Scoping and development of a National Digital Mental Health Framework: *Consultation Paper*

Department of Health

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Contents

Glossary

Notation	Description
ADHA	Australian Digital Health Agency
ACL	Australian Consumer Law
AI	Artificial Intelligence
ACSQHC	Australian Commission on Safety and Quality in Health Care
Australian Government Department of Health	A department in government that oversees Australia's health system. Their role, in terms of the mental health landscape, includes supporting access to and adoption of mental health services and policy through funding initiatives, regulation and policy advice. This is used interchangeably with 'Commonwealth Government'.
ATSI	Aboriginal and Torres Strait Islander
CALD	Culturally and linguistically diverse
CIS	Clinical Information System
CRC	Cooperative Research Centre
CSA	Current State Assessment
CSIRO	Commonwealth Scientific and Industrial Research Organisation
Digital Inclusion Index	The Digital Inclusion Index is a measurement of the extent to which there is digital inclusion in Australia. It is calculated using a digital inclusion measurement tool and measures how access, affordability and digital ability changes over time with social and economic status.
ED	Emergency Department
eMHprac	e-Mental Health in Practice
EMR	Electronic medical record
Governance	The role by which the Australian Government, states and territories manage, regulate, fund and carry out governing processes within the health sector.
GP	General Practitioner
HANDI	Handbook of Non-Drug Interventions
LGBTI	Lesbian, Gay, Bisexual, Transgender and/or Intersex
MBS	Medicare Benefits Schedule
NCCP	National Community Consultation Program
NSQDMH Standards	The National Safety and Quality Digital Mental Health Standards as developed by the Australian Commission on Safety and Quality in Health Care.
PAS	Patient Administration System
Patient	In this Report, a patient refers to a user of a mental health or digital mental health services, including those who have, are, or will, receive treatment for mental health challenges. This term is used interchangeably with 'Consumer'.
PHN	Private Health Network
PMS	Practice Management Systems
RACGP	The Royal Australian College of General Practitioners
RCVMHS	Royal Commission into Victoria's Mental Health System
RMIT	Royal Melbourne Institute of Technology
TGA	Therapeutic Goods Association

Notation	Description
The Framework	National Digital Mental Health Framework
The Review	National Mental Health Commission's 2014 National Review of Mental Health Programmes and Services
UNSW	University of New South Wales

1 Scoping and development of a National Digital Mental Health Framework

1.1 Project Context

The availability of technology is transforming the way mental health services are delivered. Digital mental health services offer considerable potential to improve efficiencies and improve consumer access to services by transcending geographic, stigma, privacy and financial barriers. They are relatively inexpensive to deliver and offer potential to be scaled up in a cost-effective way. The provision of digital mental health services in Australia has expanded rapidly over the past decade and continues to grow in the face of the COVID-19 pandemic and recent bushfire crisis.

The Australian Government Department of Health (the Department) has engaged a consortium of PricewaterhouseCoopers (PwC), the Royal Australian College of General Practitioners (RACGP), Good Things Foundation Australia, and John Torous MD MBI to develop the National Digital Mental Health Framework (the Framework) as one of the actions under The Fifth National Mental Health and Suicide Prevention Plan (the Fifth Plan). The objective of the Framework is to provide an integrated and strategic approach to digital mental health service delivery within the broader context of Australia's mental health system.

1.2 Current State Assessment

A current state assessment (CSA) of the digital mental health services ecosystem was conducted from September - October 2020. The purpose of the assessment was to inform sector consultations and the development of the Framework in early 2021. The approach included a desktop scan and consultations with the Department, PwC consortium members, the Department's Digital Mental Health Framework Advisory Group, and other stakeholders in the sector.

The objectives of the current state assessment were to:

- Develop a robust understanding of the digital mental health sector, key trends and the external environment that impacts the sector. This includes implications of COVID-19 on digital mental health service usage
- Develop a comprehensive view of the current state digital mental health services landscape, including funding, regulation and legal context, service provision and service consumption
- Identify current state barriers across the digital mental health landscape
- Synthesise this information to identify and understand opportunities where the Framework could support and better enable cohesion across the system

A report detailing findings from the current state assessment of the digital mental health ecosystem, including the relationships between service providers, technology used by providers, workforce, and barriers to use was provided to the Department in October 2020. Please see *Attachment A* for the Report.

1.3 Consultation Paper

Through this consultation paper, we are seeking feedback on the current state, barriers, and opportunities identified in the current state assessment. The feedback from the written and thematic workshops will be used to inform development of the Framework. This consultation paper has been developed to provide an overview of the key findings of the current state assessment and explore the following themes through broader consultation:

- **Demand for digital mental health services**, including access and adoption of services, considerations for vulnerable cohorts, digital inclusion and utilising the lived experience in the design and delivery of services
- **Supply of digital mental health services**, including the workforce, lived experience workforce, integration of digital mental health services with the broader health system, software and platforms, and data and evaluation
- **Funding and regulation of digital mental health services**, including current models of funding between Commonwealth and State and Territory governments and the current legal and regulatory frameworks

Chapter 2 defines digital mental health services. Chapters 3 - 5 provide an overview of each of the themes listed above and a summary of the key barriers and opportunities. Questions have been included in each thematic section of this consultation paper as a guide. These questions are guides and are not intended to be prescriptive or to limit feedback.

2 Defining digital mental health services

2.1 Definitions

The definition of digital mental health services for this Framework is drawn from and builds upon the National Safety and Quality Digital Mental Health Standards (NSQDMHS) definition of digital health and digital mental health services.[1]

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 analysis, 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 a digital means".*

Note: Medicare-subsidised telehealth services are not within the scope of the Framework.

The CSA identified several additional factors to consider when defining digital mental health services. These include:

- **Information technology:** inclusion of information technology such as electronic health records as a key enabler for electronic prescribing, transfer of information and secure access by consumers and healthcare professionals
- **Emerging technologies:** as new technologies emerge and other technologies become obsolete, definitions (conceptual and legal) will need to adapt
- **Education and training of health practitioners:** the ability to provide digital mental health services depends in part on the awareness and skills of health practitioners in relation to using digital tools and technologies
- **Digital mental health champions and navigators:** to engage people in the use of digital mental health services by raising awareness and providing support
- **Software and technology platforms:** availability of contemporary and secure software and platforms that enable the delivery of digital mental health services
- **Access to information:** access to information enhanced through the internet or related technologies that promote a greater understanding of mental health, its interrelated factors and the value of early intervention, and encourages help seeking behaviour. Digital mental health ideally assists to empower consumers through improved access to information.
- **Data and evaluation:** using data linkage and predictive analytics to predict future behaviour and outcomes can help identify people at risk of developing mental health challenges and intervene early, through digital means, to prevent escalation of their conditions. Equally, evaluation of digital mental health services is required to understand effectiveness, usability and appropriateness.

A digital mental health service is understood in the CSA as encapsulating all the above considerations, categorised as mental health services, enablers and emerging technologies and innovations. These components are described in Table 1.

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[1] Australian Commission on Quality and Safety in Health Care (2020), *National Safety and Quality Digital Mental Health (NSQDMH) Standards: Consultation Draft.*

Table 1: Components of digital mental health services

Category of digital mental health services	Description	Components		
Digital mental health service	A service that uses technology to provide treatment and/or support to people with mental health conditions	**Service category** • Assessment • Crisis support • Counselling • Treatment • Peer to peer support • Information, including directories • General mental health information	**Delivery mode** • Online (website) • SMS • Videoconference • Telephone* • Mobile health applications • Web chat *Does not include Medicare-subsidised telehealth services*	**Delivery type** • Self-managed • Clinician-led • Clinician-supported • Shared care arrangements • Online peer forums
Enablers	Components that facilitate engagement and delivery of a digital mental health service	• Mental health workforce, including the lived experience workforce • Education and training of healthcare practitioners • Digital mental health champions and navigators • Patient portals • Consumer capability • Outreach programs and social media • Electronic health records • Big data, machine learning and predictive analytics • Decision-making tools • Research and evaluation • Software programs, platforms, and information systems • Interoperability		
Emerging technologies and innovations	Technology and innovations that are evolving and expected to create considerable impacts, but not the norm in the current environment	• Services delivered via virtual reality • Artificial Intelligence and robotics supported treatment platforms • Automated triage services • Digital health wearables • Gaming treatment for mental health • Digital phenotyping		

3 Demand for digital mental health services

3.1 Demand for and use of digital mental health services

The uptake of digital mental health services is steadily increasing in Australia. Demand is expected to continue growing rapidly in the face of the COVID-19 pandemic. For example, during the early months of COVID-19 there was an 89 per cent increase in website visits and a 90 per cent increase in telephone calls to the virtual mental health clinic, Mindspot, when compared to the pre-COVID period.[2] This rapid uptake of services is in line with broader health system demand for mental health services, with over 4.3 million people receiving mental health-related prescriptions in 2018-19,[3] and suicide rates expected to grow by over 13.7 per cent from 2020 to 2025.[4]

However, it is estimated that 55 per cent of Australians with mental illness still do not receive any form of treatment.[5] Commonly identified reasons for this include financial barriers, stigma, shame, lack of awareness of availability and effectiveness of services.[6] Capacity constraints within the broader sector also compromises the extent to which consumers receive the right support, at the right time. Certain cohorts (e.g. youth, LGBTI) may prefer a blended model of service delivery where they have access to both digital and face to face services.

Barriers

The current state assessment identified the following barriers in relation to demand for digital mental health services:

- **The digital divide impacts on the extent to which digital mental health services will be consumed.** Providing digital services, including digital mental health services may potentially exacerbate health inequities if those who most need healthcare are those least likely to have access to digital options. Older Australians, Aboriginal and Torres Strait Islander (ATSI) people, people from low socio-economic backgrounds and rural and remote communities are some of the least digitally included groups in Australia.
- **Awareness, trust and adoption of digital mental health services:** Concerns around data privacy and confidentiality and the efficacy of digital mental health services continue to impact the extent to which people use services.
- **Consumer literacy:** Consumer literacy is also a key consideration in accessing digital mental health services. For example, research indicates that the literacy required for e-mental health engagement is beyond the reach of most Australians.[7]
- **Barriers facing vulnerable cohorts:** Specific groups find it difficult to access services that are inclusive and sensitive to the needs of all people's age, cultures, genders and backgrounds.
- **Adverse impacts on families and carers:** Due to the COVID-19 pandemic many people are opting for self-guided or therapist assisted digital mental health services, using their families and carers to support them in accessing and managing their mental health care programs. This has placed an increased burden on families and carers to be aware of existing programs. The Government has provided $3.5 million in additional funding to Carers Australia and Carers Gateway to provide targeted assistance and information.

Opportunities

The current state assessment identified the following opportunities in relation to demand for digital mental health services:

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[2] Consultation with the Department of Health, Digital Health Policy team (22 September 2020).

[3] AIHW (2020). *Mental health services, summary of mental health services in Australia.*

[4] Prof. Ian Hickey, The University of Sydney Brain and Mind Centre (2020), *Road To Recovery: Restoring Australia's Mental Wealth, Uncovering the road to recovery of our mental health and wellbeing using systems modelling and simulation*

[5] AIHW (2014). Australia's Health 2014.

[6] Productivity Commission (2019). *Initial Submission to the Productivity Commission Inquiry into Mental Health.*

[7] Stone, L. and Waldron, R. (2019). *Great Expectations and e-mental health. The role of literacy in mediating access to mental healthcare. Australian Journal of General Practice.*

- Engage digital mental health champions to raise awareness and assist people, particularly in vulnerable cohorts, to navigate the digital mental health system.
- Explore options to provide suitable access to digital tools and platforms for people who are most likely to experience digital exclusion – e.g. providing a room with internet access in general practice, provision of Data Sims cards or low-cost public internet for those with lack of internet access.
- Improve equity of access through targeted investment into enablers to support access to digital mental health services for vulnerable cohorts and ensuring sufficient broadband infrastructure in rural and remote areas.
- Improve consumer information by promoting the value of digital mental health services through community wide marketing strategies.

Questions for consultation

- What are peoples' preferences for blended models of care and treatment modalities? What are some enablers and barriers to these preferences?
- How can vulnerable and at-risk cohorts be better supported via digital tools and platforms as part of a blended model of care?
- How important is preserving anonymity, privacy and confidentiality for people accessing digital mental health support and is there an acceptable approach to enable data sharing (with consent) if it produces a better outcome and experience? What else is needed to support this?
- What opportunities exist to enhance referral pathways so that people receive connected care across all stages of the care continuum?

3.2 Integrating the lived experience perspective in service design and delivery

The Innowell Project Synergy report on the National Community Consultation Program (the NCCP) finds that people generally trust mental health products and services that are endorsed and recommended by their networks and peers. They value lived experience-led design of services and see themselves reflected and considered in the products.[8] Evidence shows that embedding the lived experience in the design and delivery of services can improve outcomes and recovery.[9] However, despite continued advocacy for the engagement and inclusion of people with a lived experience, the sector struggles to incorporate lived experience in meaningful ways.[10] There is opportunity to better integrate the consumer perspective in the design of digital mental health services to deliver evidence-based outcomes that are more person centred and responsive to needs.

Barriers

The current state assessment identified the following barriers in relation to integration of the lived experience perspective in service design and delivery of digital mental health services:

- **Limited meaningful participation of the lived experience population for purposes of co-design and co-delivery of mental health services**. Research shows that co-designed and delivered services can improve outcomes and recovery. While evidence shows that embedding the lived experience in the design and delivery of services can improve outcomes and recovery,[11] the sector struggles to incorporate lived experience in meaningful ways.[12]

8   Innowell (2020). Project Synergy. *National Community Consultation Program*.

9   Resnick, S.G. and R.A. Rosenheck (2008), Integrating peer-provided services: A quasi-experimental study of recovery orientation, confidence, and empowerment. Psychiatric Services, 59(11): p. 1307-1314.

10 Happell, B., et al. (2015), *Consumer participation in nurse education: A national survey of Australian universities. International Journal of Mental Health Nursing, Sourced from: QMHC. Promoting the lived experience perspective: discussion paper for the Queensland mental health commission.*

11 Resnick, S.G. and R.A. Rosenheck (2008), *Integrating peer-provided services: A quasi-experimental study of recovery orientation, confidence, and empowerment. Psychiatric Services*, 59(11): p. 1307-1314.

12 Happell, B., et al. (2015), *Consumer participation in nurse education: A national survey of Australian universities. International Journal of Mental Health Nursing, Sourced from: QMHC. Promoting the lived experience perspective: discussion paper for the Queensland mental health commission.*

- **Little awareness on the value of peer support roles.** Peer support roles are a vital recovery service for people with mental health challenges. Yet, the limited awareness of the value of peer support roles limits the extent to which they can be integrated in the co-design and co-delivery of mental health services.
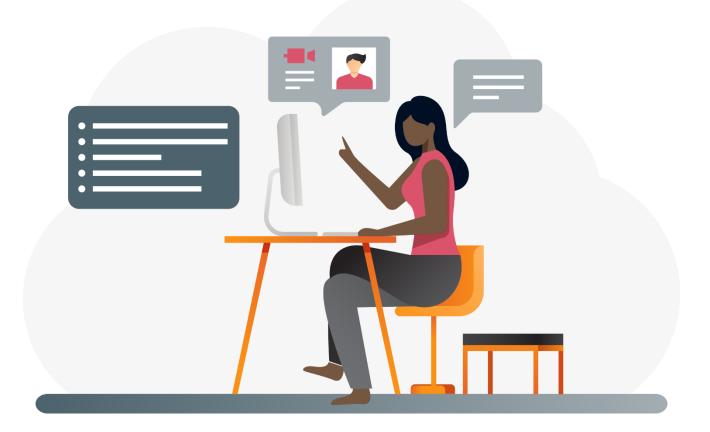
Opportunities

The current state assessment identified the following opportunity in relation to integration of the lived experience perspective in service design and delivery of digital mental health services:

- Improve integration of the consumer and lived experience perspective in digital mental health service design and delivery to build trust and awareness in the community, and ensure digital services are tailored and person centred. E.g. greater advocacy for peer support roles.

Questions for consultation

- How can lived experience perspective be better integrated into the design and delivery of digital mental health services?

4 Supply of digital mental health services

4.1 Mental health workforce implications

The mental health workforce in Australia responds to a range of mental health challenges and illnesses across the broad spectrum of severity. It is important that the supply of mental health services adequately meets the demand, currently and in the future as demand increases. Projected demand means that we can't rely solely on traditional forms of mental health service delivery and a highly trained professional workforce.[13] Digital mental health services present an opportunity to meet demand by providing access to a broader range of services, including information, forums and online networks, self-directed services, and clinician supported and led services. It allows consumers to access mental health care using a blended model and supports digitally enabled referrals for those with complex needs.

To meet demand there is also an opportunity to expand the traditional workforce base by offering training, accreditation and support to the non-clinical and lived experience workforce. For this to occur, the digital mental health services workforce must be aware of, and appropriately skilled, in referring to, using and delivering digital mental health services. There are also opportunities to upskill those with lived experience and those in non-clinical roles to provide digital mental health services to allow more specialised clinicians to support Australians with more complex or co-morbid mental health conditions.

Barriers

The current state assessment identified the following barriers in relation to the impact of digital mental health services on workforce implications:

- **Knowledge and confidence in using digital mental health services among health practitioners:** With recent enhancements in training and education on digital mental health, for example, the training programs and resourced delivered by e-Mental Health in Practice (eMHprac), awareness of digital mental health services among health practitioners have increased over time. However, there still exists some gaps in knowledge of the broad range of digital mental health services available, their purpose and the cohorts they are intended to service, and health practitioner confidence in using digital tools and technology. Additionally, health practitioners desire some transparency around service efficacy and visibility of clients referred into services.

- **A nonuniform approach to delivering training and support in digital mental health services:** Health practitioners need specific skills and training, clinical supervision, and support to deliver mental health services, particularly for those people who require clinician led or supported digital mental health care. eMHPrac provides nationwide promotion, training, mentoring and other support to increase the use of digital mental health resources and services in primary care. While these programs and supports have increased health practitioner knowledge and awareness of digital mental health services, the availability of digital mental health training programs and specialist opportunities such as trauma informed, and culturally appropriate practice to health professionals is limited.

- **Limited clarity on how digital mental health services fit within the stepped care model:** Currently, there is limited clarity on where digital mental health services fit within the stepped care model of delivering mental health care. Digital interventions should be better integrated within the stepped care model to better match individuals needs to the most appropriate level and intensity of care, to allocate resources based on need, and to direct people to self-directed or clinician supported care or appropriate face to face services as appropriate based on their needs.

- **Limited ability to respond to surges in demand:** There is limited ability for the current health system to adapt and respond to surges in demand for mental health-related services. This stems from health practitioner workforce constraints not being able to align with increased prevalence of mental illness, particularly during the COVID-19 pandemic. Workforce shortages will need to be considered in the long term to ensure that surges in demand, associated with unexpected environmental crisis, can be adequately met in the future. The availability of digital mental health services helps in addressing this concern to some extent as it offers the opportunity to scale up and enhance reach at low cost.

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[13] Rosenberg, S, Hickie, I, and Rock, D (2020), *Rethinking Mental Health in Australia: Adapting to the challenges of COVID-19 and planning for a brighter future.*

- **Limited education, training and support programs for the lived experience workforce:** Those with lived experience do not always encounter positive experience. Stigma and discrimination, sometimes indirect and sometimes direct, can cause a divide between the peer workforce and other staff. Formal structures, policies and procedures that support the peer workforce and provide a development pathway to adopt and build confidence in using digital tools and technology are needed if government services are to realise their full potential.

Opportunities

The current state assessment identified the following opportunities in relation to the impact of digital mental health services on workforce implications:

- Provide basic training on mental health more broadly to practitioners, particularly those who practice in regional, remote and communities in crisis; and specialised training to raise awareness of and confidence in using digital mental health services with patients that includes options to upskill around trauma informed care and culturally appropriate practice. This would require establishing a consistent education and training program, with locally appropriate and developed re-skilling since one size won't fit all.
- Establish clear digital mental health training, development and certification pathways for non-professional practitioners, that includes peer-support workers, care navigators and lived experience workforce to equip them with the right skills and knowledge to use digital tools and platforms effectively.

Questions for consultation

Workforce

- What are possible financial and non-financial incentives (professional standards, training, monetary incentives) to encourage health practitioners to adopt digital mental health services into "business as usual"?
- Should there be standardisation of triage and treatment protocols, treatment and referral pathways used by digital services etc. and which elements would be most useful?
- What and where are the gaps in our existing workforce to support a blended delivery model where digital mental health services are used in conjunction with face to face services? E.g. do we need more care navigators, peer-support workers etc. and what considerations need to be made to support this model?

Lived experience workforce

- What additional supports are needed to upskill the lived experience workforce in the use and delivery of digital mental health services and/or as digital inclusion champions?
- What do people with lived experience need to support the building of trust, confidence, and ultimately, their uptake and use of digital mental health services?

4.2   Integration of digital mental health services

A blended model of care is one that refers to a mixture of digital and in-person treatment for a disorder. Health care professionals, particularly mental health practitioners, refer patients to mental health service providers and receive referrals from these providers. This is the same for digital mental health service providers where mental health practitioners specifically prescribe the use of digital mental health services, such as This Way Up and eheadspace, to patients as ongoing support mechanisms that complement the use of face to face services. It is important that this referral process is seamless and does not impede access to care for the patient. It will also need to balance the issue of access to services with the appropriateness, safety, and continuity of the care provided. This would be supported by a consistent triage and assessment process and up-to-date referral databases to enable clinicians and service providers to identify the appropriate care quickly.

The integration between the mental health system, including both digital and face-to-face services, and the broader health system is also crucial in providing consumers with mental health challenges with person centric and holistic care. This needs to be supported by improved data sharing between digital mental health programs and services and the software operating systems in the broader healthcare sector. At present, some consumer data is hosted on local platforms instead of in the cloud which presents a barrier to the sharing of data, and variations in practice management software can interrupt opportunities for system interoperability.

Barriers

The current state assessment identified the following barriers in relation to the integration of digital mental health services with existing systems and other sectors:

- **Limited integration of digital interventions:** The integration between the mental health system, including both digital and face-to-face services, and the broader health system is crucial in providing consumers with mental health challenges with person centric and holistic care. There is presently no clear understanding on how digital interventions can be integrated with the broader health sector.

- **Limited availability of tools and materials to support delivery of a blended model of care:** A blended model of care is one that refers to a mixture of digital and in-person treatment for a disorder. A seamless referral, assessment and triaging process is essential for appropriate and safe treatment and continuity of care. Supporting digital technology ensures open access to care for patients and efficient and effective delivery of clinical treatment for health practitioners.

- **Limited data sharing between digital mental health programs and services and the software operating systems in the broader healthcare sector:** Some consumer data is hosted on local platforms instead of on the cloud which presents a barrier to the sharing of data. Further, variations in practice management software between different parts of the health system can interrupt opportunities for system interoperability, often due to a lack of standardisation in the capture, storage and reporting of data.

Opportunities

The current state assessment identified the following opportunity in relation to the integration of digital mental health services with existing systems and other sectors:

- Develop easy to find (decision support) tools and resources to raise health practitioner awareness and understanding of digital mental health tools and technology. This includes training about tools and technologies to build competency, triage and diagnostic tools to support assessment and referral, and education and training about how blended digital and face to face care models could work.

Questions for consultation

- How can digital mental health services better integrate into the stepped care framework?
- What opportunities exist to create system interoperability to ensure digital mental health services can technologically connect and share information with other IT platforms and software?
- Where do broader general health and wellbeing applications and programs (e.g. FitBits) fit within the digital mental health services ecosystem and should there be separate governance mechanisms (e.g. accreditation of these products) to support these?
- Should parameters be set on the types of data that can be shared between different IT systems/tools and what are some implications, considering the use of shared data for outcomes monitoring and epidemiological surveillance?

4.3 Importance of a data driven approach to enhance supply of services

While there has been a rapid increase in the number of digital mental health services, there is limited monitoring and evaluation of the outcomes of many publicly available interventions.[14] A system-wide outcomes approach would support coordination and enable joint accountability and partnerships in delivering outcomes for consumers. This needs to be supported by a consistent approach to the collection of data on consumer outcomes and experience and provider experience.

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[14] The Sydney Morning Herald (22 December 2019), *Australians shun My Health Record with only 9 per cent ever logging in.*

Barriers

The current state assessment identified the following barrier in relation to the use of a data driven approach when evaluating digital mental health services:

- **An underdeveloped evidence base to build trust in the efficacy of digital mental health services for specific cohorts:** While some research on the efficacy of digital mental health interventions exist, particularly for management of depression and anxiety, ongoing research and evaluation is needed to build the evidence base and trust in the effectiveness, acceptability and efficiency of services, specifically for individuals in traditionally underserviced cohorts (CALD, Aboriginal and Torres Strait Islanders, LGBTI). This evidence base should be made widely available to increase uniform awareness on how to service different cohorts.
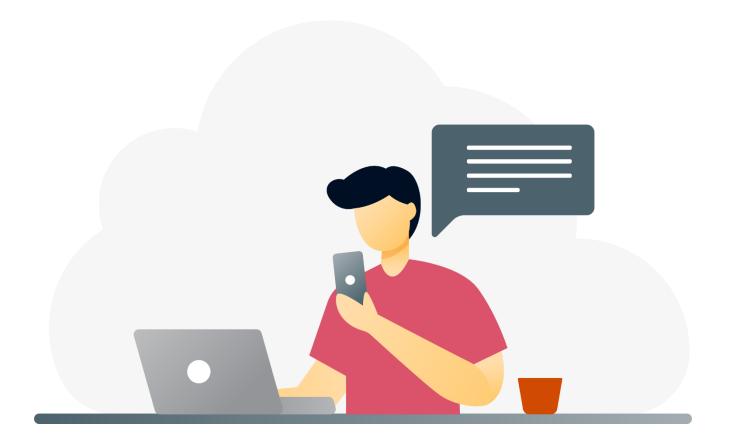
Opportunities

The current state assessment identified the following opportunities in relation to the use of a data driven approach when evaluating digital mental health services:

- Establish a clear and consistent approach to digital mental health data collection, epidemiological surveillance and evaluation to enable service continuous improvement, assessment of clinical efficacy and value for money.
- Build evaluation into the budget for digital mental health services and programs to proactively embed the principles of evaluation and measure outcomes.

Questions for consultation

- What are the best ways to provide guidance around the use of data, client records, data sharing and consent processes for digital mental health service providers?
- How important is epidemiological surveillance, data linkage and system outcomes in designing and evaluating digital mental health services and to what extent should they be considered?

5 Funding and regulation of digital mental health services

5.1 Funding of digital mental health services

In Australia, responsibility for funding mental health services is shared between Australian Government, State and Territory governments and private health insurers. The estimated spending on mental health related services in Australia was $9.9 billion in 2018-19[15]. Of this, approximately,

● 34 per cent was funded by Australian Government

● 61 per cent was funded by State and Territory governments, and

● 5 per cent was funded by private health insurance funds and other third-party insurers.

Over the last five years, Australian government funding for mental health-related services has increased by approximately 1 per cent per annum, while State and Territory funding has increased by an annual average rate of 3.2 per cent.[16] This is due to increased awareness of mental health and a growing number of people reporting anxiety, depression and mental ill health.

Barriers

The current state assessment identified the following barriers in the funding of digital mental health services:

• **Lack of coordinated service delivery by governments:** Mental health services (inclusive of digital mental health) are delivered within a complex, often fragmented system, with multiple providers being funded by Australian Government and State and Territory funding streams. As outlined in the National Mental Health Commission's 2014 National Review of Mental Health Programmes and Services (the Review) without improved co-design, planning and communication between all levels of government, the ability for consumers to receive connected and person-centred care across the care continuum will be limited.

• **Challenges in funding integrated services:** The many facets that interface with a person's mental health need to be considered in funding and delivery of services. These include alcohol and substance abuse, housing, justice, social and welfare, financial services, education and employment. A cross government approach to funding and services planning is key to delivering integrated services. Digital and face to face mental health services have been developed independently and operate in parallel rather in an integrated way, translating to fewer incentives for providers to integrate service operations to provide care to people with comorbid mental health challenges.

• **Limited funding for research and evaluation:** At present, Australian Government funding is focused on service delivery, with few funding buckets dedicated to research, monitoring and evaluation programs. Some of the key investments in current research include a $125 million investment over 10 years from 2018-19 through the Medical Research Future Fund's Million Minds Mental Health Research Mission. This program will invest in bold and transformative research to support one million people with mental health issues access new and innovative approaches to prevention, diagnosis, treatment and recovery.[17] The national Mental Health Commission is also developing a National Mental Health Research Strategy as part of the Fifth Plan to drive better outcomes across the mental health sector in Australia.[18] Research, monitoring and evaluation are critical to build trust in the efficacy of digital mental health services amongst consumers, health care practitioners and the broader community. Additional funding for research on implementation approaches will help to better understand how to make digital mental health services work with non-digital services in an integrated way.

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[15] Australian Institute of Health and Welfare (2020), *Mental health services in Australia.*

[16] Australian Institute of Health and Welfare (2020), *Mental health services in Australia.*

[17] Department of Health (2018). *Million Minds Mental Health Research. Available at:* https://www.health.gov.au/initiatives-and-programs/million-minds-mental-health-research-mission

[18] National Mental Health Commission (2020). National Mental Health Research Strategy. The need for a national strategy. Available at: https://www.mentalhealthcommission.gov.au/mental-health-reform/national-mental-health-research-strategy.

- **Limited funding for enabling functions of digital mental health service delivery:** Currently, funding for enabling functions is limited. These include, training for healthcare practitioners, upskilling consumer capability in using digital services, referral interoperability and useability, and building and maintaining on-going relationships between consumers and healthcare practitioners. Such gaps can translate to a less than optimal service and user experience.

Opportunities

The current state assessment identified the following opportunities in the funding of digital mental health services:

- Better co-ordinated funding for digital mental health services, highlighting the need for clear roles and responsibilities and alignment of jurisdictional priorities.
- Review funding options to enable desired system level outcomes including bundled funding for multi-disciplinary and/or blended care models and shared value partnerships.
- Review funding of enabling and operational functions that support both digital mental health service delivery and continuity of care, including education, training, awareness and culturally appropriate and trauma informed care to enable appropriate referrals, relationship and partnership development, and research and evaluation to facilitate effective and person-centred service delivery.
- Enhance funding for integrated service delivery, including the appropriate integration of digital mental health with the broader health sector, interoperability and software systems to securely exchange and use information.

Questions for consultation

- What alternative system-level funding models should be considered to enable better outcomes?
- Is a blended (multi-modal) care model desirable and what are some ways to better incentivise this approach?
- What mechanisms, if at all, could be considered to incentivise industry to develop digital technology solutions such as apps? What level of guidance is required by industry and developers? How should this be governed?
- What tools, supports and implementation considerations are needed to enhance the digital literacy and inclusion of people with lived experience and health professionals?
- At present few digital mental health services funded by the Australian Government are focused on culturally and linguistically diverse (CALD) people, Lesbian, Gay, Bisexual, Transgender and/or Intersex (LGBTI), Aboriginal and Torres Strait Islanders, and older cohorts – in what way could funding be designed and/or allocated to ensure digital services are available to these target groups?
- What are the governance considerations around payment models e.g. user-payment, co-payment and subsidised options to ensure the quality and safety of digital mental health services available to the public?
- How can additional funding for research and development, and monitoring and evaluation of digital mental health services, partnerships and relationships, warm-referral capacity etc. be built into service contracts? Should anything else be considered?
- What additional governance and/or guidance is needed around selection and implementation of technology, considering interoperability challenges now and into the future?

5.2   The legal and regulatory framework

To realise the benefits of digital mental health services, they must be supported by a robust legal and regulatory framework. As with other digital health services and applications, digital mental health services currently operate within an existing legal framework. The key pieces of legislation and their primary purpose in the sector are detailed below.

- ***Therapeutic Goods Act 1989***: The legislation governing therapeutic goods in Australia, including medical devices, is the *Therapeutic Goods Act 1989*. This Act, which is administered by the Therapeutic Goods Administration (TGA) is supported by the *Therapeutic Goods Regulations 1990* and the *Therapeutic Goods (Medical Devices) Regulations 2002*. The TGA is currently leading the program of work regarding the regulation of software, including software as a medical device that supports the delivery of digital mental health services. This will impact the classification of tools, services and technologies as a 'mental health' service and guide the essential principles for safety and performance.

- **Privacy Act 1988**: The benefits of digital health come through sharing of information which, by necessity, increases the risk to privacy. The Australian Digital Health Agency has reiterated that the aim of digital health is to electronically connect different points of care so that health information can be shared securely.[19] Digital mental health providers operating within the ecosystem must abide by the Australian Privacy Principles as set out in the *Privacy Act 1988*. This Act operates in parallel with relevant State and Territory privacy and health-related privacy legislation to regulate the way in which public and private agencies collect, store, retain, disclose and dispose of personal information, where personal information is defined as *information or an opinion about an identified individual, or an individual who is reasonably identifiable*.[20]

- **Australian Consumer Law**: The Australian Consumer Law (ACL) as set out in Schedule 2 of the *Competition and Consumer Act 2010* protects users of digital mental health services by ensuring a minimum standard for the quality and safety of the services provided. It also prohibits digital mental health service providers from making false or misleading misrepresentations about what their service, program or platform can do (regarding functionality of the services and the outcomes for the consumer). Finally, the ACL prohibits providers from including unfair contract terms in any standard form agreement that individual consumers may be required to agree to before they can use the product or service.[21]

- **Health Practitioner Regulation National Law 2009:** The *Health Practitioner Regulation National Law 2009* enforces a national registration and accreditation scheme such that only health practitioners who are suitably trained and qualified to practise in a competent and ethical manner are registered.[22] Other objectives of the national registration and accreditation scheme include facilitating the provision of high quality education and training of health practitioners; facilitating access to services provided by health practitioners in accordance with the public interest; enabling the continuous development of a flexible, responsive and sustainable Australian health workforce; and enabling innovation in the education of, and service delivery by, health practitioners. The *Health Practitioner Regulation National Laws* can be used to support the critical upskilling of the mental health workforce in the delivery of digital mental health services.

The Australian Commission on Safety and Quality in Health Care (the Commission) developed the NSQDMH Standards in collaboration with consumers, carers, clinicians, service providers and technical experts. The primary aim of the NSQDMH Standards is to improve the quality of digital mental health service provision and to protect service users from harm. The NSQDMH Standards provide a nationally consistent quality assurance mechanism that tests whether relevant systems are in place to ensure that expected standards of safety and quality are met by digital mental health services.[23] They will complement the existing legal and regulatory framework.[24]

The Australian Digital Health Agency (ADHA) and Queensland Health in collaboration with the Therapeutic Goods Administration, the Australian Commission on Safety and Quality in Health Care, the National Chief Health Information Officers Roundtable and the Australian E-Health Research Centre are currently working to develop a national assessment framework for mobile health applications (mHealth Apps). The overarching purpose of this assessment framework is to promote innovation in health service delivery through increasing the adoption and use of mHealth Apps that are safe and have the potential to improve health outcomes. The objectives include:

Barriers

The current state assessment identified the following barriers in the regulation of digital mental health services:

- **There are multiple agencies at the Commonwealth level with responsibility for funding and regulating digital mental health services:** Presently, multiple agencies, including the Department of Health, Australian Digital Health Agency (ADHA), the Therapeutic Goods Agency (TGA), the Australian Commission on Safety and Quality of Health Care (ACSQHC), and Primary Health Networks (PHN) have responsibility for different aspects of digital mental health services. This leads to risk and confusion in the sector as to who is responsible and accountable for the regulation of providers and services, what standards or principles need to be met by services and providers, and where clinical responsibility begins and ends when consumers access care from different, disconnected parts of the healthcare system. The division of responsibility could further result in unnecessary duplication in effort.

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[19] International Comparative Legal Guides (2020), *Australia: Digital Health Laws and Regulations 2020.*

[20] *Privacy Act 1988, s6(1).*

[21] *Competition and Consumer Act 2010,* Schedule 2.

[22] *Health Practitioner Regulation National Law 2009*, s3(2).

[23] Australian Commission on Safety and Quality in Health Care (February 2020), *National Safety and Quality Digital Mental Health Standards: Consultation draft.*

[24] Australian Commission on Safety and Quality in Health Care (February 2020), *National Safety and Quality Digital Mental Health Standards: Consultation draft.*

- **There are no registration or accreditation requirements for health practitioners specific to digital mental health services:** Under the Health Practitioner Regulation National Law 2009, all health practitioners providing mental health services will be appropriately trained and qualified to do so. As they increasingly deliver services via digital means it is important that health practitioners that provide holistic, coordinated primary care undergo education and training programs to raise awareness of and better integrate digital interventions and broader service offerings.
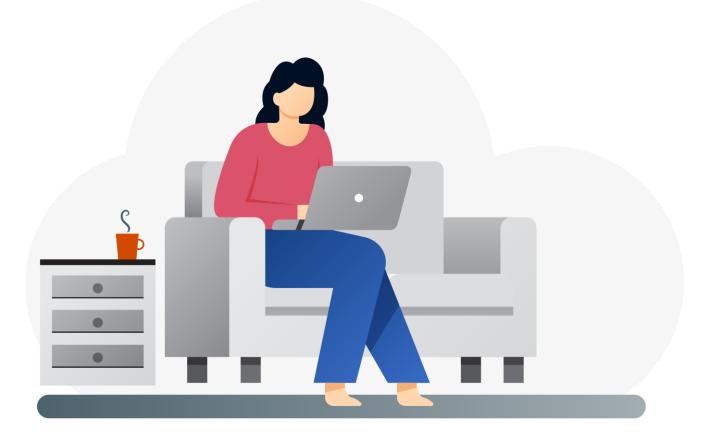
Opportunities

The current state assessment identified the following opportunity in the regulation of digital mental health services:

- Establish a framework which clearly articulates the division of responsibility between Australian Government entities in relation to the funding and regulating of digital mental health services while ensuring joint accountability.

Questions for consultation

- What additional clinical governance and/or processes are required to support an optimum digital mental health ecosystem?
- How can existing qualification programs be adapted to provide health practitioners with the skills and experience required to refer, deliver and integrate digital mental health services into their practice?
- What additional guidance or frameworks do service providers need to operate within the current regulatory environment?

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