

Telehealth measure to improve access to psychological services for rural and remote patients under the Better Access initiative

CONSIDERATIONS FOR PROVIDERS

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Introductory remarks

This resource provides best practice information and operational advice to allied health professionals eligible to provide psychological services via telehealth under the 'Better Access to Psychiatrists, Psychologists and General Practitioners' (Better Access) initiative to people in rural, remote and very remote Australia. Further information on this initiative is available from: www.health.gov.au/mentalhealth-betteraccess

The material in this resource is organised into issues that need to be considered in relation to:

- Clients
- Clinical practice
- Organisational matters.

1. Client considerations

1.1 Privacy and security

All providers of psychological services are responsible for avoiding undue invasion of privacy in the collection of information from clients and safeguarding the confidentiality of the information that is obtained during the provision of a psychological service. When delivering services via telehealth, there are specific issues that require consideration pertaining to the use of technology and cross-jurisdictional requirements.

1.1.1 Understand the applicable legal requirements, including cross-jurisdictional differences

All private practitioners are subject to the Privacy Act (see www.legislation.gov.au) that establishes the law in relation to the collection, storage and dissemination of personal information in Australia. Australian Privacy Principle (APP) number 11 pertains to the security of personal information and the requirement to take "reasonable steps" to secure personal information. The Office of the Australian Information Commissioner (OAIC) [Guide to Securing Personal Information](#) provides a useful list of relevant questions for understanding what reasonable steps you may need to take to ensure

the security of personal information. In relation to telehealth, practitioners will need to take *reasonable steps* to secure information that is in the electronic environment. In this environment, providers will need to consider protecting against potential interference or breach of privacy if a telehealth session is 'hacked' or a recorded session is lost or stolen. The next section sets out principles for security in this environment.

Providers offering psychological services to interstate clients must also adhere to the privacy laws that apply in the jurisdiction where the service is being received. For instance, providing telehealth psychological services from Victoria to a client in Western Australia requires the provider to ensure they comply with the privacy and health records laws in each state, as well as the Privacy Act.

Providers will also need to consider other relevant state/territory laws such as local mental health legislation and laws pertaining to the [mandatory reporting requirements](#) in relation to suspected child abuse and neglect. For example, the Victorian mandatory reporting requirements currently differ to those in the Northern Territory and this will be relevant for the provision of a telehealth session from Victoria to a client in the Northern Territory.

In summary, before providing a telehealth service, providers should ensure they have an understanding of any privacy laws and other legal requirements that differ between the jurisdictions in which they are providing services to clients. It may be necessary to seek legal guidance to clarify any cross-jurisdictional responsibilities.

1.1.2 Secure electronic information

In a telehealth service, the flow of information between the provider and the client will be in the form of electronic communications. According to the Privacy Act (see www.legislation.gov.au), providers must take reasonable steps to protect personal information from misuse, interference and loss, as well as unauthorised access, modification or disclosure. Providers should also be aware that clients will need to be informed

¹ This resource uses the term 'telehealth' as used by the Australian Government Department of Health in their documentation pertaining to the new Better Access telehealth item numbers. In the context of the MBS initiative, telehealth refers to services delivered to people via videoconference that utilises both a visual and audio link.

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of privacy and security issues associated with electronic communication and this should become part of the informed consent process.

Below are some suggested steps that could be taken to secure electronically-held information:

a) Implement security measures to secure electronically-held personal information

The Australian Cyber Security Centre (ACSC) website www.acsc.gov.au provides information about cybersecurity strategies. Some examples include:

- Keep security software up to date (i.e., software for firewalls, intrusion detection, anti-virus programs and encryption).
- Allocate permissions for staff access to electronically-held personal information.
- Maintain off-site backups.
- Avoid connecting to freely available wi-fi networks if the computer or device (e.g., mobile phone, iPad) contains confidential information, as these networks are vulnerable to interception.
- Require automatic virus scanning on all USBs attempting to connect to your practice computers.
- Use separate devices (e.g., mobile phones, iPads) for business and personal use.
- Encrypt personal data, particularly if using a portable device. There are commercially available data encryption applications.
- Consider measures to secure access to personal information such as two-factor authentication and enforcing frequent password changes for all users (e.g., every 3 months).
- Dispose of devices on which telehealth data is stored by having the data backed up and removed from the device in a secure manner (i.e., some device re-sets do not securely remove all data stored and special data erasing is required).

b) Engage an information technology (IT) consultant to implement and annually review IT security

For many providers, telehealth will be a new method of delivering psychological services. Providers need to understand the limits to their technical knowledge and address these limits prior to providing services. This is important for both security and privacy and also to ensure the quality

and safe delivery of the psychological service. If you require additional technical advice, consider obtaining expert guidance to ensure you protect clients from privacy issues that may arise while delivering videoconferencing services and also for data security and protection. IT experts could provide guidance on setting up the appropriate computer security protections and conduct an annual review and update of data security, where required. If providers engage a consultant, they should take steps to limit or minimise the consultant's access to private information, such as encrypting confidential files and requiring a non-disclosure contract.

c) Work with clients to protect their own privacy

Clients will have varying levels of technical knowledge and skills and it is important that providers assess the client's understanding about how to use videoconferencing software and also whether they are able to protect against unauthorised access to their private information.

Providers can also ensure that clients understand their role in protecting their information when using technology. For instance, clients may need support and prompting about privacy measures such as accessing the service from a private room, informing clients about using a private rather than a shared/work email address, and protecting any psychological information contained in digital format (such as homework and videos of sessions).

For some clients, it may be helpful to direct them to information about how they can protect their own privacy while using technology. For example, you could refer the client to existing resources such as the Australian Government Attorney-General's Department booklet "[Protecting yourself online: what everyone needs to know](#)" and other cybersecurity resources. These resources both educate clients about how they can protect their privacy online and offer practical ways to improve their online security.

1.2 Client suitability for a telehealth service

Not all people will be suitable to receive a psychological service using telehealth. There are several factors for providers to consider when assessing a client's suitability to receive a service via videoconferencing. These include:

- Capacity to access technology
- Form, frequency and degree of symptomatology
- Extent of psychological disturbance/crisis
- Barriers to access the service (i.e., language, physical and visual impairment)
- Quality of social supports
- Risk of harm to self and/or others.

These aspects of the client's presenting problem are factors to assess and consider but they do not necessarily preclude the use of telehealth. Providers should also consider the consequence for clients if they chose not to provide the telehealth service. In some regions, there may be no alternative providers if the psychological service cannot be delivered by telehealth, and the provider might need to consider if they can draw upon additional supports from what local services and supports are available in order to provide a safe service to the client. In such situations, it would also be good practice to engage in consultation with an appropriate expert peer to review the suitability of the client and consider the available options.

Providers should also review client suitability over time. If the client's presentation changes or their circumstances change, they may no longer be a suitable candidate for telehealth. Clients currently receiving psychological services under the Better Access initiative may benefit from accessing telehealth services. Providers will still need to evaluate whether telehealth is an option by considering the client, clinical and organisational factors related to telehealth outlined in this information sheet.

The factors to assess in considering suitability for a telehealth service are discussed below:

a) Accessibility

Telehealth providers need to consider potential barriers to effective service provision. For instance, the client's capacity to access services may be impacted by technical aspects such as whether the client has the required hardware or devices, a reliable internet connection, technical skills and access to IT support. This may also mean considering if the financial cost to the client for accessing a telehealth service is prohibitive (e.g., hardware, software, data usage).

b) Symptomatology

There may be particular client presentations that the provider considers unsuitable for a psychological service via videoconference. This might include clients who present with symptoms that render it unlikely they will be able to commit to a regular non-clinic/technology-based service. For example, some types of psychological treatment services such as behavioural interventions may require the patient to attend a face-to-face service.

A client who presents with a significant psychological disturbance or in crisis may also not be suitable for telehealth unless adequate support can be implemented in the client's location (e.g., more intensive general practitioner (GP) involvement) to support the psychological intervention.

c) Risk of harm to self and/or others

A major issue that needs to be considered when assessing a client's suitability for telehealth is the presence of a significant risk of harm to the client and/or to other people. The standard Better Access psychological service is delivered face-to-face and the provider is thus able to respond to any concern about risk of harm to self and/or other while the client is present whereas in a telehealth service, the client may be hundreds of kilometres away from the provider or their actual location may be unknown. This means that the provider will need to give careful consideration to their capacity to provide a safe service if the client presents with a significant risk of harm to self (e.g., suicidal ideation) or potential for harm to others.

The presence of this risk does not preclude the

client from receiving the service. The provider may consider they have sufficient local services in the vicinity of the client to be able to support them despite the geographical distance. The next section discusses risk management and assessment in more detail.

1.3 Risk assessment and management

Risk assessment and management is always an important part of a psychological service. However, in the context of telehealth when the client is not physically present with the service provider, specific strategies need to be put in place to manage the risk.

Risk is assessed by asking the client questions, assessing their mental state, and relying on the therapeutic relationship for eliciting honesty and insight. There may also be collateral information available to assist the provider in their assessment. However, providers should be aware that interactions with a client via videoconference are different to face-to-face interactions. For instance, a videoconference may:

- Limit the provider's ability to undertake a comprehensive mental state examination. For example, subtle non-verbal cues may not be obvious if providers do not have a full image (entire body) of the client in view or where the visual and/or sound quality are poor (time lags and video-audio misalignment), and
- Increase disclosure as clients may be more likely to disclose deep distress and suicidal/homicidal ideation in this environment.

Given the limits to assessing risk, it is critical that providers plan in advance how to minimise risk:

a) Establish a risk contingency plan upon intake

At the initial session with the client, providers should consider establishing a contingency plan for managing any risk-related situations that may arise during the course of treatment. The plan could include the following steps:

- Request the contact details for at least two people known to the client. This could include the work/home telephone, email and address for client's next of kin, GP, psychiatrist etc. If the client does not consent to provide identifying information or contact details of people known to them, consider whether the risks are

acceptable and seek supervision, if necessary. If you accept the client, work with the client to develop a reasonable and viable plan if risk does arise.

- Request the client provide their location at the commencement of each telehealth session
- Establish and record the contact details for available crisis services in the clients' local area/s
- Talk to the client about when, how and with whom a crisis plan may be activated
- Establish what will happen if the client does not appropriately participate in or respond to questions about risk, or the internet or mobile connection fails during the assessment and management of risk situations. For example, the provider may need to telephone the client's nominated contact/s or their local GP or clinic.
- Document the plan in the client record.

b) Incorporate risk management procedures into the informed consent process

Providers offering telehealth services are encouraged to review their informed consent process and where relevant, ensure it includes explanations about essential risk management strategies such as:

- The purpose of collecting the contact details for the client and at least 2 others
- Managing risk where communication between the provider and the client is delayed
- Requiring the client to provide their location at the commencement of each session
- The need for a contingency plan in case of risk and what and whom it will entail
- The limits to the capacity to manage risk via telehealth
- The limits of confidentiality in delivering psychological services via telehealth.

c) Establish procedures for out-of-session communication

When provider-client communication occurs primarily via the internet or mobile connections, clients may believe that they can contact the practitioner outside scheduled hours. For example, a client in crisis may contact the provider using various technologies but these communication attempts may not be promptly responded to by the practitioner because it is outside normal business hours. To avert such communication

problems, providers should establish a protocol for communications out of session, including crisis situations. This information should be provided to all clients and should include a clear explanation of any out of session contact with the provider, and the likely speed and frequency of the providers' responses to client communications. Clients should also be guided to alternative resources for crisis management such as local services, telephone crisis lines or online crisis chat services in the case of communication problems.

d) Consider how you will terminate a telehealth service

Where the risks cannot be appropriately managed during a telehealth service, it is recommended that providers who decide to terminate services with a client provide the client with an explanation of the need for the termination; take all reasonable steps to safeguard the client's ongoing welfare; and assist the client to locate alternative sources of assistance. Providers must consider their responsibility for the client's wellbeing and continuity of care.

2. Clinical practice considerations

2.1 Developing the therapeutic relationship

The therapeutic relationship underpins all psychological services and consideration must be given to establishing this alliance in the context of electronic communication. In most cases, developing the therapeutic relationship in a telehealth service is comparable to face-to-face delivery, particularly when the provider is aware of what adjustments they can make to facilitate the therapeutic alliance with the client. Providers of psychological services can improve the capacity for a healthy and strong therapeutic alliance by considering the following adjustments to their practice when delivering a service via videoconference:

a) Be aware of the effectiveness of teleconferencing services

Research has shown that the quality of the therapeutic alliance using telehealth is comparable to face-to-face. However, there is also some evidence to suggest that providers may hold the belief that therapy conducted via telehealth will be less effective than face-to-face therapy and such beliefs can impact upon the therapeutic relationship. Providers can actively increase their awareness about the effectiveness of telehealth as a mode of delivering psychological services by engaging in professional development opportunities.

b) Make adjustments to the expression of empathy

A key determinant of a therapeutic relationship is the level of empathy displayed by the provider. Empathy can predict outcomes regardless of the modality, delivery mode, treatment format and severity of the clients presenting problem. Making adjustments to the way empathy is conveyed may compensate for factors such as delayed sound, reduced eye contact (i.e., looking at the screen instead of the camera), and the ability to respond in a physical manner (e.g., handing the client a box of tissues). Adjustments can include:

- Emphasising verbal and non-verbal gestures.

Research suggests that developing rapport with a client when delivering psychological services via teleconferencing requires providers to alter

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their communication style. Teleconferencing generally limits the amount of non-verbal information exchanged between the provider and the client. As a result, providers will need to emphasise both verbal (e.g., expressions of unconditional positive regard, acceptance and caring) and non-verbal gestures to facilitate rapport building. Skills that may need to be used more often include active listening, taking turns, paraphrasing, using shorter sentences, as well as slowing down the interaction and paying more attention to social cues and emotional expressions. Providers will also need to be more overt and deliberate with their non-verbal communications (e.g., inflection, tone, gestures and mannerisms) compared with what is typical during face-to-face sessions.

- More frequently clarifying the meaning of clients' facial expressions and body language.
- Approaching the session with friendliness and warmth.

Compared with clients of face-to-face services, clients in a telehealth session are generally more sensitive to the level of friendliness and warmth expressed by the provider. Providers who adjust their communication style to convey a friendly and warm approach will assist their clients to feel comfortable and at ease with the videoconference environment.

- Checking with the client about their experience of the therapeutic alliance.

It can be helpful to check in with the client about their experience of the therapeutic alliance/bond and/or use validated measures to gauge the quality of the alliance.

c) Be clear about the purpose, goals and limitations of treatment

The therapeutic alliance is enhanced when, in addition to developing a therapeutic bond/attachment, the client and therapist are clear about the goals for treatment. Providers can enhance the therapeutic relationship by clarifying the purpose of therapy, the goals for treatment and agreeing on the tasks required to achieve the desired outcomes. Such discussions are standard practice at the beginning of any psychological intervention, but in a telehealth service it is important that the discussion also focuses on the client's expectations for treatment delivered via

videoconference. Providers should also be open with clients about the benefits and limitations of telehealth and work with the client to overcome any limitations. Providers are encouraged to regularly check-in with the client to review how the telehealth modality is working for them.

d) Optimising both client and provider visual and audio experience

There are a number of considerations (e.g., camera position) when setting up videoconferencing technology that impact on the experience for both the client and the provider. These considerations can impact on the amount of information communicated and received by both parties to the session. For example, positioning the camera only on the client's face limits the capacity of the provider to gather non-verbal cues. It is important that providers consider these factors when setting up the teleconference session so they can advise the client to make appropriate adjustments. Some aspects found to enhance the videoconferencing experience include:

- Adequate eye-contact with the client established by:
 - Ensuring the provider and client are seated squarely in front of the camera lens
 - The provider adjusting their view of the client and assisting the client to adjust their view of the provider so that you can both see each other's face clearly
 - The provider regularly alternating their gaze between the monitor and the lens of the camera when speaking and/or listening
 - Limiting the taking of written notes as this averts the provider's gaze
 - Removing any accessories or obstacles that obscure visibility of facial expressions
- Good lighting at both the client and the provider end
- Privacy (no interruptions) at both the client and the provider end
- Maintaining a video link throughout the session even if during times of discomfort, some clients wish to switch the camera off or engage in more subtle behaviours such as moving out of the view of the camera.

2.2 Developing cultural competence

Providers delivering any psychological service must work within the boundaries of their competence. Cultural competency is the ability of providers to effectively deliver services tailored to meet the social, cultural and linguistic needs of a client. For providers delivering services under the Better Access telehealth initiative, this will include cultural competency to work with people who live in rural, remote and very remote Australia, and particularly with Aboriginal and Torres Strait Islander people. Providers will need to reflect on their competence to work with these cultural groups.

a) Working with Aboriginal and Torres Strait Islander Peoples

It is likely that some clients seeking psychological services under the Better Access telehealth initiative will be Aboriginal and/or Torres Strait Islander people. Providers will therefore need to reflect on how they will identify if a client is Aboriginal and/or Torres Strait Islander. It is not appropriate to rely on observing the patient's physical features at a face-to-face or telehealth session; the only effective and accurate way to identify someone of Aboriginal and/or Torres Strait Islander origin is to ask "Are you of Aboriginal and/or Torres Strait Islander origin?" Providers should consider including this question in the information they collect on all clients at intake.

Aboriginal and Torres Strait Islander people hold a holistic view of health that informs their social and emotional wellbeing approach to mental health. This approach incorporates body, mind and emotions, family and kinship, community, culture, country, and spirituality; the connection between land and cultural identity is viewed as central to wellbeing. The mental health of Aboriginal and Torres Strait Islander peoples is directly related to the disruption of cultural wellbeing and intergenerational experience of trauma and loss, and the continued exposure to racism, stigma and social disadvantage.

Acknowledging the centrality of self-determination, the varied cultures among Indigenous groupings, and the importance of kinship are critical to working effectively with Aboriginal and Torres Strait Islander peoples. Delivering a service that is culturally inappropriate has the potential to do more harm than good. Providers must therefore

give careful consideration to whether or not they possess the adequate skills, knowledge and expertise to deliver a culturally appropriate service. For providers seeking to develop greater cultural competence, an invaluable resource is: P. Dudgeon, H. Milroy & R. Walker (2014).

[Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice, Commonwealth of Australia](#). The [Australian Indigenous Psychologist Association \(AIPA\)](#) provides cultural competence workshops for mental health workers. Useful information can also be obtained on the [Healing Foundation website](#) and in the Australian government's [National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017-2023](#).

Providers might also consider seeking the services of a cultural mentor when working with Aboriginal and Torres Strait Islander clients and seeking expert supervision.

b) Working with people from rural, remote and very remote locations

People in rural and remote Australia face unique stressors compared with Australians living in major cities and regional centres. For instance, there may be increased financial stress, uncontrollable environmental stressors, lower employment levels, greater educational barriers, transport and communication challenges, and limited access to a range of services. People living in these areas experience higher rates of risk taking behaviours, higher rates of smoking, less physical activity, poorer physical and mental health, and higher suicide rates than their more urban counterparts. They may also have had very limited experience with mental health services.

The communities included in Modified Monash Model regions four to seven that are eligible for telehealth psychological services vary widely and include mining communities, isolated coastal locations, remote pastoral stations and smaller farming communities. While stoicism and social connectedness are often seen as a key characteristic of people living in rural Australia, it is important to acknowledge that there is no one rural culture. For example, the lifestyle, norms and values of people who live on remote pastoral stations are very different from those of people who live in remote mining communities. Providers

who are not familiar with rural cultures may need to consider how they can enhance their capacity to effectively engage with rural clients, many of whom may have limited experience with mental health providers.

Providers interested in learning more about rural and remote service delivery could contact the [Centre for Remote Health in Alice Springs](#), the [National Rural Health Alliance](#), or the [Centre for Rural and Remote Mental Health](#).

3. Organisational/practice considerations

3.1 Practice policies and procedures

As set out in sections 2 and 3 above, there are a number of adjustments to practice policies and procedures that are required to meet the regulatory, professional and ethical requirements pertaining to the delivery of a psychological service via telehealth. It is good practice to:

a) Make adjustments to your privacy statement

Given the telehealth modality, privacy statements need to include specific provisions for videoconferencing services and any other electronic communications with clients (e.g., email). See Appendix A for an example. Providers need to update (and periodically review) practice privacy policies and procedures to ensure they adequately address the management, storage and disposal of information gathered during telehealth consultations, including data security measures.

b) Make adjustments to the informed consent process

Providers need to include provisions in their informed consent process that address any limits to privacy associated with electronically-held health information and other regulatory requirements. The process should address:

- Any Medicare reporting requirements
- The limitations to confidentiality that arise when communicating electronically
- The contribution of the client to protecting their own privacy
- The need for written consent to use email communication for such things as invoices, homework or assessments. This should include an agreement about the subject line of the email(s) and the password protection of attachments
- Steps to manage risk
- Payment arrangements when not face-to-face
- Client responsibility for costs incurred in own software, hardware and data usage
- Arrangement for interruptions (i.e., drop-outs) during the teleconferencing session.

c) Train all staff in the use of policies and procedures related to telehealth

Existing staff will require training in policies and procedures related to telehealth including protocols, information sheets and consent forms and include this training in the orientation of all new practice staff. Staff may also need training in the appropriate use of the chosen videoconference technology and the delivery of psychological services via telehealth modalities. Staff should be informed that some technologies have active location services and providers may need to switch this function off to ensure their own personal privacy and safety.

d) Record keeping

As with all psychological services, the provider must take adequate records of telehealth sessions and securely store them according to legislative requirements. Record keeping for a telehealth service is likely to be no different from in a face-to-face service though providers need to be aware of the impact of note taking (looking down) during a videoconference that already has reduced visual cues. It may be helpful for providers to explain to clients the need to keep notes and that they may have to look down at times during the videoconference session.

Some technologies have the capacity to electronically record the session. Providers need to carefully consider how they will securely store an electronic recording in a manner consistent with legislative requirements.

Providers are recommended to include a statement in their information statement/consent process to indicate that clients should not record the telehealth session.

3.2 Preparing the telehealth environment

Practice owners should give consideration to the setting in which the videoconference session occurs in order to ensure it is appropriate for a clinical service. This could include preparing the environment for the practitioner to ensure:

- The technology and all associated equipment is set up and in functioning order prior to a session commencing
- The room is free from possible distractions, interferences or interruptions to the session and

the practitioner and the client have planned what to do if there is an interruption

- The room has good lighting to enable the client and the practitioner to have clear vision of each other
- The room that is visible to the client is professional in appearance.

Practitioners should also discuss with their client the importance of the client ensuring personal privacy by considering the environment at the client-end. This might include explaining to the client that they:

- Choose an environment for the telehealth consultation where they are not likely to be distracted or interrupted. Clients who are not familiar with psychological interventions should be informed that it is important to avoid having children or other people requiring their attention during the consultation, to turn off phones or other devices, and to choose a location that has minimal noise disturbance
- Choose an environment where the conversation with the provider cannot be overheard by others
- Choose an environment that has good lighting so they will have clear vision of the provider
- Consider the background in the location they have chosen because it may be visible to the provider
- Plan together how to handle any situation where they are interrupted
- Might like to plan for some brief quiet time after the session before they return to their usual tasks.

If the client is a child or young person, providers may need to consider the potential presence of adults/parents/carers and how the child's privacy is to be managed at the client end. This may require a discussion with the young person and their parent/carer during the initial session.

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CHECKLIST

For providers considering delivering psychological services via telehealth under the Better Access initiative

- Are you aware of the factors that might render a client not suitable for telehealth?
- Have you developed a plain English information sheet to support your consent process?
- Are your consent processes adequate for the online environment? For example, are clients informed of any risks to privacy related to your choice of technology?
- Do your consent processes inform the client that they may need to attend face-to-face services in order to obtain an effective treatment?
- Does your privacy statement need updating in relation to the online environment?
- What information and assistance do you need to develop for clients to assist them to address their personal online security and privacy? For example, do they know to ensure they are in a private space when they are speaking to you online? Does your consent process ensure clients' acknowledge it is their responsibility to ensure a private environment at their end when they engage in the session?
- Have you developed policies and procedures for managing risk of harm to self and/or others when your client is not face-to-face?
- Have you developed procedures on what to do if the service drops-out during a consultation and have you a mechanism for ensuring clients are aware of these procedures?
- How will you securely exchange documents with the client (e.g., exchange of homework)?
- Will you record sessions? If so, does the technology meet the requirements for storage of health information? Have you included this information in your consent process?
- Have you determined how you will securely collect payment from clients who are not face-to-face? Is your process compliant with Medicare requirements?
- Will you provide services to clients in other jurisdictions? Are you aware of the legal requirements of the State/Territory in which you deliver services?
- Have you considered what procedures you will use to identify if a client is Aboriginal or Torres Strait Islander? Have you reflected on how you can provide a culturally competent service to these clients? Do you have access to a cultural mentor? Do you need additional training?
- Are you competent to use the chosen technology in the clinical setting? How will you assist clients to acquire and use the technology?
- Are you confident in your ability to develop a therapeutic relationship with a client in an online environment where there are limited visual cues and synchronicity issues requiring adjustment to communication styles? Do you need to consider further training?

Appendix A: Suggested additions to informed consent for telehealth services

This is an example of **additional information** that providers may wish to include in their informed consent process.

Requirement to provide contact details and location

As we will mainly be working together by videoconference, I need to be able to contact support people in your locality should any issues arise. Please provide the names and contact details of at least 2 people known to you before we commence the treatment.

Because you may be in varied locations for each of our videoconferences, I will require you to provide your location at the commencement of each session.

Privacy in online communications

The privacy of any form of communication via the internet or a mobile device is potentially vulnerable and limited by the security of the technology.

[Provider: Insert the type of technology that will be employed and the level of security, including risks that pertain to this technology. Clients can also be directed to the privacy and security information of the software or online service that you will use to deliver digital mental health services.]

Please be aware that email communication is not secure and should contain minimal personal information. I tend to use email for administrative purposes such as setting up appointments. Invoices and receipts will be emailed as a word document attached to an email, and the word document will be protected by a password that we agree together.

I will provide you with suggestions to help you protect your own online privacy for our sessions.

Please be aware that you are responsible for any costs incurred in relation to the provision of your own software, hardware and data usage associated with this telehealth service.

Use of therapy session materials

I will not make recordings of our sessions or use material from our sessions for purposes other than delivering a service to you. I will seek your written consent if I wish to use material for other purposes (such as consultation with colleagues).

I will ask you to respect my privacy by agreeing not to make recordings of our sessions and not to use materials from our sessions for purposes other than therapy. If you wish to record sessions or use session material for other purposes, you must seek my consent to do so.

Storage of your health records

Electronic records and paper records are kept in secure storage.