

This guide is designed to support mental health professionals (practitioners) to learn to safely and effectively use telephone and video technology (telehealth) to deliver mental health services.

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Key Points

- Telehealth involves using technology to reduce barriers to access, but telehealth and technology are not a replacement for high-quality care or professional responsibility. The clinical and ethical standards that apply to traditional face-to-face (F2F) delivery also apply to telehealth consultations.
- Telehealth delivered mental health care can achieve similar outcomes as F2F delivery, but each offers advantages and disadvantages. Disadvantages of telehealth can be overcome by careful preparation and by modifying one's therapeutic approach.
- With appropriate preparation, reflection and evaluation, most practitioners find telehealth presents an efficient and clinically effective way to reach consumers who might not otherwise be able to access care.
- This guide assumes practitioners are experienced, nationally registered, and receive regular supervision. It also assumes that consultations aim to support consumers better understand symptoms and symptom cycles, to learn and practice psychological skills, and adjust to change in their life.
- This guide is agnostic with respect to therapeutic model and assumes that most evidence-based models can be delivered successfully using telehealth, albeit with appropriate modifications by the practitioner.
- This guide provides general information, does not include information about reimbursements or recommendations about telehealth technology platforms. We recommend practitioners consult their professional organization and insurers for specific advice.
- We strongly encourage practitioners to read other high-quality resources about using telehealth ¹⁻².

Guidelines The following four sections summarise key points that will help.

1. Clinical and Ethical Principles

Principles relevant to telehealth build on existing national standards for mental health services ³ and include:

- Consent.** Consumers need to consent to receiving telehealth services. If possible, consent should be captured in writing or electronically, and should be clearly documented.
- Safety.** Consistent with the national law ⁴, the safety of consumers and their health information is paramount. Services need to identify, manage and mitigate risks, including mandatory reporting requirements (see below).
- Responsibility.** Technology is not a replacement for high-quality care or professional responsibility. The standards that apply to traditional F2F delivery ^{3,4} also apply to telehealth consultations.
- Quality.** Practitioners must deliver evidence-based care, and regularly review the quality of service provision.

2. Safety and Risk Management

These are divided into clinical and technical risks:

- Clinical.** It is strongly recommended that practitioners:
 - Establish processes for identifying and managing consumer safety (and safety of others). This can involve asking questions about suicidal ideation, plans, means, intent, and risks to others including minors;
 - Ensure all consumers know what services to contact in the event of mental health crises;
 - Refer people at high risk to emergency or crisis mental health services, and follow mandatory reporting requirements;
 - Receive regular peer, group, or individual supervision.
- Technical.**
 - The technology used to deliver telehealth services must be secure and procedures for securing health information must follow relevant national standards.
 - Telehealth can be simply and securely delivered using telephones and secure video platforms. More advanced technical platforms that include omni (multi) channel communications and integrated systems for documenting progress notes must comply with more stringent technical requirements.
 - Practitioners should seek advice from insurers and professional organisations about the security of their technology solutions.

3. Preparing for Consultations

Practitioners new to telehealth should spend time preparing for using telehealth, including the following:

- a) **Technical.**
 - Devices and internet connections should be tested prior to use, and back-up methods for communicating with consumers should be planned. Practitioners should note that problems with internet speed can cause disruptions in audio and video quality and that these problems may fluctuate based on demand for internet services.
 - Practitioners should ensure they can operate devices at the same time as taking notes during the consultation, and importantly, should ensure that they have a private and comfortable location from which to conduct consultations.
- b) **Consumer Education.**
 - Consumers unfamiliar with telehealth will benefit from a description of what is involved, how they can best prepare, the structure and time of each session, advantages and disadvantages of telehealth, and recommendations about the physical location for their consultations such as a private room with secure and reliable internet or telephone access.
- c) **Consultation Bookings.** Ideally, consumers should receive confirmations of scheduled consultation bookings which they can import or transcribe into their calendar, and reminders of bookings.
- d) **Mitigating Disruptions.** Because telehealth consultations are more prone to disruptions than F2F sessions we recommend:
 - The first minute of each consultation is used to check that audio and/or video are working properly, and if not, back-up devices or connections can be activated.
 - It is helpful to have an agreed plan with the consumer about how the practitioner will contact the consumer in the event the consultation is disrupted.
- e) **Documentation.**
 - Telehealth consultations should be documented in the same way as F2F consultations, with notes securely stored.
 - Unless there is a strong reason for doing so, consultations should not be recorded. If they are, consent is required and consideration given to how, when, and by whom the recordings will be securely stored, backed up, and then eventually deleted.

4. Therapy and Process

The process and experience of therapy via telehealth is very similar to F2F therapy, albeit with some adjustments, as follows:

- a) **Assessment**
 - We recommend using a structured assessment and questionnaires which are either posted to the consumer, sent via PDF, or available via a website which the consumers consults during the consultation. Such tools help to engage consumers and build their confidence with using telehealth.
 - Building rapport over telehealth can be slower than in F2F. Regular feedback from consumers on their experience of telehealth can assist practitioners in identifying things the practitioner has done well or might do to improve their care.
 - Practitioners should also focus on use of verbal and non-verbal communication prompts to support active engagement including questions to avoid misinterpretations and to ensure a shared understanding of the issues
- b) **Therapeutic Engagement.** Practitioners are often surprised by the strength of the therapeutic relationship that can be fostered using telehealth. Consumer engagement is strongly related to outcome and engagement is enhanced when practitioners:
 - Describe the advantages and limitations of telehealth.
 - Explain that it produces outcomes as good as F2F care.
 - Instruct consumers how to prepare for consultations.
 - Use a consistent structure for each consultation.
 - Provide empathic, supportive care.
 - Consumers may be more honest in telephone compared to video or F2F consultations, which can facilitate the speed of the therapy process, but may also surprise some practitioners.
 - Telehealth consultations may involve processes and mechanisms similar to those that occur in F2F including projection and transference. Consumers may experience strong emotions during consultations including tearfulness and anger, which can be managed with the same empathic and professional approach used in F2F delivery.
- c) **Therapeutic Model.**
 - Many therapeutic models (CBT, cognitive, narrative, solution-focused, interpersonal and psychodynamic) can be successfully administered using telehealth, albeit with modifications.
 - Telehealth can be used to deliver group treatments and couples counselling, however, simultaneously working with more than one consumer requires careful preparation to ensure a successful consultation.
- d) **Therapeutic Skills and Processes.**
 - Focusing on using core counselling skills including active listening, reflecting statements and emotions, and paraphrasing can help practitioners adjust to the absence of some behavioural and emotional cues.
 - The predictors of therapeutic change during telehealth are the same as for F2F delivery, that is, consumers who have time and energy for treatment, are engaged, have goals and motivation, engage well with the practitioner and the treatment model, and who make change in their lives are likely to benefit from an intervention.
- e) **Outcomes:** Consistent with national standards ⁴, practitioners should routinely use outcome measures to monitor quality and effectiveness (e.g., the K-10, PHQ-9, GAD-7, etc).
- f) **Contra-Indications:** A broad range of consumers can benefit from telehealth. The main contra-indication to using telehealth is concern about the accuracy of an assessment or safety. At those times, we strongly recommend referral to regular F2F care if available, or if safety is a concern, to a crisis team or emergency services.

Summary

Successful use of telehealth requires some adjustments by both consumers and practitioners. But with appropriate preparation, reflection and evaluation, most practitioners find telehealth presents an efficient and clinically effective way to reach consumers who might not otherwise be able to access care.

1. www.emhprac.org.au
2. <https://www.mentalhealthonline.org.au/Assets/A%20Practical%20Guide%20to%20Video%20Mental%20Health%20Consultation.pdf>
3. Australian Government. (2010). National Standards for Mental Health Services. Canberra
4. Health Practitioner Regulation National Law. (2010). www.ahpra.gov.au/About-AHPRA/WhatWe-Do/Legislation