

# Scoping and development of a National Digital Mental Health Framework

Final Report

June 2021

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# Glossary

Notation	Decryption
ADHA	Australian Digital Health Agency
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'.
Big data	Data that contains large, complex data sets that cannot be processed by traditional data processing software.
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. <sup>1</sup>
CALD	Culturally and linguistically diverse
CSA	The Current State Assessment is a core deliverable completed for this project consisting of a current state review of the digital mental sector
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.
Digital mental health service	The Australian Commission on Safety and Quality in Health Care defines digital mental health services as 'mental health, suicide prevention or alcohol and other drug services that use technology to facilitate engagement and delivery care'. <sup>2</sup>
ED	Emergency Department
eMHPprac	e-Mental Health in Practice
EMR	Electronic medical record
Enablers	In this Report, the term 'enablers' refers to the systems, capabilities, processes, and structures that are required across the digital mental health ecosystem to support the achievement of the priority areas and, ultimately, the objectives of the Framework.
GTFA	Good Things Foundation Australia
Governance	The role by which the Australian Government, states and territories manage, regulate, fund and carry out governing processes within the health sector.
Health professionals	Health professionals include General Practitioners, allied health workers, pharmacists, psychologists, and psychiatrists.
Health providers	Services that provide health services, including social work, counselling services.
LGBTI	Lesbian, Gay, Bisexual, Transgender and/or Intersex

<sup>1</sup> Black Dog Institute (2020), Blended mental healthcare: Continue the momentum of telehealth.

<sup>2</sup> Australian Commission on Safety and Quality in Health Care (2020), *National Safety and Quality Digital Mental Health Standards*.

Notation	Decryption
mHealth	Mobile health
MBS	Medicare Benefits Schedule
NBN	National Broadband Network
NSQDMH Standards	The National Safety and Quality Digital Mental Health Standards as developed by the Australian Commission on Safety and Quality in Health Care.
Consumer	In this Report, a consumer 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. <sup>3</sup>
PHN	Private Health Network
RACGP	The Royal Australian College of General Practitioners
RCVMHS	Royal Commission into Victoria's Mental Health System
Stepped care	An evidence based, staged system comprising a hierarchy of interventions, from the least to the most intensive, matched to the individual's needs. Within this approach, and individual will be supported to transition up to higher intensity services or transition down to lower intensity services as their needs change. <sup>4</sup>
The Fifth Plan	The Fifth National Mental Health and Suicide Prevention Plan
The Framework	National Digital Mental Health Framework
The Strategy	National Mental Health Workforce Strategy
UNSW	University of New South Wales
Warm referrals	A warm referral typically involves a supported introduction to the new service (e.g. supporting the individual to make the initial contact with the new service or provider) and (with the consent of the individual) providing relevant written reports or notes.

<sup>3</sup> It is noted that, while the framework does not specifically refer to carers, it acknowledges the role that carers play in supporting individuals to access appropriate supports.

<sup>4</sup> Australian Government Department of Health (2019). PHN Primary Mental Health Care Flexible Funding Pool Programme Guidance. Stepped Care.

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# 1 Background and context

## Digital mental health services in Australia

Digital mental health services are transforming the way mental health services are accessed and delivered in Australia. They offer considerable potential to improve efficiencies and consumer access to services by addressing geographic, stigma, privacy and financial barriers across the spectrum of mental health. They enable digital triage and referral processes, increased peer support in the delivery of mental health services and offer potential to be scaled up in a cost-effective way. As such, digital mental health services will continue to play an important role in meeting increasing demand for mental health services in Australia, meeting the gap between what people need and what current systems can deliver.

The digital mental health sector has experienced rapid growth over the past decade due to the proliferation of digital tools and technical advancements, increasing consumer preferences for digital health, and the impacts of COVID-19 and natural disasters on the user's ability to access face-to-face services. In response to these trends both the Australian Government and State and Territory governments have increased their investment in the digital mental health sector.<sup>5</sup> However, despite the rapid growth of the digital mental health sector, supply and demand barriers continue to exist, impeding the effective operation of the sector. Consumers can experience issues accessing services due to poor health or digital literacy, digital infrastructure, or pre-existing social inequalities.<sup>6,7</sup> Some may also be hesitant to use digital mental health services due to mistrust in their efficacy or concerns about the use of their data. Poor awareness and distrust are also experienced by health professionals, in part due to an underdeveloped evidence base for how digital mental health services could be best used. In particular, there is limited evidence to understand the suitability of digital interventions for low prevalence and complex mental health issues<sup>8</sup>, and for vulnerable or at-risk population cohorts.<sup>9</sup> While health professionals understand the need to cater to the unique needs and preferences of consumers, they can find it overly complex to navigate the digital mental health ecosystem and match consumers to the right services.

There are also system-wide opportunities to enhance efficient operation of the digital mental health sector. There is opportunity to achieve greater interoperability of clinical programs, platforms and information systems in the mental health and broader health systems.<sup>10</sup> There is also opportunity to allocate appropriate funding to service providers to engage in additional evaluation and co-creation activities, to drive continuous improvement across the sector. In order to enhance sector wide adoption of digital mental health services, the sector should also consider and address gaps pertaining to the digital and health literacy across consumers and health professionals, and the inconsistent availability of broadband, digital infrastructure, and digital devices for consumers. Addressing these opportunities for improvement will maximise the value of digital mental health services for consumers, health practitioners, service providers, and governments.

## The National Digital Mental Health Framework

The Fifth National Mental Health and Suicide Prevention Plan (Fifth Plan) was endorsed by the Health Council (formerly the COAG Health Council) in August 2017 and represents a commitment from all governments to work together to achieve integrated planning and service delivery of mental health and suicide prevention related services.

Action 32 of the Fifth Plan called for the development of a National Digital Mental Health Framework that will include:

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<sup>5</sup> Australian Institute of Health and Welfare (2020), Mental health services in Australia. Note: Due to the methodology now used by the AIHW, these figures may also exclude psychosocial supports.

<sup>6</sup> Roy Morgan, RMIT University, Centre for social impact and Swinburne university (2018). Measuring Australia's digital divide. The Australian Digital Inclusion index 2018.

<sup>7</sup> AMA (2016). Better access to high speed broadband for rural and remote healthcare

<sup>8</sup> Royal Australian College of General Practitioners (2018), e-mental health: A guide for GPs.

<sup>9</sup> National Mental Health Commission (2017). The Fifth National Mental Health and Suicide Prevention Plan.

<sup>10</sup> National Mental Health Commission (2017). The Fifth National Mental Health and Suicide Prevention Plan.

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- an analysis of available research on new technology-driven platforms that are already operational
- an analysis of interoperability considerations relevant to future data developments
- cohesive guidance on the structure of digital mental health services
- recommendations on the development of new digital service delivery platforms
- actions for addressing access to new digital service delivery platforms for people from culturally and linguistically diverse communities and others who have limited engagement with these platforms
- guidance on clinical governance for digital mental health services where appropriate safety and quality mechanisms are built into service delivery and links into traditional face-to-face services are provided
- workforce development priorities to improve use and uptake of digital mental health services.

In late 2020, the Australian Government Department of Health (the Department) engaged a consortium of PricewaterhouseCoopers (PwC), the Royal Australian College of General Practitioners (RACGP), Good Things Foundation Australia, and John Torous MD MBI to scope and develop the National Digital Mental Health Framework (the Framework) in line with Action 32 of the Fifth Plan. The Framework establishes a set of core objectives and is intended to act as a guide for governments and others to work together to more effectively and efficiently integrate planning and delivery of digital mental health and suicide prevention related services. It defines priority areas of action to improve service access, reduce duplication of effort and investment, and embed digital mental health services in the broader mental health service system. It also documents the system enablers that will support the optimisation of digital mental health services over time. The Framework has been developed in the context of broader system-wide reform in Australia and is designed to complement these while focusing on the future of digital mental health services.

## Alignment to the broader reform agenda

The Framework was developed in the context of wider system-wide reform in Australia. The Framework builds upon and is intended to complement other mental health reform reports and documents, specifically focussing on the future of digital mental health services.

The Framework is aligned to a range of recommendations from recent reforms including:

- The Australian Commission on Safety and Quality in Health Care's (ACSQHC) National Safety and Quality Digital Mental Health (NSQDMH) Standards aim to uphold safety and quality in the provision of digital mental health services and protect consumers from harm. The Framework aligns with but does not directly meet the principles outlined in the NSQDMH standards.
- The National Mental Health Commission's Vision 2030; Blueprint for Mental Health and Suicide Prevention which aims to provide a long-term blueprint for a successful, connected and well-functioning mental health and suicide prevention system.
- The Productivity Commission inquiry into the social and economic costs of mental health which considers how governments, employers and the broader health and social sectors can collaboratively develop integrated solutions to cater for the multifaceted needs of people with mental health conditions.
- Australian Digital Health Agency (ADHA) - Mobile Health (mHealth) Assessment Framework (expected to be released in 2021) aims 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 outcomes. The Framework considers the existence of the mHealth Assessment Framework but does not discuss details of the assessment criteria.
- Department of Health - National Mental Health Workforce Strategy (the Strategy) aims to identify practical approaches that governments can implement to attract, retain and train the workforce required to meet future demand. The Framework focuses on building digital capabilities and identifying workforce opportunities but does not aim to specifically build capacity of the mental health workforce.
- National Mental Health Commission - Peer Workforce Development Guidelines (expected release date is June 2021) will help support the peer workforce through providing formalised guidance for governments, employers and the peer workforce about support structures required to sustain and grow the workforce

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- The Australian Government Department of Health - National Primary Health Network (PHN) Guidance for Initial Assessment and Referral for Mental Healthcare which aims to provide advice to Primary Health Networks on establishing effective systems for the initial assessment and referral of individuals presenting with mental health conditions in primary health care settings.
- The Australian Government Department of Health – PHN Primary Mental Health Care Flexible Funding Pool Programme Guidance on stepped care which provides overarching guidance on a stepped care approach to mental health and outlines expectations of PHNs in its implementation through the Primary Mental Health Care Flexible Funding Pool.
- Australian Government Senate Inquiry into the accessibility and quality of mental health services in rural and remote Australia.

The Royal Commission into Victoria's Mental Health System which sets out 65 recommendations that aim to improve the mental health and wellbeing of Victorians by reimagining the mental health system in Victoria.

## Purpose of this Report

This Report outlines the approach and key findings identified through each stage of the project, including the assessment of the current state of the digital mental health ecosystem; the national sector consultations; and the development of the final National Digital Mental Health Framework. This report presents an overview of each deliverable, each of which is a standalone document and includes:

- Current State Assessment Report
- Consultation paper
- Sector Consultation Summary Report
- Framework Proposal

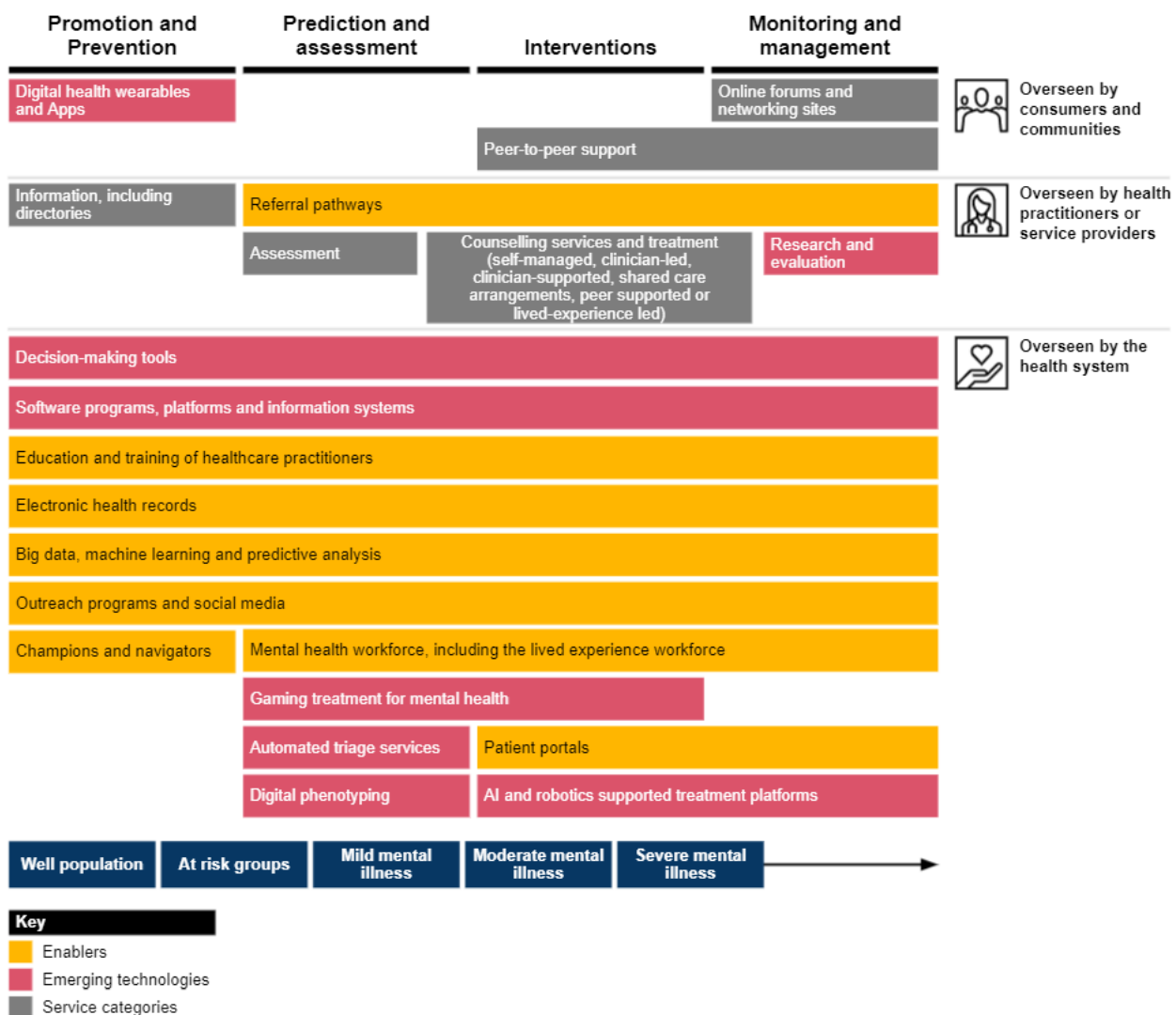
## 2 Approach to developing the Framework

### Defining digital mental health

To support the development of the Framework, the scope of the digital mental health ecosystem was defined. 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: *'a digital mental health service is defined as a mental health, suicide prevention or alcohol and other drug service that uses technology to facilitate engagement and the delivery of care.'*

This Framework considers the digital mental health ecosystem as a concept to understand the potential for how digital mental health services can support the end-to-end spectrum of mental health across Australia's health system. The digital mental health ecosystem is illustrated in the figure below.

**Figure 1 The digital mental health ecosystem**



## Workshops with the Department's Advisory Group

An Advisory Group was established by the Department to offer additional subject matter expertise and input into the development of the Framework. This group consisted of 20 representatives from different states across Australia who provided input from various perspectives including the consumer, carer, health professional, service provider, PHN and government perspective. The purpose of the Advisory Group was to provide feedback and specialised advisory support for the co-creation of the Framework and to ensure that it was relatable and realistic for all stakeholders in the sector.

A series of Advisory Group workshops were held throughout the development of the Framework to test and validate current state assessment findings, national sector consultations insights and concepts in the draft Framework. These workshops informed gaps in knowledge and provided additional support to identify useful stakeholders for preliminary consultations, where additional information could be sourced. Additionally, the Advisory Group provided key insights into multiple iterations of the content, structure and conceptual design of the Framework, ensuring consistency to other work in the sector where relevant. In total, five workshops were held between the Advisory Group, the Department and PwC over the course of the project. Minutes were taken at each Advisory group workshop and thereafter shared with the Department for record and reference purposes.

A full list of the Advisory Group's representative organisations have been provided in Appendix A.

## Current State Assessment (CSA)

The objective of the CSA was to assess and display the current state of Australia's digital mental health ecosystem, including enablers and barriers to design and delivery of digital mental health services. Key components of the CSA included a desktop scan, preliminary workshops with the Department, consultations with PwC consortium members, validation workshops with the Department's Advisory Group to guide and frame consultation questions, and consultations with other digital mental health stakeholders in the sector. Appendix A lists the organisations that provided input during the current state assessment phase of the project. The CSA identified key trends, barriers, and opportunities in the digital mental health services ecosystem, across the following themes:

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

A Consultation Paper was prepared using the findings from the Current State Assessment and supported national consultations that ran from late November to December 2020.

A summary of the findings from the Current State Assessment are presented in Chapter 3 of this Report.

## National sector consultations

A formal written submission and consultation process with digital mental health sector representatives was undertaken during November and December 2020 in order to seek feedback on questions and information gaps as outlined in the CSA and Consultation Paper.

### Sector consultations

Ahead of the sector consultations, the CSA and Consultation paper were circulated as pre-reading materials to support consultations. Notifications and communications were circulated to the sector through targeted distributions to individual representatives, providers, peak bodies and government stakeholders using the PwC National Digital Mental Health Framework (NDMHF) mailbox. The Department sent out supplementary communications to their PHN networks across Australia, in response to the request for a separate PHN consultation.

In total, there were eight sub themed-based workshops hosted over video conference. Due to many registrations, with an approximate attendance of 30 people per workshop, some workshops were split into two separate consultation

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groups to encourage better conversation dynamics. In total, 96 individuals attended the workshops, with many of them attending multiple sessions. Stakeholders noted that there was good coverage of sector representation across all the workshops, with participants attending from different organisations across the country.

### Written submissions

The formal written submission process was open for public contribution on the PwC Australia website for three weeks from 23 November to 11 December 2020. The CSA and Consultation Paper were included as attachments for public reference to the project context, information gaps and survey questions. A total of 10 written submissions were received from a range of industry stakeholders including digital mental health service providers, peak bodies and state government departments. It is noted that some stakeholders requested an extension until 11 January 2021 to provide feedback, which will be considered in the development of the Framework. In both the written submissions and consultations, stakeholders were asked to provide specific feedback on the questions presented in the CSA and Consultation Paper, and on the current digital mental health ecosystem overall.

Stakeholders that participated in the consultation and submission process represented a range of organisations. Appendix A lists the demographics of stakeholders that participated in workshops. Appendix A lists the organisations that provided feedback for both the written submission and consultation process. In addition, the following stakeholders: Royal Australian and New Zealand College of Psychiatrists (RANZCP), RACGP, Healthy North Coast, Australian Commission on Safety and Quality in Health Care (ACSQHC), Australian Digital Health Agency (ADHA) and Gidget Foundation Australia will provide standalone written submissions. Feedback from these organisations will be considered in the Framework development stage of the project.

A summary of the findings from the consultations with the sector are presented in Chapter 4 of this Report.

## Development of the Framework

The final Framework is a revised version based on findings from Stage 1 and Stage 2 and a formal review process. An initial draft version of the Framework, known as the Framework Proposal, was developed to test the approach, structure and key concepts of the final Framework. Initially, this document outlined a set of key principles, sub-principles, enablers and service optimisation categories that would ultimately inform future government funding.

A series of co-design workshops were held with key sector representatives, the Department and PwC consortium members to test and validate the structure and content in the draft Framework proposal. After various iterations and reviews of the Framework Proposal, it was confirmed that the Framework would detail Priority Action Areas rather than take a Principles-based approach. Additionally, the service optimisation categories were changed to represent a more forward-looking view around the current and future state of the system, and was titled 'what will be different'. The revised Framework structure, with the inclusion of further context and content around the Priority Action Areas, enablers and service optimisers, was thereafter validated by the engaged stakeholders, and content was further refined to reflect stakeholder feedback. This final Draft Framework was developed and validated by the Advisory Group and the Department. Appendix A lists the organisations that were consulted through the co-design process.

# 3 Current State Assessment of the digital mental health ecosystem

## Summary of the current state barriers and opportunities

The CSA is summary of insights from literature and consultations, used to identify key gaps and areas of opportunity in the current health and mental health system. The CSA identified key trends, barriers, and opportunities in the digital mental health services ecosystem, across the following themes:

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

The findings from the CSA against each theme are articulated below along with the key questions that were presented for consultation with the sector.

### Demand for digital mental health services

#### Barriers

- **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, confidentiality and the lack of trust in 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.<sup>11</sup>
- **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.
- **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

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<sup>11</sup> 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.*

recovery. While evidence shows that embedding the lived experience in the design and delivery of services can improve outcomes and recovery,<sup>12</sup> the sector struggles to incorporate lived experience in meaningful ways.<sup>13</sup>

- **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

- 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.
- 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 to 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?
- How can lived experience perspective be better integrated into the design and delivery of digital mental health services?
- What opportunities exist to enhance referral pathways so that people receive connected care across all stages of the care continuum?

## Supply of digital mental health services

### Barriers

- **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 (e.g. patient outcomes and ability to monitor clients' progress within programs). For example, This Way Up's iCBT courses allow clinicians to view their patients scores and monitor their functioning throughout their online treatment and provide guidance accordingly.<sup>14</sup>

<sup>12</sup> 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.

<sup>13</sup> 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*.

<sup>14</sup> This Way Up. *Clinical hub*. Available at: <https://thiswayup.org.au/clinician-hub/>

- **Limited awareness of the breadth of available digital mental health services, their effectiveness and suitability for different consumer needs and preferences, and the safety and quality of these services:** There is poor availability of education and training for health professionals on the use of digital mental health services in the delivery of specialised, trauma informed, and/or culturally appropriate mental health care.<sup>15</sup> Additionally, many digital mental health services are designed for people with high prevalence mental illness. This limits the digital mental health supports available for people with severe, complex and less prevalent disorders. Ongoing research and evaluation are needed to build the evidence base and trust in the effectiveness and outcomes of services, specifically for individuals in traditionally underserved 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 and across the mental health spectrum.
- **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 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 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.
- **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.
- **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 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 in the cloud which presents a barrier to the sharing of data, and variations in practice management software can interrupt opportunities for system interoperability.

## Opportunities

- 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.

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<sup>15</sup> Titov, Nick (2019), From Research to Practice: Ten Lessons in Delivering Digital Mental Health Services.

- 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.
- 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.
- 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

### **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?

### **Integrated service delivery**

- 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?

### **Data and evaluation**

- 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?

## Funding, legal, and regulatory context

### Barriers

- **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 than 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.<sup>16</sup> 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.<sup>17</sup> 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.
- **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.
- **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 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.
- **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

- Better co-ordinated funding for digital mental health services, highlighting the need for clear roles and responsibilities and alignment of jurisdictional priorities.

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<sup>16</sup> 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>

<sup>17</sup> 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>.

- 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.
- 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

### ***Funding of digital mental health services***

- 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?

### ***Regulation of digital mental health services***

- 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?

# 4 Findings from consultations with the digital mental health sector

## Overview of improvement themes

Prior to the national sector consultation process, participants were provided with a Consultation Paper that outlined key questions and gaps to address in the findings from the current state assessment. The participants in the workshops and written consultations were invited to respond to the questions outlined in the Consultation Paper. Through the feedback received from stakeholders, 14 improvement themes emerged. These are presented in the table below against the respective areas from the Current State Assessment.

**Table 1 Summary of feedback on the demand for digital mental health services**

Area	Improvement themes
<b>Demand for digital mental health services</b>	<ul style="list-style-type: none"> <li>• <b>Theme 1:</b> Build trust in blended models of care</li> <li>• <b>Theme 2:</b> Respond to the needs of vulnerable, at risk cohorts</li> <li>• <b>Theme 3:</b> Respect the right to anonymity</li> <li>• <b>Theme 4:</b> Embed the lived experience perspective at all stages of design and delivery of services</li> <li>• <b>Theme 5:</b> Ensure the availability of tailored supports for peer workers and those with lived experience</li> </ul>
<b>Supply of digital mental health services</b>	<ul style="list-style-type: none"> <li>• <b>Theme 6:</b> Enable practitioner adoption of the breadth of digital mental health services</li> <li>• <b>Theme 7:</b> Strengthen the practitioner role in supporting patient access and digital literacy</li> <li>• <b>Theme 8:</b> Provide additional support for consumers and health professionals to navigate the digital mental health system</li> <li>• <b>Theme 9:</b> Understand the impact of services on outcomes and user behaviour</li> <li>• <b>Theme 10:</b> Enable data driven evaluation of digital mental health services</li> </ul>
<b>Funding, legal and regulatory environment</b>	<ul style="list-style-type: none"> <li>• <b>Theme 11:</b> Encourage innovation through flexible funding approaches</li> <li>• <b>Theme 12:</b> Allocate funding to support local community needs</li> <li>• <b>Theme 13:</b> Allocate targeted funding for enablers of digital mental health service delivery</li> <li>• <b>Theme 14:</b> Provide clear and simple guidelines on regulatory requirements</li> </ul>

## Summary of observations by theme

The following table summarises the key views and opinions expressed through the consultation process by theme.

### Demand for digital mental health services

**Table 2** Summary of feedback on the demand for digital mental health services

Theme	Feedback
<b>Theme 1: Build trust in blended models of care</b>	<p>An opportunity exists to:</p> <ul style="list-style-type: none"> <li>• tailor treatment modalities and care pathways to individual needs, as one size does not fit all.</li> <li>• implement assessment features that match consumers to their most suited care pathway, including flags/alerts to escalate treatment to face-to-face and/or clinician-led care.</li> <li>• consider that consumers are most likely to adopt blended models of care in either peer supported</li> </ul>

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Theme	Feedback
	<p>or clinician supervised care settings, when designing and delivering services.<sup>18</sup></p> <ul style="list-style-type: none"> <li>enhance widespread education for consumers around the availability and effectiveness of digital mental health services.</li> <li>identify alternative channels and/or settings to promote digital services, including soft entry points into digital services such as information directories and/or other localised health professionals (e.g. pharmacists), and school curriculums.</li> <li>provide more education and guidelines around the role of digital mental health services at each level of the stepped care model and appropriate responsive actions to step up or step-down care and when using digital options, and balance risks to safety when using blended modes of care.</li> <li>develop risk mitigation strategies to ensure consumers have access to digital infrastructure including reliable internet connectivity, bandwidth and devices to effectively use digital services.</li> </ul>
<b>Theme 2: Respond to the needs of vulnerable, at risk cohorts</b>	<p>An opportunity exists to:</p> <ul style="list-style-type: none"> <li>embed inclusivity principles at pre-trial and co-design phases of the development of digital mental health services to ensure all consumers, from different backgrounds have equitable access.</li> <li>collaboratively and strategically develop culturally safe technologies and models that include triage care models, cultural/Elder support, peer networks, clinical pathways, filtered and qualified information, and tools for self-directed care.</li> <li>adopt a place-based approach to digital mental health service delivery, considering population needs assessments, regional stock takes of existing services, service planning and regional partnerships to respond to needs.</li> </ul>
<b>Theme 3: Respect the right to anonymity</b>	<p>An opportunity exists to:</p> <ul style="list-style-type: none"> <li>respect consumer privacy and anonymity when accessing information, seeking help, and when sharing data and enabling interoperability.</li> </ul>
<b>Theme 4: Embed the lived experience perspective at all stages of design and delivery of services</b>	<p>An opportunity exists to:</p> <ul style="list-style-type: none"> <li>integrate the lived experience perspective in end-to-end service design and delivery, i.e. being part of the entire service delivery lifecycle, including ideation, testing, development, implementation and evaluation (e.g. a 'lived experience test' can be included when piloting products).</li> <li>create specialised lived experience codesign committees to ensure that the lived experience voice is heard in the end-to-end service design and delivery process.</li> <li>consider a review system for information platforms or directories (e.g. Head to Health) to allow consumers to provide ratings and/or feedback on any service should be considered.</li> </ul>
<b>Theme 5: Ensure the availability of tailored supports for peer workers and those with</b>	<p>An opportunity exists to:</p> <ul style="list-style-type: none"> <li>support equitable inclusion and participation of lived experience workers, providing appropriate remuneration and clearly defined pathways for career progression</li> <li>consider including a mandatory Certificate IV module on digital mental health for peer workers to ensure that peer workers complete their training with appropriate knowledge around how to integrate digital support into their care practice.</li> <li>provide additional tools and resources (e.g. a centralised portal) for the lived experience</li> </ul>

<sup>18</sup> Note: Blended models of care were described as either a hybrid model of care that combines different modes of service delivery such as telephone, digital and face-to-face services across multiple occasions of service or a hybrid occasion of service that combines face-to-face support with digital augmentation.

Theme	Feedback
<b>lived experience</b>	workforce to share information, resources and best practice case study examples, with intention of enhancing their knowledge and adoption of digital mental health services

## Supply of digital mental health services

**Table 3 Summary of feedback received on the supply of digital mental health services**

Theme	Feedback
<b>Theme 6: Enable practitioner adoption of the breadth of digital mental health services</b>	<p>An opportunity exists to:</p> <ul style="list-style-type: none"> <li>provide additional support including dedicated learning and development time to lift digital skills and knowledge on how and when to use digital services.</li> <li>ensure training includes not only digital training but also mental health specific skills such as culturally appropriate practice and stigma reduction.</li> <li>support health professionals by providing them with 'digital champions' who are experienced in the use of digital mental health resources.</li> <li>embed digital mental health education and training in tertiary and other qualifications.</li> <li>provide adequate training to the volunteer, peer, and lived experience workforce.</li> <li>develop a central online library of training modules, supported by case studies and role plays.</li> <li>clearly communicate risks and requirements associated with technology to build health practitioner confidence in the technology underpinning each service. Education should be provided at both the organisation and practitioner level.</li> <li>provide financial support to providers to invest in digital technologies and integrate with other systems.</li> </ul>
<b>Theme 7: Strengthen the practitioner role in supporting patient access and digital literacy</b>	<p>An opportunity exists to:</p> <ul style="list-style-type: none"> <li>collaborate with local health practices and organisations to make available 'access hubs' - spaces within existing practices which patients can use to access digital mental health services.</li> <li>support consumers to navigate the digital mental health service system and advocate on behalf of consumers.</li> </ul>
<b>Theme 8: Provide additional support for consumers and health professionals to navigate the digital mental health system</b>	<p>An opportunity exists to:</p> <ul style="list-style-type: none"> <li>implement a consistent assessment, triage and referral process for individuals entering the system while preserving consumer choice.</li> <li>support individuals in navigating the mental health and broader health care systems, including across face-to-face and digital services.</li> <li>develop a community of practice platform to facilitate the sharing of research, data, and information across the sector to maximise time and resources.</li> <li>implement standard definitions across the mental health sector and develop a consistent governance and ethics framework for the collection of digital mental health data.</li> <li>ensure there is informed consent from the individual when integrating personal records and implementing data sharing processes.</li> </ul>
<b>Theme 9: Understand the impact of services on outcomes and</b>	<p>An opportunity exists to:</p> <ul style="list-style-type: none"> <li>identify what outcomes the digital mental health sector is seeking to achieve to inform what data needs to be collected and what evaluation activities are required.</li> <li>enable providers to share data on common reportable outcomes that can be used to</li> </ul>

## Scoping and development of a National Digital Mental Health Framework

Theme	Feedback
<b>user behaviour</b>	<p>understand trends in mental health and broader health. Common reportable outcomes should be attached to an overarching outcomes framework and responsibility should be defined for managing the dataset.</p> <ul style="list-style-type: none"> <li>ensure collection of data does not impede access to services.</li> </ul>
<b>Theme 10: Enable data driven evaluation of digital mental health services</b>	<p>An opportunity exists to:</p> <ul style="list-style-type: none"> <li>develop a standardised outcomes-based evaluation framework aligned to key outcome measures.</li> <li>develop an ethics and data collection framework to set a minimum standard when collecting, evaluation and using data.</li> <li>understand existing data collected by service providers and states and territories to identify gaps.</li> <li>develop a data dictionary to define terms consistently and enable integration of data.</li> </ul>

## Funding and the legal and regulatory environment

**Table 4 Summary of feedback received on the funding, legal and regulatory environment**

Theme	Feedback
<b>Theme 11: Flexible funding approaches to funding are needed to encourage innovation</b>	<p>An opportunity exists to:</p> <ul style="list-style-type: none"> <li>adopt flexible and long-term funding approaches to encourage innovation and respond to surges in demand, e.g. funding collaborations between services providers; funding in partnership with universities, corporates and philanthropy, and outcomes-based funding.</li> <li>fund blended modes of delivery by investing in training and development, guidelines and technology required to facilitate blended models of care.</li> <li>consider the need for on-going investments to support the underlying technology required to deliver services and blended models of care, and the need to progressively evolve them.</li> </ul>
<b>Theme 12: Allocate targeted funding at community level to better respond to local needs</b>	<p>An opportunity exists to:</p> <ul style="list-style-type: none"> <li>investigate the minimum set of services required for a location and provide more funding to community-based services that are better placed to respond to consumer needs at a local level.</li> <li>take a regional commissioning approach to funding digital mental health services to overcome siloed funding approaches.</li> </ul>
<b>Theme 13: Allocate targeted funding for enablers of digital mental health service delivery</b>	<p>An opportunity exists to:</p> <ul style="list-style-type: none"> <li>fund more pilot programs that work to enable digital mental health service delivery to promote a 'test, trial and learn' approach in the sector, validating what works before scaling and improving and optimising service delivery.</li> <li>fund evaluation activities appropriately, e.g. by building them into service delivery contracts.</li> </ul>
<b>Theme 14: Provide clear and simple guidelines on</b>	<p>An opportunity exists to:</p> <ul style="list-style-type: none"> <li>communicate regulatory requirements in a simple manner (e.g. flowcharts and factsheets) and provide additional support (e.g. hotline or email address) to help service providers understand what requirements must be met for their service.</li> <li>provide regulatory requirements at the program or service level as opposed to the provider or</li> </ul>

## Scoping and development of a National Digital Mental Health Framework

Theme	Feedback
regulatory requirements	<p>organisation level, to ensure requirements can be tailored to nature of the service and the target users of the service.</p> <ul style="list-style-type: none"><li>consider adopting national requirements (instead of state-based) in acknowledgment of the cross-geographical nature of digital mental health services.</li></ul>

# 5 The National Digital Mental Health Framework

## Framework objectives

The Framework outlines a set of objectives that will enable governments to collectively work towards developing a digital mental health ecosystem that:

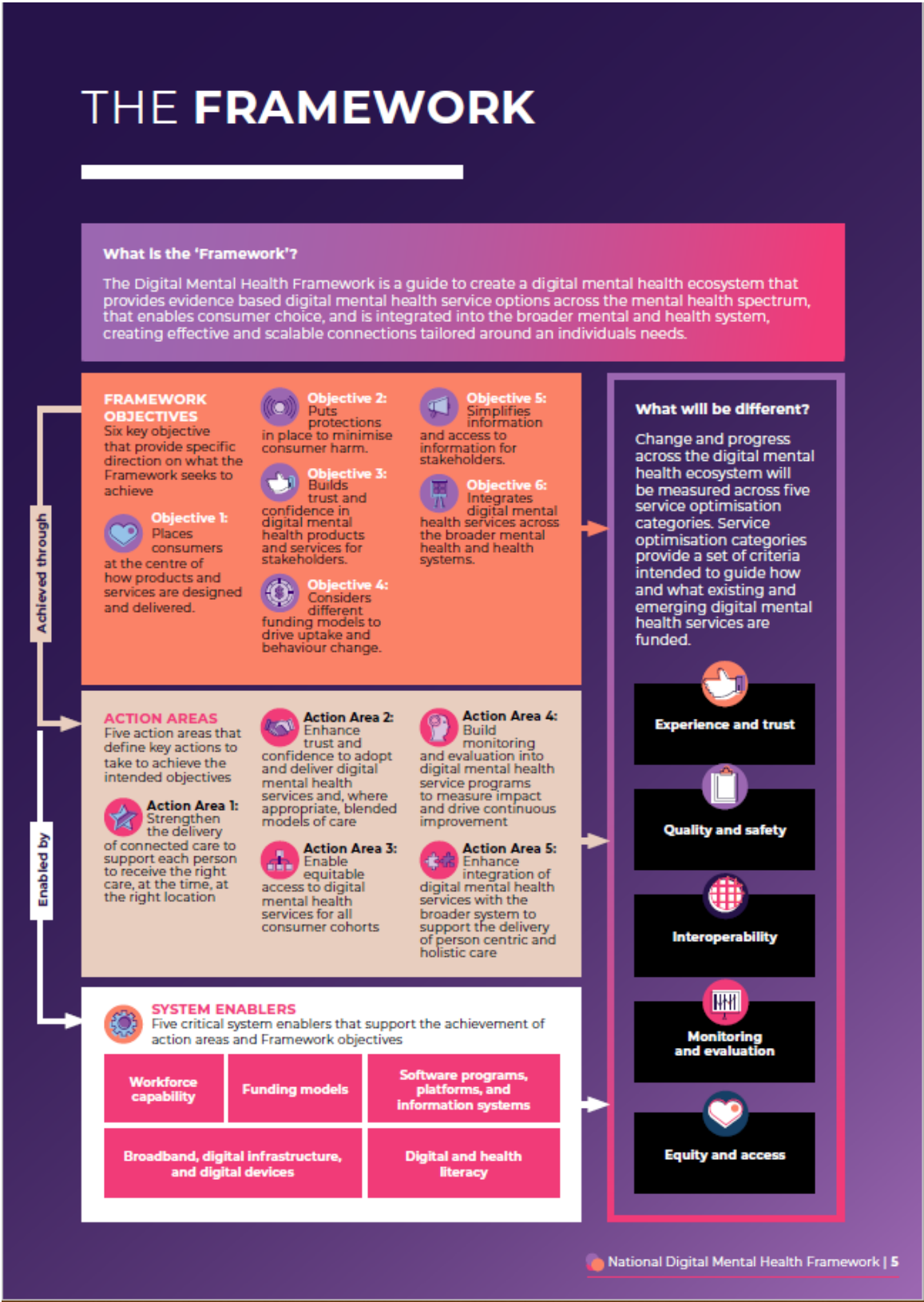
- **Objective 1:** Places consumers at the centre of how products and services are designed and delivered. Consumers and their unique circumstances are placed at the forefront of decision-making processes that govern funding, regulation, design, delivery and inclusivity of digital mental health services.
- **Objective 2:** Puts protections in place to minimise consumer harm. Consumers are protected from harm by robust quality and safety standards. Their privacy and confidentiality is considered, and mechanisms are put in place to protect them as they seek information and use digital mental health services.
- **Objective 3:** Builds trust and confidence in digital mental health products and services for all stakeholders. Investments into research, education and awareness promotion, evidence translation, resources and tools contribute to building trust in the efficacy and effectiveness of digital mental health services for all stakeholders.
- **Objective 4:** Considers different funding models to drive uptake and behaviour change. Funding models are used to enable and influence service design and delivery towards outcomes, and support enablers of change and mechanisms that drive the evolution of care models and consumer pathways.
- **Objective 5:** Simplifies information and access to information for all stakeholders. Information is clear and accessible to all stakeholders to better support and guide consumers through care pathways. There is a focus on presenting complex information simply and development of practical tools and guides that include for self-service and education along with knowledge curation and wayfinding assistance.
- **Objective 6:** Integrates digital mental health services across the broader mental health and health systems. Services operate seamlessly as part of a connected mental health and health system in terms of data sharing and interoperability. This includes thoughtful design of entry, check-in and exit points across the system to support consumers through all stages of their mental health journey.

## The framework components

The Digital Mental Health Framework is a guide that will be used to create a digital mental health ecosystem that provides evidence based digital mental health service options across the mental health spectrum, enables consumer choice, and is integrated into the broader mental and health system, creating effective and scalable connections tailored around an individual's needs. The figure below provides an overview of the core components of the framework: the objectives (as outlined above), the priority action areas, system enablers and the service optimisation categories.

The following section of the Framework outline the priority areas of action to improve service access, reduce duplication of effort and investment, and embed digital mental health services in the broader mental health service system. Later in this Framework, the system enablers that will support the optimisation of digital mental health services over time will be explored. Finally, the Framework will articulate what the digital mental health ecosystem will look like in the future across a series of five service optimisation categories.

Figure 2 National Digital Mental Health Framework concepts





## Priority 1: Strengthen the delivery of connected care to support each person to receive the right care, at the right time, at the right location



### Framework objectives

3

Builds trust and confidence in digital mental health products and services for all stakeholders

5

Simplifies information and access to information for all stakeholders

### Digital mental health services can strengthen a “connected care” experience.

Connected care is about consumers receiving effective, efficient and seamless care throughout the consumer journey. Digital tools and technology enable a more connected care experience by supporting choice and access to evidence-based mental health care. For example, people can access support and connect with mental health providers quickly and conveniently through applications and online interventions. Integrated data, information and technology shared across the digital and broader mental health sectors support the ability to provide connected care. With access to the right information, health providers can triage people according to their needs, match them to appropriate care and track a person’s progress. The sections below outline some barriers which limit the extent to which consumers can receive a connected care experience, suited to their need.

#### Availability of standardised procedures and protocols to assess, triage and refer based on risk and need

A consistent and standardised approach to assess, triage and refer consumers based on risk, needs and vulnerability is important for consumers to receive care that is aligned to their needs and move through the care pathways in a connected way. However, as identified in the Department of Health’s report on guidance on Initial Assessment and Referral for Mental Healthcare the majority of PHNs do not have a region wide standard assessment tool and it has been identified as a priority area of work.<sup>19</sup> Clear mechanisms that identify how someone has previously interacted with the system will ensure people are connected to the support they need at the right time, reducing complexity over multiple points and modes of entry into the digital mental health system.

These mechanisms are currently not broadly available across the sector, with many consumers required to retell their story and/or complete the same assessment multiple times, reliving traumatic experiences each time they interact with the system.<sup>20</sup> This can have negative impacts on their wellbeing, and for some, it can even deter them from seeking help. Feedback from consultations indicated that some service providers who offer self-directed services are not clear about how to direct consumers to the appropriate level of care after assessment and what the most appropriate level of care to meet specific consumer needs is. There is also a scarcity of information available to guide consumers on accessing the right level of care for their needs and preferences.

#### Capacity and funding to support warm referrals

It is understood across the sector that warm referrals and supported transitions provide better outcomes for people seeking mental health care. Warm referrals facilitate the introduction and (with consent of the individual) provide relevant information such as assessments and reports to the new service, making it easier for the consumer to access the service.<sup>21</sup> When consumers are provided with warm referrals, they do not have to repeat their story, as their information is passed onto the

<sup>19</sup> Australian Government, Department of Health (2019). National PHN Guidance. Initial Assessment and Referral for Mental Healthcare.

<sup>20</sup> Lived Experience Australia (2021). The ‘Missing Middle’ Lived Experience Perspectives. Identifying why people slip through the gaps or do not receive the mental health care they need.

<sup>21</sup> Australian Government, Department of Health (2019). National PHN Guidance. Initial Assessment and Referral for Mental Healthcare. Scoping and development of a National Digital Mental Health Framework

next touch point in their care journey. This is important as consumers are more likely to engage with services when the provider initiates contact.<sup>22</sup>

In the current ecosystem, most consumers do not receive warm referrals, instead receiving 'cold referrals', where the service provider provides the consumer with some basic information about the referred service, including contact details. There is an opportunity to use a comprehensive information directory to connect consumers to the right service to suit their needs and preferences and support simple scheduling of appointments. While information directories such as head to health exist, feedback from consultations indicate that there is limited understanding by health professionals and providers about how digital mental health services may be best adopted to support consumers at each stage of the care continuum. Additionally, many services do have visibility over wait times and are not funded to create and maintain up to date directories or to support warm referrals, which can be manual and time-consuming.

#### Limited clarity on the role of digital mental health services in the care continuum

Digital mental health services can be used by people at all stages of mental illness, based on severity of mental illness and level of need. In particular, there is opportunity for digital mental health services to be better adopted to support the 'missing middle' - the service gap encountered by people who have symptoms that are too complex to be adequately treated by a GP and the MBS-rebated individual sessions with psychologists, but their conditions also does not reach the threshold for access to State or Territory funded specialised mental health services.<sup>23</sup> To increase adoption of digital mental health services, health professionals can be supported with evidence-based guidance on how to confidently refer and use them to support consumers at all stages of the care continuum.

### What are the priority action areas?

Table 5 outlines the key action areas that support this priority.

Table 5: Action areas for Priority 1

Opportunity	Description
<b>Action area 1.1</b>	Implement comprehensive, national mental health platform that facilitates more consistent assessment, triage and referral of consumers. The solution should provide up-to-date information on the variety and availability of mental health services at a national, regional and local level with transparency on wait times for accessing services so that consumers, service providers and health professionals are better able to navigate the digital mental health services system.
<b>Action area 1.2</b>	Support health professionals and providers with evidence-based guidance on how to integrate digital mental health services into care delivery across the mental health spectrum, including as the severity of individual care needs change, considering how this might best be supported by technology. This includes building an understanding of the efficacy and suitability of digital mental health services for different consumer needs and preferences.
<b>Action area 1.3</b>	Develop evidence-based guidance, validated process maps and workflows for health professionals, and providers to successfully incorporate blended interventions into existing models of care. This should build capability and confidence in integrating digital mental health services into treatment planning pathways and support how mental health assessment tools inform the triage and referral process.

<sup>22</sup> The University of Queensland, Institute for Social Science Research (2018). One person, many stories. Consumer experiences of service integration and referrals in far western Queensland. Final report. Prepared for the Queensland Mental Health Commission.


<sup>23</sup> Productivity Commission (2019), Mental Health, Draft Report: Volume 1, Canberra.  
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### **How does this align with the Fifth Plan?**

The Fifth Plan calls for the development of a Framework considering new digital service delivery platforms and the improvement of workforce development priorities to improve the use and uptake of digital mental health services.

## Priority 2: Enhance trust and confidence to adopt and deliver digital services and, where appropriate, blended models of care



### Framework objectives

**3**

**Builds trust and confidence in digital mental health products and services for all stakeholders**

**4**

**Considers different funding models to drive uptake and behaviour change**

**5**

**Simplifies information and access to information for all stakeholders**

Building trust and confidence in stakeholders will enable greater adoption of digital mental health services, providing consumers with more accessible and cost-effective choices.

Digital interventions can be equally effective as face-to-face therapy for people at all stages of the patient care continuum.<sup>24</sup> Evidence indicates that digital mental health services are effective and acceptable for use for high prevalence mental health conditions requiring low intensity and low acuity care.<sup>25</sup> Emerging evidence further shows that digital mental health services can be used to augment care for consumers with low prevalence mental health conditions who require high acuity mental health services.<sup>26</sup> However, while the use of digital mental health services is increasing, some consumers and health professionals continue to lack confidence and trust in digital mental health services, limiting their ability to adopt and deliver these services. Enhancing trust in digital mental health services among consumers, health professionals, carers, and peer workers is likely to result in increased adoption of services, providing consumers with more choice to use digital mental health services alongside face-to-face services.<sup>27</sup> To enhance this trust you need to consider digital literacy of the consumer, establish a strong evidence base on how to use digital mental health services for professionals, and increase understanding about these services for all stakeholders.

### Digital and health literacy

The ability to confidently and effectively use digital mental health services, to a large extent, depends on consumer digital literacy. Some cohorts are more digitally excluded and have lower digital literacy than others, such as older Australians aged over 65 years who are the least digitally included cohort in terms of the Digital Inclusion Index.<sup>28</sup> These cohorts require additional support and education to be able to confidently use digital mental health services. In this context, digital interventions may exacerbate the treatment gap for disadvantaged consumers due to high digital literacy requirements. Adequate support and consumer education need to be considered to enable consumers to confidently navigate and access digital mental health services. Additionally, health practitioners and peer workers need to consider the literacy and resources required to effectively engage consumers with digital interventions

<sup>24</sup> Fairburn C, Patal V, (2017), The impact of digital technology on psychological treatments and their dissemination, 88: 19-25.

<sup>25</sup> Australian Government, Department of Health, Head to Health (2021), Benefits of digital mental health services.

<sup>26</sup> Batra, S. et al. (2017), Digital health technology for use in patients with serious mental illness: a systematic review of literature.

<sup>27</sup> Australian Committee on Safety and Quality in Health Care (2019), *Certifying Digital Mental Health Services: Discussion paper for consultation participants*.

<sup>28</sup> Roy Morgan, RMIT University, Centre for social impact and Swinburne university (2018). Measuring Australia's digital divide. The Australian Digital Inclusion index 2018.

### Building the evidence base on digital mental health services

Currently, there is research indicating that some digital mental health services support the same outcomes as face-to-face services<sup>29</sup> and enables equal outcomes for Aboriginal and Torres Strait Islander people<sup>30</sup>, non-English speaking migrants<sup>31</sup> and older cohorts.<sup>32</sup> Continued research and evaluation are important to understand the acceptability and efficiency of digital mental health services, including specific services and modes of delivery, for the general population and different cohorts. This research also needs to be disseminated widely to clinicians to increase uniform awareness on how to service different cohorts and to build trust in the efficacy of digital mental health services.

### Education and training required to deliver digital mental services

The Fifth Plan states that guidance and training tools are important in raising awareness of digital mental health services and reducing stigma.<sup>33</sup> Health professionals, including peer support workers, need specific skills and training, clinical supervision, and support to use and deliver digital mental health services, particularly for those who require clinician led or supported care. Education about digital mental health service delivery should be at the centre of specialised training. With recent enhancements in training and education on digital mental health, for example, the training programs and resources delivered by eMHPac, awareness of digital mental health services among health practitioners have increased over time. However, feedback from consultations indicate that, at present, health professionals are still not aware of the full breadth of digital mental health services. Additionally, the availability of training programs in the delivery of specialised, trauma informed, and/or culturally appropriate mental health care can be enhanced to better support vulnerable cohorts.<sup>34</sup>

In the delivery of services, it is important that health professionals consider different treatment modalities (e.g. face-to-face, SMS) and access channels (e.g. phone, computer) to meet consumers unique needs, preferences and requirements. There are many external factors that can influence consumer preferences, including culture, language proficiency, disease severity and disease type, to name a few. More commonly, certain consumer cohorts may prefer a blended model of service delivery where they have access to both digital and face-to-face services.<sup>35</sup> Practitioners will, over time, need the skills and confidence to keep up with changing consumer preferences. It is also important that health professionals are aware and educated on how to manage consumer privacy and confidentiality. Consumers should have ownership and control of their data, giving them the ability to choose what they share with which provider, thereby preserving their privacy.

With well-informed health workforces, support networks and consumers, building the appropriate trust and confidence to adopt and integrate digitally enabled models of care into existing treatment pathways can be realised. By increasing understanding and awareness of these alternative treatment modalities, delivery models, such as blended models of care, can further support the delivery of mental health services and increase access to both digital and face-to-face services.<sup>36</sup>

### What are the priority action areas?

Table 6 outlines the key action areas that support this priority.

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<sup>29</sup> MindSpot Clinic, Australia, and the Online Therapy Unit (OTU) in the province of Saskatchewan, Canada (2019), MindSpot Lessons Paper.

<sup>30</sup> Titov, Nickolai, et al (2018), A comparison of Indigenous and non-Indigenous users of MindSpot: An Australian digital mental health service.

<sup>31</sup> Kayrouz, Rony, et al (2020), A comparison of the characteristics and treatment outcomes of migrant and Australian-born users of a national digital mental health service.

<sup>32</sup> Titov, Nickolai (2018), Treating anxiety and depression in older adults: randomised controlled trial comparing guided V. self-guided internet-delivered cognitive-behavioural therapy

<sup>33</sup> National Mental Health Commission (2017), The Fifth National Mental Health and Suicide Prevention Plan.

<sup>34</sup> Titov, Nick (2019), From Research to Practice: Ten Lessons in Delivering Digital Mental Health Services.

<sup>35</sup> A blended model of care is one that refers to a mixture of digital and in person treatment for a disorder and can be used to enhance treatment modalities and options, provide more flexibility and deliver better outcomes for consumers, and better manage system demand and supply.

<sup>36</sup> Productivity Commission (2019). Initial Submission to the Productivity Commission Inquiry into Mental Health.

Table 6: Action areas for Priority 2

Opportunity	Description
<b>Action area 2.1</b>	Develop and publish the evidence base (effectiveness and outcomes) for digital mental health services for conditions across the mental health spectrum and across different cohorts.
<b>Action area 2.2</b>	Develop and launch a national information and education campaign that provides training programs and academic resources for health professionals and consumers to raise awareness of digital mental health services, effectiveness and how best to adopt services to augment existing face-to-face, telehealth and virtual care.
<b>Action area 2.3</b>	Develop specific education materials for health professionals that build confidence in how best to adopt digital mental health services as part of their mental health care planning and delivery.
<b>Action area 2.4</b>	Trial and implement strategies to increase and improve adoption of digital mental health services, including providing guidance to health professionals on best practice adoption of digital services and blended interventions. Guidance should consider the suitability of digital interventions for different conditions and consumer needs, consumer access to digital tools and a secure, private place to use digital mental health services, whether consumers have adequate digital literacy to use digital interventions, and processes to address confidentiality concerns. May be enabled by decision support tools.



### How does this align with the Fifth Plan?

The Fifth Plan calls for the development of a Framework that offers cohesive guidance on the structure of digital mental health services



## Priority 3: Enable equitable access to digital mental health services for all consumer cohorts



### Framework objectives

1

Places consumers at the centre of how products and services are designed and delivered

Improving the breadth and reach of digital mental health services can enable equitable access for consumers.

Digital mental health services can overcome some geographical and socio-economic barriers to access for underserved cohorts of the Australian population.<sup>37</sup> They provide consumers the ability to exercise greater choice and control over when and where treatment will take place, presenting as an alternative option to consumers who are reluctant to use face-to-face services for a range of reasons, such as due to feelings of stigma and shame or concerns over confidentiality.<sup>38</sup> However, not all people have fair and equal access to digital mental health support services. This can be a result of existing attitudes and beliefs about mental health, the availability of services suitable for the user's needs and preferences, the availability of choice in service modes, delivery types, and access channels, and limited access to broadband, digital infrastructure and digital devices.

#### Attitudes and beliefs about mental health

The attitudes and cultural beliefs of an individual, their family, and their broader community can influence their likelihood of accessing mental health services.<sup>39</sup> For example, Aboriginal and Torres Strait Islander and CALD groups, and those living in rural and remote areas have lower rates of help-seeking behaviour for professional help.<sup>40</sup> This can be a result of specific attitudes and beliefs, for example, stigma around accessing mental health support, distrust of governments and large organisations, and concerns about the misuse of their personal information by service providers.<sup>41</sup> As a result, these cohorts tend to enter the system at the severe or crisis stage of their condition which has adverse impacts on their recovery prospects.<sup>42</sup>

Proactive and targeted engagement, for example through outreach programs, is required to engage and support these underserved cohorts. Outreach programs aim to provide services to populations who may otherwise not receive them in the location or community in which they are based.<sup>43</sup> Typically, these programs aim to raise awareness of services, connect at risk cohorts to services, encourage completion of treatment programs, and provide ongoing care post intervention.<sup>44</sup> They have been shown to be effective in the mental health sector,<sup>45</sup> and can be adopted in the digital mental health context to better engage people with digital services.

Targeted interventions such as outreach programs should be delivered through organisations that are trusted by local communities. For example, community leaders, Aboriginal Community Controlled Health Organisations, and local

<sup>37</sup> The Senate Community Reference Committee (2018), *Accessibility and quality of mental health services in rural and remote Australia*; The Sax Institute (2014), *Strategies for adopting and strengthening e-mental health*.

<sup>38</sup> Andrews G, Cuijpers P, Craske MG, McEvoy P, Titov N. (2010). *Computer therapy for the anxiety and depressive disorders is effective, acceptable and practical health care: A meta-analysis*.

<sup>39</sup> Gopalkrishnan N. *Cultural Diversity and Mental Health: Considerations for Policy and Practice*. Front Public Health. 2018 Jun 19;6:179.

<sup>40</sup> Lara Bishop, Andy Ransom, Martin Laverty, Lauren Gale (2017), *Mental Health in Remote and Rural Communities*; Mental Health in Multicultural Australia (2014), *Framework for Mental Health in Multicultural Australia: Towards culturally inclusive service delivery*; Megan Price & John Dalgleish (2013), *Help-seeking among Indigenous Australian adolescents: Exploring attitudes, behaviours and barriers*. Youth Studies Australia, 32(1).

<sup>41</sup> Beyond Blue (2021), *Statistics*.

<sup>42</sup> Beyond Blue (2021), *Statistics*.

<sup>43</sup> World Health Organization (2011), *Outreach services as a strategy to increase access to health workers in remote and rural areas*.

<sup>44</sup> World Health Organization (2011), *Outreach services as a strategy to increase access to health workers in remote and rural areas*.

<sup>45</sup> Varker, T., Gibson, K., Watson, L., Metcalf, O., & O'Donnell, M. (2018). What is the effectiveness of outreach services for improvement mental health? A Rapid Evidence Assessment. Report prepared for the Department of Veterans' Affairs. Phoenix Australia Centre for Posttraumatic Mental Health.

community organisations can be supported to proactively engage Aboriginal and Torres Strait Islander groups and provide advice about accessing digital mental health support.

### Meeting the unique needs of vulnerable and at-risk cohorts

Some cohorts have higher rates of suicide, such as Aboriginal and Torres Strait Islander adults, who are twice as likely to commit suicide than the general population,<sup>46</sup> and CALD refugees and asylum seekers who have greater mental health challenges, increased risk of suicide and self-harm.<sup>47</sup> It is important that services are specifically designed to meet the needs and preferences of different cohorts to enable them to overcome the existing they face in accessing the mental health support they need. This is important because traditional digital mental health services (i.e. those targeting the broader Australian population) are often not designed to meet their unique needs or cultural preferences. For example, users from CALD or Aboriginal and Torres Strait Islander backgrounds may seek services with information available in community languages and with health professionals who are appropriately skilled in delivering culturally appropriate and/or trauma informed care.<sup>48</sup> By addressing barriers such as language, we can further engage these cohorts to improve their access to digital mental health services.

At present few digital mental health services serve these cohorts. For example, in 2020-21, of the 32 digital mental health services funded by the Australian Government Department of Health, only one looked to meet the unique needs of the LGBTI community. Similarly, only one service was designed to focus on the needs of Aboriginal and Torres Strait Islander people.<sup>49</sup> Due to the limited transparency of investment across the digital mental health sector, it is also difficult to understand whether additional tailored services are funded by state and territory governments, local governments, and other stakeholders. To ensure equitable access to digital mental health services for all cohorts, it is important to understand the existing service gaps for vulnerable cohorts, and direct funding towards addressing these gaps. Further, there is a need to ensure that the workforce, including health professionals, and the lived experience and peer workforces, are provided the education and training in delivering culturally safe technologies and models of care.

### The role of the peer workforce in enabling access to digital mental health services

Evidence shows that embedding the lived experience in the design, delivery, and evaluation of services can improve outcomes and recovery for consumers.<sup>50</sup> This is because consumers value seeing their needs reflected and considered in the products and models of care.<sup>51</sup> Having consumers needs reflected and considered translates to more appropriate and tailored care that is specific to individual needs. There is, however, a range of factors that inhibit effective implementation and sustainability of these non-professional workforces.<sup>52</sup> One of the limitations of the peer workforce is that there isn't enough awareness around how service providers can best utilise the peer workforce to connect with consumers, particularly those that are vulnerable or geographically isolated, to digital mental health services. The other is the limited structures (e.g. disparity between financial payments for peer workers and clinical workers, limited education pathways on digital mental health available to peer workers) available to support embedding the lived experience perspective in organisational service delivery. Guidance on training, qualifications, career progression opportunities, clinical governance, and escalation mechanisms for the peer workforce is required to support providers in understanding the role of the lived experience and enabling their active participation in end-to-end service delivery. The National Mental Health Commission is currently developing the Peer Workforce Development Guidelines which will provide guidance on these supports.

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<sup>46</sup> Beyondblue (2016), Improving Aboriginal and Torres Strait Islander Social and Emotional Wellbeing in Queensland Discussion Paper  
<sup>47</sup> Henderson, S. Kendall, E. (2011), Culturally and linguistically diverse peoples' knowledge of accessibility and utilisation of health services: Exploring the need for improvement in health service delivery

<sup>48</sup> Lara Bishop, Andy Ransom, Martin Laverty, Lauren Gale (2017), Mental Health in Remote and Rural Communities; Mental Health in Multicultural Australia (2014), *Framework for Mental Health in Multicultural Australia: Towards culturally inclusive service delivery*; Megan Price & John Dalgleish (2013), *Help-seeking among Indigenous Australian adolescents: Exploring attitudes, behaviours and barriers*. Youth Studies Australia, 32(1).

<sup>49</sup> Department of Health (August 2020), *Digital Mental Health Services funded by Mental Health Division*.

<sup>50</sup> 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.

<sup>51</sup> Innowell (2020). Project Synergy. *National community Consultation Program*.

<sup>52</sup> National Mental Health Commission (2019), Peer Workforce Development Guidelines: Outcomes of the workshop at the 2019 TheMHS Conference. Available at: <https://www.mentalhealthcommission.gov.au/getmedia/8ca032a6-d58a-4ce0-9ea0-deb32af72d70/TheMHS-2019-NMHC-workshop-summary-190829-final.PDF>.

### Consumer choice

Choice is important for consumers when accessing mental health services. While those with poor digital literacy may prefer face-to-face services, certain cohorts have demonstrated a preference for digital mental health services. Youth, for example, have a high rate of adoption of digital mental health services; they are technologically savvy, and digital services offer the privacy and convenience they seek.<sup>53</sup> This is also particularly true of LGBTI youth, who can be hesitant to seek help due to homophobia, transphobia, (non)disclosure of gender and sexuality identities, and fears of not being understood or being judged.<sup>54</sup> However, it should be noted that preferences can differ even within population cohorts based on the individual needs of the user.

Choice within digital mental health services is also important. Users' preferences for different modes of delivery (e.g. website, videoconference, mobile health applications) and access channels (e.g. phone, computer) influence their likelihood to access information or services and complete treatment. The delivery type is also important for users - while some may prefer self-managed, for others a clinician-led or peer-supported service is most appropriate. Some users may also want their family, friends, and carers to be involved in their mental health journey.

It is important that a range of digital mental health services are available, catering to different needs and preferences around delivery mode, access channels, and delivery types.

### Access to broadband, digital infrastructure and digital devices

Consistent and reliable access to appropriate digital infrastructure including reliable internet connectivity, bandwidth and devices is vital to stimulate adoption, trust and utilisation of online treatment services. Currently, there is unequal access to appropriate digital infrastructure for some population cohorts (e.g. Australians living in rural and remote areas).<sup>55</sup> Access to digital mental health services also relies on the consumer having access to digital devices (e.g. a smartphone, computer, or tablet device). Some population cohorts, for example, Aboriginal and Torres Strait Islander people, people from low socioeconomic backgrounds, and older Australians experience high levels of digital exclusion, broadening gaps in socioeconomic disadvantage through digital inequality.<sup>56</sup> Research finds that internet access for those with ill mental health is lower than those without mental health illness,<sup>57</sup> increasing the importance of targeted supports for these cohorts.

Addressing digital exclusion for these cohorts relies on strong partnerships between governments, digital mental health service providers, and community-based organisations to make available digital devices for consumer use. Longer-term, the strength and availability of digital infrastructure will need to be improved to ensure equitable access to digital mental health services.

### What are the priority action areas?

Table 7 outlines the key action areas that support this priority.

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<sup>53</sup> ReachOut (2019), *ReachOut Submission: Productivity Commission Inquiry, The Social and Economic Benefits of Improving Mental Health*.

<sup>54</sup> Byron, P., Rasmussen, S., Wright Toussaint, D., Lobo, R., Robinson, K. H., & Paradise, B. (2017). 'You learn from each other': LGBTIQ Young People's Mental Health Help-seeking and the RAD Australia Online Directory.

<sup>55</sup> Roy Morgan, RMIT University, Centre for social impact and Swinburne university (2018). *Measuring Australia's digital divide. The Australian Digital Inclusion index 2018: AMA (2016). Better access to high speed broadband for rural and remote healthcare.*

<sup>56</sup> Roy Morgan, RMIT University, Centre for social impact and Swinburne university (2018). *Measuring Australia's digital divide. The Australian Digital Inclusion index 2018; Australian Government Department of Health (2017), Fifth National Mental Health and Suicide Prevention Plan.*

<sup>57</sup> Too LS, Leach L, Butterworth P (2020), *Mental Health Problems and Internet Access: Results from an Australian National Household Survey*. JMIR Mental Health 2020, 7(5).

Table 7: Action areas for Priority 3

Opportunity	Description
<b>Action area 3.1</b>	Strengthen how Lived Experience, culturally appropriate and trauma-informed guidance is integrated into the co-creation, design and delivery of digital mental health services. This co-creation capability should identify and engage vulnerable cohorts, where access to high quality mental health care is limited, to support service design improvements into future.
<b>Action area 3.2</b>	Comprehensive review of coverage and reach of funding for services to address gaps in the availability of digital mental health services for specific cohorts of the population. This includes a review of the availability of different modes of delivery, access channels, and delivery types for funded digital mental health services to cater to diverse needs and preferences, beyond those solely funded by Commonwealth.



### How does this align with the Fifth Plan?

The Fifth Plan seeks to develop a framework that addresses access to new delivery platforms for people from culturally and linguistically diverse communities and others who have limited engagement with these platforms.



## Priority 4: Build monitoring and evaluation into digital mental health service programs to measure impact and drive continuous improvement



### Framework objectives

1

Places consumers at the centre of how products and services are designed and delivered

3

Builds trust and confidence in digital mental health products and services for all stakeholders

Monitoring and evaluation is key to building an evidence base to inform what is working and to identify opportunities for improvement across the digital mental health ecosystem.

Research, monitoring and evaluation activities are essential in building a comprehensive evidence base to increase broader trust in the efficacy of digital mental health services amongst consumers, health professionals and the broader community. 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.<sup>58</sup> Embedding monitoring and evaluation into service delivery will support providers in engaging in continuous improvement activities. The sections below articulate some of the key barriers in the digital mental health ecosystem to embedding a culture of monitoring and evaluation.

#### The need for a standardised outcomes-based evaluation framework

To enable consistent monitoring and evaluation of digital mental health services, it is important that service providers are supported with a standardised evaluation framework, aligned to key outcome measures. These outcomes, and the supporting data collection principles, should be clearly defined for each stage of the mental health spectrum. The framework will enable service providers to collect meaningful data, monitor and evaluate their service programs to measure impact, and drive continuous improvement activities. At a system level, there is also an opportunity for service providers to contribute to broader data sets and support a clearer understanding of the coverage of existing services.

To maximise the value of the data collected and enable the development of larger data sets, standard data definitions and vocabulary will need to be established across the mental health sector, including across face-to-face and digital mental health services. Additionally, it will be important to draw on the perspectives of consumers, carers, and the lived experience to define key outcome measures and understand what data and information should be collected, reported, and used to make adjustments to service design and delivery. Finally, to implement a sector-wide standardised outcomes-based evaluation framework, responsibility will need to be defined for managing the collection of data and reporting of outcomes.

#### Funding arrangements shifting the focus of service providers

At present, the Australian Government provides block funding to digital mental health service providers to deliver a program or service.<sup>59</sup> The funding allocated to a service is supported by a series of Key Performance Indicators (KPIs) which are co-designed with the service providers and include measures including: *the number of sessions delivered, the percentage of users that report that the service has helped them, and the percentage of users who report they would recommend the service to a friend*. Currently, across most funding contracts, the focus is on activity based KPIs (the number of sessions or services) which limits the extent to which services monitor and evaluate the appropriateness and effectiveness of services.<sup>60</sup> To overcome this challenge, funders should work with services to co-design KPIs that increasingly focus on service outcomes over activities. This will also support a shift away from a single session model, whereby each consumer interaction is recorded as a new interaction, including for returning consumers, to enable more sessions to be completed.<sup>61</sup> Instead, an outcomes focused approach will contribute to improved continuity of care for consumers.

<sup>58</sup> The Sax Institute (2014), *Strategies for adopting and strengthening e-mental health*.

<sup>59</sup> Australian Government Department of Health (2021).

<sup>60</sup> Australian Government Department of Health (2021).

<sup>61</sup> Australian Government Department of Health (2021).

## Funding for research, monitoring and evaluation activities

As articulated above, research, monitoring and evaluation activities are important in building an evidence base, increasing trust in health professionals and consumers, and driving continuous improvement. Initiatives have been implemented across the sector to support increased research, monitoring and evaluation. An example is the Million Minds Mental Health Research Mission which will provide \$125 million over 10 years from 2018-19 for research that addresses national mental health priorities.<sup>62</sup> The Mission is funded by the Australian Government's Medical Research Future Fund (MRFF) and encourages research to be translated into practice.

In addition to these broader initiatives, it is important standardised and comprehensive sector-wide monitoring and evaluation of digital mental health services occurs. At present, there is limited funding allocated to digital mental health services to support them in embedding monitoring and evaluation activities into their standard practice. By building into service budgets targeted funding for research, monitoring and evaluation and implementing a standardised outcomes-based evaluation framework (as detailed above), service providers can be supported to collect data, monitor and evaluate their services, and engage in continuous improvement activities.

There is also an opportunity to allocate funding to pilot programs to validate what works and doesn't work in practice before scaling and optimising services across the sector. This will ultimately encourage a sector wide culture of 'try, test and learn'. This is particularly important in a dynamic ecosystem like the digital mental health sector which is constantly changing as new technologies emerge and services adapt to meet changing consumer needs and preferences.

## What are the priority action areas?

Table 8 outlines the key action areas that support this priority.

Table 8: Action areas for Priority 4

Opportunity	Description
<b>Action area 4.1</b>	Develop an outcomes-based evaluation framework that includes standardised data definitions to monitor and assess the adoption and impact of digital mental health services in a consistent way across services. The framework should help services to collect meaningful data to support service optimisation, identify opportunities for improvement - and at system level - contribute to the evidence base, identify service access, coverage and/or quality gaps. Additionally, consumers, carers and the lived experience cohort should play a large role in defining consumer and population health outcomes.
<b>Action area 4.2</b>	Build research and evaluation costs into funding provided to digital mental health services to enable ongoing evaluation and continuous improvement practices.
<b>Action area 4.3</b>	Invest in new and innovative services, tools and programs through pilot funding to validate effectiveness, efficiency and viability before scaling and optimising services.
<b>Action area 4.4</b>	Define who is responsible for the implementation and ongoing management of the standardised outcomes-based evaluation, including the collection of data and reporting of outcomes. Critically, funders will need to work together to build a connected evidence base that informs both policy, regional service planning, impacts and outcomes.

<sup>62</sup> Australian Government Department of Health (2021), Million Minds Mental Health Research Mission.



### How does this align with the Fifth Plan?

Recommendations around building guidance on clinical governance for digital mental health services where appropriate safety and quality mechanisms are built into service delivery and links into traditional face-to-face services are provided.



## Priority 5: Enhance integration of digital mental health services with the broader system to support the delivery of person centric and holistic care



### Framework objectives

4

Considers different funding models to drive uptake and behaviour change

6

Integrates digital mental health services across the broader mental health and health systems

### Digital mental health service integration is key to bringing the ecosystem together seamlessly.

Person-centred care is care that is respectful of, and responsive to, the preferences, needs and values of the individual patient and is widely recognised as a foundation to safe, high-quality healthcare.<sup>63</sup> It involves seeking out, and understanding what is important to the patient, fostering trust, establishing mutual respect and working together to share decisions and plan care. Digital mental health services have a role to play in delivering person centred care by presenting as a compliment or alternative to face-to-face services, depending on consumer preferences and needs. Additionally, digital tools and technology have a key role in facilitating a data-driven, tailored continuum of care for consumers.

The integration of digital mental health services across digital and face-to-face services and the broader health system is critical to enable the delivery of person-centric and holistic care. However, currently there are challenges associated with integrating software programs, platforms and information systems, and enabling the sharing of information and data across service providers and health professionals. This can result in fragmented care, 'blind spots' in the sector-wide understanding of consumer needs, and duplication of effort. The sections below articulate some of the key barriers in enhancing integration of digital mental health services across the mental health and broader health ecosystems.

#### Data and information sharing

The sharing of data and information between health professionals can enable an improved understanding of the prevalence of conditions and which interventions provide the greatest impact for cohorts and populations. It enables the sharing of best practice examples, results from pilots and trials, and innovations in technology. Whilst there is a wealth of research, data and information available, a centralised portal is needed to share information and resources across the sector.<sup>64</sup> Without mechanisms for data sharing, it is difficult to connect different parts of the mental health and digital mental health ecosystem, and identify suitable services based on consumer needs. There is opportunity for the sector to leverage best practice examples in data sharing to improve service integration on a national scale. In New Zealand, for example, a successful community of practice platform is the Te Pou o te Whakaaro Nui (Te Pou) - a national workforce centre for mental health, addiction and disability in New Zealand which emphasises multidisciplinary team-based practice.<sup>65</sup> Te Pou looks to improve workforce capability and trust using a suite of guides that intend to better inform the workforce about the processes of engagement and therapies that are particularly effective for specific population groups.<sup>66</sup> It offers the workforce a centralised portal through which to communicate, share resources, and learn.

Another barrier to the enhanced integration and data sharing across the sector is the 'fear of losing funding' in service providers – that is, the perception that they might lose funding if best practice, lessons learned, and data are shared across the sector. Some service providers in consultations suggested that this provided a disincentive to share knowledge with other providers. It is important that the sector is encouraged through consistent communications and incentives to share information and provide multi-disciplinary support that centres around the changing needs of consumers. The mental health needs of consumers are not static and may escalate up or down depending on individual circumstances. Sharing

<sup>63</sup> Australian Commission on Safety and Quality in Health Care (2021), Person-centred care.

<sup>64</sup> National Digital Mental Health Framework project consultations (December 2020).

<sup>65</sup> Te Pou (2021), *About Te Pou*. Available at: <https://www.tepou.co.nz/about>.

<sup>66</sup> Te Pou (2021), *About Te Pou*. Available at: <https://www.tepou.co.nz/about>.

information is essential to communicate progress between services so that decisions can be made collaboratively, with a holistic view of the person.

Interoperability of software programs, platforms and information systems

The benefits arising from the integration of software programs, platforms and information systems are clear; there is a reduced need for consumers to repeat their medical history, there are financial savings that come from less duplication of diagnostic testing, it allows for secure messaging between clinicians for the secure transfer of medical information, and information is available to support effective delivery of care to consumers.<sup>67</sup> At present, there is limited interoperability between digital platforms and information systems across the mental health and broader health sectors, resulting in difficulties sharing data and information. This is driven by several factors including technical limitations in sharing information stored in different practice management software platforms. Additionally, existing platforms are not necessarily designed for use in blended care, and to be optimally effective for this specific use, should be built with blended care in mind. For example, this includes considering the ability to share or withhold information as preferred and designing specific interfaces or dashboards with sharing information in mind.

It is also important to consider consumer privacy and confidentiality in the context of integration. Digital mental health services provide individuals with an option that preserves their anonymity, which is typically limited when accessing face-to-face mental health services. It is important that the risks of data sharing and integration are communicated to users, and the choice is available to individuals to share or not share their mental health data, regardless of whether the consumer is seeking information or accessing treatment.

Funding for interoperability

Poor interoperability in the current state is in part driven by existing funding approaches in the digital mental health sector. Current funding for digital mental health services is focused on service delivery, with limited funding allocated for enabling functions of digital mental health service delivery, including integration activities. There is an opportunity for funding to extend beyond service delivery and address the underlying technology costs required to deliver and evolve services. Additionally, funding arrangements should incentivise data sharing and interoperability and efforts to connect and optimise referral pathways between services. To enable this, service providers require on-going funding for technology rather than one-off investments from the Australian Government. There is also an opportunity to provide targeted funding for co-creation programs and services that encourage greater sector collaboration, enhance service integration and service continuity, and share lessons.

What are the priority action areas?

Table 9 outlines the key action areas that support this priority.

Table 9: Actions areas for Priority 5

Opportunity	Description
<b>Action area 5.1</b>	Develop a technology enabled community of practice network to share research, data and information across providers to reduce time taken to find information, and to ensure consumers, caregivers, service providers, health professionals, and the broader mental health sector are engaged in the development of digital mental health services through making their voices heard across the network.

<sup>67</sup> Australian Digital Health Agency (2017), *Australia's National Digital Health Strategy. Safe, seamless and secure: evolving health and care to meet the needs of modern Australia.*

Opportunity	Description
<b>Action area 5.2</b>	Require and fund specific co-creation activities when investing in new and innovative services to encourage greater sector collaboration, enhance service integration and service continuity, and share lessons. This is especially needed at the entry and interface points of the ecosystem, where services refer and receive consumers. Co-creation is particularly relevant when a person's mental health needs are complex, or when multiple providers have been involved in a person's care on an ad-hoc basis. The economic benefit and cost of investments should be analysed prior to the distribution of funding. This will encourage targeted investment that is future focused.
<b>Action area 5.3</b>	Funding models and arrangements should encourage and incentivise interoperability and improved data sharing, requiring the use of interoperability in creating platforms and clinical information systems across digital mental health services and hybrid care settings.



### How does this align with the Fifth Plan?

The Fifth Plan seeks to develop a Framework that provides recommendations around an analysis of interoperability considerations relevant to future data developments.

## 6 Enablers of the digital mental health ecosystem

The enablers of the digital mental health ecosystem describe a range of requirements that sit outside of the digital mental health ecosystem but are fundamental to shaping the success of priority action areas. These include infrastructure, support tools, mechanisms and capabilities that are necessary to facilitate the effective delivery of digital mental health services. An overview of key enablers are described below. The system enablers recognise the critical role of supporting structures required to deliver optimal digital mental health services across the ecosystem.

### Workforce capability.

Investments into growing and upskilling the mental health and broader health workforce (including the lived experience and peer workforce) need to actively integrate training, learning and development opportunities that encourage adoption of digital mental health services, equipping stakeholders with the skills to care for the needs of their cohorts and communities. The need for specific training and uptake of trauma informed, culturally appropriate care and knowledge of how to use digital mental health services to support the unique needs of vulnerable cohorts was specifically highlighted in the national consultation process.

Actions areas to support this enabler:

- Support health professionals to confidently use digital mental health services by delivering targeted training to improve digital literacy and understanding on how to use digital mental health services as part of a blended care model. This includes training and development on how digital mental health services can be used to improve treatment and prevent harm across the different stages of the stepped care model. This can be done by building on the existing resources, for example those developed by e-Mental Health in Practice (eMHPrac). Training should be iterative to allow for the gradual upskill of the workforce as new technologies are introduced into the ecosystem.
- Build specialist mental health skills to better serve the needs of vulnerable cohorts. To complement digital training, additional training on mental health specific skills such as culturally appropriate practice, trauma informed care and stigma reduction should be developed to build health practitioner capacity to effectively deliver care for vulnerable cohorts. Inclusion of case studies and role plays are important to help practitioners navigate selecting appropriate resources for their clients and see examples of how they can be used. Training should be delivered iteratively and over time with a view on the needs of local populations and communities.
- Support the adoption of new tools, platforms, and programs by implementing a sector-wide change management plan to support digital upskilling and adoption, including for health professionals and the broader mental health workforce.
- Promote the use of 'champions' in organisations by developing dedicated roles for people to role model the delivery of blended models of care and encourage other health professionals to adopt digital mental health services
- Embed the lived experience into service design and delivery to inform the development of effective digital mental health services, including cultural appropriateness, language, safety, experience and usability. Ensure alignment with National Safety and Quality Digital Mental Health Standards in doing so.
- Educate organisations and health professionals on the risks and requirements associated with technologies. This includes compliance with privacy requirements and any risks, ethical or otherwise, it presents for the consumer, the practitioner, or the practitioner's employer and their duty of care.

### Platforms and clinical information systems

Systems will need to be interoperable across the digital mental health and broader health sectors so that information and data exchange is secure and safe, and effectively integrated into clinical workflows. This will need to consider the role of broader government digital infrastructure investments into health and how the emerging challenges of cyber security, user privacy, quality and safety more broadly, whilst preserving consumer-choice in how their personal data is used.

Actions areas to support this enabler:

Scoping and development of a National Digital Mental Health Framework

- Enable secure data sharing across the mental health and broader health sectors by identifying opportunities to better integrate software programs, platforms and information systems across care settings. This includes cross-sectoral partnerships. Integrated approaches to data collection with system partners will enable a longitudinal understanding of consumers and support the delivery of more tailored, personalised care.
- Include core functionality in digital tools and technology to enable the delivery of blended models of care (the ability to share or withhold information as preferred, specific interfaces or dashboards designed with sharing information in mind)

### Broadband, digital infrastructure, and digital devices

All consumers and health professionals will require access to a strong and reliable internet connection and data to enable equitable access, encourage uptake and build confidence in using blended models of care. To access digital mental health services, digital devices will also need to be available to every consumer in some capacity, for example as personally owned devices or shared community resources. Barriers relating to affordability, access, or ability will also need to be overcome to enable consumers to use digital mental health services. This includes, access to reliable, affordable, and equitable access to reliable broadband and digital infrastructure (specifically internet connectivity) and the availability of digital infrastructure and devices for people in rural and remote communities. While addressing such barriers are not directly part of the objectives of the Framework, they need to be considered in the context of key enablers required to support the Framework objectives and action areas.

### Digital and health literacy

COVID-19 has highlighted the importance and value of digital inclusion as a means to support equal opportunity and ensure everyone can participate socially. In health, digital inclusion plays a critical role in the ability for consumers to be able to access support in the absence of/low supply of health professionals to provide services. It can provide consumers with choice and engage each person as equal partners in their own health care. To do this effectively and well, all stakeholders will require support with their digital skills to close the digital divide and enable meaningful participation.


Actions areas to support this enabler:

- Enhance consumer awareness and education on the availability and effectiveness of digital mental health services. Alternative mechanisms (e.g. use of care navigators in primary care settings) should be considered to promote, advocate for, and facilitate broader adoption of digital mental health services.
- Strengthen the role of health professionals and peer workers in supporting consumers in accessing and using digital tools, particularly when providing blended models of care.
- Encourage community-based organisations to support the development of digital literacy of vulnerable and at-risk cohorts, specifically for geographically isolated cohorts including Aboriginal and Torres Strait Islander or rural and remote communities, and for older Australians.



# 7 Measuring change across the digital mental health ecosystem

Change and progress across the digital mental health ecosystem will be measured across the five service optimisation categories outlined earlier in this Report: experience and trust, quality and safety, interoperability, monitoring and evaluation, and equity and access. These service optimisation categories provide a set of criteria intended to guide how and what existing and emerging digital mental health services are funded. The table below provides a summary of the current state of the digital mental health sector against the five service optimisation categories and describes what the future state will look like as the priority action areas are addressed. The service optimisation categories will ultimately support better outcomes, innovation, evaluation, and cooperation across the digital mental health ecosystem.

**Table 10 Expected changes across the digital mental health sector against the service optimisation categories**

Service optimisation categories	Moving from the old ecosystem...	Towards a new ecosystem...
 <b>Experience and trust</b> Evidence behind the effectiveness and suitability of digital mental health products and services should be readily available to increase trust in health professionals and consumers that use them. The workforce should feel confident in using and delivering digital mental health services, including as part of blended models of care.	<ul style="list-style-type: none"> <li>Where health professionals have limited knowledge, skills and technical capabilities to navigate and access digital mental health services and adopt these optimally as part of their delivery of care.</li> <li>Where health professionals lack a centralised portal through which digital mental health, and broader mental health and health resources can be accessed to support an improved understanding of the efficacy of treatments, including for specific cohorts of the population.</li> <li>Where co-creation of the design and delivery of digital tools and services with Lived Experience is not routine and could be strengthened throughout consumer pathways.</li> </ul>	<ul style="list-style-type: none"> <li>Where formal training structures and requirements drive health professional and practitioner adoption of digital mental health services, through enhancing knowledge, skills and technical capability.</li> <li>Where health professionals view digital mental health tools as being essential to the delivery of mental health care, helping them to increase consumer access to appropriate mental health care that supports consumers to achieve positive mental health outcomes.</li> <li>With a mature co-creation and design capability integrated into the design and delivery of digital mental health services that is used alongside evaluation and monitoring data to support continuous improvement practices across the ecosystem.</li> </ul>

Service optimisation categories	Moving from the old ecosystem...	Towards a new ecosystem...
<div data-bbox="206 252 268 316"></div> <p><b>Quality and safety</b></p> <p>Consumers are protected by minimum health and digital quality and safety standards and have the option to privately and confidentially access and use digital mental health products and services that are evidence-based and minimise harm.</p>	<ul style="list-style-type: none"> <li>• Where standards to guide quality and safety of digital mental health services exist but are not actively implemented across providers due to disparate understanding of requirements by providers and lack of incentives for voluntary adoption.</li> <li>• With limited regulation of new and emerging digital mental health tools that contributes to a varied understanding of evidence-based tools “approved” for use across the mental health spectrum.</li> <li>• Where consumers and providers’ understanding of issues relating to privacy, data security and consent could be improved to support increased data sharing across the digital mental health, mental health and broader health sectors.</li> <li>• Where uncertainty around roles and responsibilities and existing funding structures inhibit how accountability is defined.</li> </ul>	<ul style="list-style-type: none"> <li>• Where all digital mental health services are accredited against relevant and required standards, including the National Safety and Quality Digital Mental Health Service Standards.</li> <li>• With comprehensive standards for digital mental health services in place that are actively implemented across mental health and health systems</li> <li>• With structured regulation guidance and pathways to support new and emerging innovation, with a comprehensive suite of evidence-based tools “approved” for use across the mental health spectrum.</li> <li>• That consumers and providers feel confident navigating safely and securely, with a clear understanding of the evidence base behind digital mental health tools and services.</li> <li>• Where roles and responsibilities across the digital mental health, mental health and broader health sectors are clearly defined, including structures and processes which define accountability for funding and decision making.</li> </ul>

Service optimisation categories	Moving from the old ecosystem...	Towards a new ecosystem...
 <b>Interoperability</b> <p>Clinical programs, platforms and information systems in the mental health and broader health systems are interoperable. This is further supported by improved coordination across the digital mental health, mental health, and broader health sectors through consistent practices and definitions.</p>	<ul style="list-style-type: none"> <li>• Where tools and platforms have limited functionality for information sharing and shared workflows across systems.</li> <li>• Where funding approaches are focused on service delivery and do not extend to enabling functions, including technology and integration activities.</li> <li>• Where funding approaches do not incentivise or encourage data sharing and co-creation between service providers.</li> </ul>	<ul style="list-style-type: none"> <li>• With interoperable tools and platforms that span the mental health spectrum, enabling more seamless referral, better connection, and blended care models to support promotion and awareness, prevention, assessment, intervention, monitoring and management.</li> <li>• With funding approaches that encourage co-creation activities and extend to the enabling functions of service delivery.</li> </ul>
 <b>Monitoring and evaluation</b> <p>Digital mental health services and products should engage in continuous improvement activities whereby high quality, outcomes-focused data is collected and used to evaluate the success, impact and effectiveness of these services.</p>	<ul style="list-style-type: none"> <li>• With limited data collection, measurement of meaningful impact and outcomes, and engagement with continuous improvement activities from digital mental health services.</li> <li>• Where digital mental health services define and measure outputs and outcomes within individual ecosystems.</li> <li>• With no systematic or standardised way of sharing lessons learned, best practice approaches, and data.</li> </ul>	<ul style="list-style-type: none"> <li>• With a system-wide outcomes framework that enables standardisation and consistency in how digital mental health services define, measure and publish data and outcomes.</li> <li>• With clear and consistent mechanisms for how data (quantitative and qualitative) across the ecosystem is used to continuously improve access, engagement, experience and effectiveness.</li> <li>• With vibrant communities of practice in place to build transparency and encourage connectivity across the sector.</li> </ul>

Service optimisation categories	Moving from the old ecosystem...	Towards a new ecosystem...
<div data-bbox="203 252 264 304"></div> <p><b>Equity and access</b></p> <p>Digital mental health services should accommodate the unique needs of, and be appropriately accessible to, all population cohorts, including vulnerable cohorts, those in regional and remote areas, and those with comorbid physical and mental health conditions.</p>	<ul style="list-style-type: none"> <li>• With limited existing services that are accessible to and address the specific needs of vulnerable populations and cohorts.</li> <li>• With limited integration of the lived experience, consumers, and carers perspective in the end-to-end design, delivery and evaluation of digital mental health services</li> <li>• With limited visibility around the demand for, and appropriateness of digital mental health services by vulnerable population and cohorts, with gaps that warrant specific service types to be identified and funded to better address need.</li> </ul>	<ul style="list-style-type: none"> <li>• That can identify what and where services are needed to better meet demand appropriately for different population cohorts and needs, adopting an integrated co-creation capability to design and deliver fit-for purpose services over time.</li> <li>• That integrates the perspectives of consumers, carers, and the lived experience workforce in designing, delivering and evaluating services, especially for vulnerable cohorts of the population.</li> </ul>

# Appendix A Organisations consulted across project stages

Several organisations provided input at different stages of the project and supported the development of the Framework. These organisations have been listed in the table below.

**Table 11 Organisations that provided input**

Stage	Organisations that provided feedback
Advisory Group members	<ul style="list-style-type: none"> <li>• Aboriginal and Torres Strait Islander representative</li> <li>• Australian Capital Territory (ACT) Government</li> <li>• Black Dog Institute</li> <li>• Carer representative</li> <li>• Consumer representative</li> <li>• Department of Health</li> <li>• e-Mental Health in Practice (eMHPrac)</li> <li>• Health Professional</li> <li>• National Mental Health Commission</li> <li>• NSW Primary Health Network (PHN)</li> <li>• Queensland State Government</li> <li>• Queensland University of Technology (QUT)</li> <li>• South Australian (SA) State Government</li> </ul>
Additional consultations to inform the Current State Assessment	<ul style="list-style-type: none"> <li>• Therapeutic Goods Administration</li> <li>• Canteen</li> <li>• National Mental Health Commission</li> <li>• Australian Commission on Safety and Quality in Health Care</li> <li>• Digital Mental Health Policy Branch (DoH)</li> <li>• eMHprac</li> <li>• Mindspot</li> </ul>
Sector consultation workshops	<ul style="list-style-type: none"> <li>• Allied Health Professions Australia</li> <li>• APS</li> <li>• Australian Association of Psychologists</li> <li>• Australian Commission on Safety and Quality in Health Care</li> <li>• Australian Digital Health Agency</li> <li>• Australian National University</li> <li>• Australian Physiotherapy Association</li> <li>• Australian Psychological Society</li> <li>• Beyond Blue</li> <li>• Black Dog Institute</li> <li>• Brisbane North PHN</li> <li>• Butterfly Foundation</li> <li>• Canberra Business School</li> <li>• Canteen Australia</li> <li>• Central and Eastern Sydney PHN</li> <li>• Consumers Health Forum of Australia</li> <li>• COTA Australia</li> <li>• e-hub Health Pty Ltd</li> <li>• Eastern Melbourne PHN</li> <li>• eMHPrac (Queensland University of Technology)</li> <li>• Everymind</li> <li>• Good Things Foundation Australia</li> <li>• GriefLine</li> <li>• Medibank Health Solutions</li> <li>• Mental Health Australia</li> <li>• Mental Health Coordinating Council</li> <li>• MIGA</li> <li>• MindSpot</li> <li>• Mission Australia</li> </ul>

Stage	Organisations that provided feedback
	<ul style="list-style-type: none"> <li>• Murray PHN</li> <li>• National LGBTI Health Alliance</li> <li>• National Mental Health consumer/ Carer forum</li> <li>• North Coast PHN</li> <li>• Neami national</li> <li>• Office of the Chief Psychiatrist DHHS</li> <li>• Office of the Chief Psychiatrist, SA Health</li> <li>• On the Line</li> <li>• One Door Mental Health</li> <li>• Orygen</li> <li>• Queensland Alliance for Mental Health</li> <li>• Queensland Health</li> <li>• RANZCP</li> <li>• ReachOut Australia</li> <li>• Rural Health Connect</li> <li>• SA Health</li> <li>• Sands</li> <li>• SANE Australia</li> <li>• Smiling Mind</li> <li>• Speech Pathology Australia</li> <li>• St Vincent's Hospital</li> <li>• Swinburne University of Technology</li> <li>• Virtualpsychologist</li> <li>• Western New South Wales PHN</li> <li>• yourtown</li> </ul>
Written submissions during sector consultation phase	<ul style="list-style-type: none"> <li>• ANZACATA</li> <li>• Australian Association of Psychologists Inc</li> <li>• Blue Knot Foundation</li> <li>• Centre for Mental Health Research, The Australian National University</li> <li>• HealthWISE</li> <li>• MindSpot, MQ Health, Macquarie University</li> <li>• National Eating Disorders Collaboration</li> <li>• Psychosocial Services</li> <li>• Queensland Health</li> <li>• Rural Health Connect</li> <li>• SANE</li> <li>• SLHD</li> <li>• Speech Pathology Australia</li> </ul>
Co-design workshops	<ul style="list-style-type: none"> <li>• National Mental Health Workforce Strategy Taskforce</li> <li>• Aboriginal and Torres Strait Islander representative (Advisory Group member)</li> <li>• Consumer (Advisory Group member)</li> <li>• Black Dog Institute (Advisory Group member)</li> <li>• NSW PHN (Advisory Group member)</li> <li>• Health professional (Advisory Group member)</li> <li>• Mental Health Commission</li> <li>• Australian Commission on Safety and Quality in Health Care</li> </ul>

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