

**FACT SHEET**  
for service providers

# National Safety and Quality Digital Mental Health Standards assessment framework

The National Safety and Quality Digital Mental Health (NSQDMH) Standards aim to improve the quality of digital mental health service provision, and to protect service users and their support people from harm. The three NSQDMH Standards include 59 actions related to clinical and technical aspects of digital mental health services. They describe the level of care and the safeguards that a digital mental health service should provide.

This fact sheet outlines the process for service providers seeking accreditation.

The Australian Commission on Safety and Quality in Health Care (the Commission) is responsible for writing and coordinating the accreditation scheme. This is

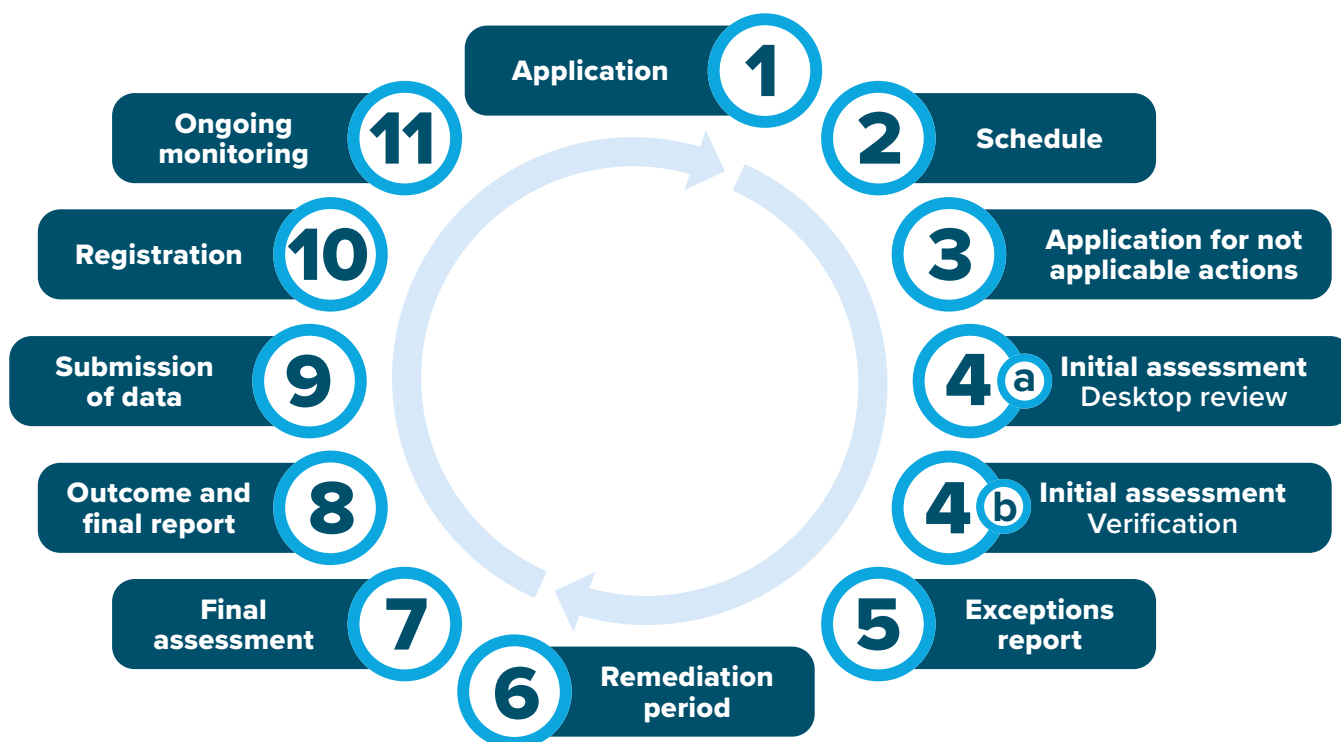
known as the Australian Health Service Safety and Quality Accreditation (AHSSQA) Scheme.

The Commission has developed an accreditation process for the NSQDMH Standards, which will operate under the AHSSQA Scheme.

To become accredited, digital mental health service providers must pass an assessment to show they have met the NSQDMH Standards. Accreditation assessments are conducted by independent accrediting agencies, approved by the Commission. Accreditation commenced in November 2022.

Approved accrediting agencies are listed in a register on the Commission's website.

## Assessment process





## Self-assessment

Prior to an assessment taking place, digital mental health providers are encouraged to undertake a self-assessment of their safety and quality systems, using the Commission's **self-assessment tool**. By conducting a self-assessment, providers can identify both areas where their organisation meets the standards and areas where improvement is required.

To find out more, see the [Conducting self-assessment against the NSQDMH Standards – fact sheet](#).

## Formal assessment

The formal assessment process follows 11 steps:

- ① **Application** – Service providers complete an application for an assessment with an approved accrediting agency
- ② **Schedule** – Service providers work with their accrediting agency to clarify dates, requirements and arrangements for an assessment
- ③ **Application for not applicable actions** – Where relevant, a service provider may apply to their accrediting agency for relevant actions to be rated 'not applicable' at assessment
- ④ **Initial assessment** – The accrediting agency conducts an initial assessment consisting of:
  - a. **Desktop review** – A review of evidence submitted by the service provider to demonstrate conformance to the NSQDMH Standards
  - b. **Verification** – An assessment, either on-site or virtually, to verify the safety and quality systems described by the service provider
- ⑤ **Exceptions report** – The accrediting agency provides an exceptions report to the service provider outlining the outcome of the initial assessment including specifying actions that are rated 'not met' or 'met with recommendations', and the reasons for these ratings, within five business days of the initial assessment
- ⑥ **Remediation period** – Where required, a period of 60 business days is allowed for a service provider to address any areas where the service provider does not comply with the requirements in the NSQDMH Standards
- ⑦ **Final assessment** – For actions that were 'not met' or 'met with recommendations' at the desktop review and verification

- ⑧ **Outcome and final report** – The accrediting agency determines the accreditation outcome based on the final assessment. The agency will deliver a final assessment report within 30 days of completion of the final assessment detailing findings for each action assessed, including suggestions for improvement, and requirements to achieve full compliance on actions that are rated 'met with recommendations'
- ⑨ **Submission of data** – The Commission receives data on assessment outcomes from accrediting agency by the tenth day of the month
- ⑩ **Registration** – The Commission will enter the details of service providers who are 'Accredited' or 'Working Towards Accreditation' on a [register of assessed digital mental health service providers](#)
- ⑪ **Ongoing monitoring** – Service providers continue their monitoring and quality improvement process working to fully implement or continue to comply with the NSQDMH Standards throughout the three-year accreditation cycle.

## What happens at an assessment?

Assessors from an approved accrediting agency will conduct assessments of the systems and processes in place to assure the safety and quality of digital mental health service providers. This will comprise two phases:

### Desktop review

This stage will involve a review of the evidence presented by the service provider, including policies, documents, reports and relevant records.

An accreditation assessment should involve an entry and exit meeting at the commencement and close of each assessment stage. These meetings can occur virtually, using an agreed ICT platform.

The assessor will review documents and other records for the desktop review using the agreed approach; for example, uploaded files or screen-sharing applications.

The assessor may seek clarification or additional evidence as part of their review.



## Verification

This stage will test safety and quality systems and processes are working in practice. This can be conducted on-site or virtually. It will include interviews with the service provider and other relevant personnel.

Assessors will provide feedback following the desktop review. Assessors will also list the areas that they want to review during the verification assessment. Detailed pre-planning will help to ensure a positive assessment experience.

During the verification assessment, assessors will familiarise themselves with the service provider's digital mental health services. They will interview a range of people, including the service provider's governing body and members of the workforce. Where possible, they will also seek to engage with service users and their support people.

Where the service provider is given one or more ratings of 'Not met' or 'Met with recommendations' from the verification assessment, a period of up to 60 business days is allowed for remediation activity to occur before a final assessment is conducted.

## Outcome

Based on their assessment, service providers will receive one of three possible outcomes:

- **Accredited** – Meets all actions – includes 'Met' and 'Met with recommendations'
- **Working Towards Accreditation** – Meets at least half of the applicable actions (a provider can only be awarded this rating once and must meet all actions at the next assessment to maintain accreditation)
- **Not accredited** – Meets less than half of the applicable actions.

Service providers rated 'Accredited' or 'Working Towards Accreditation' will be listed on [a register of assessed service providers](#) and receive an [accreditation badge](#) to display on their digital mental health service.

## Accreditation cycle

Service providers assessed as 'Accredited' or 'Working Towards Accreditation' will be awarded this outcome for a period of three years.

Early reassessment may be triggered when one or more of the following criteria are met:

- Significant change to the governance of the service provider
- Significant change to the service provider's digital operating systems
- Significant change to the digital mental health services provided.

### Rating scale for assessment

#### Met

All requirements are satisfied.

#### Met with recommendations

The requirements of an action are largely being implemented by the service provider, with the exception of a minor part of the action, where additional implementation is required.

'Met with recommendations' may not be awarded at two consecutive assessments where the recommendation is made about the same service provider and the same action. In this case an action should be rated as 'not met'.

#### Not met

Part or all of the requirements of the action have not been implemented.

#### Not applicable

The action is not relevant in the service context being assessed. The Commission's direction relating to [not applicable actions for the sector](#) need to be taken into consideration when awarding a not applicable rating and assessors must confirm the action is not relevant in the service context during the assessment visit.

## Further information

Further information on the NSQDMH Standards and accreditation can be found at:  
[www.safetyandquality.gov.au/dmhs](http://www.safetyandquality.gov.au/dmhs)

Email: [Advice.Centre@safetyandquality.gov.au](mailto:Advice.Centre@safetyandquality.gov.au)

Phone: 1800 304 056.