consumers already using with other service providers?
- Cost to both your organisation and to the consumer?
- Interoperability between platforms?
  - For example, if the consumer is using a PC and the provider is using a MAC, will the software allow the two platforms to communicate?

### Further resources

- [Australian Psychological Society Principles for choosing videoconferencing technology](#)
- [Telehealth Guide for Allied Health Professions Australia](#): Appendix B of this document provides an overview of the security features for some popular platforms used in Australia for video consultations
- [National Network to End Domestic Violence Conferencing and Digital Communication Platforms Comparison Chart](#). This Chart provides information about the features, accessibility, cost, and privacy protections of different platforms.

## Use of mental health apps

A growing number of people are using readily available apps, consumer-facing wearables, devices, and other digital tools related to health and well-being. Your digital service may incorporate the use of a mental health app. For example, consumers may be encouraged to track their daily moods or habits (such as sleep) in an app. Some apps may help consumers practice mindfulness, or other coping strategies, to complement the digital service. Mental health apps can be a simple, accessible, and helpful for raising awareness of a client's mood or behavioural patterns, and to track progress over time.

This section focuses on the use of existing apps, but your service may build a new, tailored app.

While mental health related apps are common, many apps have not been sufficiently researched and shown to be effective. That is not to say that they do not have a positive impact, simply that the research is still emerging. App developers may not be affiliated with mental health professionals. Apps may not provide emergency information in the event of a mental health emergency while using the app. It is important that you first test the app to see what it provides, and whether the content and approach seems, at face value, consistent with best practice. When recommending an app, it is important to consider whether consumers are receiving a benefit for the time and energy required to use the app. For example, an app's constant notifications may remind the consumer of their mental health issues and the distress caused may outweigh the benefit to a consumer. An app requiring daily data entry may become burdensome to a consumer trying to keep track of multiple service providers.



The app's privacy policy should be reviewed for any privacy and confidentiality concerns. Apps often collect personal information, and some apps may share the information with third parties such as marketing companies, Google or Facebook. If data is not encrypted, then a consumer's data from mood tracking, journal entries, etc stored in the app may be accessible by third parties.

It is important to consider where the app's data is stored - in the consumer's device, online or with your organisation. This will have implications for privacy obligations, including the sharing of data. For example, a consumer may track their own sleep and report the results to the mental health support worker at an appointment about their wellbeing. Alternatively, the digital service may require the consumer to share or export the data with your organisation for interpretation. Personal ownership of data allows people to control their data, maintain consistent records across support providers, and makes it easier to inform new providers of their history and progress.

### Checklist: Use of mental health apps

Before recommending an app as part of digital service delivery, have you considered whether:

- There evidence of the app's benefit from research and end user feedback?
- Does the app have a clinical foundation relevant to your intended use?
- The app seems easy to use (i.e., does it use Plain English, is it accessible)?
- The app has a transparent privacy policy that complies with Australian privacy laws? For example, if the app collects, uses and/or transmits personal or health data, does it claim to do so securely?
- The data be easily shared and interpreted in a way that is consistent with the stated purpose of the app?
- The app is free and if not, how the cost will be covered?
- The app has been updated in the last 180 days?

### Further resources

- [One Mind Psyberguide](#): a website created by psychiatrists and psychologists that evaluates apps using three criteria: credibility, user experience, and transparency.
- [The American Psychiatric Association App Advisor](#): a model for evaluating apps.



# A practice approach to safe and effective care

# A PRACTICE APPROACH TO SAFE AND EFFECTIVE CARE

Your organisation likely delivers services using a practice approach informed by trauma-informed recovery principles. This should apply and be modified to each mode of digital service delivery as necessary. The practice approach must be relevant to the purpose and aim of the digital service, how it operates, how it applies to in-person services, and how it is informed by evidence and best practice. This information can assist consumers, and where applicable, their carers and support people, to make informed choices about digital services.

A trauma-informed recovery approach must be applied to all information provided online, including booking systems and consumer education. This will ensure that every step of a consumer's experience with your service is safe and effective, and that people are not deterred from accessing your service because they are unable to negotiate for example, your appointment booking process.

Your organisation should implement and maintain systems for the delivery of safe and high-quality care to minimise the risk of harm to service users, their support people, and others.

## Checklist: A practice approach to safe and effective care

Does your organisation:

- Monitor service delivery to ensure it is consistent with your recovery practice approach to care?
- Assign responsibility to a particular manager or staff member for the overall accountability of the care of each consumer using the service?
- Develop care plans with the consumer that include a digital service?

- Deliver digital services in a way that ensures continuity of care? For example, are there alternative arrangements in place in case of any service disruptions?
- Integrate digital services with the consumer's other service providers as much as possible?
- Encourage the sharing of knowledge and experience with other digital service providers through e.g., communities of practice?
- Refer to follow-up services and supports that are consistent with the practice approach?

## Minimising harm and deterioration

In the absence of in-person interactions, minimising the risk of a consumer's mental health deteriorating in digital service delivery is critical. Without the usual environmental cues and other indicators that might suggest risk, it is necessary to screen for harm to the consumer and others. Risks include exploitation and abuse, neglect, self-harm and suicidality and risk to dependents. Early recognition of deterioration in a consumer's physical or mental health will assist in achieving best outcomes.

Where risk of deterioration is assessed, an effective response should be available, whether that is provided directly by your organisation or through referral to another organisation. It is important to effective planning of digital service delivery for staff to know the consumer's location and nearest crisis response teams, in the event additional assistance is required.

### Checklist: Minimising harm and deterioration

In your organisation:

- Are there assessment tools to help recognise deterioration in a consumer's mental state during digital service delivery?
- Do you have a planning process that has been discussed with consumers that determines what steps should be taken if they become unwell during a digital service?
- Are there protocols to respond to deterioration?
- Have staff received training to respond to deterioration when delivering digital services?
- Are staff trained to implement de-escalation strategies when delivering digital services?
- Are there protocols for responding to consumers who present a risk of harm to self and others?
- If a consumer requires healthcare needs beyond the scope of the service, are there protocols for providing appropriate information and referrals?
- Are there have protocols in place for escalating care, i.e., criteria to call for emergency assistance and notifying a consumer's support network?

### Communicating for safety

Communication is a key safety and quality issue. When a service user is not physically present or when they may even be accessing the service anonymously, it is critical to ensure that they are correctly identified to receive continuity of care, and that no other individual is able to inappropriately access their personal information.

Effective communication and documentation are critical when a consumer engages with a service, especially when their needs change, and when their care is transferred. Systems and processes should be in place to ensure effective communication at these times.

### Checklist: Communicating for safety

Does your service:

- Use appropriate identifiers for service users according to digital services best-practice guidelines?
- Is the anonymity of the service users protected where this is part of the practice approach?
- Communicate critical information effectively, including alerts and risks that might form part of a consumer's care?
- Are there systems to document information contemporaneously regarding critical information and alerts, reassessment processes and outcomes, and changes to the care plan?

## Domestic and family violence

Some perpetrators of domestic violence use phones, hidden cameras, or apps to track their victims. They may use technology to find out where their victims are, what they are doing or follow them without the victim's consent. For example, some perpetrators may download spyware on to a victim's phone access their messages and listen to their voice and video calls without the victim's knowledge.

In these situations, digital service delivery may increase risk of harm to the victim. For example, if the victim is disclosing confidential information or trying to make a safety plan to leave a relationship, the perpetrator may overhear this information. If consumers have video meetings with support workers and the chat messages are saved on the consumer's computer or in the cloud, this can compromise security if either their computer or cloud account are being tracked by the perpetrator.

Victims are not necessarily safer if they simply stop using technology. For some perpetrators, this may escalate their dangerous behaviour if they feel the victim preventing access to them and the perpetrator's control is therefore threatened. If victims stop using their phone or social media accounts altogether, they can also become more isolated from friends and family, making harder for them to get help. Some victims choose to use a safer computer, device or phone, but not disable the monitored device. This approach allows them to continue collecting evidence and minimise the risk of the perpetrator's violence escalating.

### Checklist: Domestic and family violence

In your service:

- Are staff trained to identify domestic and family violence, and technology-facilitated abuse in particular?
- Are staff trained in the best practices in communicating with victims using the phone, video and online chat?
- Are staff trained to provide basic online privacy and safety tips?
- Are staff trained to create a flexible safety plan for victims experiencing technology facilitated abuse? For example, do workers ask victims if it is safe to call them and make alternative arrangements if the victim says no?
- Do you have adequate record-keeping so that new workers will not accidentally contact victims in a manner that has previously been identified as unsafe?
- Do intake processes risk compromising the safety of a victim experiencing technology-facilitated abuse?
- Do staff refer victims to appropriate specialist domestic violence support services?
- If your organisation's website provides information specifically to domestic violence victims, is there a 'quick exit' safety button?

## Further resources

- [National Network to End Domestic Violence Digital Services Toolkit](#): This toolkit helps services consider how to choose appropriate digital services technology and best practices.
- [Technology Safety Plan: A Guide for Survivors and Frontline Workers](#): general information about safety planning with victims of domestic and sexual violence, stalking, and trafficking in situations of technology abuse
- [Assessing for Technology Abuse and Privacy Concerns](#): This factsheet helps frontline workers identify technology misuse by the abuser to create a safety plan
- [eSafety Commissioner Technology-facilitated abuse webpage](#): resources and information to help people deal with technology-facilitated abuse.
- [Women's Domestic Violence Court Advocacy Services](#): WDVCSs provide information, advocacy and referrals to assist women and their children who are or have been experiencing domestic and family violence, with their legal, social and welfare needs.
- [1800RESPECT](#): free, confidential national sexual assault, domestic family violence and counselling service available 24/7.

## Cultural safety

Culturally safe services recognise that a consumer-centred experience involves consideration of identity and shared respect, meaning, knowledge and experience. Digital services can facilitate more culturally safe services by extending the reach of services to remote or isolated communities. For example, research at an Aboriginal Community Controlled Health Service found that telehealth could facilitate more culturally appropriate healthcare. Indigenous health workers could be present more often during telehealth consultations, because of the reduced need to travel, and provide effective advocacy and support<sup>6</sup>.

### Checklist: Cultural safety

In your service:

- Have you consulted with community advisors as to what constitutes cultural safety?
- Is your digital service culturally safe for consumers of different backgrounds?



## Feedback and complaints processes

Feedback from users of your services should be used to inform quality improvement activities and improve the safety of your organisation's digital services. In addition to consumer involvement during co-design, co-production, implementation and outcome evaluation, consumers should be part of quality assurance and continuous improvement processes.

Consumers should be able to provide feedback on their experiences of any issue relating to digital services, including the particular platform used, and the information they were provided about the service in order to participate.

### Checklist: Feedback and complaints processes

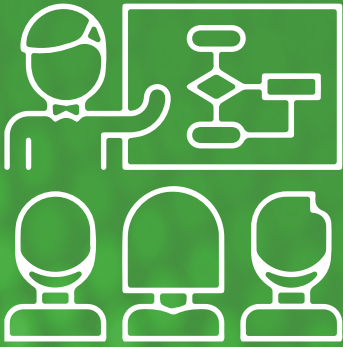
Does your organisation:

- Regularly seek feedback from consumers and their supporters about their experiences of the service and outcomes of care?
- Use this information to improve safety, quality, performance and effectiveness?

Does your organisation's complaints management system:

- Encourage and assist service users and their supporters to report complaints?
- Involve service users and their supporters in the review of complaints?
- Resolve complaints in a timely way?
- Provide timely feedback to the service users and their supporters, the governing body, and relevant staff, on the analysis of complaints and actions taken?
- Use information from the analysis of complaints to inform safety and quality improvements?
- Record the risks identified from the analysis of complaints in the organisation's risk management system?
- Regularly review and act to improve the effectiveness of the complaints management system?





# Training and Support

# TRAINING AND SUPPORT

## Training for staff

Organisations should ensure that staff delivering direct services have the right qualifications, skills, and supervision to deliver safe and high-quality digital services.

Staff may require specific training to provide digital services. This training includes training to use specific platforms or technologies, and training to deliver quality, trauma-informed digital services.

Some of those skills may be available in-house. A disparity of skills may exist amongst staff, and some staff may be available and willing to assist their colleagues to better understand how to set up equipment and programs and deal with technological difficulties. However, organisations must be willing to support staff with appropriate training so that offering alternative modes of service delivery does not represent additional stress to workers unfamiliar with the technology.

Staff also need to be provided with resources to assist their clients to access the technology in plain English and in a multitude of languages. Staff should also be trained to work through issues with clients who may experience cognitive and other functional impairments.

Your organisation should provide guidance on the role of social media in digital service delivery. Social media includes online and mobile platforms that allow users to create and share content, and includes, but is not limited to, platforms like Facebook, Twitter, Instagram, YouTube, LinkedIn, TikTok. For example, the digital service may provide information and raise awareness of mental health issues on social media. However, staff may be discouraged from using these platforms to contact consumers individually or informed consent may be required before using these platforms to delivery digital services.

There should be clear policies regarding how staff should respond if clients attempt to contact them on these platforms, or whether the platforms can be used temporarily if there are technical issues with the organisation's official videoconferencing platform.

### Checklist: Training for staff

In your organisation:

- Are staff trained and supported to ensure digital competence?
- Is there a process for staff digital skills to be evaluated and updated?
- Are there processes are in place for staff to safely raise concerns regarding their digital knowledge and competence and other barriers to digital service delivery?
- Are staff trained to deliver trauma-informed digital services?
- Have ethical practice issues been considered?
- Are staff trained to help consumers who have low digital literacy?
- Are volunteers provided with appropriate training to deliver digital services?
- Are staff provided with guidance to engage with social media appropriately when delivering digital services?

## Further resources

- [The Australian Digital Health Agency](#) can provide training, upon request on a range of topics, including data quality, privacy and security, and digital health.
- The [eMHPrac](#) (e-Mental Health in Practice) Project aims to raise health practitioner awareness and knowledge of digital mental health. eMHPrac provide free training and support in its use to general practitioners, allied health professionals and service providers working with Aboriginal and Torres Strait Islander people.
- Torrens University runs a free, online short course called [Connecting with Telehealth](#). It is designed to facilitate better understanding of telehealth services, including best practice in telehealth service delivery, practical skills and tips.
- [Health My Way](#) has resources for staff who are helping consumers with low digital literacy.

## Technical and other resources and support for staff

Staff engagement with digital service delivery is critical to maximise the effectiveness of the service. Staff should be provided with the necessary devices, remote working and wellbeing policies and technical support to provide digital services.

### Checklist: Technical and other resources and support

In your organisation:

- Are staff provided with professional devices for work-related activities?
  - If they need to use personal devices, are they reimbursed for the cost of data?
- Are staff supported in managing and reporting abuse or harmful content?
- Have you considered how digital policies and practices interact with remote working policies and practices?
- Are staff provided with resources to help them support consumers experiencing technical difficulties?



# Informed Consent for Digital Service Delivery



# INFORMED CONSENT FOR DIGITAL SERVICE DELIVERY

Seeking informed consent before delivering services to a consumer is standard practice. Community mental health organisations should seek additional informed consent to provide services digitally.

As in the delivery of its other services, the organisation should provide digital services according to a charter of rights that is consistent with the [Australian Charter of Healthcare Rights](#) (2018). This charter should be easily accessible to consumers and their supporters.

Different processes for seeking consent will apply depending on the service provided. For example, a more comprehensive informed consent process is required when delivering counselling through videoconferencing, compared to an anonymous online chat tool.

- the consumer should, where possible, be given a choice of receiving services digitally or offered an alternative method.
- the consumer must be given appropriate information, especially if digital service delivery is new to them. Consumers should be provided with information about the possible risks and benefits, how digital service delivery will be used in their situation including in circumstances such as a pandemic, the safeguards in place (particularly regarding privacy and confidentiality), how data is managed and alternative service delivery methods available at the time.

- the organisation should make every effort to ensure that the consumer understands the information provided. Information must be presented in a way that the consumer can understand (including where possible in a language familiar to them). Interpreters may be required. Where written information is provided, the consumer should have time to read it and ask questions.

This process for seeking informed consent should be the practice for both existing consumers (who may have previously received services in person) and new clients of your service consumers.

In a situation where the consumer does not have the capacity to give consent, the organisation should have a process in place to support decision-making, and if necessary, work with a substitute decision-maker about use of digital service delivery.

## Recording informed consent

Consumer consent for a video consultation can be given verbally, but this must be documented in their records along with a date and the reason for not seeking written consent.

In some circumstances, there may be value in making a video recording of a consultation e.g., to record changes in speech or range of movement. Written consent must be explicitly given each time a recording is to be made. Prior to the recording, the consumer must be informed how the recording will be used and how it will be stored.

If any part of a video consultation is recorded (including video, still images or audio), then the consumer's written consent must be obtained and stored with their consumer record<sup>7</sup>.

If other parties are present during the consultation, the consumer's explicit consent for them to be present and their basic details should be recorded.

Privacy and confidentiality policies and procedures should include the storage of any video/audio recordings or still images.

### Checklist: Recording informed consent

Does your organisation have a process for seeking informed consent that:

- Includes seeking written confirmation of informed consent to receive the digital service?
- Takes place at the appropriate time, i.e., before a service is delivered?
- Clearly explains how the service will be delivered, including its risks and benefits?
- Reflect the type of service being delivered?
- Accommodates a diversity of consumer needs, including e.g., disability, literacy, cultural and linguistic diversity?
- Includes appropriate record-keeping, especially where only verbal consent is available?
- Complies with legislation and best practice guidelines?

## Product Information

To give informed consent, a person requires all the information available about the service to assist them in decision-making. The National Safety and Quality Digital Mental Health Standards requires service providers to provide product information on each service to service users and where relevant, their support people that aligns with [a template](#) which can be used to develop product information for consumers and carers seeking to use a digital mental health service.

By answering the questions in the template and providing standard product information, service providers can help consumers to choose whether a digital mental health service meets their needs or not.

### Checklist: Product information

Is information about your organisation's digital services:

- Provided at the appropriate time, i.e., before the service is delivered?
- Provided in circumstances where and when the consumer is ready and able to absorb the information offered?
- Available to the service user with assistance if they have difficulties accessing the information for whatever reason?
- Made available with support to assist with decision-making if the consumer experiences any difficulty in deciding whether to use the service or not?
- Easily accessible to service users and their support people e.g., written in plain English; available online?
- Available in multiple languages?

## Further resources

- National Safety and Quality Mental Health Standards, [Product information template for digital mental health services \(safetyandquality.gov.au\)](#)
- [The National Safety and Quality Digital Mental Health Standards - Guide for Service Providers](#) - A practical resource to help digital mental health services implement the National Safety and Quality Digital Mental Health Standards
- [Allied Health Professionals Australia: Telehealth Guide](#): Appendix A has an example of a video consultation informed consent form





# Privacy and Confidentiality

# PRIVACY AND CONFIDENTIALITY

## Privacy

Given the sensitive nature of information that people may disclose to mental health practitioners or support workers, strong privacy protection is critical to maintaining a person's trust in an organisation and the individual staff member.

Privacy legislation is designed to protect consumers from having their personal and health information exposed, either intentionally or unintentionally. Every community-managed organisation should have clear policies, procedures and risk management protocols in place to ensure the security of consumer information. These protocols should be reviewed and amended, every time a different kind of service is designed and delivered.

In the *Privacy Act 1988* (Cth), the Australian Privacy Principles govern the rights, obligations, and standards in relation to privacy. The 'Principles' govern the collection use and disclosure of personal information, governance and accountability.

Community managed organisations must comply with the 'Principles' if they:

- have annual turnover of over \$3 million
- agree to comply with privacy laws in contractual arrangements with the Commonwealth government; and/or
- provides a health service to a person (even if the organisation's primary activity is not providing that health service).

In NSW, organisations that collect, hold or use health information must also comply with *Health Records and Information Privacy Act 2002* (NSW). Your organisations may still hold health information about consumers even if it does not provide a health service.

Health information includes notes of a consumer's symptoms or diagnosis, information about a health service they have had or will receive, specialist reports and test results, prescriptions and other pharmaceutical purchases, dental records, their wishes about future health services or appointment and billing details.

Digital service delivery adds a layer of complexity to protecting privacy. Digital systems can increase opportunities for consumer information to be intercepted. Reasonable steps must be taken to ensure security measures are in place that protect and control access to consumer data from misuse, interference, loss, unauthorised access, modification and/or disclosure. Consumers' personal information (including any video/ audio recordings or still images) must be collected, stored, used, securely backed up and disposed of securely.

Community-managed organisations must also have processes in place to notify the Office of the Information Commissioner in the case of a notifiable data breach.

Organisations providing services to interstate consumers must comply with the privacy laws in the jurisdiction where the service is being received. For instance, if a mental health support worker in New South Wales calls a consumer while they are travelling in Victoria, they must comply with the privacy and health records laws in Victoria, as well as the *Privacy Act 1988* (Cth).

Before providing interstate services, your organisation should have an understanding of any privacy laws and other legal requirements in the jurisdictions in which you may be providing services. You may need to seek legal advice to clarify cross-jurisdictional responsibilities.

### Checklist: Privacy and confidentiality

Does your organisation:

- Have a privacy policy that is compliant with the Australian Privacy Principles?
  - Have a privacy policy that is compliant with Health Records and Information Privacy Act 2002 (NSW)? Are you compliant with other state laws when delivering services in that jurisdiction?
  - Have a [Data Breach Action Plan](#), including in relation to My Health Record data?
  - Check compliance with privacy obligations when handling [individual healthcare identifiers](#)?
  - Protect security of data transmission? For example, a secure internet service is used for digital service delivery or to transmit information, through end-to-end encryption or use of a Virtual Private Network. Documents containing personal information are encrypted, particularly when those documents are being sent by email.
  - Protect security of access? For example, user authentication (password or other form of ID) for local area networks and video conferencing platforms.
  - Protect security of data storage? For example, appropriate storage of all reports provided for, or generated from, the telehealth consultation.
  - Conduct a [Privacy Impact Assessment](#) for each service in accordance with best practice?
- Have privacy policies for each service that:
    - are easy to understand and are transparent for consumers, their carers and supporters
    - uphold consumers' rights and choices
    - are readily available to consumers and their supporters, before accessing and while using the services; and
    - are compliant with privacy laws, privacy principles and best practice?
  - Advise consumers, and where relevant, their supporters, of changes to privacy policies in a timely and comprehensible way?
  - Deal with complaints in relation to an individual's data in the event of a breach?
  - Have policy and procedures to educate and work with staff around privacy and confidentiality as well as data breaches?

## Privacy versus Confidentiality

The concepts of 'privacy' and 'confidentiality' are related, but not the same. Privacy is a broader concept, referring to a person's right to control access their personal information and to themselves. Privacy laws regulate the handling of personal information about individuals. Privacy is a right protected by the *Privacy Act 1987* (Cth) and in the Australian Privacy Principles. Each State and Territory has its own legislation in relation to privacy obligations of its government departments and agencies.

Confidentiality ensures people or entities protect another person's or entity's information, which has been conveyed in confidence and which is not readily available to the public.

For example, health professionals have an obligation to protect the information discussed in confidence between themselves and a patient or consumer. There is no specific confidentiality legislation in Australia. However, you may have a legal duty to maintain confidentiality if you are providing a service under an agreement containing confidentiality obligation or the information is considered personal information or health information under the law.

You should ensure that confidentiality is maintained in digital service delivery to the same standard as in person service delivery.

## Insurance

Your organisation's current insurance policy may or may not cover digital service delivery. It depends on the terms of your specific policy. The extent to which your digital services are similar to existing services is relevant. You should notify your insurer, preferably before you start delivering digital services and check whether these services are covered by your existing policy. You should also encourage allied health workers to check their own professional indemnity insurance.

## Further resources

- The Office of the Australian Information Commissioner (OAIC) [Guide to Securing Personal Information](#) provides a useful list of relevant questions for understanding what reasonable steps you may need to take to ensure the security of personal information
  - The OIAC also has information about [Privacy for health service providers](#).
- The [Information and Privacy Commission NSW](#) is an independent statutory authority that administers legislation dealing with privacy and access to government held information in New South Wales. The [NSW Privacy Laws](#) page has helpful information.
- The Department of Health [Privacy Checklist for Telehealth Services](#): this checklist helps organisations to comply with privacy obligations when delivering telehealth services.
- Justice Connect [Privacy](#) page has legal information for community organisations.





# Cybersecurity

# CYBERSECURITY

Cybersecurity is the practice of protecting systems, networks, programs, and personal data from digital attacks. Cybersecurity risks or threats are typically aimed at accessing, changing, or destroying sensitive information, extorting money from staff or consumers, or interrupting normal processes in an organisation.

Common examples of cyberattacks include ransomware (a type of malicious software that blocks access to the victim's data or threatens to publish or delete it until a ransom is paid) or phishing (cyber attackers pretending to be a reliable source to trick someone into providing personal information). Community-managed organisations can be just as vulnerable as commercial businesses.

Cybersecurity is becoming increasingly important as more services are delivered online and consumers' personal and health information is at risk. Your organisation's approach to privacy should include plans for managing cybersecurity risks and threats.

Good cybersecurity practice is broader than using software to protect against attacks. You can keep your organisation safe through simple prevention measures that are consistently applied, for example, automating software updates or training staff to identify phishing emails. All staff in your organisation can play a part in keeping their personal and professional information safe and developing a culture of ongoing cyber security awareness is important.

Your organisation should also consider purchasing cyber insurance providing cover for first, and third party, exposures, in relation to any cyber or privacy event that impacts your organisation. For example, it may include costs to restore data, legal costs assisting with privacy notifications, or claims arising from network security failures.

## Checklist: Cybersecurity

- Does your organisation have a cybersecurity plan? For example, does your organisation have policies that:
  - assign responsibility and accountability for information security
  - complete and maintain an information and data inventory
  - protect data in transit and at rest
  - protect against interruption, damage or disconnection of the service
  - assess the size and extent of cybersecurity threats
  - consider and mitigate vulnerabilities and threats
  - conduct regular updates, reviews and audits of information security
  - detect, respond and report to the governing body, workforce, service users and their supporters on information security incidents and technical faults.
- Does your organisation provide cybersecurity training and hold ongoing discussions about cybersecurity? For example:
  - Building security awareness throughout the organisation with the [Digital Health Security Awareness](#) eLearning course
  - [Keeping your software up to date](#)
  - Training staff to use strong [passwords](#) and implement [multi-factor authentication](#)
  - Ensuring your organisation [backs up data](#) regularly

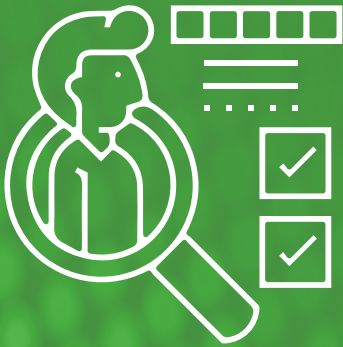
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- Training staff not to respond to unsolicited [phishing](#) emails, texts and calls
  - Training staff to have appropriate responses to [ransomware](#)
  - Subscribing to [new alerts](#) for cybersecurity threats
- Are there clear procedures in case of a breach? For example:
- notify the Office of the Information Commissioner in the case of a notifiable data breach
  - incident logging, response, handling, escalation, and recovery?

### Further resources

- The Digital Health Agency's [Cyber Security Centre](#) works with the healthcare sector to maintain cybersecurity. It offers free training and offers a number of resources that can assist to community managed organisations.
- The [Australian Cyber Security Centre](#) is the Australian Government's leading agency in relation to cyber security. It provides helpful information about common cyber threats, step-by-step guides for improving cybersecurity and more.
- In the event of a cybersecurity breach, contact Australian Cyber Security Hotline 1300 CYBER1 (1300 292 371).



# Outcome Evaluation

# OUTCOME EVALUATION

Given the recent rapid uptake of digital service delivery and the pace of technological change, community-managed organisations need to continuously evaluate whether digital service delivery is appropriate and effective. Community-managed organisations should work with people who use services and support them ([see Codesign & Collaboration](#)) in the co-planning and co-designing of services, as well as co-production and implementation, measurement, review and evaluation of digital mental health services.

Funding bodies are increasingly engaging in outcomes-based funding, which means that services that can demonstrate positive outcomes may be more competitive for funding. It is essential to establish an evaluation tool that can be used to draw conclusions about the impact of the digital service.

It is important to define specific outcomes that relate to your digital service. For example, it may be difficult for a social support service to demonstrate they achieved the general outcome of 'improved mental health' if the consumer is working with multiple services. A specific outcome of 'a better understanding of their mental health' or 'improved social skills' may be easier to measure. It is important to focus on what your service can measure based on the information you have access to.

Community-managed organisations need to regularly survey consumers to evaluate if the various modes of digital service delivery are meeting their needs and goals, and how the different services have impacted their recovery and wellbeing.

Best practice evaluation is based on a mix of feedback from people as well as digital data. It is important to hear from consumers and staff about their experiences. This information could be collected through established research studies, surveys, conversation, user testing and ad hoc feedback.

For example, your organisation may wish to ask consumers and staff about whether they had any technical difficulties, how they rated the quality of care and information provided digitally, and their willingness to continue to engage in the digital service in future. Where possible, evaluations should be conducted by someone not providing the delivery of a service.

Some digital services can provide real time data about how the service is being used. For example, if your organisation provides psychoeducation through a website, the organisation could analyse which resources were most accessed within a particular time-period.

## Checklist: Outcome evaluation

In your organisation:

- Do you partner with consumers, carers and families from the intended consumer groups in the evaluation of digital services?
- Have you articulated:
  - what your digital service is trying to achieve (i.e., outcomes) and how you will measure this?
  - what information will be collected, how, when, by whom?
  - how the information will be analysed, and by whom?
  - what the process is for using the findings to inform quality improvement?
- Can you measure the impact that digital services have on consumers, carers, staff, and volunteers?

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- Is your evaluation approach sustainable to run in terms of time, effort, and cost?
- Have you made any organisational efficiencies because of the use of digital service?
- Do you share your experiences with other similar services? For example, in communities of practice?

### Further resources

- [Evaluation Resource Guide Allied Health Telehealth Capacity Building Project](#): This Guide supports allied health professionals or teams evaluate their use of telehealth. Most content in the Guide has broader application to service evaluation beyond telehealth.
- The Centre for Evaluation and Research Evidence and the Victorian Government have created [a webinar](#) about the impact of telehealth during the COVID-19 pandemic of 2020. This seminar features multiple presentations, covering the topics of performing rapid evaluations of telehealth, telehealth for Indigenous health and rural healthcare delivery and how to embed telehealth in the healthcare system.
- Guide for Developing a Theory of Change, from IDEO
- Exploring your Theory of Change, from Design Kit
- The [Patient Activation Measure](#) is an example of an indicator in the health space when measuring outcomes. Patient activation describes the knowledge, skills and confidence a person has in managing their own health and health care.



# Tip Sheets for Workers



# TIP SHEET No.1

## Consumer and carer checklist for videoconferencing

Things for you to consider and to ask a consumer and their carer before video service delivery.

### Setting up

- Do you have an appropriate device?
- Have you downloaded the software?
- Do you have enough data for the session?
- Do you have sufficient internet connection and bandwidth requirements?
- Do you know the back-up plan if you have connection issues?
- Have you checked for any pending software or system updates that may slow your computer or may require a sudden restart?
- Have you shut down other web browsers and programs?
- Have you disabled any notifications during the session that may be distracting, i.e., email alerts?
- Have you checked that your internet connection is secure and your anti-virus/malware software up to date?

### Getting ready for your session

- A quiet and private space: ensure your session will not be overhead or interrupted, i.e., remind members of your household not to interrupt you or place a 'do not disturb' sign on your closed door, manage possible interruptions from pets.
- An appropriate background: Have you cleared away any personal items such as photos that you wouldn't want seen?
- Minimise background noise: have you closed windows to traffic noise, adjusted the background noise filters of your software, and put your phone on silent?

### Carers or other third parties

- If you have a carer, peer worker or support person, have you consented to them joining your session? Have they been given information to join?
- If you need an interpreter, how will they join the session?



## Videoconferencing

Practitioners, including clinicians, support workers and peer workers, are responsible for ensuring that the consumer receives a high-quality service through videoconferencing and in accordance with relevant standards and professional and practice guidelines. For example, if you are providing services funded by the National Disability Insurance Scheme (NDIS), you will need to adhere to the NDIS Code of Conduct and business rules.

This tip sheet contains issues for you to check during each follow-up videoconferencing session.

### Setting up your workspace

- A private environment: ensure your session will not be overhead or interrupted, i.e., remind members of your household not to interrupt you or place a 'do not disturb' sign on your closed door, manage possible interruptions from pets.
- A professional background: your background should be as neutral as possible, free from clutter or other distractions. Have you cleared away any personal items such as photos or ornaments that you wouldn't want a consumer to see?
- Minimise background noise: close windows to traffic noise, adjust the background noise filters of your software, wear noise cancelling headphones, put your phone on silent.
- Camera positioned appropriately: your camera should be positioned to maximise the sense of 'eye contact' with the consumer.
- Appropriate framing: try to ensure your face is centred in the frame and that no part of your face is 'cut off' from view, as this could be distracting.

- Appropriate lighting: ensure your face is visible and that you are not back-lit. If you will be videoconferencing regularly, you may wish to consider blinds or other filters on the windows or dimmer switch lighting.
- Professional personal presentation: you should be dressed professionally, as if you were meeting the consumer in person. Consider how what you wear may be distracting on screen. It may be helpful to wear neutral colours, or colours that contrast with your background.

### Setting up your digital space

- You have checked for any pending software updates or system updates that may slow your computer or may require a sudden restart.
- You have checked your internet speed is sufficient and you have a back-up plan in case of disconnection.
- You are confident in using the videoconferencing software.
- You have shut down other web browsers and programs.
- You have disabled any notifications during the session that may be distracting, i.e., email alerts. Consider whether it's helpful to disable the video of yourself or whether it will help your practice to be able to monitor your own expressions.
- You have prepared resources you will need in an easy to access folder or bookmark browsers.
- Preparing for screen-sharing: Clear your desktop of personal or confidential information. If possible, you could set up more than one screen and only share the screen without personal or confidential information with the consumer.

- You have checked your internet speed is sufficient and you have a back-up plan in case of disconnection.
- Your internet connection is secure and your anti-virus/malware software up to date

### Preparing your client

You should have already gained the consumer's informed consent for digital service delivery. Check if you have prepared the consumer in the following ways:

- You have previously helped the consumer to set up for videoconferencing, i.e., by discussing issues listed in the Consumer Checklist.
- At the beginning of each session, always check the consumer can see and hear you properly.
- Check that your client will be able to maintain privacy during the session and ask them to switch their phone to silent or off.
- Ask that your client put their pets in another space if they are likely to distract the session.
- You have managed the consumer's expectations of the session and discussed responsibilities, i.e., whether the session will be recorded, or that you may take notes or share resources.
- You have discussed a back-up plan in case of technological failure: i.e., a mobile or landline to call, or alternative videoconferencing platform. If your back-up plan is to call using a social media platform, check this is consistent with your organisation's social media policy.
- You have discussed a back-up plan in case of other emergencies: i.e., in case you need to send for assistance, you have the consumer's current contact details, the address they are connecting from, details of their mental health practitioners and/or general practitioner, and details of any nominated or primary carers, or emergency contacts.

### Adapting your practice skills

You can ensure that the consumer has the same quality of experience through a video session as when you see them in person by considering the following reminders:

- Positioning and posture: Check your image to adjust your posture and position to better communicate engagement. For example, you may wish to sit lean forward slightly.
- Make eye contact with the camera: consider the balance between looking into the camera so your client feels you are making eye contact and looking at the consumer's face so you can read their social cues. Consider also whether the consumer is comfortable with making eye contact with you and adjust your expectations accordingly. For example, they may have personal preferences for not wanting to show themselves on video.
- Emphasise your active listening skills: nonverbal signals normally used to build rapport may be less noticeable to the consumer over video. Try to use active listening skills such as nodding, engaged facial expressions, gestures (where your hands are visible on screen), paraphrasing or making empathic statements.
- Check how the session is going: Checking in with the consumer every now and then about the session gives them the opportunity to provide feedback, but also shows you care about the quality of their experience. You can check in at the beginning of the session or during transitions in conversations.
- Maintain a trauma-informed recovery approach: Some clients may find videoconferencing very uncomfortable. Discuss with them what might help them feel comfortable and safe, and what the options are.

- Taking notes with care: Your client will be able to tell if you are taking notes on your computer during the session. You can try to minimise the disruption by explaining that you will be taking notes, typing quietly or using a headset, and trying to maintain eye contact as much as possible.
- Screen sharing or whiteboard functions can be used for making notes together with the consumer, such as a session agenda or key points. If the consumer has the required digital competency, this can be a great way to work together.

### Self-care plan

- Have you allowed yourself sometime between sessions (i.e., at least 5-10 minutes) to write case notes, stretch and prepare for your next session or meeting?
- If you facilitate group sessions, you may well need longer gaps between sessions.
- Do you have a self-care plan? Does the self-care plan address eye strain, fatigue and back strain?
- Do you have opportunities to de-brief with colleagues or a manager? Do you have time for self-reflective practice journaling as part of your professional practice? Consider discussing these matters with your line manager if you feel under additional pressure working in a digital environment very different from what you have been used to.

### Further resources

- Agency for Clinical Innovation provides [virtual care resources](#) for clinicians and their clients.

# TIP SHEET No.3

## Troubleshooting: Videoconferencing

Before commencing a digital service delivery with a consumer, you should discuss alternative plans in case of technological issues. This tip sheet provides some troubleshooting ideas for consideration. This will help you remain calm and professional and hopefully minimise the impact of technological difficulties on the quality of service you provide.

### Issues with sound or video

If you experience issues with sound, try the following:

- Make sure that you are not on mute
- Make sure that you have granted permissions for the browser to use the camera and the microphone
- Check to see if your computer is using the correct audio device
- Try using a headset or speakers to confirm your computer can play audio
- Close any open media players (Spotify, Facebook, etc.) that may be controlling your speakers
- Clear your browser cache and reopen the site
- Make sure that any security software you have installed on your computer or browser is not blocking access to your webcam or microphone
- When you have checked or altered settings, restart your computer.

### Connectivity issues

Note that the person experiencing a connectivity issue typically notices it less than the other parties. If you receive notifications about poor connectivity, make sure to ask the consumer if they are experiencing any issues.

Here are some options in case of poor internet connectivity:

- Reduce the quality of your video call
- Close any other programs using the internet
- Switch to a different connection
- Slow the pace of your conversation to reduce talking over one another
- If you are working from home, check whether other members of your household are using the internet
- Turn off the video or switch to your back-up plan
- Move closer to your router
- Clear your browser cache
- Refresh the page on your browser
- Restart the browser
- Try a different supported browser
- Restart your computer.

### Further resources

- [healthdirect Video Call: Troubleshooting](#): this guide has minimum requirements for different devices, browsers, etc.
- Communicating effectively online: a guide for health professionals. [University of Queensland Communicating Effectively Online: A guide for health professionals](#)



# TIP SHEET No.5

## INFORMED CONSENT TEMPLATE

*Please note: this document is a template only. Adapt the template to suit the type of digital service, organisation and needs of consumers using your service.*

## Informed Consent Form

[insert type of digital service]

1. I understand how the digital service will work in my situation. I understand how to use the technology needed as part of this digital service.
2. I can make choices about the digital service, including:
  - a. I can request a mixture of digital services and services in person.
  - b. If the digital service does not meet my personal needs, I will be given a choice about what to do next. Alternative options to this digital service have been explained to me.
  - c. I can change my mind and stop using this digital service at any time, including in the middle of a session. This will not affect my right to ask for, and receive, a quality service.

### Potential benefits and risks

3. I understand the possible benefits of this digital service, including:
  - a. avoiding the need for me to travel to receive this service
  - b. reducing the waiting time for this service
  - c. access to this service when I cannot attend appointments in person.
4. I understand the possible risks of this digital service, including:
  - a. The digital service may not be the same as a face-to-face service, and there may be a risk of miscommunication.
  - b. A risk of being overheard by people near me and that I am responsible for using a location that is private and free from distractions or intrusions.
  - c. There could be technical problems that affect the service.
  - d. This service uses reasonable efforts and safeguards to protect my privacy and confidentiality. However, it cannot guarantee total protection against the session being intercepted or unauthorised access of my stored data. This risk is small, but it does exist.

### Emergency situations

5. I understand that in the case of an emergency, the staff member can contact the person I have named as my emergency contact.
6. I understand that the staff member will make reasonable efforts to find and provide me with emergency resources in my local area. I understand that the staff member may not be able to assist me in an emergency. If I require emergency care, I understand that I may call 000 or go to the nearest hospital emergency department for immediate help.





**Privacy and confidentiality**

- 7. I understand how my data will be collected, stored and managed. The privacy and confidentiality protections used by this service have been explained to me.
- 8. I understand that some platforms allow for video or audio recordings. The staff member and I cannot record the sessions without the other person’s written permission.
- 9. I understand that my personal data and records from this digital service will not be used for any other purpose without my permission.

**Support people and other participants**

10. I have been given the choice of whether a support person will participate. I understand how that support person can participate in this digital service.

I agree to have [type of digital service] with:

.....

Name of Consumer:.....

Signature of Consumer  Date: .....

**Verbal consent**

[Staff member name] reviewed the Informed Consent Form with the Consumer. The Consumer understands and agrees to the above points, and Consumer has verbally consented to receiving the digital service from [Staff member name].

Staff signature  Date: .....

**Additional Consent for Recording Video or Images**

I agree to have this video consultation recorded, or to have photographs taken. This material will be sent and stored securely and only used to benefit my health care.

I have the right to see the video or images, and to receive a copy for a reasonable fee. I understand that the service cannot guarantee total protection against unauthorised access of the recording by third parties.

Staff signature  Date: .....

# END NOTES

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