



Government of **Western Australia**
CHIEF PSYCHIATRIST

Chief Psychiatrist's Guideline: Audiovisual Communication

The use of audiovisual communication to conduct Mental Health Act 2014 (MHA 2014) section 48 assessments or section 79 examinations under the Mental Health Infection Control Directions

December 2020

Acknowledgement

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Version Control

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Definition

“Audiovisual” communication used in this document means that the patient and the clinician must be able to see and hear one another at the same time while using digital communication.

Introduction and Purpose

There are a range of professional standards regarding the use of digital communications in telepsychiatry; however, this guideline will be confined to the COVID-19 requirements of the *Mental Health Infection Control Directions*¹ (Directions), that took effect on 7 April 2020 under the *Public Health Act 2016* in response to the COVID-19 public health state of emergency measures.

In brief, the Directions instruct that:

- where the patient meets the risk factors for COVID-19 (as listed in the Directions); or
- has confirmed COVID-19; or
- if the practitioner carrying out the assessment or examination is in self-isolation for any reason,

then authorised mental health practitioners (AMHP) and medical practitioners must conduct MHA 2014 section 48 assessments and psychiatrists must conduct section 79 examinations by using one or more of the following infection control measures:

- appropriate and adequate personal protective equipment; or
- maintain 1.5 metres distance between themselves and the patient; or
- use of a physical barrier such as a door, window or perspex screen (but must be able to see and hear the patient); or
- audiovisual communication.

These infection control measures are not hierarchical. Clinicians should use their own judgment when deciding which infection control measure meets the best interests of the patient, balancing the patient’s wishes with what is clinically safe and appropriate. However, a practitioner who has been directed to self-isolate for any reason may only conduct the assessment or examination using audiovisual communication.

The Directions must be complied with despite any conflicting provisions of the MHA 2014.

COVID-19 Response and Recovery Omnibus Act 2020

The *COVID-19 Response and Recovery Omnibus Act 2020* (Omnibus Act), became law on 12 September 2020 and contains temporary amendments that address the legislative conflict between the MHA 2014 and the Directions. Under the MHA 2014, the use of audiovisual communication for the purposes of assessments and examinations could only be used when the patient was outside the metropolitan area, whereas the Directions apply state-wide. The temporary amendments now reflect the Directions.

¹ Department of Health WA, Mental Health Infection Control Directions - Guidelines

MHA 2014 requirements when conducting MHA section 48 assessments and MHA section 79 examinations using audiovisual communication whilst the Directions are in force

The Omnibus Act amendments to the MHA 2014 provide that, ***despite any other provision of sections 48 and 79***, an assessment or examination may be conducted by audiovisual communication if the practitioner or psychiatrist is satisfied that it is necessary or expedient to do so to comply with the requirements of the Directions, or any replacement directions.

The Omnibus Act amendments to the MHA 2014 are temporary and will cease to apply when the Directions cease. For the duration of the Omnibus Act amendments, all other requirements in the MHA 2014 continue to apply. For example, regard must still be had to the Objects of the MHA 2014, which include providing a person with mental illness with the best possible treatment and care, with least restriction of their freedom, with the least interference with their rights and respect for their dignity; and for protection of the person, and of the community. Regard must also be had to the Charter of Mental Health Care Principles, which include such principles as the protection of human rights and a person-centred approach.

Guiding Principles

The guiding principles for the use of audiovisual communication to conduct MHA 2014 assessments and examinations include:

Standards of care

- All current clinical standards continue to apply, including the statutory clinical standards within the Chief Psychiatrist's Standards for Clinical Care and the National Standards for Mental Health Services 2010.
- Practitioners conducting the assessments or examinations must have the appropriate clinical skills and qualifications.

Engagement with the patient

- Respectful and culturally appropriate engagement with the patient including provision of information about their rights, the audiovisual session, and risks and the roles of those involved. Note should be made of the Chief Psychiatrist's Aboriginal Practice Standard regarding engagement with people of Aboriginal and Torres Strait Islander descent.
- Within the clinical setting and the constraints of the Directions, where it is safe and clinically appropriate to do so, the patient's choice of the mode of consultation should be respected whenever possible.
- To the extent that is practicable and appropriate there should be a health professional available to support the patient.
- Where the risk is significant, consider other pathways for protecting the safety of the patient, such as requesting assistance from the WA Police or ambulance services.
- If the assessment or examination is terminated for whatever reason, structured support must be provided for the patient. This could be through the health professional or a support person.
- To the extent that it is practicable and appropriate to do so, the assessment or examination should be done in collaboration with an Aboriginal or Torres Strait Islander mental health worker and significant members of the person's community, including elders and traditional healers.

Engagement with carers

- Appropriate engagement with carers ensuring consideration is given to balancing the patient's right to privacy with the carer's right to provide and receive information relevant to their carer role.

Secure data and audiovisual communication platform integrity

- The audiovisual communication platform must have a sufficiently consistent connection and be of sufficient quality for an assessment or examination to take place.
- The technical integrity of the audiovisual communication platform being used should be of a level that ensures the security of the patient's privacy and data.
- If the minimum requirements for the audiovisual communication platform are not met, the clinician should consider the risks of continuing with the assessment or examination. The options include:
 - reconvene the audiovisual interview later as soon as practicable if the minimum requirements can be met.
 - select another infection control measure in the Directions.

Confidentiality, privacy and the physical environment

- There is enhanced need for privacy and confidentiality procedures for audiovisual interviews in both the physical location and online settings.
- The physical environment at each site must be quiet, comfortable and well-lit to enable the faces of both the patient and clinician to be seen clearly.

Patient records and documentation

- The maintenance of the patient health record and documentation in line with existing standards and legal, regulatory and professional practices is required.
- Clinicians must document the reasons for the choice of methodology used to conduct the assessment or examination within standard documentation and comment on whether the audiovisual communication platform and physical environment requirements were sufficient.

Form 6D

- A patient admitted to the authorised hospital should be examined within 24 hours by a psychiatrist to confirm the inpatient treatment order with a Form 6D, in the following situations:
 - Where a person previously on a community treatment order was examined by audiovisual means, then placed on a Form 6A;
 - Where a person was examined by audiovisual means, then placed on a Form 6B.

Education and training

- Services should provide clinicians with appropriate training in the etiquette and practical use of the audiovisual communication platform.
- Individual clinicians must ensure that they are familiar with the etiquette and practical use of the audiovisual communication platform.

Policies, standard operating procedures and ethics

- Services should have a set of standard telepsychiatry operating policies and procedures in place that include all aspects of the administrative, clinical, ethical (professional and corporate) and technical specifications regarding the use of audiovisual communication to undertake MHA 2014 assessments and examinations.
- Relevant policies that apply to face-to-face assessments and examinations also apply to assessments and examinations conducted using audiovisual communication.
- Where a service has policies regarding audiovisual use, clinicians should consider these to apply concurrently with the Chief Psychiatrist's Audiovisual Communications Guideline.

Quality Assurance

- There should be appropriate tracking of and review of the quality of the use of audiovisual assessments to support sharing of lessons learned and making improvements.

The Chief Psychiatrist has formally sought permission from the RANZCP and acknowledges that key structure for and certain content in this guideline has been directly based on *The Royal Australian and New Zealand College of Psychiatrists (2013). Professional Practice Standards and Guides for Telepsychiatry.*