

Digital Mental Health Standards assessment framework

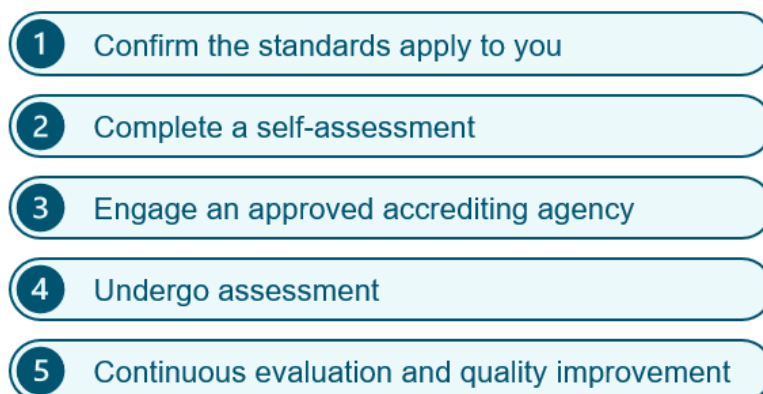
The National Safety and Quality Digital Mental Health Standards (Digital Mental Health Standards) aim to improve the quality of digital mental health service provision, and to protect service users and their support people from harm.

Assessment Framework

The assessment framework outlines the process for digital mental health service providers (service providers) seeking accreditation. The Australian Commission on Safety and Quality in Health Care (the Commission) is responsible for coordinating the accreditation scheme. This is known as the Australian Health Service Safety and Quality Accreditation Scheme ([AHSSQA Scheme](#)).

To become accredited, service providers must be eligible for assessment and then pass an assessment to show they have met the Digital Mental Health Standards. Assessments are conducted by independent accrediting agencies that are approved by the Commission. Service providers seeking accreditation can follow the five steps outlined in **Figure 1**.

Figure 1 Five steps to undergoing accreditation against the NSQDMH Standards.

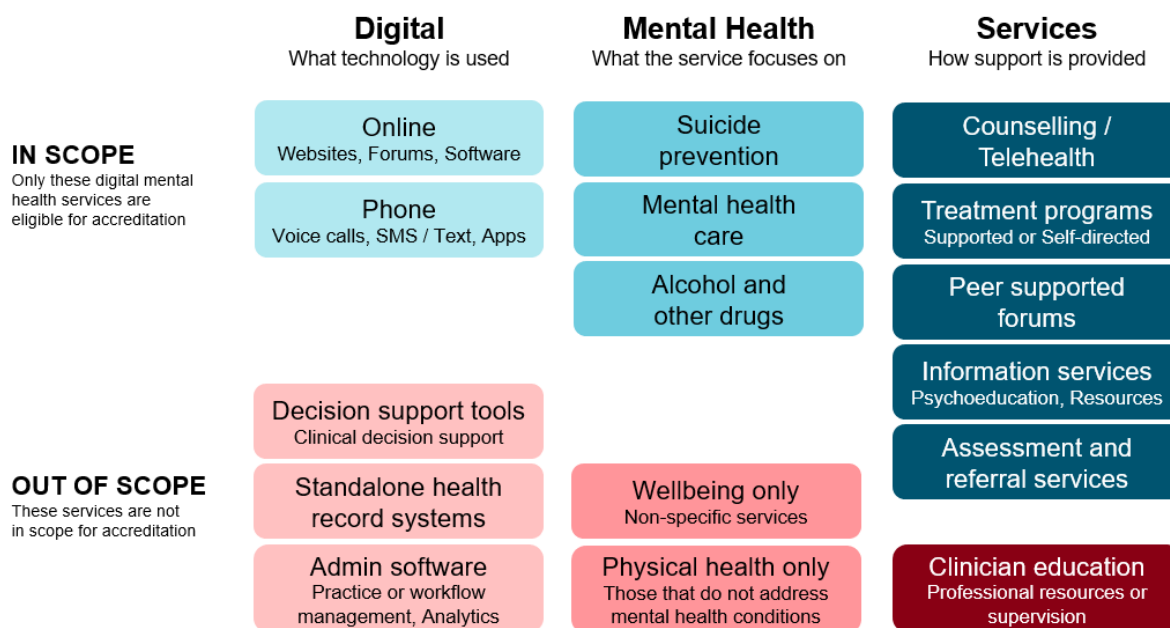


1. Confirm the standards apply to you

The Digital Mental Health Standards are intended to apply to mental health service providers facilitating or delivering services through a digital technology. Generic wellness services can use the Digital Mental Health Standards as a safety and quality framework but are excluded from the AHSSQA Scheme. Some digital mental health services will be required to meet the Digital Mental Health Standards under contract requirements for safety and quality.

The scope of digital mental health services is illustrated in **Figure 2**.

Figure 2 The in-scope technology, service and models of care for the Digital Mental Health Standards.



A digital mental health service provider is an organisation that provides one or more in-scope digital mental health services and has governance systems to oversee the delivery of the service. A developer of a digital mental health service that makes the service directly available to service users and their support people, is considered a service provider.

The Digital Mental Health Standards require service providers to consider the safety and quality of care in its business decision-making which includes partnerships and subcontractor arrangements.

Digital Mental Health Modules

Community managed organisations, primary care organisations or other health service organisations may also provide digital mental health services. These organisations may benefit from using the Commission's Digital Mental Health Modules which support a single streamlined accreditation process with a reduced number of overall actions assessed across two sets of national safety and quality standards.

For example, the *National Safety and Quality Mental Health Standards for Community Managed Organisations* (NSQMHC MO Standards) and the *Digital Mental Health Module for Community Managed Organisations* results in:

- Reduced number of actions from 142 down to 96 actions
- Reduced duplication in self-assessment, evidence preparation and assessment days
- Accreditation to both the NSQMHC MO Standards and the Digital Mental Health Standards

The Commission has published Digital Mental Health Modules for the following primary sets of standards: the National Safety and Quality Health Service Standards, the National Safety and Quality Primary and Community Healthcare Standards and the NSQMHCMO Standards.

Service providers should ensure that their accrediting agency is approved to undertake assessments to the primary set of standards as well as the Digital Mental Health Standards.

2. Complete a self-assessment

Service providers can assess their current safety and quality systems and understand where further work is required by undertaking a gap analysis. The Commission's self-assessment tool supports service providers 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.

This process may only take a few weeks to prepare but for others it may require significant changes across the organisation taking several months.

When the service provider identifies gaps, the Commission's [implementation resources](#) has useful information to understand the intent of the actions, suggested strategies for improvement and examples of evidence.

3. Engage an approved accrediting agency

The Commission approves accrediting agencies that can undertake assessments to the Digital Mental Health Standards. These agencies are independent from the Commission but must follow the policies and rules outlined by the AHSSQA Scheme.

Where a digital mental health service provider is being assessed against the Digital Mental Health Standards through one of the Digital Mental Health Modules, the accrediting agency must be approved to assess under the relevant national safety and quality standards and the Digital Mental Health Standards.

Engaging an approved accrediting agency involves completing an application for assessment with the approved accrediting agency's forms and processes. Digital mental health service providers should confirm the number and type of services within scope of the assessment and identify any actions of the Digital Mental Health Standards that may not be applicable to their services. Following application, the accrediting agency will clarify dates, requirements and arrangements for an assessment.

The accrediting agency will confirm the evidence they require to be prepared to undergo assessment. This should also include which of the Digital Mental Health Standards actions are not applicable to that service provider, given the types and context of services provided.

Both digital mental health service providers and approved accrediting agencies must follow the requirements outlined in the relevant [advisories](#) for the Digital Mental Health Standards.

4. Undergo assessment

Assessment must have a notice period of four weeks given to the service provider prior to being undertaken by the approved accrediting agency. The notice period and the two stages of the initial assessment – desktop review and verification stage – must be conducted within a maximum of a three month period.

Entry and exit meetings should occur at the commencement and close of each assessment stage. These meetings can occur virtually, using an agreed and secure platform.

Some assessments will include an observer from the Commission. This is to ensure the rules of the AHSSQA Scheme are being followed. Observers will be confirmed with the digital mental health service provider prior to the assessment.

During the assessment, the [PICMoRS framework](#) is to be used by assessors to evaluate the safety and quality systems and clinical governance operations of the organisation.

Desktop review – The desktop review involves a review of evidence submitted by the service provider to demonstrate conformance to the Digital Mental Health Standards including: policies, documents, reports and relevant records.

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

The desktop review is used by assessors to seek clarification or additional evidence prior to the verification stage. Assessors cannot award a rating to any action prior to the verification stage.

Verification stage – The verification stage is an assessment to verify the safety and quality systems described by the service provider are working in practice.

During the verification assessment, assessors will familiarise themselves with the organisation's in-scope services. They will interview a range of people, including the service provider's governing body, members of the workforce and where possible, they will also seek to engage with service users.

If all applicable actions are rated as 'Met' the service provider is considered accredited. Where this does not occur, remediation is required.

Rating scale for assessments

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.

Table 1 Requirements following the outcomes of initial assessment.

Outcome of initial assessment	Final assessment	Accreditation status
All actions rated as 'Met'	Not required	Accredited
One or more actions rated 'Met with recommendations' with no actions rated 'Not met'	Required	Accredited
One or more actions rated 'Not met'	Required	<p>If more than 50% of the actions are rated 'Met' or 'Met with recommendations' following assessment by the end of the remediation period, the status awarded is Working Towards Accreditation.</p> <p>If more than 50% of the applicable actions are rated 'Not met' following assessment by the end of the remediation period, the status awarded is Not Accredited.</p>

Remediation and Final assessment

If, following the initial assessment, there are one or more actions rated 'Not Met' or 'Met with Recommendations' then an exceptions report is required.

Within 5 business days of the initial assessment an **exceptions report** is provided to the digital mental health service provider that outlines the outcome of the initial assessment including specifying actions that are rated 'Not met' or 'Met with recommendations' along with the reasons for these ratings.

A remediation period of 60 business days is allowed for a service provider to address any areas outlined in the exceptions report. Actions rated 'Not Met' or 'Met with Recommendations' at the initial assessment will be re-assessed at the final assessment.

Final report

The accrediting agency determines the outcome of assessment. The agency must deliver the final assessment report within 20 business 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'.

After a service provider is accredited

The accrediting agency is responsible for the issuing of the relevant certificates and testimonials to service providers who achieve accreditation.

An accreditation badge is also awarded along with a terms of use document. The accreditation badge is not awarded to service providers who undertake assessment and achieve a 'Working Towards Accreditation' or a 'Not Accredited' outcome.

The Commission receives data on assessment outcomes from the accrediting agency on the tenth of the month following assessment. This data is verified and then used to update the Commission's register with service providers who achieve the 'Accredited' or 'Working Towards Accreditation' outcomes.

5. Continuous evaluation and quality improvement

Accredited digital mental health service providers continue their monitoring and quality improvement on a regular basis. They are required to comply with requirements of the AHSSQA Scheme during this period to maintain accreditation status.

Maintaining accreditation status

Accreditation to the Digital Mental Health Standards lasts **three years**. A service provider must commence **assessment at least four months** prior to their accreditation expiry date.

Certain circumstances may require an additional assessment to maintain the status of accreditation. All accredited service providers must alert their accrediting agency as soon as possible when:

- Service providers develop or redesign in-scope services or programs
- Changing of ownership or when there is a merger with an organisation also providing in-scope services or programs
- Changes to the organisation that could increase risks of patient harm or service quality.

The accrediting agency will collect information from the service provider to determine if the following criteria have been 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.

If these criteria are met an out-of-cycle assessment is required. The accrediting agency will confirm their determination with the Commission to decide the extent of re-assessment required. This may include a desktop review or a verification of the relevant actions in the Digital Mental Health Standards to maintain their accreditation status for that cycle.

If these criteria are not met an out-of-cycle assessment is not required. In the case of new in-scope services or programs, the accrediting agency may provide an updated testimonial. The updated testimonial will reflect that the new services or programs are covered under the award of accreditation but were not assessed.

Register of accredited services

The Commission maintains a publicly accessible register of accredited services that is updated monthly. Accrediting agencies must submit new or ceased programs for accredited service providers using the Commission's [online form](#).

Further information

Please visit: www.safetyandquality.gov.au/DMHS

Support for digital mental health service providers and accrediting agencies can be accessed through the [Advice Centre](#).



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