



Enhancing Choice, Access & Supporting Safety and Quality in the Digital Era

TheMHS 11 February 2021 Session 45

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ON SAFETY AND QUALITY IN HEALTH CARE

Common questions

- **Access**



Can I easily access it and
will I be able to use it?

- **Choice**



Do I get to choose which
service I want?

- **Safety**



Is it safe to use? Could it cause me any
harm?

- **Quality**

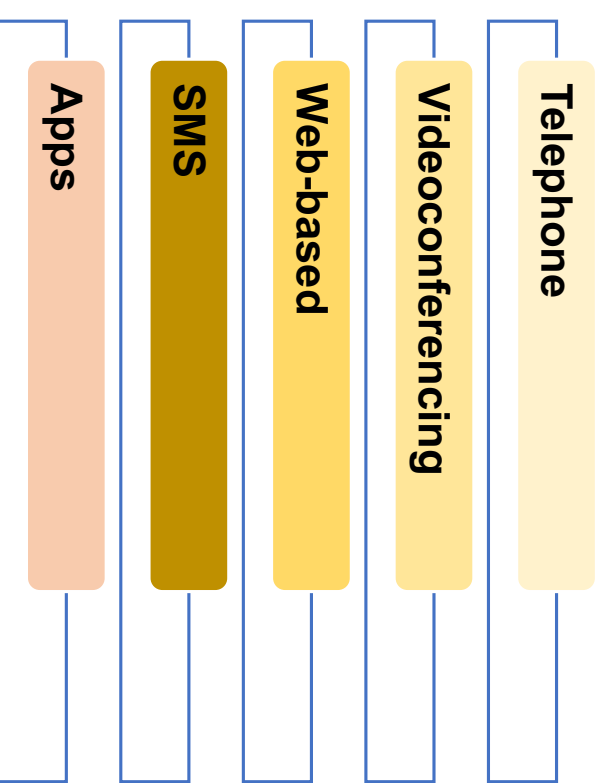
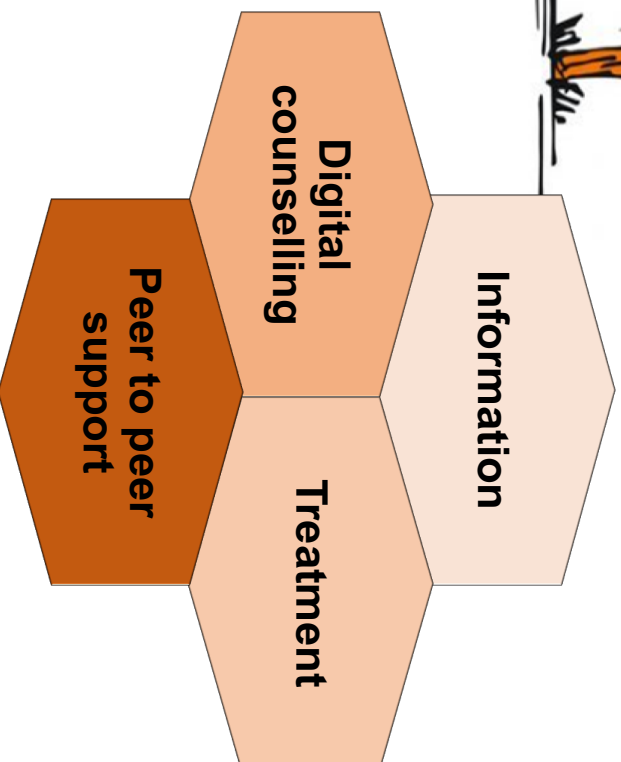


Will it help me? Will it meet my
expectations?

What is a digital mental health service?



A mental health, suicide prevention or alcohol and other drug service that uses technology to facilitate engagement and the delivery of care



What is safety and quality?

- **Safety**
 - client /service user
 - lack of harm
 - focus on prevention of error and adverse effects associated with health care
- **Quality**
 - the right care, in the right place, at the right time and cost
 - focus on doing things well

Standards can help

What is a Standard?

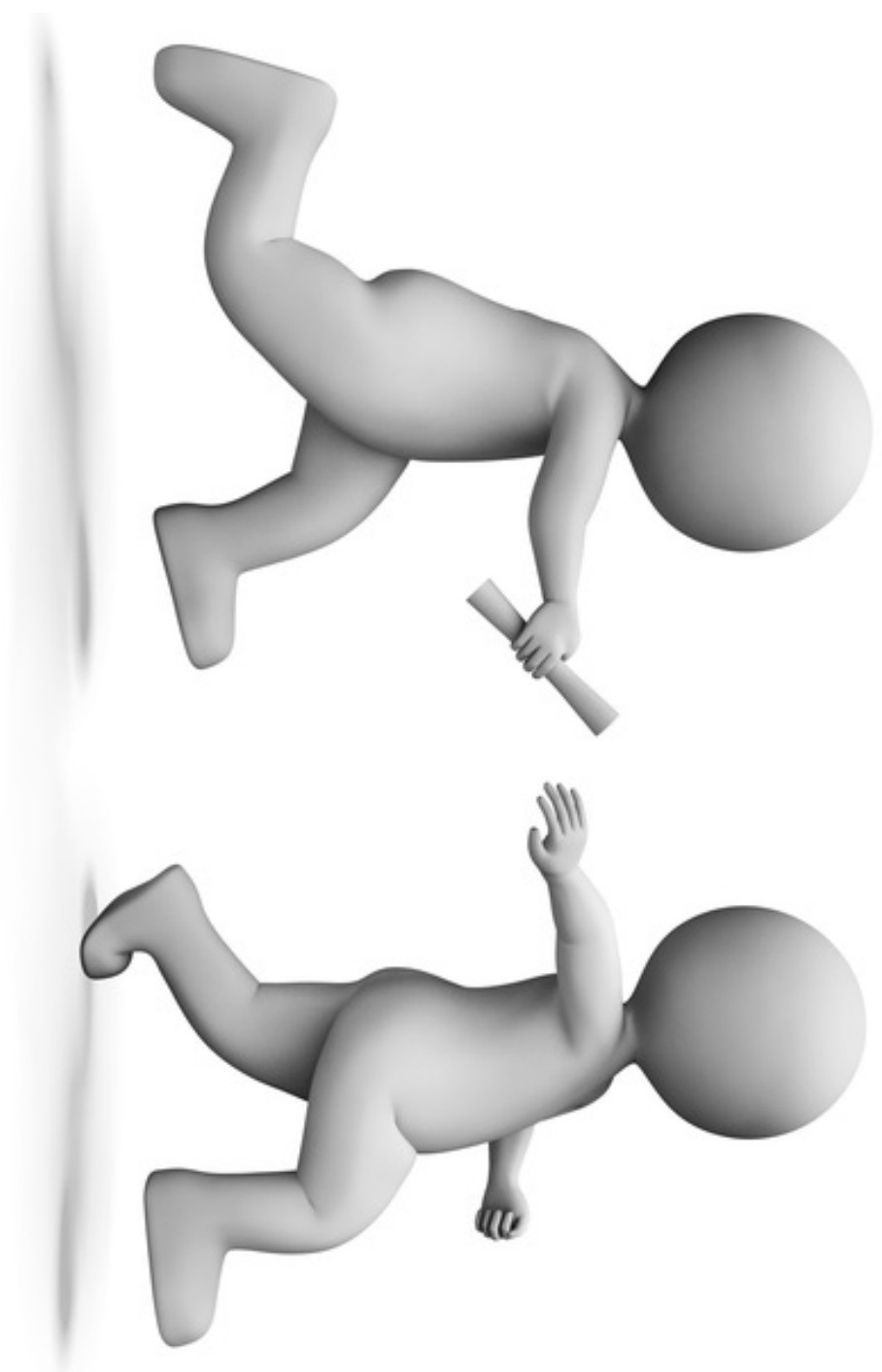
- A document that sets out what is expected e.g. specifications, procedures or guidelines

Why have Standards?

- Standards aim to ensure products, services and systems are safe, consistent and reliable
- They provide a basis for mutual understanding of what is required and can facilitate measurement and communication

Do Standards have to be met?

- On their own, standards are voluntary. There is no requirement to comply with standards (unlike legislation).
- However, governments may refer to standards in their legislation and funders of services may require standards to be met as part of the funding contract.

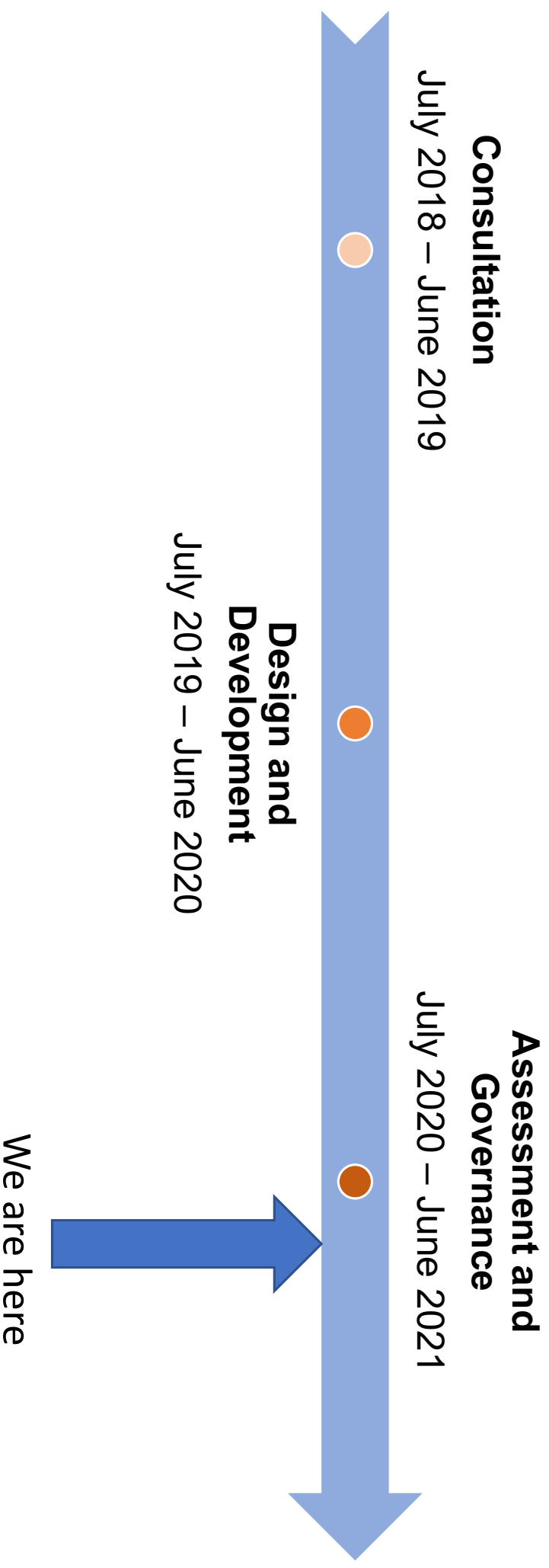


NSQDMH Standards

- Provide the standard of care you should expect from a digital mental health service
- Apply at the level of the service provider
- Voluntary standards



Development of the NSQDMH Standards





- Adapted from the National Safety and Quality Health Service Standards
- 3 standards and 59 actions
- Tools and resources
- Launched 30 November 2020

National Safety and Quality Digital Mental Health Standards



**Clinical and Technical
Governance Standard**



**Partnering with Consumers
Standard**



Model of Care Standard

Guidance Material

Fact sheets

Product information template

Self-assessment tool

How To Guide for the self-assessment tool

Tips for choosing a digital mental health service

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INFORMATION
for consumers
and carers

Tips for choosing a digital mental health service

Digital services may offer information, counselling, treatment, or peer support and be delivered on the computer, via SMS (text), apps, telephone or videoconferencing.

Digital mental health services can make access easier, and some can be accessed anonymously. However, it can be a challenge to decide if a service is right for you. This guide provides some tips to assist you to choose wisely. It includes some key questions you might want answers to before using a digital service. You can also use the [Checklist for choosing a digital mental health service](#) alongside this guide.

1. Is this service for me?

You know what help you are seeking. You need to know what the digital service is offering before deciding if it meets your needs.

2. Will I benefit if I use this service?

You want to use a service that works. There are many digital mental health services informed by up to date knowledge. However, beware, because some services may not be effective.

Take the time to look at whether there is any proof that the service can help people who use it.

3. Could this service do me harm?

Some services could be harmful if they provide incorrect advice or do not work as they claim.

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INFORMATION
for clinicians

Tips for choosing a digital mental health service

Digital mental health services may offer information, counselling, treatment (including assessment and referral), or peer support. Delivery may be on the computer, via SMS (text), apps, or by telephone or videoconferencing. Digital services can make access easier, and some can be used anonymously, reducing concerns about the stigma associated with seeking help. However, it can be a challenge to decide whether to recommend a digital service to a consumer or carer.

This guide provides some tips to assist you to choose wisely. It includes some key questions you might want answered before you decide to recommend a digital service.

1. What does this service offer and who is it designed for?

You need to know whether the digital service can meet the needs of the intended user.

- What health conditions does the service help with (e.g. depression, anxiety)?
- Who are the target clients for the service (e.g. adolescents, older persons)?
- What kind of assistance does it provide (e.g. information, counselling, CBT)?
- Are health professionals involved in delivering the service?
- When is the service available?
- How much does the service cost?
- Is there any ongoing cost?
- What is required to access the service (e.g. devices or equipment required, internet access, data requirements)?
- Can the service be accessed anonymously?
- Does the service allow a carer or family member to work together with the consumer to use the service?

2. What claims does the service make about its benefits?

You want to recommend a service that works. There are many digital mental health services that are informed by up to date knowledge and deliver what they claim to do.

- Is there any scientific evidence to show benefit from using the service?
- Has the service been endorsed by a government or professional body?
- When was the service last reviewed and updated?

3. What is the likelihood of harm for someone using the service?

Some services could be harmful if they provide incorrect advice or do not work as they claim to do.

- Are there any precautions or safety warnings related to the service?
- Has anyone reported concerns or experienced adverse events after using the service?

4. Who is offering the service? Should you trust them?

You may perceive services provided by government agencies, not-for-profit organisations, universities or health services as more trustworthy, but there are some other key details that might help you to decide.

- Who is offering the service?
- What is their business model (e.g. government, university, not-for-profit, private company)?
- What was the funding source for development of the digital service (e.g. government grant, third-party investor)?
- How does the service make money (e.g. through downloads, licence fees, sale of data, advertising)?
- If the service is free, is there any conflict of interest (e.g. will the company inappropriately benefit from someone using the service or might they provide the user with information biased towards their products)?

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INFORMATION
for consumers
and carers

Checklist for choosing a digital mental health service

This checklist includes some more detailed questions you might want to explore after reviewing the [Tips for choosing a digital mental health service](#).

Is this service for me?

- What health conditions does the service help with (e.g. depression, anxiety)?
- Who is the service intended for (e.g. adolescents, older persons)?
- What kind of assistance does it provide (e.g. information, counselling, CBT)?
- How is the service delivered (e.g. telephone, app)?
- Are health professionals involved in delivering the service?
- When is the service available?
- How much does the service cost (e.g. free, up-front costs)?
- Is there any ongoing cost?

- How can I access the service (e.g. equipment required, internet access, data requirements)?
- Can I access the service anonymously?
- Does the service allow a carer or family member to work with me to use the service?

Notes:

Will I benefit if I use the service?

- Has the service provided proof that using the service will help me?
- Has a government or professional body endorsed the service?
- When was the service last reviewed and updated?

Notes:

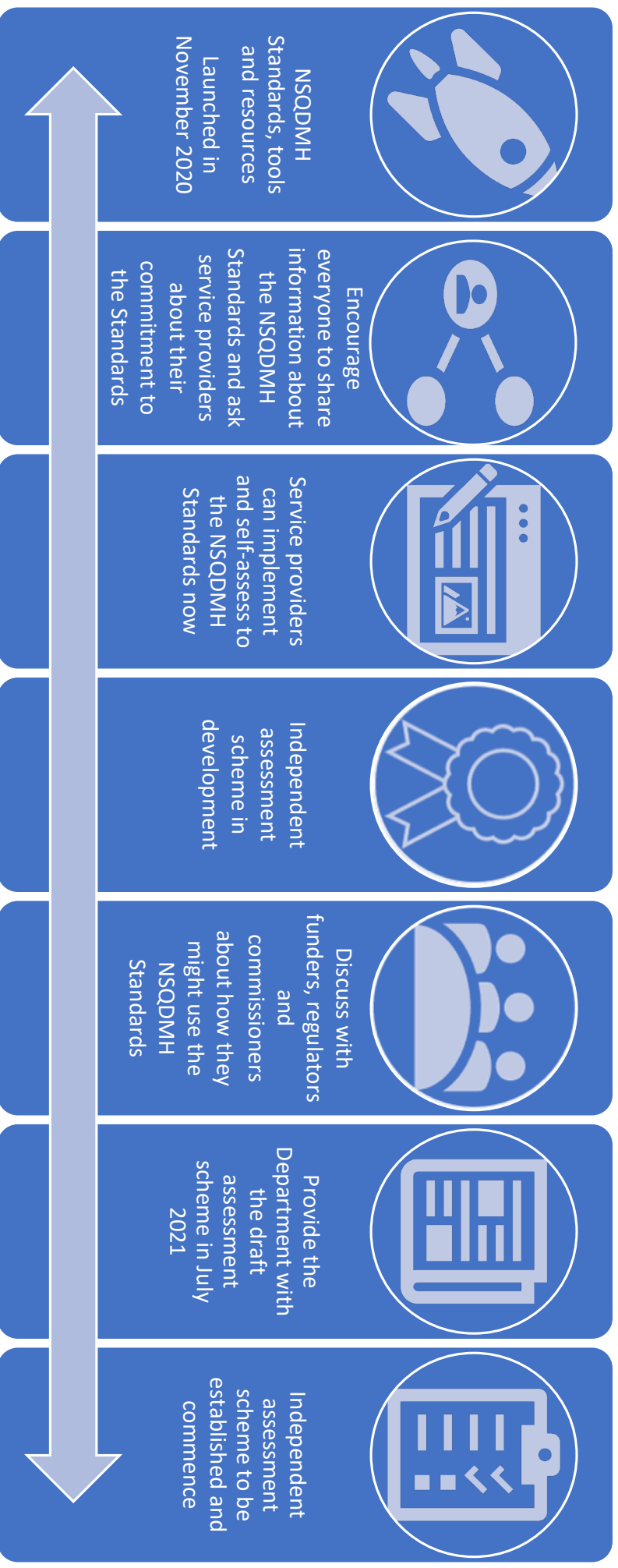
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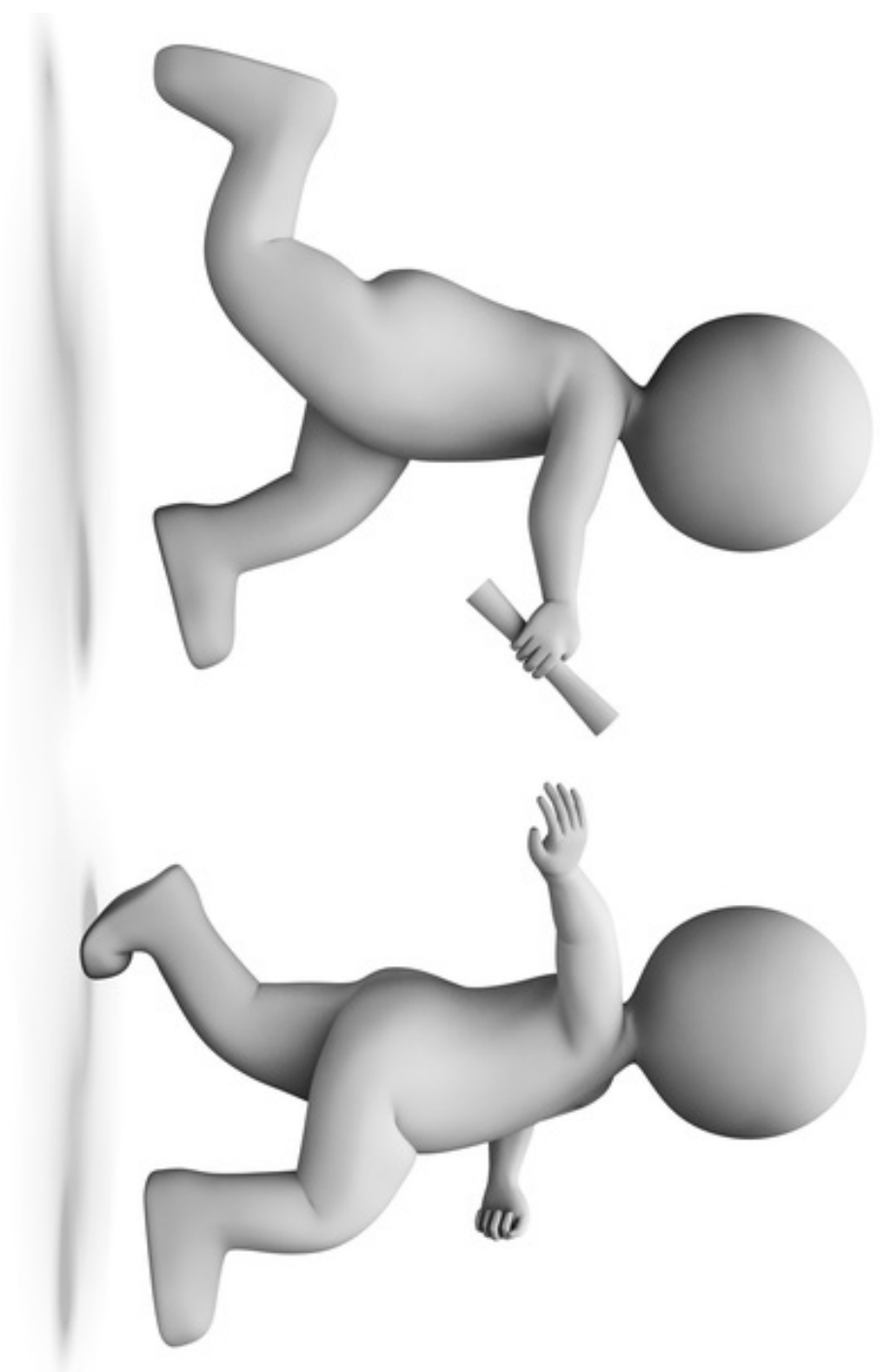
Guide for service providers - Product information for digital mental health services

Mapping of NSQDMH Standards against the NSQHS Standards

User Guide for NSQDMH Standards

What's next?





Enhancing Choice

Action 3.3

The service provider provides product information on each service to service users and where relevant, their support people that:

- a. Aligns with the current template endorsed by the Australian Commission on Safety and Quality in Health Care**
- b. Is easy to understand and meets their needs**

Product Information

**Is this service
for me?**

**Will I benefit if
I use this
service?**

**Could this
service do me
harm?**

**Should I trust
this service?**

**Is the service
easy to use?
Will I keep
using it?**

**Who will have
access to my
personal data?**

**Who can I
contact with
questions or
concerns?**

Enhancing Access

Action 2.10

The service provider has processes to assess and optimise the usability of each service including:

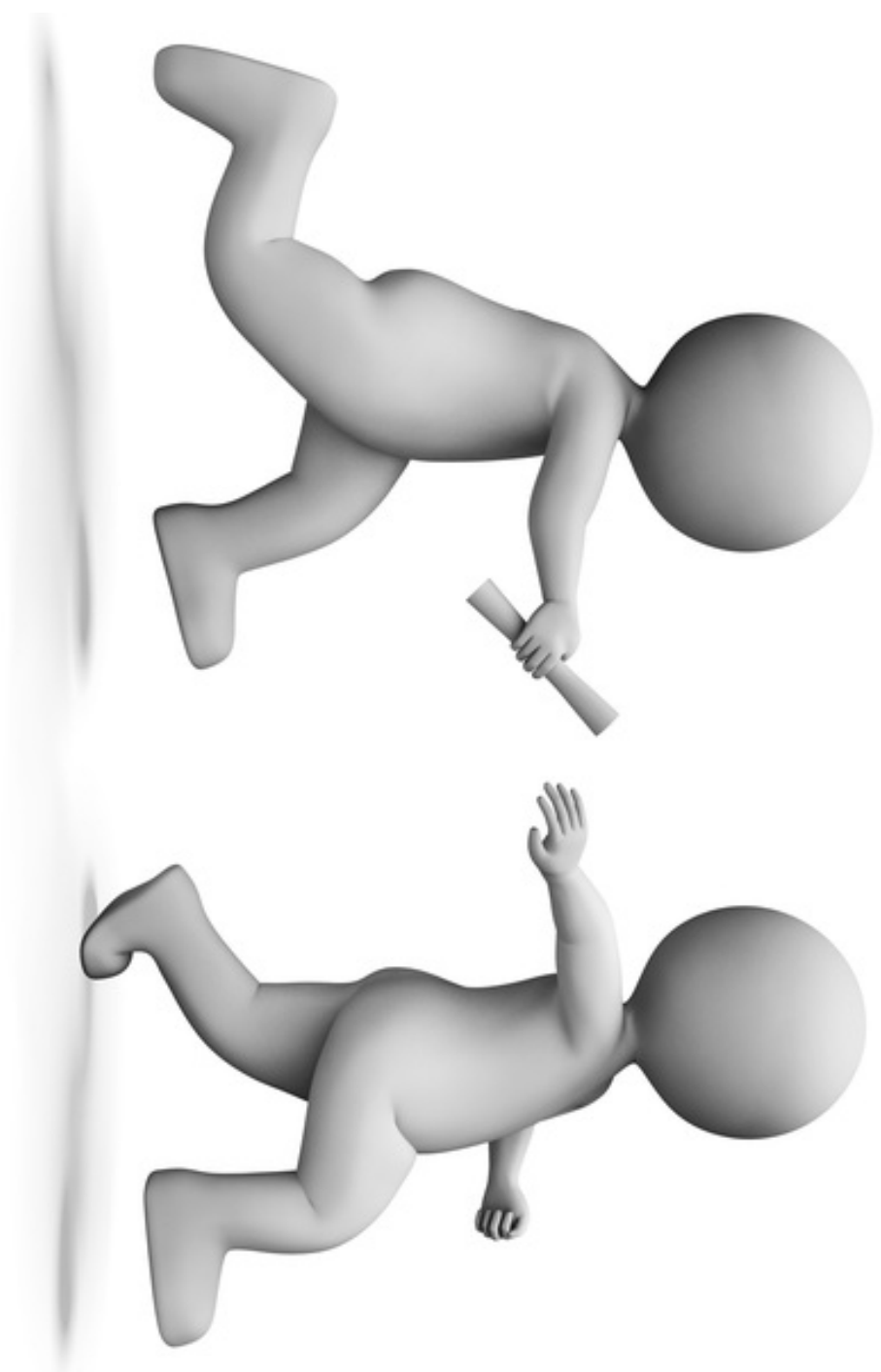
- a. Function**
- b. Cultural safety**
- c. Service user feedback, experience and satisfaction**
- d. Service user outcomes**
- e. Access**

Enhancing Access

Action 2.11

The service provider partners with service users and their support people to:

- a. Minimise barriers to accessing services associated with the hardware, software, data requirements and platform of the services, or the language, location, age, culture and ability of the service users and their support people**
- b. Ensure services are compatible with commonly used assistive technologies**
- c. Meet relevant standards for web page or web application**
- d. Regularly review access to services and take action to improve access by service users and their support people**



Enhancing Safety and Quality

- Governance and leadership
- Safety and quality systems
- Workforce qualifications and skills
- Safe environment for the delivery of care
- Partnerships with consumers
- Establishing and delivering the model of care
- Minimising harm
- Recognising and responding to acute deterioration
- Communicating for safety

Enhancing Privacy

Action 1.28

The service provider conducts a privacy impact assessment for each service in accordance with best practice

Action 1.29

The service provider has privacy policies for each service that are:

- a. Easy to understand and transparent for service users and their support people
- b. Uphold service users' rights and choices
- c. Readily available to service users and their support people before accessing and while using the services
- d. Compliant with privacy laws, privacy principles and best practice

Action 1.30

The service provider advises service users and where relevant, their support people of change to privacy policies in a timely and comprehensible way

Enhancing Data Security

Action 1.31

The service provider has systems for the collection, use, disclosure, storage, transmission, retention, and destruction of data that provide service users and where relevant, their support people with:

a. Information on the types of data collected and how the information is used

c. Information on who has access to their data, including through data sharing agreements, provision or sale to third parties, and if transfer of data outside Australia occurs

Action 1.32

The service provider has mechanisms for service users to:

- a. Consent to the use of personal data and records for any purpose beyond direct care
- d. Opt out from the sharing of their personal data and records

Enhancing Effectiveness

Action 3.2

The service provider ensures the model of care for each service is based on best available evidence and best practice and supporting policies

Thank you



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Leading the Change



Acknowledgements

- Acknowledgment of Country
- Acknowledgement of Consumers
- This project was made possible through funding by the Melbourne Social Equity Institute



Project Background

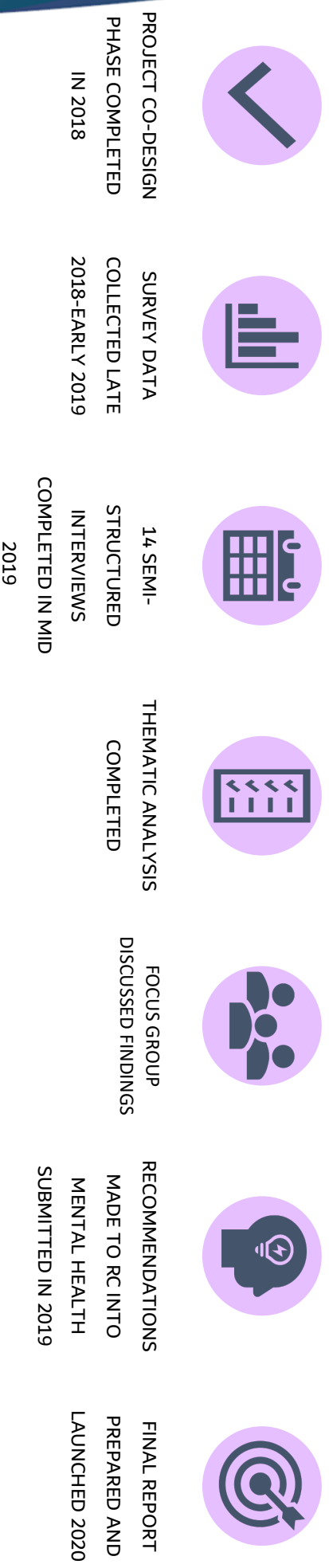
- Mental health consumer workers practice work that is unique from other mental health professionals, experiencing ethical dilemmas, conflicts between organisational expectations and consumer values, and a lack of appropriate support (Roper, 2003).
- Multiple reports & research projects identify the benefits of consumer work, both for services, in changing the culture, and in outcomes for consumers.
- Currently decisions on how the workforce is employed are made almost entirely without the involvement of consumers and consumer workers.
- There is an urgent need to develop system-level solutions to problems commonly faced by consumer workers. This should be based on a more in-depth understanding of the unsafe workplace experiences of mental health consumer workers which can inform recommendations for change.

LTC Consumer Worker Action Group

Susan Ainsworth, Susie Alvarez-Vasquez, Krystyn Smale, Vrinda Edan, Brendan Johnson, Rory Randall, Cath Roper, Kath Sellick, Krystyn Smale, Joanne Switzerlout

Process

Co-produced from the outset with those with a lived experience of being in the consumer workforce which in conjunction with multidisciplinary experts from other fields constituted our Consumer Worker Advisory Group



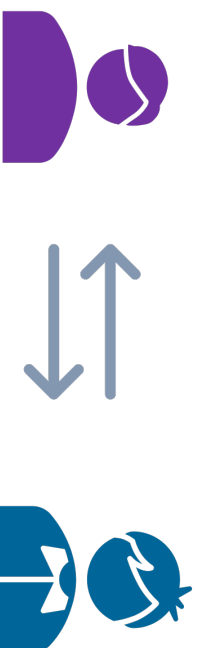


Project Co-Design

- A series of meetings and workshops with CWAG. Very different feeling process as a project with minority non-LE voices and good diversity in perspectives.
- Group member with naivety of mental health acted as useful 'provocateur', posing interesting questions.
- Decision to ensure that the project would offer multiple options for ways of contributing (online survey, f2f interviews, phone interviews, solutions focused focus groups).
- Acknowledging group's bias and including neutral questions where possible
- Providing opportunities for what is working well to come through.
- Commitment to checking in with how the co-production process is working in each meeting as a standing agenda item.

What did we do?


- Survey
- Semi Structured Interviews
- Participants invited back for focus group to develop recommendations



Analysis



- CWAG members were involved in all decisions regarding analysis
- CWAG members profoundly moved by the stories collected in these transcripts.
- The lived experience of the members undertaking the analysis and their unique relationship to language, brought a deep and sometimes profound insight into the analysis.
- More of a data wrangling challenge than other projects might.



Key Findings

➤ The positive impact of the consumer worker roles

There are some glorious moments, absolutely glorious moments. And I suppose there are times when you know, you think, oh yes, this is just so good, this is what it's all about. When you connect with people and – you know I guess those experiences where you really just, you grow, like you're aware that you are growing and that the other person is also growing.

Interviewee 7

And that was an interesting experience when I finished up there, we had lunch and my team leader said I've learned a lot from you, and I was so surprised, she'd had all this experience and she's going, I learnt it's about rapport.

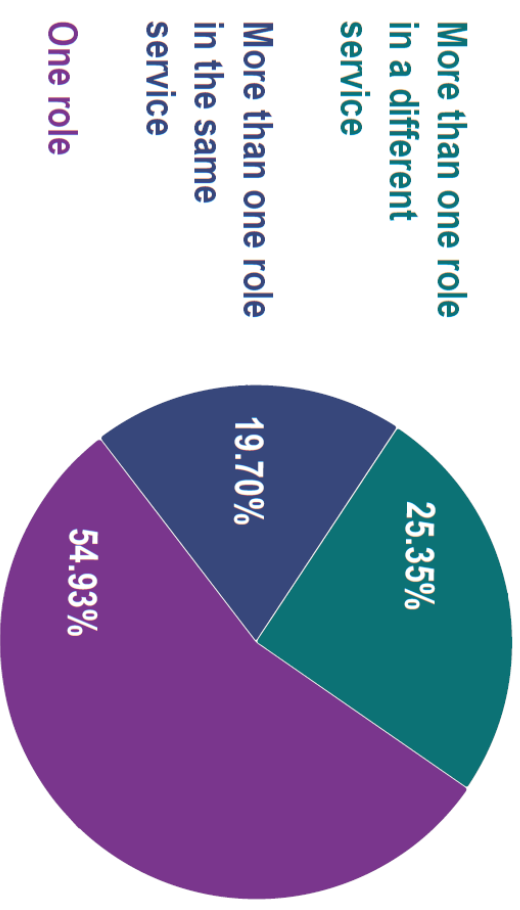
Interviewee 2

Key Findings

Numbers in the workforce


I have felt isolated in my role for the last five years as being the only peer support worker now that they have increased the lived experience team. I have moved across to this team and [I] am feeling supported.
Survey participant

Figure 5 - Number of roles



Like the numbers, we need strengthening. I don't want to put quotas on it. I hear a lot of people say oh we want 50% lived experience, can we just have more than one? Can we just have more than one please?

Interviewee 9




Key Findings

Lack of organisational support

- Over a third (36.5%) disagreed or strongly disagreed with the statement “I feel that I have enough support from my organisation to do my role”.

At one stage I tried to contact OH&S at my workplace to let them know that my job was not a safe one, along with other consumer roles. I was ignored, never followed up, treated poorly on the phone. I wouldn't try it again.

Survey participant




Key Findings

Safety, bullying, and discrimination in the workplace

- A total of 59.1% of respondents agreed or strongly agreed with the statement “I feel like I am treated differently in my workplace because I am a consumer worker.”
- A total of 65.2 % of respondents reported that they felt the conditions of their employment were different to that of their non-consumer colleagues.

Like there's been times when I've had management utilise my diagnosis as a reason for me not to be able to do something.

Interviewee 1




Key Findings

Systemic barriers for a consumer workforce

- Almost a third (32.3%) of survey respondents reported they often or always get asked to complete work that was not related to their role.
- Over half (53.3%) of survey respondents agreed or strongly agreed with the statement “I have heard my colleagues talk in a derogatory way about consumers or in relation to certain diagnostic categories”.

I don't think they really understood what it was that I did, even though the coordinator had done presentations every so often saying this is what we do, this is the program. So hardly anybody referred, and sometimes they, when they did refer it was a really inappropriate referral and the person was just not interested in talking to you.

Interviewee 12



Key Findings

Embedding rather than tolerating a consumer workforce

I wish there was a lot more workplace readiness trainings and things like that available, because it's really hard, especially where I work. I'm one of two employees but I was the first ever employed consumer worker in the organisation, so I'm then starting in this role, having to learn the role myself as well as having to educate other people on what my role is, and it would've been really nice if other people just knew what my role is so I could just focus on learning it myself, rather than having to learn and educate at the exact same time.


Interviewee 4



SYSTEMIC

ORGANISATIONAL

INDIVIDUAL



Recommendations

1. Ensure that all new approaches to supporting the consumer workforce are fully co-produced.
2. Build the consumer workforce to increase the number of consumer workers within organisations and across all levels of services, including management and leadership roles.
3. Provide resources and training, developed by consumer experts, to build the capacity of organisations to effectively incorporate consumer workers into their workplace.
4. Resource support mechanisms for consumer workers so that they receive adequate training, consumer led supervision, and peer support throughout their career.
5. Support the development of consumer led organisations to provide key services within the mental health sector.
6. Resource advocacy positions within consumer led organisations that can provide individual and systemic advocacy for consumer workers.
7. Support ongoing research into the experiences of the consumer workforce

Thank you

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Question: I know eMHprac has been used over the years on appropriate digital mental health programs & Apps & ensuring evidenced based -is there any interrelationship?

Answer: eMHprac has provided guidance over many years. The providers behind eMHprac have been strong advocates for the development of national standards for digital mental health standards.

Question: How do the standards integrate with the National Health standards?

Answer: The National Safety and Quality Digital Mental Health Standards were adapted from the National Safety and Quality Health Service Standards, so there are a number of actions that overlap. For organisations who have been accredited to the National Safety and Quality Health Service Standards, they will only need to complete the actions that are not already covered. This is what is set out in the mapping that has been completed that identifies the cross-over between the two sets of standards.

Question: How will services be evaluated against these standards?

Answer: Service providers can currently self-assess using the self-assessment tool published by the Australian Commission for Safety and Quality in Health Care. The Commission is in the process of developing a scheme for independent assessments to be conducted as well. Further details of this will be made available at a later date once the details of the scheme have been finalised and the timeline for its establishment and commencement are known.

Question: Do we know if CALD communities are using digital mental health services? Are there enough language groups represented?

Answer: I am not aware of specific data that indicates the current level of use of digital mental health services by CALD individuals.

We know that CALD communities are keen to enhance access to services for people who are experiencing mental health issues, suicidal crisis or substance use concerns. Digital mental health services offer an opportunity to do that.

To ensure that digital mental health services best meet the needs, consideration must be given to the diversity of CALD consumers, language requirements and cultural safety. The NSQDMH Standards have actions that require service providers to identify the diversity of service users and to consider their specific needs, and how accessibility can be improved.

Question: What are the sorts of attributes required for a site to have "usability"?

Answer: Usability encompasses many different things. Essentially it needs to be easy to access and easy to navigate and use. It needs to be engaging so that the service user is likely to continue using it. It should have minimal errors and be easy for the service user to understand.

Question: Are there any sites you might have in mind where the digital standards would apply but they don't consider themselves a mental health service?

Answer: The term 'mental health' is used in the NSQDMH Standards to encompass mental health, suicide prevention and alcohol and other drug services. Some services may not identify that the NSQDMH Standards apply to them for this reason. Some types of services do not fall within the scope of the NSQDMH Standards e.g. general health and wellbeing services, but they can use the standards to understand the domains where action is required to provide a safe, high quality services.

Question: Do these standards apply to NDIA? Do NDIA have a role in making sure service providers use these standards?

Answer: The NDIA is not a service provider and therefore the standards do not apply to the NDIA. Agencies funded by the NDIA have to meet the standards set out by that agency. The NDIA is at liberty to reference the NSQDMH Standards in their contracts with service providers where it is appropriate to do so.