

Australia's new Digital Mental Health Standards will help deliver safer and more effective care

Here's what it means for health professionals

Tania McMahon

Welcome to digital mental health musings, a podcast series from the e-mental health in practice Initiative providing health practitioners with the latest news and developments in digital mental health services and resources. eMHPrac acknowledges the Turrbul and Yuggera people the traditional custodians of the land on which we bring you this conversation, we acknowledge elders past and present, and honour their continuing connection to land, culture and community, and that it's these connections that are intertwined in indigenous mental health and social and emotional wellbeing. We acknowledge the strength and resilience of all First Nations people and communities since colonisation of their unceded lands.

Welcome to this episode of Digital Mental Health Musings. So, the rise of digital mental health programs and services has brought with it a lot of promise to the concept of mental health treatment, particularly the promise of levelling mental healthcare disparity with the potential for faster care and more equitable access. But as health professionals who recommend and integrate these services into care, how can we be sure that access to high quality and safe healthcare is prioritised? That digital services and apps keep pace with new evidence and advances in mental healthcare as well as health practitioners can? And that patient data is handled safely and ethically?

So, in this episode we're looking at how Australia is leading the way in setting a standard for digital mental health, safety and quality, and what that means for health professionals and the future of digital mental health care. So, joining me today is Christopher Boyd-Skinner, manager of Digital mental health at the Australian Commission on Safety and Quality in Healthcare. Welcome, Chris.

Christopher Boyd-Skinner

Thanks very much for having me, Tania.

Tania McMahon

I'm also joined by Rachel Green, CEO at Sane Australia. Welcome to you, Rachel.

Rachel Green

Thanks, Tania. Great to be here.

Tania McMahon

So, we're taking a deeper look today at the National Safety and Quality Digital Mental Health Standards introduced recently to ensure all service users and their carers receive high quality and safe mental healthcare. So Chris, the Commission launched the standards

back in 2020 after intensive consultation with consumers, clinicians, families and carers and technical experts. Can you give us a brief overview of the standards? Why were they developed and what they cover?

Christopher Boyd-Skinner

Yeah, absolutely. So, I guess by way of background for your listeners, the Commission was established all the way back in 2006 by the Council of Australian Governments at the time, and our purpose at the Commission really is to coordinate national improvements to the safety and quality of healthcare in Australia. So we focus on lots of different subject areas from things like clinical care standards, we've got a big e-health program, medication safety and infection prevention and and and control. So basically all sub sectors of the Australian healthcare system.

I think what the Commission's probably best known for is our standards program. So, some of your listeners might be familiar with the National Safety and Quality Health Service Standards and these are standards that apply to both public and private hospitals and also data procedure services. And I think we're currently on to our second edition of those standards now. So, the way in which standards work health services go through a process of implementing a series of actions in the standards and then they undergo an external assessment by an accrediting agency and that's a process to verify or check that they're meeting the requirements of the standards. So the commissions developed a number of these standards which cover areas like primary care, clinical trials, pathology, diagnostic imaging and also community managed mental health organisations. So again, you know, touching a number of different sectors across the healthcare system.

The development of the digital mental health standards was born out of a project funded by the Australian Government Department of Health and Aged Care who came to the Commission back in 2018 and highlighted the need for better guidance on safe use of digital mental health tools. And moving into the development of standards in the digital space is something relatively new for the Commission, but it offers this really wonderful opportunity for us, I think, to set up what a high quality digital health service looks like and also protect service users and importantly, their support people from harm when using digital mental health tools.

Now Tania, you mentioned that the standards were launched Back in 2020, that's absolutely correct. But in the lead up to the launch, there was around about a three-year period of broad sector consultation developing and testing the standards and then also piloting the accreditation framework which hopefully we'll be able to touch on a little bit later on in the show. But during the development and the consultation process, we heard from people like clinical and technical experts, service users, families support people, lots of youth health advocates and also the state and territory health departments and service providers, primarily about three key things.

So, the first was, you know, what are the key risks to people when they're using digital mental health technologies? We also looked at what areas should be covered by the standards and what type of services fall underneath that definition of a digital mental health

service. And finally, we wanted to understand the best way in which the accreditation process could work. So, for example, should it be a mandatory process, would it be voluntary and who should conduct the assessments of services and so on. We also took the opportunity to look overseas and understand what was happening in an international context and where some lessons could be learned from other countries like United Kingdom and Canada, who at the time were also going through a process of developing similar quality frameworks for digital tools.

So, to answer your next question, what do the standards cover? The digital standards focus on three key areas or three standards and there's 59 individual actions. So, the first is clinical and tactical governance. We've then got a whole standard dedicated to partnering with consumers. And then finally, the model of care standard.

So clinical and technical governance is all about the governance of the service. So, it talks about outlining the roles and responsibilities from everyone in the service and that extends from and at the level of the board and the executive all the way down to the clinical and also the technical workforce. So, it's about safety and quality systems and providers need to have these systems in place and really well set up in order to protect their users from harm. It also extends to things like risk management systems, information security, management frameworks, cyber security protocols, and the very all important privacy arrangements which keep you know your service users information safe and secure.

The partner with the consumer standard is exactly as it sounds, so that standard covers concepts like shared decision making, digital literacy, and that service users are really very much at the centre of the service delivery. And that means that they're also involved in things like your governance processes, that an organization has really strong partnerships in the context of things like service design and development, and also the evaluation of the services as well.

And then finally the model of care standard looks at that actual process for delivering your digital mental health service, your tool, your app, your platform, whatever it happens to be. And this includes elements like communicating for safety, understanding and meeting patients goals of care, ensuring that there's mechanisms in place to manage deteriorating mental health and also escalate or transfer care where it might be required.

Tania McMahon

It's a really comprehensive set of criteria to make sure that services are delivering a safe and quality service. And so in November 2022, the Commission introduced a formal accreditation scheme for service providers to demonstrate that they are meeting those standards. Can you tell us what does that involve and how can this scheme help mental health workers when they're looking at integrating a service into their model of care for individuals?

Christopher Boyd-Skinner

Yeah, absolutely. So, as you mentioned, we launched the accreditation scheme for the digital mental standards last November and prior to doing that, we actually designed the

accreditation model, which is effectively the rules around how the accreditation scheme or process was going to function. So, we piloted the model with 10 digital mental health providers, initially in 2021, to test how all those elements sort of fit together and then use the pilot to refine the model and then start building out the the mechanics of the scheme if you like.

So, I guess in simple terms, the process of accreditation really formalises the implementation of a set of standards. So it's that verification to say yes, the service is doing everything they claim to be doing. And then we have an independent body which is completely separate to the Commission come in and confirm that you know, by examining their systems and processes and meeting with the services governing body, their workforce, and you know where appropriate their service users, they're doing everything they say they are doing in the context of you know, implementing that particular set of standards. That independent assessment then allows the service to receive accreditation and then also a digital accreditation badge to display on their website. And it's a little bit like a certification mark or a seal of approval to say that they've met all the requirements of the standards. There's an accreditation cycle, which then lasts for three years, and there's this ongoing expectation that a service will continue to meet the requirements of the standards during that time before they come up for accreditation again.

It's probably also worth mentioning that the Commission went through a pretty rigorous process to select the accrediting agencies that actually go out and do the assessment of digital mental health standards. So, it's quite a lengthy application process, including a submission where we at the Commission examined the agencies assessment methodologies or their policies and importantly, looking at how the agencies assessing workforce had the right clinical and technical expertise to assess the actions in the standards. And that was something that we went to really great lengths to try and tease out. We conducted a number of interviews with prospective agencies, and then we met with them with a panel of digital mental health and safety and quality experts to verify the applications. And then those recommendations went off to the Commission CEO to sign off and endorse.

So it does, you know, sound like a little, you know, a little bit of fuss but you have to consider that the integrity of the standards really needs to be held up. So we really needed to ensure that the accrediting agencies had those appropriate knowledge and skills and also the subject matter expertise to provide that really consistent and transparent process.

Now, why is the accreditation process useful for the mental health workforce? I think firstly there's a level of assurance that digital mental health services who go through the process of accreditation to the standards are both safe and high quality. And I think secondly, there's an opportunity for mental health workers to look at those services and credit to the standards and consider whether they could potentially be used as part of a blended model of care. So combining that routine therapy with online treatments. And this can be done by looking at the commissions list of accredited service providers, which will inevitably build over time as more services undertake an assessment, and then also looking out for that digital accreditation badge, which is it's a, it's a signal, if you like to the

workforce that services are either accredited or working towards accreditation and and they've met those stringent requirements of the standards.

Tania McMahon

Hmm, so it's it's a really rigorous process, but for good reason.

Christopher Boyd-Skinner

Yeah, exactly right.

Tania McMahon

And so Rachel, Sane Australia has recently received accreditation for having met the standards. And you've you've been through this rigorous process. What kinds of things did that shine a spotlight on for Sane in terms of where the organization could help make things safer and better quality for people? What kinds of conversations were your organisation having when you got into the process?

Rachel Green

Yeah, we're really proud actually to be first. I think it speaks volumes and is a testament to Sane being a lived experience LED organization founded almost 40 years ago by people with lived experience of complex mental health issues and their families. And so to be, you know, relatively speaking, the small on the smaller end of the scale, I think it shows the commitment we've put into safety and quality and partnering with consumers, and the the conversations that we were having as an organization during the period of preparation.

We're all about actually, you know we began with helping, using the framework of the standards to think about ourselves. So that you know of the three standards, one of them being partnering with consumers gave us a lot of confidence in preparing because it helped us really think about, you know, actually that's something that we're born from. That's our, that's our heritage is partnering with people. And then we have to think about adapting that, that language. So it's Sane we partner with the people we support and their families and communities. We actually run digital communities, that was part of our accreditation. So we had to think about how to translate the standards and what they meant for us. And then we use that to kind of shine a spotlight on, you know, the processes we use to do that. How rigorous are they? How documented are they? And how will we be able to evidence the fact that they're happening through this process to actually pass the accreditation? So that meant that we looked at things like consent.

So particularly around the standard related to model of care and and you know interestingly I guess for for Sane that the timing for this was really fortuitous because we've been going through a big transformation anyway. So we've actually made a lot of decisions at you know quite deliberately influenced by the standards. We've picked better and more secure and you know at times more expensive systems, and fewer systems because we're able to have better technical governance of fewer, stronger platforms as opposed to, you know how a particularly a not-for-profit community service provider might typically choose you know smaller, more custom dev kind of solutions. We've really gone for safety and stability.

But in thinking about model of care and how our services come together, that's prompted a lot of thinking for us about consent. Because we offer a sort of an internally stepped model where you can, you can ring one off, you know as a sort of drop drop into our phone call center and then progress into our guided service or into our forums, how do we manage the consent behind the scenes of the data we can see about a person so that they're always given the opportunity to consent, to be offered different programs, and for us to build a profile around that person.

And then conversely, something that's really interesting for Sane is we're a service that a lot of other providers refer to, particularly where young people are aging out of youth focused services. And what does that mean for the young person when they come to us at that critical period of, you know, 18 through 25 where a lot of change is happening. How do we manage the information we've got and still allow them to change over time? So what consent do they give and can they give around historical information? And what we're, you know, how you want to know information about someone you're supporting to support them well, but also you want to allow them to change and not be influenced by historical stuff.

So it prompted really interesting philosophical questions and in thinking about those, we really leaned back on our roots as a lived experience led organization. And it's helpful for Sane that we already had, you know, board where 100% of our directors identify as having a lived experience or experienced a family member or career, and we have internal dedicated roles. So we were able to really look at what at first glance looked like a quite a technical and complicated set of standards and find where our strengths were going to help us get through that process and that really helped us with, with with preparing the organization, and using our own lived experience as a lens to think about the experience for people using the service. And then that helped us apply that thinking to what sort of procedures are we using, how do we strengthen those, and then a more sort of standard preparation process. What's documented? What do the policies say? What do the procedures say? And then it's sort of a regular internal kind of audit sort of process. Is it actually happening? Are we doing what it says on the tin?

Tania McMahon

Wow. So some really interesting conversations coming up through the process. Sounds like especially about the consent process and record keeping and what that actually means for the user experience and the user journey through the service. It's really fascinating. How did the organization go actually addressing some of those issues?

Rachel Green

Yeah. So we, you know, we in terms of tips, we're getting a lot of requests from people who are interested to know how we did it and what they might do. One of the things that was important for us was dedicated resourcing. So, like any kind of quality process or transformation or diversity inclusion, you have to resource these things to get them done. So we brought in dedicated roles and we were also part of the early co-design and pilot processes that Chris mentioned. So Sane's been, you know, watching and participating in the development of these. So as part of that, as I said, we made deliberate decisions around funding, around resourcing and then we actually set it up as an internal ongoing

kind of project team. And split that up into the different different areas of the standards and the work that we needed to do.

But particularly where we put a lot of focus is actually the onboarding and experience journey that people go on when they connect with Sane. Thinking about that end to end. I'm a big believer in user testing and also in that you know, really every level of managing a service should understand the user experience. I think that we sometimes forget how important that is, but it's actually the fundamental value of lived experience. The people who filled out your form and signed up and heard your hold music know more about it than you can ever really know as a manager, unless you go and try it yourself.

So we did a lot of looking at the user experience and seeing how we could modify that, and that actually led to several fairly major and quite expensive changes to improve that experience for people as part of our preparation for the audit. That also then had flow on benefits. It improved the quality of experience for people and it actually helped improve the flow through of referrals.

So I think it's really important for anyone embarking on this journey to make sure you've got strong executive and board buy in. The things you're going to uncover whilst you're thinking about onboarding and partnering with consumers are going to require governance changes. They're going to require technical changes. There's going to be cost involved. And so it's a fundamental to that is having good board endorsement of why these standards are so important because what they do for the community is give people confidence that this is a legit service. That I'm going to be treated well. That the people know what they're doing. They're not going to misuse my data or try and sell me stuff, and to pass that is going to require actually a really deep look at your organizational values, your systems and your structures. And you, you can't get through this as a tick box exercise. The auditors, as Chris mentioned, they've been very thoroughly chosen and they're good at what they do.

Tania McMahon

Well, so it sounds like some, some big and tough decisions to make the kind of back end of the service in terms of data system and the the technology behind it all to make sure that you were fulfilling those standards to the you know, the extent that that, that you wanted and and was required.

And Rachel, I also know that that Sane looked at complaints and feedback as an opportunity to partner with consumers. Can you tell us a bit more about? That process?

Rachel Green

Yeah, I can. So this actually I think complaints and feedback is one of the richest sources of intelligence that an organization can have about service improvement. But it is only going to be an effective and rich source of that kind of information if you have the right mindset in approaching it because, you know, particularly in the space we work in, we're supporting people with complex mental health challenges. But across our sector, you're supporting people who are having some of the worst days of their life. You're supporting

people who are in distress, who might have, you know, a brain injury or a disability. Who have, but, you know, by virtue of what we know about mental health and the stigma that occurs, they're having some of the worst experiences. And so if you think about the way that, you know, general retail functions and the customer is always right, and occasionally you get a difficult customer, but mostly people are shopping for shoes. So they're they're generally having an okay time when they come to you. But in mental health you've got people who, you know,, are more likely to be at high risk of distress. They're facing stigma and exclusion. So they're they're not having a great time, which means that they might be more frustrated when they come to you to express why things aren't working very well. And if you can change the mindset of seeing that still as that rich information and what can we do better and how can we learn from this. Not just how can we manage the complaints and feedback within a time zone, which is a sort of an old school, old hack kind of approach, that's actually where some of the richest information about how to adjust the way you're working and the experience people are having to help you meet the standards will come from.

And so to do that we've had to work across, again, beginning with that sort of sponsorship and leadership at the executive level, and you know, working pop down to get people to understand that these these are, you know, it actually is. It is about taking a customer mindset or an experience mindset and saying these people are valuable and what they're sharing with us are points where the system or the way that we're working and interacting could be improved. Let's value that, let's respond to that. Let's look at building the sorts of, you know, registered and CQR processes and follow up processes so that we don't just do a good job of handling the complaint and the feedback, but actually pick up on and and look for opportunities to improve in those. And that means actually being quite proactive and asking more questions and it it starts to change the whole mindset.

So we started with mindset, we worked top down on on how to think about it and then we looked at what the policies and procedures said to role and engagement at a certain period, etcetera, etcetera, to what questions do we ask? How do we engage? How do we, you know, go above and beyond? And actually some of the most beautiful things you can have, beautiful outcomes is when you can turn someone who's been very unhappy into someone who's actually can see that their feedback has led to change. They, they will become some of your store interest supporters. If you can turn that around. So,

Tania McMahon

Hmm.

Rachel Green

And that's all about breaking down the power dynamics. You think about the way that the systems we use, they're all built off old health record systems, which are built on a power dynamic of clinicians, you know, in the old sort of medicalised, very medicalized model, having the power. But by turning that around and taking a customer mindset, we're actually resetting a power dynamic and that, you know, that points to everything we're learning about lived experience and the role of lived experience and peer within a a service dynamic.

Tania McMahon

And that ultimately aligns with the, the partnering with consumers standard as well. So it makes a lot of sense at hand. Do you have any examples of times where, yeah, complaints and feedback you know, contributed to some lasting change?

Rachel Green

Yeah, absolutely. I mean, without wanting to go into too much detail, obviously because privacy and confidentiality of that process is really, really important. But one of the things that that we're really leaning into, so Sane is the nationally funded provider of consumer carer forums and we syndicate those to 60 or 70 odd other NGO's around the country. And those forums themselves are actually a rich source of feedback, not just on Sane and how we work, but on the mental health system itself. And so, one of the principles we apply in there is that, you know, people can, you know, people can choose what they're talking about. And so they can discuss where there are challenges, but in, you know, preparing for an upcoming fairly major sort of co-design review of the forums, we're actually working towards, how do we, how do we take it from, occasionally they express things that they would like to see changed to a collective intelligence model. We're actually really encouraging that, speeding it up, getting the feedback to the right place.

So one of the things we built, for example was we were seeing and there's there's some incredible web accessibility experts on there and people who have huge and deep technical knowledge about either online forums or community moderation or web accessibility and where they found things that were working, they were sort of talking about them and emailing them, but it wasn't getting fast to our tech team. Or at least not as fast as I would like. So we're actually, based on their feedback and working individually with people who'd written in about one particular issue or another, we built a brand new technical incident form so that within the forums now, if you notice a page isn't working or something's not hovering right or something, you can actually report it directly now to IT team and they fix it like that where they can, and and where it takes longer we let people know. We've actually shortened the loop of improvement.

So thinking about what information are people sending to you? Who's the right person to deal with it? What's the fastest way of dealing with it? And then applying some of the sort of, it's okay to complain stuff that comes out of Victoria, how do we encourage it and say, great, you know, we know you've got all this knowledge about how the service could be approved, how do we get you to give it in to us faster?

And actually one of the things that's really exciting is that out of preparation for the audit, where we put out a call across all our programs with people who might be interested in speaking to the auditor, we are in the process, this week in fact, of filling a new subcommittee of our border Lived Experience Advisory Committee, and some of the people who contributed to the audit have put their hand up to be on the board.

So again, I think that speaks volumes to Sane's commitment to partnering with consumers. That some of the people who gave feedback to the auditor, including lots more things we could do to improve, are gonna end up getting to report directly to the board on what to do

next. So again, that's that mindset, right? Let's not see it as a a thing to be handled and managed over there, but how do we supercharge it because the people using your services know how to improve them. If you just find a way to get that feedback in and and give it that respect that it deserves.

Tania McMahon

Yeah, it's a rich source of information if you can find the ways to to to get the message to the right place.

Chris, I'd like to bring you in here. I wonder if you could share some insights into some of the major safety and quality risks of using digital mental health services. What kinds of things can go wrong and how are the standards helping to actually minimise those risks?

Christopher Boyd-Skinner

Yeah, absolutely. So some of your listeners might have heard of the Mozilla Foundation, but for those who aren't familiar with it, it's a nonprofit organization that aims to promote both an open and and and accessible internet. And they have an initiative which is called privacy not included, and it's a project that went about rating a range of different Internet connected connected products primarily based on their privacy and security practices. So it was a bit of an interrogation into a range of different types of digitally connected products and specifically like honing in on both their privacy and security requirements. Both these issues are quite a big concern with regard to digital mental health, and if you haven't had a chance to have a look at the the Mozilla Foundations website, it's definitely well worth all quite nine eye opening experience.

It's, so back in 2020, the project included a review of several digital mental health tools, including things like apps and different platforms designed to help manage people with their mental health, and what they found was really, really concerning. A number of these tools had really significant privacy risks that could ultimately harm users. So, to give you an example some of the apps collected sensitive personal information, such as mental health diagnosis, medication use, all without any clear explanation whatsoever of how this data could be, would be used, or how it could be protected. Now some of these other tools also shared user data with third party advertisers or other organisations without again that clear consent or transparency. So that's obviously quite problematic in the sense that we should never be using this kind of information or data to try and sell things back to people just because they've used an app to try and improve their depression, anxiety, or their issues with substance abuse. It just really should not be tolerated in any sense.

I think what's also particularly concerning in the context of digital mental health tools is that mental health information is by and large among the most sensitive and personal information that a person can share. So if it's not protected well the worst case scenario would could be that it's used against the user by people seeking to exploit vulnerabilities or by employers. Insurance companies or other institutions who you know might go to try and discriminate against people with mental health conditions.

So I think the the lesson that we can learn here is that privacy risks associated with digital

mental health services can in some ways actually undermine the effectiveness of these tools. And there's lots of really great research out there which demonstrates that people are more likely to use mental health tools when they in fact trust that their data is going to be kept private and secure. And I think if users are concerned about their privacy, they may be less likely to use the tools and therefore they miss out on all the wonderful potential benefits which, you know, are really well demonstrated in the literature.

So with a safety and quality mechanism like the digital mental health standards for example, it's got elements such as data use, data localisation and transparent and easily accessible privacy policies and also things like needing to provide any information around third party data sharing. And those are all covered, you know within the standards.

So again we go back to this concept that Rachel touched on before about assurance for service users, and also for the mental health workforce. If a service is to be awarded accreditation, that means they need to meet those strict requirements of the standards, and that includes a really deep understanding of what their privacy arrangements are, how transparent they are, how robust they are, and ultimately you know how well considered they are.

I guess one thing to, to also mention is that the standards don't completely mitigate things like data breaches, and we've obviously seen a lot of recent cases in the banking and in the health sector recently. What they do do is go some way to ensuring that privacy is very much at the heart of the organization, and I think that in and of itself can drastically reduce the risk of something untoward happening.

Tania McMahon

Absolutely. Yeah. I I've read that privacy not included report and it was it was shocking to to see how how little privacy was valued by a lot of of apps out there. A lot of them were not Australian based ones thankfully, but I think I read it described as a lot of them were like data sucking machines with a mental health app veneer. So it's really great that we have these standards now to help safeguard people's privacy. And like you said, it's not going to guarantee that data breaches won't happen, but at at least you know, puts privacy at the forefront of the values of of the services you know, providing this really essential healthcare to people.

I actually want to take a, you know, a bit of a deeper look at the the kind of model of care standard. Can you tell us a little bit more, Chris, about what that covers? The kinds of systems and processes that service providers might engage to actually fulfil that criterion?

Christopher Boyd-Skinner

Yeah, absolutely. So the digital mental health standards were actually developed from the National Safety and Quality Health Service Standards that I mentioned before that focus on hospitals and and also day procedure services. So there's quite good alignment between the two and those concepts of clinical governance and partnering with consumers already appear across both sets of standards. What the Commission added for the first time is a model of care standard. And I mentioned in those opening comments that the model of

care standard is all about the practicalities if you like, of how a service model is delivered. And the reason behind this, is that because there's such a wide variety of service types and technologies for delivery, it's really very important to quite clearly articulate how a service is delivered so that service users can go and make informed decisions about whether a service is actually right for them, and that also I guess extends to the mental health workforce as well. If they're recommending a particular digital mental health service as part of, you know that blended model of care.

So, in order to meet the requirements of the model of care standard services need to focus on a number of key areas. So, they need to really clearly define what their specific service does, and also the intent of the service. So if it's an app to manage anxiety for example, that needs to be really clearly described and made available to users so they know precisely that that is what it's for. They need to describe how the service is going to be delivered and operates, and they also need to really clearly define what evidence supports or underpins their particular app platform or service.

So that's also really quite an important component of the modelling care standard that, that evidence. And then there's a number of actions which relate to minimising risk and these are all about that process of screening, managing and mitigating the risk of harm. So, for example, if a service comes into contact with a patient who may be suicidal or at risk of harm to others, how do they capture that information? What do they do with it? And then how do they escalate that? So these actions are all really about that recognition of mental health deterioration and what response mechanisms are actually in place.

The final component of model of care is around communicating for safety, and that covers concepts like transitions of care. So, we know when a patient transfers from one setting to another, quite often there's a risk of potential harm from things like miscommunication and diagnosis, and also medication errors as well. So providers really need to have those systems and processes in place to manage that transition to care, and that could be in the way of having a care transfer policy, minimum data set for care transition, or going to great lengths to for really reliable and strong partnerships with services that are actually outside the digital mental health tool where that transition to face to face care might be recommended.

Tania McMahon

And Rachel, are you able to share an example about how Sane actually went about meeting that criterion?

Rachel Green

Yeah, sure. The model of care is such an important and powerful standard actually. You know, if you, if you take a a human rights lens and you know, think about what what we so commonly hear reported at Sane, particularly for people with complex mental health issues, is that often people are a bit bewildered in their treatment journey. They're not sure why they're on the medication they're on. Is it meant to get better? When will they know, how long will they be on it? And it's not uncommon for people to turn up in the system after decades of multiple medications that have just been layered, one on top of the other and

multiple diagnosis like a charm bracelet you just collect, collect a new one every year or so. And people often really don't get given good information that they have a right to about what what's happening for me? What's my diagnosis? What can I expect? What, what's this service doing for me? And what model of care are you operating under? How will I know if and when it's working? So you know, it's a really fundamental part of the standards. And for us, one of the things that was really valuable.

So, in the the Commission produces useful guides and resources to help you prepare, and one of them in the implementation guide sets out a kind of a a standardized template for explaining what your service does. And I'm really, really hopeful that across the sector all of us use the template, and use it consistently and then we end up with them easily findable on everyone's website and then easily findable on the Head to Health website because currently that is one of the gaps in Australia. And, and ideally not just digital, but everyone else should do it too. It's that actually just a missing piece of information from the consumer's perspective is what do each of these things do and how do they work together? And as Chris said, what information will be shared when I transition and who will get it, because unfortunately we're still relying, for people, particularly who present often to a clinical setting in an acute suicidal crisis, we're still relying on fax machines in many places in Australia and information just being sort of handed over in an envelope on a discharge summary. So, that I think is one of the most interesting, you know, opportunities around digital mental health. You actually have the capability now to collect and store information reasonably well. To work out what information is useful and powerful, and to try and use algorithms and data and systems for good to get the right information to the right people at the right time.

And so, for Sane, that's really, you know, some of our core design logic. What, what information is powerful? What insights might we be able to gather that's for the benefit of the individual and doing it in a way that maintains their privacy but also promotes recovery for them. So you know, as an example, our guided service is sort of a it it sits behind our overarching recovery model of care. We're all about guiding people to and through things. So we provide support to the undersupported in our and the unsupported in our guided program. People who can't access the clinical system because they've been told there needs too complex, or they're a wait list or cost barriers are able to get free counselling and peer support if they're in an eligible region, and we work with them on their goals, but we also guide them to other things. So we use platforms like Head to Health, which again gives people that sense of trust and safety that the things we're recommending are good, but that's part of our overall model.

And so, using that model of care standard to help us define that was actually really, really helpful for us because it it kind of pushed us through that journey of taking what we understood conceptually and philosophically about our overarching organizational model of care and how the different programs we deliver are part of the whole. And it pushed us through drawing it and defining it and writing it and making it something that's really teachable so that we can embed that.

And that's how you take, you know, that's how the this sort of standards and accreditation

process is actually really beneficial for an organization because it takes you from things you know and believed to be true and have said are true in your policy and manual frameworks and actually then checking is this, does everyone have the same understanding? And the more you you know in implementation science, it's called manualization. So it's about making it really documented. And when you when you do that, you can then build it into your systems. Build it into your induction. You can audit for it. You've got things people can check back against, and all of that is about turning up the dial on on quality, consistency and safety.

Tania McMahon

It sounds like it was ultimately not just helpful for the the service users, but the organization itself. That's really, yeah.

Rachel Green

Absolutely. Yeah. Having, having to generate evidence and having to check that the evidence is then aligned in practice is a is a is a fundamentally powerful thing for an organisation to go through. So yeah, it's really I think you know, I really hope that other people will approach the standards and the accreditation with the same energy we've put to it and see it as a really positive thing. Because if we do get really good alignment, not, as I said, not just across the sort of clear cut digital providers, but across anyone really who's doing telehealth services, in my view, that will improve quality and safety across the board.

And it's really necessary. We, you know, we know post pandemic that, you know, few years ago, very few of us in our day-to-day work lives we're doing video calls and now we're all doing them all the time. It's made telehealth a reality. So, yeah, applying this kind of framework and thinking it's gonna be really important for the, you know, benefit of healthcare and for people in the community.

Tania McMahon

Absolutely. And actually just picking up on that, that point you're making because accreditation to the standards is currently voluntary. Can I ask you about some of the real drivers for Sane really wanting to engage in the process?

Rachel Green

Yeah, sure. I mean, we were look, as Chris will share, we were really excited about getting going and being first. Possibly annoyingly so but, you know, we pride ourselves on the transformation we've undergone.

You know, as I said, our services have been sort of, you know quite deeply co-design and transformed over the last couple of years. And so this was a way to test and put, put a stamp of approval if you like on that work. And, and help provide an organising framework honestly for for you know doing a lot of the finishing work of of getting those things documented and checking that they're in place. You know, also financial. Like many nonprofits around the country, we're all on these painfully short, always ending funding cycles, and so, you know, we know that there are signals from government that, you know,

increasingly passing these sorts of standards will become a requirement. Even though they're not mandatory, they'll become a requirement for submitting tenders and for maintaining funding, particularly at the Commonwealth level. So again we wanted to get in early and and demonstrate that you know we believed we met those standards.

And I think also, yeah, like that, you know, just coming back to what I said at the beginning, it helped us recognize where we're actually a leader on the partnering with consumers standard in particular. That is embedded through every level of what we do, and we really deeply believe in it and live it every day. And this was an opportunity to actually show where Sane really shines, in addition to, you know, the the agility of our size of organization. We're only about 100 people, most of which are frontline and and many are part time. So it meant that we were able to make decisions faster. And you know, I think I think there's a lot of strength in that, and was really exciting actually to be able to showcase that to the community and to the rest of the sector that the work we're doing, particularly because it is new and lived experience designed, could meet that rigorous standard. So there's a lot of excitement, a lot of enthusiasm towards it, as well as the funding imperative of, you know, wanting to make sure that we could keep investment going.

Tania McMahon

Hmm. And you know in in terms of the conversations that were raised, you know from the discussions with with the auditor through the process, were there any other things that the the organization found really valuable in those conversations?

Rachel Green

Yeah. Look, I mean the whole process is valuable, and these auditors, as I said earlier, they know their, they know their stuff! They've got a spidey sense on what to drill into. I think the the most exciting part for me was getting feedback after the process. So the auditors will want to speak to people who use your services and we, as I said, we put out a big call across all our services and we came up with a list of people, you know, basically all comers, anyone who put their hand up got onto the list. And then the auditor worked through and spoke to those people and was able to give us feedback on some of the things they've said. And you know the positive and and negative where someone had had an experience where it wasn't necessarily up to scratch. It's so valuable to get that insight back, shared by the auditor, so that we could go and immediately change those things or or take action.

But one in particular, she told us she spoke to someone who had had, you know, it's it's when you do co-design or user experience design, particularly the digital sense we do, they do user stories. So you make up a sort of a theoretical story, 'where might Chris go looking for mental health?' And you imagine what they might do. And it read back to us, when she told us about it, like it had been designed exactly for that purpose. It was someone who had had some experience in the mental health system but was feeling a bit hopeless because over the time they'd been looking for support they just felt like they weren't getting anywhere and was starting to really sink in at this might be long term for them. And so they've gone googling what else is available, and they'd immediately come

up with, you know, that had turned on all the advertising algorithms promoting all the things, including a whole bunch of American stuff. And, you know, they'd quickly sort of spotted all that really just wants my credit card details, and that one's using the government crest but doesn't look legit. And and that sort of funneled down to Australian more legitimate looking providers of which then most asked the question are you NDIS eligible and the person wasn't, which basically pointed them in a funnel towards Sane. And and then they described self referring online and that being easy to do and that being helpful because they got kind of straight into it, getting an immediate response, And end to end, from that first google journey to first booked peer support appointment was seven days.

And the thing I, you know, I've said I spent a lot of time sharing with my team in preparation for the audit is not everything has to be perfect. It's not a test of everything perfect here. It's a test of do you have good systems so that if something's not working well, you'll pick it up and fix it. But to get that one pretty perfect onboarding journey, and here that actually it had done everything we'd set out to do was just so rewarding for a team that had worked incredibly hard on designing and building and refining those processes. To hear that someone had this amazing experience. They described to the auditor how the the peer worker that they'd spoken to had given them a really clear explanation of what we did do and also what we didn't do. So they were then able to make choices about which bits of our service to use and how based on really properly understanding what they were, you know likely to get out of it. And so that genuine informed choice and yeah, that was just, that was a beautiful moment for the team.

Tania McMahon

It's wonderful hearing a story like that. And so do you have any final insights into, you know, in terms of your tips for people or organisations thinking about starting the accreditation process, Rachel?

Rachel Green

Yeah, look, I would say at the outset, get people to self educate themselves about the standards. Make it a requirement. Give your board the standards and the implementation guide and ask them to read it and maybe do a pop quiz. Do the same with your executive and your management team. What you don't want to do is go a long way down the journey and then find out that other people haven't really engaged with it because then you know you, you run the risk, particularly on things like technical governance, of people seeing that as IT job. IT will do technical governance. That'll be something to do with the IT department. But really technical governance is about are you designing for the features people want and are you resolving the bugs where they impact safety and quality. It's important across the whole organization and so if you get that buying at the beginning so that senior people in all the right roles really understand what it is, what it's what's important about it, what it might mean for your organization. I think you'll save yourself a lot of time and have a better process going through it because everyone will understand how the, the standards actually interlink and and that's going to be really important for your preparation.

One of the other things we did that was very helpful is we used a third party organization that supports accreditation. So we were able to upload our evidence as we went and that made it easier for us to get it all ready and easier for the auditor to view, particularly because that part of the desktop or what it was done remotely. So that's you know, something that I would suggest people consider. There is a lot to it and if you're working on sort of files in excel, it can get really muddy to kind of track what's where.

And the you know coming back again to the partner with consumer standard, I would say at the outset you want to think about, are you really doing that? How are you doing that? Where is that at the leadership level? Where is that at the you know, what co-design have you undergone? How does lived experience get to really inform your board? Who sees areas for quality improvement and how are you getting, you know, consumers and families and communities to feedback onto those things? And if those aren't really in place, I would suggest, deal with that first before you start trying to prepare, because otherwise you'll be trying to write about things that don't really exist. So think about the role of lived experience within your organization at the outset and that will that will pay dividends down the line.

Tania McMahon

It definitely sounds like the, the take away there is prepare and plan before, before jumping into the process. So yeah.

And so, Chris, I did want to ask what will all of this mean for services that don't go through or haven't got yet gone through the accreditation process? Firstly, will the process always be voluntary or are there plans to make it mandatory eventually?

Christopher Boyd-Skinner

Yeah. So, look, I think at the moment we're really going through the process of trying to encourage services as much as we can to consider, firstly implementing the standards and then going through that process of applying for accreditation. And you know, very much still is early days and Sane, fantastic first organization to go through but we do expect a number of other services will also participate in assessments later on in 2023.

I think what Rachel stepped out quite nicely is that, yes, there absolutely is no question that a lot of preparation goes into accreditation and it can be a time and resource intensive process, but there are some really clear benefits for all services, not just in the context of patient safety, but I think also in a commercial sense as well. So we're hoping that that is a motivating factor to try and bring other services on board.

At the moment my team are getting lots and lots of inquiries from services about how to get started with the implementation and assessment process and these services range from anywhere to you know, small tech startups, you know, larger regional, remote mental health services through to some, you know really big well known national providers. So I think that's really encouraging to see.

In terms of whether they'll remain voluntary forever, they are, as you know, voluntary at the moment. So there's you know there's no requirement to go through the process to get

accredited. However, I think Rachel touched on this just now is that the Commonwealth government and also some state and territory health departments as well that play that role of regulator may make accreditation requirements part of the service funding agreement. So what that will mean in a practical sense is that services receiving any government funding might actually be required in the future to start implementing the standards by a particular date and then receive accreditation within a specific time period, you know, some at some point in the future.

I think, to answer your final question there, if you're a mental health worker considering recommending one of these types of services to your patients, there's probably a few key things to ask yourself. Firstly, you want to really understand what the service offers and how is it designed. What health conditions does the service help with? So very clearly, articulating if it's for depression, anxiety, addiction, etcetera.

I think it's also really important to understand what claims are service makes about its benefits. And that sort of goes to my earlier point around whether or not there's any scientific evidence to show that this service user is actually going to benefit from it. They're also really important to understand what the likelihood of harm is for someone using this service, and if there are any potential harms these need to be really clearly highlighted. So it's just, I guess, like any other type of therapeutic or medicine. We've got product information inside, you know, the box of medicine to ensure people know exactly what the risks or side effects are and digital mental health is no different. Those risks need to be really clearly highlighted.

And finally, and this is probably the big one, is who's gonna have access to the users data? This is so important if you're going to recommend a service, an app, or any other kind of digital mental health tool, go to the links to read the privacy and data use policy. So if it's not transparent, it's too short, too vague, mentions anything about sending information to third party for the purposes of advertising, or just generally I think looks a little bit fishy that it's definitely best to steer clear.

Tania McMahon

Some some really good tips for for health practitioners, you know, in the interim here where services are are waiting to go through the the process or it's it's taking that time that that we as health practitioners can look at services ourselves and determine you know what's the evidence behind them and is there a risk of harm at the end of the day to to someone that I might recommend this to and yeah, what, what policies do they have around privacy. Is that protected, and if there's no privacy policy then all bets are off. So yeah, just making sure that we we look into that ourselves as as clinicians before we recommend things to people.

Well, Rachel and Chris, it has been a really fascinating discussion. Thank you so much for for sharing your insights and experiences with the standards and the issues around safety and quality that that we as health practitioners, should all be aware of. Thank you so much for joining us.

Rachel Green

Thanks for having me.

Christopher Boyd-Skinner

Thanks very much, Tania, pleasure.

Tania McMahon

So, after our conversation with Chris and Rachel, we also had the chance to catch up with Dr Anita Moss for a practitioner perspective on what the standards will mean for utilising digital mental health in practice.

Dr Moss is a GP Obstetrician in rural Victoria as well as a board director and peer ambassador for Sane. Anita's lived experience of her own mental health struggles and caring for a family member with complex mental illness have inspired her to contribute to and support the vital work that Sane does to reduce stigma, contribute to positive change, and to ease the burden of suffering related to mental health. So let's hear from Anita.

Okay, Dr Moss, welcome to the podcast. So, I wonder if we could start first with your role at Sane Australia? Tell us what those roles involve.

Anita Moss

Sure. So nice to be here. Thank you for having me.

I am GP Obstetrician. I have been a peer ambassador with Sane Australia for the last five years. I have lived experience of mental health issues and caring for a family member also. And that's sort of how I came to Sane five years ago as a peer ambassador. That's what inspired me to apply for that role, to provide advocacy and support to others going through similar situations.

More recently I applied for a board position in November and it was a way for me to continue this advocacy work in a role where I might have more opportunity to influence change, particularly with my GP hat on, I guess. In terms of Sane's approach now, really wanting to support GP's in the community to provide really fantastic mental healthcare.

Tania McMahon

And can you tell us a little bit about your practice? I know you've, you know obviously spent some of your time working in rural Victoria. What kinds of mental health issues are you seeing and what do you kind of see as the benefits of digital mental health programs and services fitting into that care?

Anita Moss

Yeah, Tania, I think probably my work in Northwest Victoria is, in a regional area that is under resourced and overstretched. We have in a town of almost 10,000 people we have one psychologist in the town.

Tania McMahon

Wow.

Anita Moss

And we have one part, two part time GP's in the town, I beg your pardon, and a few visiting GP's, of which I am one. So huge burden of mental health, fewer work opportunities, so high rates of unemployment, high rates of substance use, high rates of unsupported untreated mental health conditions. The whole spectrum. So having a digital platform to help support those clients is, is gold, is is amazing and and really does make the difference in terms of outcomes for them, albeit small, slow steps compared to if they had more access to clinicians. But it's it definitely does feel a void.

Tania McMahon

So, I'm hearing that, especially in a in an under resourced area, there's, you know, there's already a lot of demand on on GP's. But especially in in a really under resourced kind of remote area, it's even more pronounced the burden on GP's to to carry the care of mental health for for locals.

Anita Moss

And they can't. So, one of the part time GP's, her books are closed and keep in mind that for a town of that size, you know, people are coming in for all sorts of medical problems, not just mental health problems. And really for those clients like myself, with anyone who has a mental health issue that you need to see a GP about, typically you need longer appointments and we're just not going to get that time in in regional areas. That happens in the city as well, but yes, it is more pronounced in in the country.

Tania McMahon

And so for for you guys, having digital options is, is almost necessary to be able to relieve that burden. To, to provide some kind of other option for for getting care to people?

Anita Moss

To help these people improve and to help them stay well, it's vital. Otherwise, the burden of more moderate to severe illness is is higher, basically.

Tania McMahon

Yeah, yeah, the problems really compound. People with those mild and moderate symptoms don't get the right right care then they become people with moderate to severe problems and just everything snowballs.

Anita Moss

Yes, absolutely. And then you've got higher rates of people in crisis needing care in crisis, and that's what's happening in the community all around the country, regional areas or urban areas where clients in crisis generally will get some care, but it's the ones in that mild to moderate category that aren't aren't supported very well. GP's are time poor. The psychologists that people have access to our private. So Sane's digital platform does provide a great safety net and resource for support.

Tania McMahon

And then that's a really great way of kind of framing it as as as a safety net because there's

lots of people falling through the cracks and seems like with so much demand that the cracks are are kind of getting bigger.

Anita Moss

Absolutely, absolutely. And the GP's can't manage it all by themselves, right? And,

Tania McMahon

Yeah.

Anita Moss

Yeah, they can't, yeah.

Tania McMahon

Yeah. So, it's kind of we've gotten beyond digital mental health platforms and and tools and services being a a nice thing to have a nice little option, you know, optional extra if we want to use it. It's becoming a really vital vital tool, yeah.

Anita Moss

Yes.

Tania McMahon

Yeah. And so we had some really great insights from Rachel and Chris about how the, the Safety and Quality Standards will actually improve the quality of digital mental healthcare for patients. And we'd really love to hear more about what that means and looks like in practice. What do you think the standards and the accreditation process mean to you as a health professional? As someone you know who will be referring clients to these digital mental health services.

Anita Moss

Tania, it means a lot to me to be able to reassure my clients that the the platform that I'm referring them to is, is being offered by an organization and support workers who are well versed and trained in things around consent. Around confidentiality. Privacy. That the service offerings are evidence based. That the, that they will be looked after in a way that is safe and inclusive with safe language used. That, that, that gives me great confidence to know I don't even have to know who the practitioners are to be able to say, to recommend the whole platform.

You probably know as a psychologist yourself that you know, you get to know in the community who the particularly good clinicians are, whether it's the GP or a counselor or a coach. And we have our favourites right? Knowing who might be suited to a particular demographic. I can honestly say that at least I know because of the accreditation that Sane's digital platform has just achieved that the the whole platform will be delivered in a safe and confidential way.

Tania McMahon

That's a really good way of, of thinking about it is is comparing it to what we're already

doing in in face to face care because we all, you know, we refer on. We, we provide referrals to other services and so far that's been a you know a a vetted you know a vouching kind of process where, ohh I know that person, I've I know that them personally or I've sent other people to them and I can vouch for their quality. As a practitioner, I know you're gonna be taken care, you know, good care of. When we're working in this digital space where we're making referrals to these services, but they exist in a different space to a face to face work, how do we give people the same confidence? And you're you're absolutely right. This is where those standards come into play and will come into play in a big way in the coming years is it's going to provide that, that vouching, that layer of confidence, yes.

Anita Moss

Yes.

Tania McMahon

Yes.

Anita Moss

And we're busy as GP's and we are time poor. Unfortunately, you know that is burden of healthcare in in the community. So it is really nice to be able to know that that go to that is going to be safe for my client.

Tania McMahon

Absolutely. And, you know, even even with being time poor, who would expect anyone to to be able to vet every service across Australia. We wouldn't expect, we wouldn't expect you to be able to vouch for, you know, services over the other side of the country! You know, a a face to face service over the other side of the country. You know, your local ones but when it comes to digital, there's we're talking dozens, scores, hundreds of services, you know, nationwide. So we we have to have a system where someone, someone else, can help us with this vetting process because, you know, we we wouldn't be expected to to be able to do the same for face to face services across the country either. It's just too, too big a landscape. Yeah. So I think I think it will be really vital moving forward.

Well, thank you so much for for your for your input. Dr Moss. It's been really great having you as part of the conversation.

Anita Moss

Thank you so much for the opportunity, Tania. Take care.

Tania McMahon

Hi there, it's your host, Tania here again. Well, what an episode that was and one that we thought was worth reflecting on a little more.

One of the questions we get asked all the time about digital mental health is, well, is it effective? Is it trustworthy? Is it ultimately safe? Safety is at the forefront of every health practitioners mind, and so the arrival of these safety and quality standards for digital mental

health is a real game changer because it won't be up to every single practitioner to do the work of vetting and checking the services. Which is a physically impossible task anyway! We'll have a stamp of approval to look for. The hard work already done by a trusted authority, and we can get on with our work of helping people and taking advantage of the benefits that digital mental health has to offer.

I really enjoyed the chat with Chris and Rachel and was amazed at just what rigor has gone into developing the standards and finding assessors with the the right clinical expertise to do the auditing. As much as I was impressed by the links that Sane went to as the first organization to go through the accreditation process. For example, opting for fewer expensive, but safer and more stable systems in order to meet the standards, making changes to their internal processes. Having big conversations across the organisation. Getting things clarified and documented. Like Rachel said, organizations can't get through this as a tick box exercise. And as a health practitioner now actually knowing what's involved in that process, I feel absolute confidence in any digital mental health service that goes through that.

And coming back to Chris's points about privacy. We talked about the Mozilla foundations privacy not included a report report and how many very popular apps actually do a terrible job of protecting users extremely sensitive mental health data. And in quite a few cases actually exploit it. And with this starting to happen more and more, with more and more wellbeing and mental health products kind of starting to populate the market, we really run the risk of losing the benefit of digital mental health because people don't use them because people don't trust them. So for Australia and Australians, the standards really couldn't have come along at a better time. I think in time we're really going to rely on them as a marker of safety and trustworthiness when it comes to privacy.

And finally, from my chat with Dr Anita Moss, I think that as a health practitioner, these standards will really start to shift our thinking around mental health treatment and support. I think right now there's still a sense of, okay, here's my routine face to face practice and oh, by the way, here's an app that's kind of cool. Let me check that it's okay. Ohh Yep, that looks good, how about we give it a go? But I think that what the standards will help us to do over time is start to move away from that and move towards a true blended care model where health practitioners really get to know Australia's key high quality digital mental health services. And then where these services become widely recognised and integrated regularly into routine care in ways that ultimately get the right care to the right people at the right time, and improve outcomes. So it's definitely a a space to keep watching.

So thanks again for joining us on this one and we'll be back again soon to bring you more of the latest developments in Australia's digital mental health landscape.