National Safety and Quality Digital Mental Health Standards

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Acknowledgement

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Introduction

Digital mental health services have seen significant growth over the past decade, offering new and innovative ways for consumers, carers and families to access services. Digital mental health services can be used as standalone supports that are self-managed or therapist-guided, or as a complement to in-person services. Digital services may be easier to access than in-person services, and sometimes can be accessed anonymously to protect service user identity[1] and encourage fuller disclosure and engagement.

There is growing evidence regarding the important role digital mental health services can play in the delivery of services to consumers, carers and families.[2] Some digital mental health services can be as effective as in-person services, while others have not been subject to rigorous evaluation processes or evidence collection.

The Australian Commission on Safety and Quality in Health Care (the Commission) developed the National Safety and Quality Digital Mental Health (NSQDMH) Standards in collaboration with consumers, carers, families, clinicians, service providers and technical experts.

The development of the NSQDMH Standards is a significant first step in providing safety and quality assurance for digital mental health service users and their support people, and best practice guidance for service providers and developers across the three areas outlined below.

The primary aim of the NSQDMH Standards is to improve the quality of digital mental health service provision and to protect service users, and where relevant, their support people, from harm. The NSQDMH Standards provide a quality assurance mechanism that tests whether relevant systems are in place to ensure that expected standards of safety and quality are met. The NSQDMH Standards provide a nationally consistent statement about the standard of care service users and their support people can expect from a digital mental health service.

What is a digital mental health service?

It is recognised that there are distinct specialist mental health, suicide prevention and alcohol and other drug sectors that provide services to often distinct cohorts.

For the purpose of the NSQDMH Standards, mental health, suicide prevention and alcohol and other drug services delivered via a digital platform come under the term of digital mental health services. These can include provision of information, digital counselling services, treatment services (including assessment, triage and referral services) and peer-to-peer support services, that are delivered via telephone (including mobile phone), videoconferencing, web-based (including web-chat), SMS or mobile health applications (apps).

The NSQDMH Standards are not intended to apply to more generic wellness services, which are not offering specific health services to service users or their support people. Standalone electronic health or medical records, decision support tools for clinicians, analytic services, services that primarily provide support and education to health professionals, clinical practice management software, and clinical workflow and communication software are excluded under the definition of digital mental health services for the purposes of the NSQDMH Standards.

What do the NSQDMH Standards cover?

There are three NSQDMH Standards, which cover clinical and technical governance, partnering with consumers, and the model of care which includes communicating for safety and recognising and responding to acute deterioration.

The three NSQDMH Standards are:

- **Clinical and Technical Governance Standard**, which describes the clinical and technical governance, safety and quality systems and the safe environment (including privacy, transparency, security and stability of digital systems) that are required to maintain and improve the reliability, safety and quality of digital mental health care, and improve health outcomes for service users.

- **Partnering with Consumers Standard**, which describes the systems and strategies to create a person-centred digital mental health system in which service users and where relevant, their support people are:
  a. Included in shared decision-making
  b. Partners in their own care
  c. Involved in the development and design of quality digital mental health care.

- **Model of Care Standard**, which describes the processes for developing and delivering digital mental health services, minimising harm to service users, their support people and others, communicating for safety and recognising and responding to acute deterioration in mental state.

Each standard contains:

- A description of the standard
- A statement of intent
- A list of criteria that describe the key areas covered by the standard
- Explanatory notes on the context of the standard
- Item headings for groups of actions in each criterion
- Actions that describe what is required to meet the standard.

How should the NSQDMH Standards be applied?

The NSQDMH Standards are voluntary and should be applied at the level of the service provider that makes digital mental health services available to service users and their support people.

Not all actions within each standard will be applicable to every digital mental health service. A service provider may provide more than one digital mental health service and may see the application of the NSQDMH Standards differ across those services.

The applicability of actions and the extent of the strategies required will be determined by the size, risk to service users and their support people, and the complexity of the service provider's digital mental health services. The model of care for the digital mental health service may also inform whether an action is relevant. To meet the NSQDMH Standards, service providers will need to work closely with developers of digital mental health services in relation to the design, development and delivery of their products to service users and their support people.

While service providers may provide services other than digital mental health services, the NSQDMH Standards are not intended to be applied to those other service components.

The Commission intends to develop further guidance for service providers and service users to support the implementation of the NSQDMH Standards.

Alignment with other standards

In developing the NSQDMH Standards, the Commission has adapted some actions and terminology from the **National Safety and Quality Health Service (NSQHS) Standards (second edition).**[3]

Where a service provider that is required to meet the NSQHS Standards offers digital mental health services, only the actions unique to the NSQDMH Standards are recommended for implementation in addition to the NSQHS Standards. This ensures that the issues specific to digital mental health services are given appropriate focus.

A word about language

The language we use is important and must be selected wisely. It has the power to offer hope and encouragement or to convey pessimism or low expectations. It can exacerbate or mitigate the significant stigma that exists towards mental illness, alcohol and other drug use and suicide.

The terminology in common use across different domains in the health sector is not universal, particularly in referring to those who seek assistance from health services. The NSQDMH Standards refers to those who use digital mental health services as **service users.**

Where reference is made to **consumers, carers and families**, as opposed to service users, this is intended to specifically refer to those with lived experience, who may or may not have used digital mental health services.

Individuals who provide support and reassurance to service users are referred to as **support people** and may be a family member, friend or paid support worker.

An organisation that makes digital mental health services available to service users and their support people is referred to as a **service provider**.

The services, whether they are information services, digital counselling services, treatment services (including assessment, triage and referral services), or peer-to-peer services, and irrespective of the digital medium through which they are provided, are referred to in the NSQDMH Standards as **digital mental health services.**

This terminology is adopted for clarity of purpose within the NSQDMH Standards, but it is not a requirement that service providers adopt the language used in the NSQDMH Standards within their own organisation.

A **glossary** is provided within this document to aid the reader in understanding the terms used.

More information

For more information on the NSQDMH Standards visit the Commission's website: **www.safetyandquality.gov.au/dmhs**

You can access a range of digital mental health services on the Australian Government's digital mental health gateway Head to Health: **headtohealth.gov.au**

Clinical and Technical Governance Standard

Service providers have a responsibility to the community for continuous improvement of the safety and quality of their services, and ensuring that they are person centred, safe and effective.

Intention of this standard

To implement a clinical and technical governance framework that ensures service users and their support people receive safe and high-quality care.

Criteria

Governance, leadership and culture

Service providers set up and use clinical and technical governance systems to improve the safety and quality of care.

Safety and quality systems

Safety and quality systems are integrated with governance processes to enable the service provider to actively manage and improve the safety and quality of care.

Workforce qualifications and skills

The workforce has the right qualifications, skills and supervision to ensure the delivery of safe and high-quality care to service users and their support people.

Safe environment for the delivery of care

The environment promotes safe and high-quality care for service users and their support people.

Explanatory notes

Delivering digital mental health services requires consideration of both clinical and technical governance to ensure safe and high-quality service delivery and service user experience.

Clinical and technical governance should be integrated components of a service provider's corporate governance. Good governance ensures that everyone – from the workforce to managers and members of governing bodies, such as boards – is accountable to service users, their support people and the community for assuring the delivery of digital mental health services that are safe, effective, integrated, high quality and continuously improving.

Clinical governance

Thorough research has identified the elements of an effective clinical governance system and the effect of good clinical governance on health service performance.[4-6]

Clinical governance is the set of relationships and responsibilities established by a health service provider between its governing body, executive, workforce, service users and their support people, and other stakeholders to ensure good clinical outcomes. It ensures that the service provider and service users and their support people can be confident that systems are in place to deliver safe and high-quality health care and continuously improve services.

Leaders have an important role in influencing the quality of care by setting priorities, shaping culture, supporting the workforce, engaging effective digital mental health services, and monitoring progress in their safety and quality performance. Managers and the workforce also play an important role in clinical governance, aligning clinical and technical priorities and supporting continuous quality improvement.

The Australian Commission on Safety and Quality in Health Care (the Commission) has developed the **National Model Clinical Governance Framework**[7] to support the delivery of safe and high-quality care. Service providers should refer to the framework for more details on clinical governance, and the associated roles and responsibilities.

Technical governance

Technical governance is the system by which the use of digital information and communication technology is directed and controlled. It includes leadership, organisational structures, strategy, policies, and processes to ensure that the provider's digital technology sustains and extends the organisation's strategies and objectives.

Service providers should take a systematic approach to the governance of information management and information and communication technology, which is incorporated within their corporate governance framework.

Implementing this standard

This standard integrates actions for the clinical and technical governance of digital mental health services. Recognising the shared elements (for example, leadership, culture, incident management) and interdependencies, service providers may need to cross-reference actions between the clinical and technical workforce to minimise duplication and improve outcomes.

Each service provider needs to put in place strategies for clinical and technical governance that consider its own circumstances and context.

Governance, leadership and culture

Service providers set up and use clinical and technical governance systems to improve the safety and quality of care.

Item	Action
Governance, leadership and culture	**1.01** The governing body: a. Provides leadership to develop a culture of safety and quality improvement, and satisfies itself that this culture exists within the organisation b. Provides leadership to ensure partnering with service users and their support people c. Sets priorities and strategic directions for ethical, safe and high-quality care, and ensures that these are communicated effectively to the workforce and service users and their support people d. Endorses the organisation's clinical and technical governance frameworks e. Ensures that roles and responsibilities are clearly defined for the governing body, management, clinicians, peer workers, technicians and other members of the workforce f. Monitors the action taken as a result of analyses of clinical and technical incidents and trends g. Reviews reports and monitors the organisation's progress on safety, quality, performance and effectiveness h. Establishes principles and practices within governance frameworks that support the organisation's ability to adapt to technology as it changes.
Organisational leadership	**1.02** The service provider establishes and maintains clinical and technical governance frameworks and uses the processes within these frameworks to drive improvements in safety, quality, performance and effectiveness.
	1.03 The service provider implements and monitors strategies to meet its priorities for diverse population groups, including Aboriginal and Torres Strait Islander peoples, and inclusion of service users and where relevant, their support people.
	1.04 The service provider considers the safety and quality of health care for service users and their support people in its business decision-making.
	1.05 The service provider applies ethical principles to its business decision-making about the design, development and delivery of services.
Clinical and technical leadership	**1.06** The service provider: a. Ensures clinical, peer worker and technical leaders understand and perform their delegated safety and quality roles and responsibilities b. Ensures clinical, peer worker and technical leaders operate within the clinical and technical governance frameworks to improve the safety and quality of health care for service users and their support people c. Engages clinical and peer worker expertise in the clinical governance of the service d. Engages technical expertise in the technical governance of the service.

Safety and quality systems

Safety and quality systems are integrated with governance processes to enable the service provider to actively manage and improve the safety and quality of care.

Item	Action
Legislation, regulations, policies and procedures	**1.07** The service provider uses a risk management approach to: a. Set out, review and maintain the currency and effectiveness of policies, procedures and protocols b. Monitor and take action to improve adherence to policies, procedures and protocols c. Review compliance with legislation, regulations and jurisdictional requirements.
Measurement and quality improvement	**1.08** The service provider uses quality improvement systems that: a. Identify safety, outcome and quality measures, and monitor and report performance and outcomes b. Identify areas for improvement in safety and quality c. Maintain a quality improvement register to log initiatives to improve safety and quality d. Assign to members of the workforce clear responsibility for safety and quality e. Implement and monitor safety and quality improvement initiatives.
	1.09 The service provider ensures timely reports on safety and quality systems and performance are provided to: a. The governing body b. The workforce c. Service users and their support people.
Risk management	**1.10** The service provider: a. Identifies and documents service risks b. Uses clinical, technical and other data collections to support risk assessments c. Acts to reduce risks d. Regularly reviews and acts to improve the effectiveness of the risk management system e. Reports on risks to the workforce, and service users and their support people f. Plans for and manages internal and external emergencies and disasters, including cybersecurity risks and threats.

Item	Action
Incident management systems and open disclosure	**1.11** The service provider has incident management and investigation systems and: a. Assists the workforce to recognise and report incidents b. Assists service users and their support people to communicate concerns or incidents c. Involves the workforce, consumers, carers and families in the review of incidents d. Provides timely feedback on the analysis of incidents to the governing body, the workforce, and service users and their support people e. Uses the information from the analysis of incidents to improve safety and quality f. Incorporates risks identified in the analysis of incidents into the risk management system g. Regularly reviews and acts to improve the effectiveness of the incident management and investigation systems.
	1.12 The service provider: a. Uses an open disclosure program that is consistent with the Australian Open Disclosure Framework b. Monitors and acts to improve the effectiveness of open disclosure processes.
Feedback and complaints management	**1.13** The service provider: a. Has processes to seek regular feedback from service users and their support people about their experiences of the service and outcomes of care b. Uses this information to improve safety, quality, performance and effectiveness.
	1.14 The service provider has a complaints management system, and: a. Encourages and assists service users and their support people to report complaints b. Involves service users and their support people in the review of complaints c. Resolves complaints in a timely way d. Provides timely feedback to the governing body, the workforce, and service users and their support people on the analysis of complaints and actions taken e. Uses information from the analysis of complaints to inform improvements in safety and quality f. Records the risks identified from the analysis of complaints in the risk management system g. Regularly reviews and acts to improve the effectiveness of the complaints management system.

Item	Action
Diversity and high-risk groups	1.15 The service provider: a. Identifies the diversity of service users and their support people b. Identifies groups of service users who are at higher risk of harm c. Incorporates information on the diversity of service users and their support people, and higher-risk groups into the planning and delivery of the service.
Healthcare records	1.16 The service provider has healthcare records systems that: a. Support the creation and maintenance of accurate healthcare records b. Comply with security and privacy legislation and regulations c. Support the systematic audit of clinical information and the technical operation of the healthcare record d. Integrate multiple information systems, where they are used.
	1.17 The service provider providing clinical information into the My Health Record system has processes that: a. Optimise the safety and quality of care to service users and their support people b. Use national patient and provider identifiers c. Use standard national terminologies d. Describe access to the system by the workforce, to comply with legislative requirements e. Maintain the accuracy and completeness of the clinical information the service provider uploads into the system.

Workforce qualifications and skills

The workforce has the right qualifications, skills and supervision to ensure the delivery of safe and high-quality digital mental health care to service users.

Item	Action
Safety and quality training	1.18 The service provider provides orientation to the organisation that describes roles and responsibilities for the safety and quality of services for: a. Members of the governing body b. Clinicians, peer workers, technicians and other members of the workforce.
	1.19 The service provider uses its training systems to: a. Assess the competency and training needs of its workforce b. Implement a training program to meet its requirements arising from these standards c. Provide access to training to meet its safety and quality training needs d. Monitor the workforce's participation in training.
	1.20 The service provider has strategies to provide culturally safe services to meet the needs of its Aboriginal and Torres Strait Islander service users and their support people.
Performance management	1.21 The service provider has valid and reliable performance review processes that: a. Require members of the workforce to regularly take part in a review of their performance b. Identify needs for training and development in safety and quality c. Incorporate information on training requirements into training systems.
Qualified workforce	1.22 The service provider has processes to ensure clinicians and peer workers involved in the design and delivery of services: a. Have the necessary skills, experience and qualifications for these roles b. Have, and work within, a defined scope of clinical practice.
	1.23 The service provider has a process to ensure technicians involved in the design and delivery of services have the necessary skills, experience and qualifications for this role.
Safety and quality roles and responsibilities	1.24 The service provider has processes to: a. Assign safety and quality roles and responsibilities for services to the workforce b. Support the workforce to understand and perform their roles and responsibilities for safety and quality.

Safe environment for the delivery of care

The environment promotes safe and high-quality care for service users and their support people.

Item	Action
Safe environment	**1.25** The service provider maximises the safety and quality of care: a. Through the design of services, the digital operating systems and internal access controls b. By ensuring the terms and conditions for use of services are fair and transparent and do not mislead service users and where relevant, their support people c. By ensuring devices and other infrastructure are fit for purpose and well maintained d. By developing and using processes for the prompt implementation of legislative and regulatory changes.
	1.26 The service provider has systems to: a. Minimise risk of abuse of service users and where relevant, their support people b. Minimise risk of exploitation of service users and where relevant, their support people c. Preserve the dignity of service users and where relevant, their support people.
	1.27 The service provider has systems to minimise the risk for children and young people to be harmed while using a service.
Privacy	**1.28** The service provider conducts a privacy impact assessment for each service in accordance with best practice.
	1.29 The service provider has privacy policies for each service that are: a. Easy to understand and transparent for service users and their support people b. Uphold service users' rights and choices c. Readily available to service users and their support people before accessing and while using the services d. Compliant with privacy laws, privacy principles and best practice.
	1.30 The service provider advises service users, and where relevant, their support people, of changes to privacy policies in a timely and comprehensible way.

Item	Action
Transparency	**1.31** The service provider has systems for the collection, use, disclosure, storage, transmission, retention and destruction of data that provide service users and where relevant, their support people with: a. Information on the types of data collected and how the information is used b. Information on any interoperable healthcare services c. Information on who has access to their data, including through data sharing agreements, provision or sale to third parties, and if transfer of data outside of Australia occurs d. Timely information if requests to access data by external parties are granted by the service provider e. Protection of their data that was provided anonymously or using a pseudonym f. Prevention against the unauthorised re-identification of anonymous or de-identified data g. Notification if the service ceases operation or changes ownership h. Information on where their data will go if the service ceases to operate or changes ownership i. Information on the legacy of their data.
	1.32 The service provider has mechanisms for service users to: a. Consent to the use of personal data and records for any purpose beyond direct care b. Consent before any personal data and records are used in research, unless it is de-identified c. Withdraw or withhold consent for the collection, storage or distribution of their personal data and records d. Opt out from the sharing of their personal data and records e. Access, copy and amend their personal data and records f. Request deletion of their personal data and records.
Costs and advertising	**1.33** The service provider provides service users and where relevant, their support people with clear and transparent information on the: a. Direct costs to access the service b. Estimated data usage requirements for using the service.
	1.34 The service provider ensures that in-product sales or advertising: a. Complies with Australian Consumer Law and regulatory requirements b. Is appropriate for service users.

Item	Action
Security and stability	1.35 The service provider has information security management systems and uses a risk-based approach to: a. Assign responsibility and accountability for information security b. Complete and maintain an information and data inventory c. Protect data in transit and at rest d. Protect against interruption, damage or disconnection of the service e. Assess the size and extent of threats to its information assets f. Consider and mitigate vulnerabilities and threats g. Conduct regular updates, reviews and audits of information security h. Detect, respond and report to the governing body, workforce, service users and their support people on information security incidents and technical faults.
Continuity and updates	1.36 The service provider: a. Manages platform and operating system updates and patches b. Manages the continuity of services, backup and recovery mechanisms c. Effectively communicates service changes or interruptions to service users and where relevant, their support people.

Partnering with Consumers Standard

Service providers develop, implement and maintain systems to partner with service users and their support people. These partnerships relate to the planning, design, delivery, measurement, review and evaluation of digital mental health services. The workforce uses these systems to partner with service users and their support people.

Intention of this standard

To create services in which there are mutually valuable outcomes by having:

- Service users and their support people as partners in planning, design, delivery, measurement, review and evaluation of digital mental health services
- Service users as partners in their own care, and with their support people, in line with the model of care and to the extent that they choose.

Criteria

Partnering with service users in their own care

Systems that are based on partnering with service users in their own care, and with their support people, are used to facilitate the delivery of care. Service users are partners in their own care, with their support people, in line with the model of care and to the extent that they choose.

Health and digital literacy

The service provider takes account of the health and digital literacy of service users and their support people and ensures that communication occurs in a way that supports effective partnerships.

Partnering with service users in design and governance

The service provider partners with service users and their support people in the design and governance of digital mental health services.

Explanatory notes

Partnerships with consumers, carers and families in health care are integral to the development, implementation and evaluation of health policies, programs and services. Service providers should ensure that these partnerships underpin the delivery of their digital mental health services.

Effective partnerships exist when people are treated with dignity and respect, information is shared with them, and participation and collaboration in healthcare processes are encouraged and supported to the extent that people choose.[8]

Delivering care that is based on partnerships provides many benefits for service users and their support people, and service provider organisations. Effective partnerships, a positive experience for service users, and high-quality health care and improved safety are linked.

Achieving effective partnerships when health care is delivered by digital means can occur at three levels[9]:

- At the **individual level**, partnership with the service user is demonstrated through the delivery of respectful care and the provision of information relevant to their care. Service users and, where appropriate, their support people should be encouraged and assisted to participate in their own care and self-management, and engaged in making decisions and planning care, to the extent that they choose. This form of partnership is not reliant on the service user engaging with any specific individual in the service, rather it is evidenced in the way the service engages with the service user.
- At the **level of a digital mental health service**, partnerships relate to the participation of service users, consumers, carers, families and support people in the planning, design, monitoring and evaluation of the digital mental health service and any changes in the service. Engaging with service users and their support people in the design of digital mental health services is essential to maximise the usability and accessibility of the service.
- At the **level of the service provider**, partnerships relate to the involvement of service users, consumers, carers, families and support people in overall governance, policy and planning. This level overlaps with the previous level in that a service provider may offer various digital mental health services. Service users, consumers, carers, families and support people may be members of key committees for the service provider, in areas such as clinical governance, technical governance, and service design, and where relevant also in areas such as education, ethics and research.

The processes involved with these partnerships will vary according to the type of digital mental health service and its model of care.

Organisational leadership and support are essential to nurture partnerships at all three levels. Supporting effective consumer, carer and service user partnerships may mean supporting multiple mechanisms of engagement and modalities. Meaningful methods of engagement range from representation on committees and boards, to contributions at focus groups, to feedback received. Engagement may occur face-to-face or via digital means, including social media. Taking the diversity of service users and their support people into account is also necessary to achieve the best results.

Partnering with service users in their own care

Systems that are based on partnering with service users in their own care, and with their support people, are used to facilitate the delivery of care. Service users are partners in their own care, with their support people, in line with the model of care and to the extent that they choose.

Item	Action

Healthcare rights and informed consent	**2.01** The service provider uses a charter of rights that is:
	
	   a. Consistent with the Australian Charter of Healthcare Rights
	   b. Easily accessible to service users and their support people.

	2.02 The service provider has informed consent processes that comply with legislation and best practice.
	2.03 The service provider has processes for supported decision-making, and to identify and work with a substitute decision-maker if a service user does not have the capacity to make decisions for themselves.
Planning care	**2.04** The service provider has processes to partner with service users and where relevant, their support people to make decisions about their current and future care.

Health and digital literacy

The service provider takes account of the health and digital literacy of service users and their support people and ensures that communication occurs in a way that supports effective partnerships.

Item	Action
Communication that supports effective partnerships	**2.05** The service provider uses communication mechanisms tailored to the diversity of service users and their support people.

	2.06 The service provider communicates information to service users and where relevant, their support people:
	
	   a. In a way that meets their needs
	   b. That is easy to understand and use.

Partnering with service users in design and governance

The service provider partners with service users and their support people in the design and governance of digital mental health services.

Item	Action
Partnerships in governance, planning, design, measurement and evaluation	2.07 The service provider: a. Partners with consumers, carers and families from the intended service user groups in the governance, planning, design, measurement and evaluation of the services b. Has processes to involve a mix of people that are reflective of the diversity of service users and their support people.
	2.08 The service provider provides orientation, support and education to service users, consumers, carers, families and support people who are partners in the governance, planning, design, measurement and evaluation of the service.
	2.09 The service provider partners with service users and their support people to incorporate their views and experiences into training and education for the workforce.
Usability	2.10 The service provider has processes to assess and optimise the usability of each service including: a. Function b. Cultural safety c. Service user feedback, experience and satisfaction d. Service user outcomes e. Access.
Accessibility	2.11 The service provider partners with service users and their support people to: a. Minimise barriers to accessing services associated with the hardware, software, data requirements and platform of the services, or the language, location, age, culture and ability of the service users and their support people b. Ensure services are compatible with commonly used assistive technologies c. Meet relevant standards for web page or web application d. Regularly review access to services and take action to improve access by service users and their support people.

Model of Care Standard

Service providers establish a model of care for each digital mental health service and implement and maintain systems for the delivery of safe and high-quality care to minimise the risk of harm to service users, their support people and others.

Intention of this standard

To ensure digital mental health services have a clearly defined model of care, consistent with best practice and evidence; and service users, and where relevant, their support people, receive care consistent with the model of care. The care provided aligns with the service user's expressed goals of care and healthcare needs and is clinically appropriate.

To ensure that risks of harm to service users and their support people are minimised and managed, including through the transition of care.

Criteria

Establishing the model of care

The service provider ensures that the model of care for each digital mental health service is goal-directed and can achieve the stated outcomes of care for service users and their support people.

Communicating for safety

Service providers have systems in place for effective and coordinated communication that facilitates the delivery of safe and high-quality care for service users and their support people.

Delivering the model of care

The care delivered is consistent with the model of care and provided in partnership with service users and where relevant, their support people.

Recognising and responding to acute deterioration

Service providers have systems in place to recognise and respond to acute deterioration in mental state.

Minimising harm

In line with the model of care, service users at risk of harm are identified and targeted strategies are used to prevent and manage harm to service users or others.

Explanatory notes

Model of care

The model of care outlines the way a digital mental health service is to be delivered. Service users and their support people access digital mental health services through a range of channels and media, and the model of care for their chosen service may not always be obvious.

Service providers should understand and describe the purpose and intent of the service, how it is to operate, what it is intended to achieve and how it is informed by evidence and best practice. This can help to assist service users, and where relevant, their support people, to make informed choices about digital mental health services.

As the NSQDMH Standards apply to a wide range of digital mental health services, the actions in the Model of Care Standard may apply differently in each different type of service. Monitoring the delivery of care to ensure the service does what it promises to do, that it communicates clearly to the service user and engages with their support people (to the extent that the service user chooses) is equally necessary, but requires appropriate accountabilities to be put in place.

Minimising risk

Minimising risk in any care delivery setting is important. For digital mental health services, in-person interactions and environmental cues are often not available to signpost potential risks. Screening of risk is therefore important, particularly in relation to the risk of harm, including self-harm and suicide. Where risk is detected, an effective response should be available, whether that is provided directly by the service or via referral to another agency.

Serious adverse events may be preceded by changes in a person's behaviour or mood that can indicate a deterioration in their mental state. Early identification of deterioration may improve outcomes but can be more difficult in a digital setting. However, digital services should not mean a higher level of risk. A systematic approach to recognising deterioration early and responding to it appropriately is therefore required, noting that the response may include calling for emergency assistance internally or via external emergency response systems.

Communicating for safety

Communication is a key safety and quality issue, and no less so in services delivered by a digital means. Correct identification is an important component of communication in health care settings. When a service user is not physically present and when they may even be accessing the service anonymously, it remains critical to ensure that they are correctly identified and receive continuity in their care, and that no other individual is able to inappropriately access their care details.

There are key times when effective communication and documentation are critical to the safety of service users and their support people. This includes when critical information about a service user's care emerges or changes, and when their care is transferred. Systems and processes should be in place to ensure effective communication at these times.

Establishing the model of care

The service provider ensures that the model of care for each digital mental health service is goal-directed and can achieve the stated outcomes of care for service users and their support people.

Item	Action
Designing the model of care	3.01 The service provider: a. Documents the purpose and intent of the model of care for each service and the context in which it will operate b. Defines the intended service user demographic and matches the model of care to the service users and their support people c. Monitors and evaluates the performance and effectiveness of the model of care d. Assigns accountability for maintaining and improving the effectiveness of the model of care.
Evidence supporting the model of care	3.02 The service provider ensures the model of care for each service is based on best available evidence and best practice and supporting policies.
Information for service users and their support people	3.03 The service provider provides product information on each service to service users and where relevant, their support people that: a. Aligns with the current template endorsed by the Australian Commission on Safety and Quality in Health Care b. Is easy to understand and meets their needs.

Delivering the model of care

The care delivered is consistent with the model of care and provided in partnership with service users and where relevant, their support people.

Item	Action
Delivering the model of care	3.04 The service provider: a. Monitors the delivery of their service to ensure it is consistent with the model of care b. Has a process for assigning responsibilities to a member of the workforce for the overall accountability of the care of each service user c. Develops the goals of care and actions for treatment in partnership with the service user d. Clearly communicates the care plan to the service user e. Enables the involvement of support people, to the extent that the service user chooses f. Has a process for referral to follow-up services and supports that is consistent with the model of care.

Minimising harm

In line with the model of care, service users at risk of harm are identified and targeted strategies are used to prevent and manage harm to service users or others.

Item	Action
Screening of risk	3.05 The service provider has systems to identify service users who are at risk of harm, including self-harm and suicide.
Planning for safety	3.06 The service provider has systems to: a. Effectively respond to service users who are distressed, have expressed thoughts of self-harm or suicide, or have self-harmed b. Effectively respond to service users who present a risk of harm to others c. Provide information to service users with healthcare needs beyond the scope of the service on where and how to access services appropriate to their clinical need d. Enable crisis intervention aligned to legislation.

Communicating for safety

Service providers have systems in place for effective and coordinated communication that supports the delivery of safe and high-quality care for service users and their support people.

Item	Action
Correct identification	3.07 The service provider has processes to: a. Routinely ask if a service user is of Aboriginal and/or Torres Strait Islander origin and to record this information in administrative and clinical information systems b. Authenticate service users and match them to their care c. Protect the anonymity of the service users where this is part of the model of care d. Use appropriate identifiers for service users according to digital services best-practice guidelines.
Communication of critical information	3.08 The service provider has processes to: a. Communicate when critical information about a service user's care emerges or changes, to ensure the safety of the service user b. Enable service users and their support people to communicate critical information and information on risks to their service provider.

Item	Action
Transfer of care	3.09 The service provider: a. Has processes to effectively communicate when all or part of a service user's care is transferred b. Determines minimum information content to be communicated when care is transferred c. Sets out the process for a transfer of care, in line with the model of care d. Assesses risks relevant to the service's context and the particular needs of the service user when a transfer of care occurs e. Encourages service users and where relevant, their support people to be involved in the transfer of their care.

Recognising and responding to acute deterioration

Service providers have systems in place to recognise and respond to acute deterioration in mental state.

Item	Action
Recognising acute deterioration	3.10 The service provider uses defined parameters to recognise acute deterioration in mental state that requires care to be escalated.
Escalating care	3.11 The service provider has protocols that specify criteria to call for emergency assistance.
Responding to acute deterioration	3.12 The service provider has systems to respond to service users who show signs of acute deterioration.

Glossary

Where appropriate, glossary definitions from external sources have been adapted to fit the context of the National Safety and Quality Digital Mental Health Standards.

abuse: improper treatment or treatment with harmful effect or for an unfavourable purpose.

accessibility: the design of products, devices, services or environments so as to be usable by people with the widest possible range of abilities, operating within the widest possible range of situations. For example, web accessibility means that websites, tools and technologies are designed, and developed so that people with disabilities can use them.[10]

actions for treatment: the activities or behaviours recommended to be undertaken by a service user to achieve the intended outcomes of treatment.

acute deterioration: psychological or cognitive changes that may indicate a worsening of the service user's health status; this may occur across hours or days.

alert: warning of a potential risk to a service user.

anonymity: the condition of being anonymous; an individual dealing with an entity cannot be identified and the entity does not collect personal information or identifiers.[11]

approved identifiers: items of information accepted for use in identification, including family and given names, date of birth, sex, address, healthcare record number and Individual Healthcare Identifier. Service providers and clinicians are responsible for specifying the approved items for identification and procedure matching.

assessment: a clinician's evaluation of a disease or condition based on the service user's subjective report of the symptoms and course of the illness or condition, and the clinician's objective findings. These findings include data obtained through laboratory tests, physical examination and medical history, and information reported by carers, family members and other members of the healthcare team.[12]

assistive technologies: any device, system or design, that allows an individual to perform a task that they would otherwise be unable to do, or increases the ease and safety with which a task can be performed, or anything that assists individuals to carry-out activities.[13] An example of an assistive technology is Text to Speech, which allows highlighted electronic text to be read aloud by a computer or mobile device.

audit: a systematic review against a predetermined set of criteria.[14]

Australian Charter of Healthcare Rights: specifies the key rights of service users when seeking or receiving healthcare services.[15]

Australian Open Disclosure Framework: provides a framework for health service organisations and clinicians to communicate openly with service users and their support people when health care does not go to plan.[16]

authentication: the act of proving or verifying the identity of a service user. See also *identification*.

backup: a copy of digital data taken and stored elsewhere so that it may be used to restore the original after a data loss event.

barriers: something that prevents or limits what someone can do or access.

best practice: when the assessment, diagnosis, treatment or care provided is based on the best available evidence, which is used to achieve the best possible outcomes for service users and their support people.

best-practice guidelines: a set of recommended actions that are developed using the best available evidence. They provide clinicians and peer workers with evidence-informed recommendations that support their practice, and guide clinician, peer worker and service user decisions about appropriate health care in specific clinical practice settings and circumstances.[17]

business decision-making: decision making regarding service planning and management by a service provider. It covers the procurement of digital mental health services, purchase or contracting of equipment, program maintenance, workforce training for safe handling of services and equipment, and all issues for which business decisions are taken that might affect the safety and wellbeing of service users and their support people, and the workforce.

care: all services and interventions provided to a person with a mental health issue, suicidal thinking or behaviour, or alcohol and other drug use.

carer: a person who provides personal care, support and assistance to another individual who needs it because they have mental health issues, suicidal thinking or behaviour, or alcohol and other drug use. A carer may be a family member, friend or significant other whose life, because of their active caring and supporting role, has been affected by their association with an individual who has, or has had, mental illness, suicidal thinking or behaviour, or alcohol and other drug use.[18] An individual is not a carer merely because they are a spouse, de facto partner, parent, child, other relative or guardian of an individual, or live with an individual who requires care. A person is not considered a carer if they are employed and paid to provide care to a consumer, a volunteer for an organisation, or caring as part of a training or education program,[19] but a person who receive a carer's benefit is regarded as a carer.

children and young people: people under 18 years of age.

clinical communication: the exchange of information about a person's care that occurs between treating clinicians, service users, and where relevant, their support people, and other members of a multidisciplinary team. Communication can be through several different channels, including in-person meetings, telephone, written notes or other documentation, and electronic means. See also *communication process*.

clinical governance: an integrated component of corporate governance of healthcare organisations. It ensures that everyone – from frontline clinicians to managers and members of governing bodies, such as boards – is accountable to service users and their support people, and the community for assuring the delivery of safe, effective and high-quality services. Clinical governance systems provide confidence to service users and their support people, and the healthcare organisation that systems are in place to deliver safe and high-quality health care.

clinician: a healthcare provider, trained as a health professional, including registered and non-registered practitioners.

communication mechanisms: ways of communicating that impart, share or exchange data or information in a way that is relevant and useful to a service user and where relevant, their support people.

communication process: the method of exchanging information about a person's care. It involves several components and includes the sender (the person who is communicating the information), the receiver (the person receiving the information), the message (the information that is communicated) and the channel of communication.

complaints management system: a staged way of receiving, recording, processing, responding to and reporting on complaints, as well as using them to improve services and decision making.[20]

compliance: forced adherence to a law, regulation, rule, standard, process or practice.

confidentiality: the state of keeping or being kept secret or private.

conformance: voluntary adherence to a standard, rule, specification, requirement, design, process or practice.

consumer: a person with lived experience who may or may not have used digital mental health services. A healthcare consumer may also act as a consumer representative to provide a consumer perspective, contribute consumer experiences, advocate for the interests of current and potential service users, and take part in decision-making processes.[21] Consumers may also be referred to as peers, clients, people with experiential knowledge, experts by experience, and people with knowledge through experience.

critical information: information that has a considerable impact on a service user's health, wellbeing or ongoing care (physical or psychological). The availability of critical information may require a clinician to reassess or change a service user's care plan. Increased suicidal thinking, cessation of medication and break-up of important relationships are examples of information that might be considered critical information.

cultural safety: identifies that health consumers are safest when clinicians have considered power relations, cultural differences and patients' rights. Part of this process requires clinicians to examine their own realities, beliefs and attitudes.

Cultural safety is defined not by the clinician but by the health consumer's experience – the individual's experience of the care they are given, and their ability to access services and to raise concerns.

The essential features of cultural safety are:

- An understanding of one's culture
- An acknowledgement of difference, and a requirement that caregivers are actively mindful and respectful of difference(s)
- Informed by the theory of power relations; any attempt to depoliticise cultural safety is to miss the point
- An appreciation of the historical context of colonisation, the practices of racism at individual and institutional levels, and their impact on First Nations people's living and wellbeing, in both the present and the past
- That its presence or absence is determined by the experience of the recipient of care and not defined by the caregiver.[22]

culture of safety: a commitment to safety that permeates all levels of an organisation, from the clinical workforce to executive management. Features commonly include acknowledgement of the high-risk, error-prone nature of an organisation's activities; a blame-free environment in which individuals are able to report errors or near misses without fear of reprimand or punishment; an expectation of collaboration across all areas and levels of an organisation to seek solutions to vulnerabilities; and a willingness of the organisation to direct resources to deal with safety concerns.[23]

cybersecurity: the practice of protecting systems, networks, and programs from digital attacks.

cybersecurity risks and threats: usually aimed at accessing, changing, or destroying sensitive information, extorting money from service users, or interrupting normal business processes.

data at rest: data stored on a hard drive, laptop, flash drive, or archived or stored in some other way.[24]

data in transit: data actively moving from one location to another such as across the internet or through a private network, from network to network or being transferred from a local storage device to a cloud storage device.[24]

data security: the process of protecting digital data from destructive forces and the unwanted actions of unauthorised access and data corruption throughout its lifecycle. Data security includes a range of measures such as data encryption and tokenisation, and key management practices that protect data across all applications and platforms.

data sharing agreement: a formal contract that clearly documents what data are being shared and how the data can be used. This serves to protect the agency providing the data, ensuring that the data will not be misused, and to prevent miscommunication on the part of the provider of the data and the agency receiving the data by making certain that any questions about data use are discussed.

destruction of data: the process of destroying digital data (for example, stored on tapes, hard disks and other forms of digital media) so that it is completely unreadable and cannot be accessed or used for unauthorised purposes.

deterioration in mental state: a negative change in a person's mood or thinking, marked by a change in behaviour, cognitive function, perception or emotional state. Changes can be gradual or acute; they can be observed by members of the workforce, or reported by the person themselves, or their family or carers. Deterioration in a person's mental state can be related to several predisposing or precipitating factors, including mental illness, psychological or existential stress, physiological changes, cognitive impairment (including delirium), intoxication, withdrawal from substances, and responses to social context and environment.

device: a piece of equipment or a mechanism designed to serve a special purpose or perform a special function (for example, a smartphone or other electronic device).

digital health: the convergence of digital technologies with healthcare to enhance the efficiency of healthcare delivery and make medicine more personalised and precise. It may include both hardware and software solutions and services, including telemedicine, web-based, email, mobile phones and applications, text messages, wearable devices, and clinic or remote monitoring sensors.

digital mental health service: a mental health, suicide prevention, or alcohol and other drug service that uses technology to facilitate engagement and the delivery of care. The service may be in the form of information, digital counselling, treatment (including assessment, triage and referral), or peer-to-peer service that is delivered to a service user via telephone (including mobile phone), videoconferencing, web-based (including web-chat), SMS or mobile health applications (apps).

digital literacy: the ability to identify and use technology confidently, creatively and critically to meet the demands and challenges of life, learning and work in a digital society.[25]

digital operating system: the set of programs which are used to link a computer's hardware resources with the user's software applications.[26]

dignity: the state or quality of being worthy of honour or respect.

direct care: the provision of services to a service user that require some degree of interaction between the service user and the service provider.

disability: any continuing condition that restricts everyday activities. There are many different kinds of disability and they can result from accidents, illness or genetic disorders. A disability may affect mobility, ability to learn things, or ability to communicate easily, and some people may have more than one. A disability may be visible or hidden, may be permanent or temporary and may have minimal or substantial impact on a person's abilities.[27]

diversity: The varying social, economic and geographic circumstances of consumers who use, or may use, the services of a health service organisation, as well as their cultural backgrounds, disability status, religions, beliefs and practices, languages spoken, sexual orientation, gender identity and gender expression, and sex characteristics.[28]

downloading: the process of copying data from one device to another over a network.

effectiveness: the degree to which something is successful in producing a desired result. When something is deemed effective, it means it has achieved the intended outcome.

emergency assistance: advice or assistance provided when a service user's condition has deteriorated severely.[29]

environment: the context or surroundings in which care is delivered. For digital mental health services, technology and digital devices enable it. Environment can also include other service users and their support people, and the workforce.

escalation of care: an intervention to raise concerns with a healthcare professional about the clinical deterioration of a service user. Its purpose is to summon healthcare professionals to assess and respond to the concerns. It serves as a safety mechanism so that service users who become acutely unwell may be identified early and managed in a timely manner.[30]

ethics: a set of concepts and principles that guide us in determining what behaviour helps or harms a person or group of people.[31]

evaluation: a process that critically examines a program or service. It involves collecting and analysing information about a program or service's activities, characteristics, and outcomes. Its purpose is to make judgments about a program or service, to improve its effectiveness, and/or to inform programming decisions.

evidence-based: any practice that relies on scientific evidence for guidance and decision making.

evidence-informed: any practice that uses local experience and expertise with the best available evidence from research (although this may be limited) to identify the potential benefits, harms and costs of an intervention.

experience of care: the range of interactions that service users, and where relevant, their support people, have with the digital mental health care system, including their care from their health plan, the workforce involved in delivering the service, and the service provider.

exploitation: the use of people's vulnerability or taking unfair advantage of them for one's own benefit.

goals of care: clinical and other goals for a service user's episode of care that are determined in the context of a shared decision-making process.

governance: the set of relationships and responsibilities established by a service provider between its executive, workforce and stakeholders (including service users and their support people). Governance incorporates the processes, customs, policy directives, laws and conventions affecting the way an organisation is directed, administered or controlled. Governance arrangements provide the structure for setting the corporate objectives (social, fiscal, legal, human resources) of the organisation and the means to achieve the objectives. They also specify the mechanisms for monitoring performance. Effective governance provides a clear statement of individual accountabilities within the organisation to help align the roles, interests and actions of different participants in the organisation to achieve the organisation's objectives. In the NSQDMH Standards, governance includes both clinical and technical governance, which are integrated components of corporate governance.

governing body: a board, chief executive officer, organisation owner, partnership or other highest level of governance (individual or group of individuals) that has ultimate responsibility for strategic and operational decisions affecting safety and quality.

guidelines: clinical practice guidelines are systematically developed statements to assist clinician and service user decisions about appropriate health care for specific circumstances.[32]

hardware: any physical device used with a digital service (for example, a computer, monitor, mouse, telephone or videoconferencing unit).

harm: an act that causes loss or pain.

health literacy: the Australian Commission on Safety and Quality in Health Care separates health literacy into two components – individual health literacy and the health literacy environment.

Individual health literacy is the skills, knowledge, motivation and capacity of a service user to access, understand, appraise and apply information to make effective decisions about health and health care, and take appropriate action.

The health literacy environment is the infrastructure, policies, processes, materials, people and relationships that make up the healthcare system, which affect the ways in which service users and their support people access, understand, appraise and apply health-related information and services.[33]

health information: information or an opinion, that is also personal information, about the health or disability of an individual, or a health service provided or to be provided; or other personal information collected to provide or in providing a health service.[34]

healthcare record: includes a record of the service user's medical history, treatment notes, observations, correspondence, investigations, test results, photographs, prescription records and medication charts for an episode of care.

higher risk (service users at higher risk of harm): a service user with multiple factors or a few specific factors that result in their being more vulnerable to harm from health care or the healthcare system. Risk factors may include having chronic clinical conditions; having language barriers; being of Aboriginal or Torres Strait Islander background; having low health literacy; being homeless; or being of diverse gender identities and experiences, bodies, relationships and sexualities (currently referred to as lesbian, gay, bisexual, transgender and intersex [LGBTI]).

identification: the act of indicating a person's identity. See also *authentication*.

incident: an event or circumstance that resulted, or could have resulted, in unintended or unnecessary harm to a service user; or a complaint, loss or damage. An incident may be clinical or technical in nature. Misdiagnosis, inappropriate treatment and events of self-harm are examples of clinical incidents; a data breach, service interruption or loss of data are examples of technical incidents.

information and data inventory: a high-level list of the data and information that an organisation collects, where it is held, with whom it is shared, and how it is used.

information security: the practice of preventing unauthorised access, use, disclosure, disruption, modification, inspection, recording or destruction of information.

information management security system: a set of policies and procedures for systematically managing an organisation's sensitive data. It aims to protect the confidentiality, availability, and integrity of assets from threats and vulnerabilities, minimise risk and ensure business continuity by pro-actively limiting the impact of a security breach.

informed consent: a process of communication between a service user and service provider about options for treatment, care processes, data management or potential outcomes.[35] This communication results in the service user's authorisation or agreement to participate in planned care or data management. The communication should ensure that the service user has an understanding of the care they will receive or the data to be managed, all the available options and the expected outcomes.[36]

in-product sales: the offering of products for sale embedded within a digital mental health service.

intended service user demographic: the information (for example, age, gender) about service users for whom the service is intended.

internal access controls: security features that control how service users (and where relevant, their support people) and systems communicate and interact with other systems and resources (for example, through authentication and authorisation, regular automated monitoring and verifying of access configurations, auditing of service user access to data access, and control policies that make sure service users, and where relevant, their support people, are who they say they are and that they have appropriate access to data).[37]

interoperability: the ability of computerised systems to connect and communicate with one another readily to exchange and make use of data and information. In the health system, interoperability of digital systems means seamless and secure connections are made between clinical information systems that previously were disconnected and siloed, and that patient information can shared and clinical decisions made in light of all the relevant data available, delivering better care as a result.

jurisdictional requirements: systematically developed statements from state and territory governments about appropriate healthcare or service delivery for specific circumstances.[32] Jurisdictional requirements encompass a number of types of documents from state and territory governments, including legislation, regulations, guidelines, policies, directives and circulars. Terms used for each document may vary by state and territory.

leadership: having a vision of what can be achieved, and then communicating this to others and evolving strategies for realising the vision. Leaders motivate people and can negotiate for resources and other support to achieve goals.[38]

legacy (digital): the digital information that is available about someone following their death.[39]

mental health service: a service whose primary function is to provide information, treatment, rehabilitation or support targeted towards people with a mental illness, suicidal thinking or behaviour, or alcohol and other drug use. It may offer clinical services or non-clinical interventions. Note that for the purposes of the NSQDMH Standards, mental health, suicide prevention, and alcohol and other drug services have been included under the term mental health service, although it is recognised that these are distinct sectors providing services to often distinct cohorts (noting that some service users have multiple needs and benefit from collaboration between sectors).

mental state: See *deterioration in mental state*.

minimum information content: the content of information that should be contained and transferred in a particular type of clinical handover. What is included as part of the minimum information content will depend on the context and reason for the handover or communication.[40]

model of care: the way a health service is to be delivered. It outlines best practice care and services for a person, population group or service cohort as they progress through the stages of a condition. It aims to ensure service users and their support people get the right care, at the right time, by the right team and in the right place.[41]

open disclosure: an open discussion with a service user, and where relevant, their support people, about an incident that resulted in harm to the service user while receiving care. The criteria of open disclosure are an expression of regret, and a factual explanation of what happened, the potential consequences, and the steps taken to manage the event and prevent recurrence.[42]

opt out mechanism: a way for a service user to take action to withdraw or withhold their consent.

orientation: a formal process of informing and training a worker or contractor starting in a new position or beginning work for an organisation, which covers the policies, processes and procedures applicable to the organisation.

outcome: the status of an individual, group of people or population that is wholly or partially attributable to an action, agent or circumstance.[43]

ownership of data: the act of having legal rights and complete control over a single piece or set of data elements.

partnership: a situation that develops when service users, and where relevant, their support people, are treated with dignity and respect, when information is shared with them, and when participation and collaboration in healthcare processes are encouraged and supported to the extent that service users choose.

patch: publicly released update to fix a known bug or issue.

peer worker: someone employed on the basis of their personal lived experience (of mental health issues, suicidal thinking or behaviour, or alcohol and other drug use) and recovery (consumer peer worker) or their experience of supporting family or friends with mental health issues, suicidal thinking or behaviour, or alcohol and other drug use (carer peer worker).

peer-to-peer support service: a system of giving and receiving help founded on key principles of respect, shared responsibility, and mutual agreement of what is helpful. Peer support is not based on psychiatric models and diagnostic criteria. It is about understanding another's situation empathically through the shared experience of emotional and psychological pain. When people find affiliation with others they feel are 'like' them, they feel a connection. This connection, or affiliation, is a deep, holistic understanding based on mutual experience where people can 'be' with each other without the constraints of traditional (expert/patient) relationships.

person-centred care: an approach to the planning, delivery and evaluation of health care that is founded on mutually beneficial partnerships among service providers, service users and their support people.[44] Person-centred care is respectful of, and responsive to, the preferences, needs and values of service users. Key dimensions of person-centred care include respect, emotional support, physical comfort, information and communication, continuity and transition, care coordination, involvement of carers and family, and access to care.[9] Also known as patient-centred care or consumer-centred care.

performance: the level of accomplishment of a given task measured against pre-set known standards.

personal data and records: data about an identified individual, or an individual who is readily identifiable, for example, name, address, date of birth, and all associated records, such as their transcribed consultations, chats, medical histories, shared clinical records, and other third-party data/records used in digital mental health work.

platform: a group of technologies that are used as a base upon which other applications, processes or technologies are developed. Historically, application programs written for one platform would not work on a different platform. New standards-based interfaces and open interfaces allow application programs to run on multiple platforms. Additionally, software developers have developed software tools that allow applications to run on multiple platforms.[45]

policy: a set of principles that reflect the organisation's mission and direction. All procedures and protocols are linked to a policy statement.

privacy: the right to be free from interference and intrusion, to associate freely with whom you want and to be able to control who can see or use information about you. Information privacy is about promoting the protection of information that says who we are, what we do and what we believe.[46]

privacy impact assessment: a systematic assessment of a service that identifies the impact that the service might have

on the privacy of individuals, and sets out recommendations for managing, minimising or eliminating that impact.[47]

procedure: the set of instructions to make policies and protocols operational, which are specific to an organisation.

process: a series of actions or steps taken to achieve a particular goal.[48]

product information: information written by the service provider responsible for the digital mental health service that provides objective information about the quality, safety and effectiveness of the service, as well as its purpose and intended service users and their support people.

program: an initiative, or series of initiatives, designed to deal with a particular issue, with resources, a timeframe, objectives and deliverables allocated to it.

protocol: an established set of rules used to complete tasks or a set of tasks.

pseudonym: a name, term or descriptor that is different to an individual's actual name.[11]

quality: the standard of something as measured against other things of a similar kind; the degree of excellence of something.

quality improvement: the combined efforts of the workforce and others – including service users and their support people, researchers, planners and educators – to make changes that will lead to better service user outcomes (health), better system performance (care) and better professional development.[49] Quality improvement activities may be undertaken in sequence, intermittently or continually.

recovery (data): a process of salvaging (or retrieving) inaccessible, lost, corrupted, damaged or formatted data from secondary storage, removable media or files, when the data stored in them cannot be accessed in a standard way.

regularly: occurring at recurring intervals. The specific interval for regular review, evaluation, audit or monitoring needs to be determined for each case. In the NSQDMH Standards, the interval should be consistent with best practice, risk based, and determined by the subject and nature of the service.

risk assessment: assessment, analysis and management of risks. It involves recognising which events may lead to harm in the future and minimising their likelihood and consequences.[50]

risk management: the design and implementation of a program to identify and avoid or minimise risks to service users and their support people, the workforce and the service.

risk: the chance of something happening that will have a negative impact. Risk is measured by the consequences of an event and its likelihood.

risk-based approach: an approach that identifies, assesses, and understands the risks, and takes appropriate mitigation measures in accordance with the level of risk.

safety: the condition of being protected from harm or other non-desirable outcomes.

scope of clinical practice: the extent of an individual clinician's approved clinical practice within an organisation, based on the clinician's skills, knowledge, performance and professional suitability, and the needs and service capability of the organisation.[51]

screening: a process of identifying service users who are at risk, or already have an illness or injury. Screening requires enough knowledge to make a clinical judgement.[52]

self-harm: intentional direct injury of body tissue without the intention to die, usually as a way of trying to cope with distressing or painful feelings. Also known as deliberate self-injury or non-suicidal self-injury.

service context: the particular context in which care is delivered. The service context will depend on the organisation's function, size and organisation of care regarding service delivery mode, location and workforce.[53]

service provider: an organisation that provides digital mental health services to service users, and where relevant, their support people, either free of charge or at a cost. A service provider may make available one or more services from which service users and their support people can select, and has in place a system to oversight 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 a service provider.

service user: a person who has used, or may potentially use, a digital mental health service. A service user may be a consumer or a carer or a support person, depending on the nature of the service.

software: a collection of code instructing a device to perform specific tasks. Software includes programs, applications, scripts and sets of instructions.

standard: agreed attributes and processes designed to ensure that a product, service or method will perform consistently at a designated level.[43]

substitute decision-making: the process where someone makes a health-care decision for a person who has lost capacity. The substitute decision-maker "stands in the shoes" of the person to make the decision that the person would have made for themselves if they could still make that decision.

supported decision-making: the provision of decision-making support which enables people with cognitive disabilities to exercise their legal decision-making rights.

support people: individuals who provide support and reassurance to service users (for example, a family member, friend or paid support worker).

system: the resources, policies, processes and procedures that are organised, integrated, regulated and administered to accomplish astated goal. A system:

- Brings together risk management, governance, and operational processes andprocedures, including education, training and orientation
- Deploys an active implementation plan; feedback mechanisms include agreed protocols and guidelines, decision support tools and other resource materials
- Uses several incentives and sanctions to influence behaviour and encourage compliance with policy, protocol, regulation and procedures.

technical fault: an abnormal condition or defect at the component, equipment, or sub-system level which may lead to a failure.

technical governance: the system by which the current and future use of information and communication technology is directed and controlled. It is an integrated component of the corporate governance of healthcare organisations and includes leadership, organisational structures, strategy, policies and processes to ensure that the organisation's information technology sustains and extends the organisation's strategies and objectives.

technician: a person skilled in the technique of a craft or employed to do practical work or look after technical equipment.

terms and conditions: the rules that apply to fulfilling a particular contract and that form an integral part of that contract. Service users and service providers must agree the terms and conditions to form a contract.

transitions of care: situations when all or part of a service user's care is transferred between services or providers, as the service user's conditions and care needs change.[54]

updates: an updated version of a digital mental health service.

usability: the extent to which a product (such as a device, service, or environment) can be used by specified users to achieve specified goals with effectiveness, efficiency and satisfaction in a specified context of use.[55]

workforce: all people working for a service provider, including clinicians, technicians and any other employed or contracted locum, agency, student, volunteer or peer workers. The workforce can be members of the organisation, or company representatives providing technical support who have assigned roles and responsibilities for care of, administration of, support of, or involvement with service users and their support people in the organisation. See also *clinician and technician.*

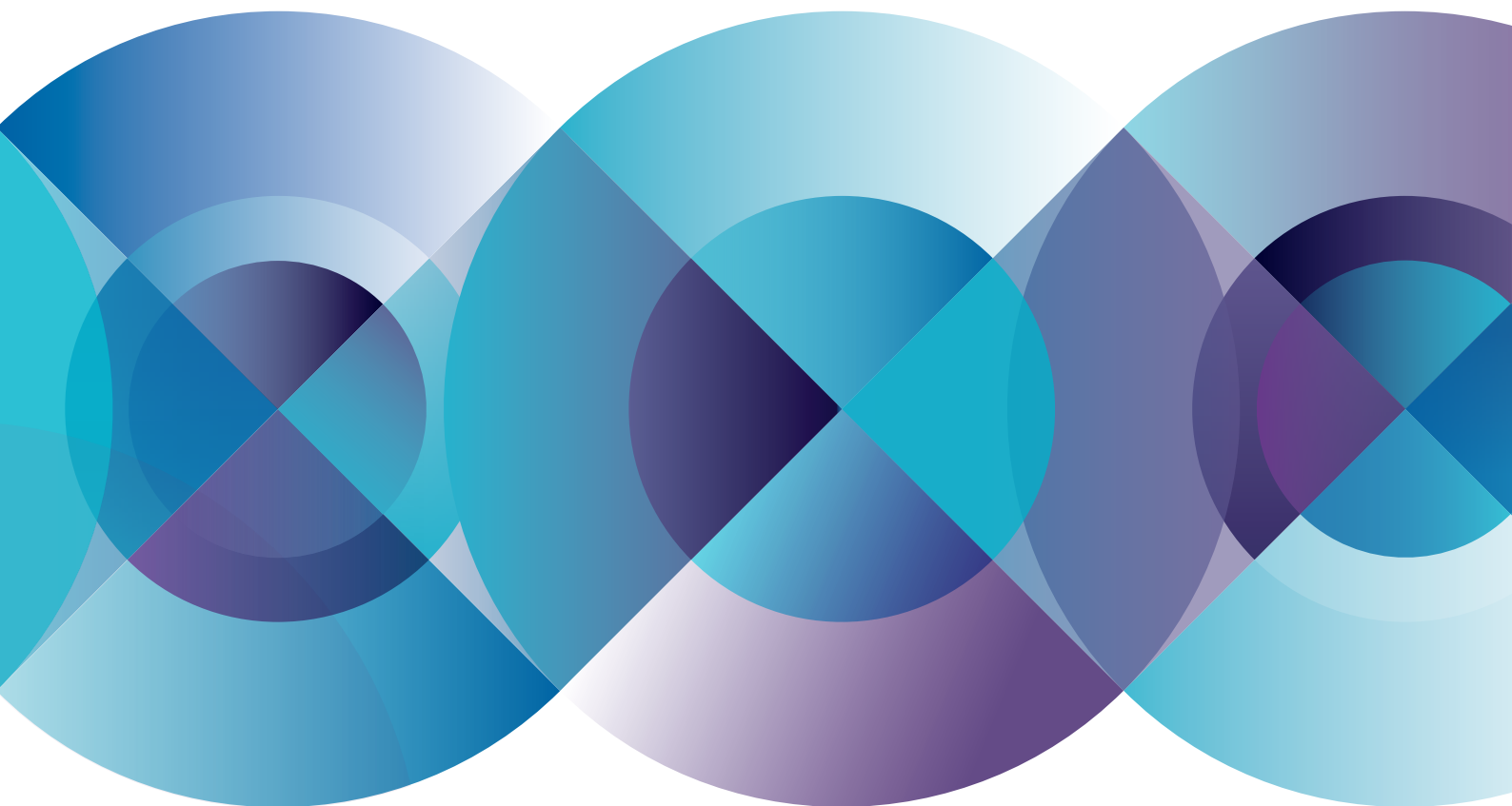**young people:** people under 18 years of age.

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