



Use of Telehealth for Mental Health Act Assessments and Examinations Policy

1. Background

Telehealth is widely used as a modality to deliver health care; however, its use for certain specific clinical functions is governed by the [Mental Health Act 2014 \(WA\)](#) [the Act] which allows people located in non-metropolitan areas of WA (not including offshore Commonwealth territories*) to be assessed or examined using audio visual communication (Telehealth) if it is not practicable for the practitioner and patient to be in each other's physical presence [section 48(3) and section 79(3)].

2. Policy Statement

This policy is applicable to all WACHS staff involved in the use of Telehealth for conducting examinations and assessments under the Act. The terms 'assessment' and 'examination' have specific definitions within the context of the Act.

The use of Telehealth for mental health assessments and examinations under the Act is to be in accordance with the Act and the following applicable standards:

- [Chief Psychiatrist's Guideline for Audiovisual Communication](#)
- [National Safety and Quality Digital Mental Health Standards](#)
- [Professional Practice Standards and Guides for Telepsychiatry](#) (Royal Australian and New Zealand College of Psychiatrists)
- [Chief Psychiatrist's Standards for Clinical Care](#)

All relevant provisions of the Act, clinical practice standards and policies apply as if the patient were being assessed or examined in person.

Other uses of Telehealth that are excluded from the scope of this policy include:

- conducting an assessment outside the scope of the Act
- delivery of a therapy or intervention such as Cognitive Behavioral Therapy, or counselling
- meeting with the personal support person (carer, family, or next of kin) regarding a person with a mental health issue
- providing advice, support and information to country clinicians.

2.1 Legislative Use of Telehealth

Under the Act, an assessment or examination of a patient outside the metropolitan area (not including offshore Commonwealth territories*) may be conducted using Telehealth, if it is not practicable for the psychiatrist or practitioner and patient to be in each other's physical presence, and a health professional and the patient are in one another's physical presence.

* This reflects current legal advice at time of endorsement but may be subject to future amendment.

The Act does not define where the psychiatrist or practitioner must be located while they carry out the Telehealth assessment or examination.

Refer to [Appendix A](#) for information regarding assessments and examinations that may be conducted using Telehealth in WACHS under the Act.

2.2 Participants in the Assessment or Examination

Participants must include:

- The consulting practitioner conducting the assessment or examination at the providing site (as per Section 3: [Definitions](#)), and
- The health professional/s accompanying the patient throughout the assessment or examination at the receiving site (as per Section 3: [Definitions](#)), and
- The patient receiving an assessment or examination under the Act at the receiving site, and
- Where the patient is a child, a parent or guardian should also be present.

Where the patient is of Aboriginal descent, the consultation must be conducted with Aboriginal Mental Health Workers and/or significant members of the patient's community, including elders and traditional healers, unless it is not practicable to do so.

Additional participants in the consultation are to be considered based on the patient's identified needs and preferences. Staff must determine whether the patient has any sensory or cognitive impairment, cultural requirements, safety concerns or other concern indicating the need for additional participants. This may include but is not limited to; carers, personal support persons, cultural support persons and interpreters.

Refer to the [WA Health System Language Services Policy](#) and associated guideline regarding the engagement of interpreters.

2.3 Patient and Carer Engagement

Prior to the assessment or examination, the patient and carer/family are to be provided with verbal and/or written information to suit their needs, making every effort to ensure that the patient understands (as far as is practicable) their rights under the Act, the information about the process, access to the Mental Health Advocacy Service, privacy, confidentiality and relevant technical aspects of consultation by Telehealth.

Staff are to make every effort, as far as is practicable, to ensure that the patient, and where appropriate the carer/personal support person, is involved in all decisions.

Engagement with carers must ensure consideration is given to balancing the patient's right to privacy with the carer's right to provide and receive information relevant to their carer role.

2.4 Patient Identification

Staff must confirm the identity of the patient on every interaction in accordance with the [WACHS Patient Identification Policy](#).

2.5 Equipment and Site Requirements

Telehealth consultations must take place in a culturally secure location that facilitates privacy and confidentiality in accordance with all applicable legislation and the [WA Health Patient Confidentiality Fact Sheet](#).

The audio-visual communication platform must have a sufficiently consistent connection and be of sufficient quality for a consultation to take place.

The technical integrity of the audio-visual communication platform should be of a level that ensures the security of the patient's privacy and data.

Staff participating in the Telehealth consultation must be competent in the practical use of audio-visual equipment.

2.6 Audio-visual Recording

In accordance with the WACHS [Clinical Image Photography and Videography Policy](#) there is to be no audio-visual or audio recording of the consultation without written informed consent of the patient and any third parties present.

2.7 Planning for Safety During the Consultation

Ensuring the safety and wellbeing of patients, staff and other persons present at the consultation is of utmost importance. Prior to the consultation, the health professional at the receiving site should assess for any environmental or individual factors that have the potential for impacting the safety of participants.

Should any safety issues be identified, they must be reported to the senior nurse, treating team and consulting practitioner and strategies to mitigate the risks implemented.

In the event of a situation that impacts the safety of participants, the consultation is to be terminated, and the situation managed in accordance with the safety plan and local emergency procedures.

2.8 Termination of Consultation

The consultation can be terminated by the patient, health professional, consulting practitioner or guardian for reasons of safety, call quality or any other factor likely to impede a successful consultation. Other persons can leave the consultation at any time but not terminate it.

The health professional accompanying the patient must ensure the safety and wellbeing of the patient and any other persons present.

Any termination of consultation is to be documented in the healthcare record by the health professional at the receiving site, and an appropriate plan put in place.

2.9 Documentation

Telehealth consultations are to be appropriately recorded in the patient's healthcare record and PSOLIS systems.

The health professional at the receiving site is responsible for documentation of the consultation in the patient's healthcare record. At a minimum documentation must include:

- That it was conducted by Telehealth, the reasons for the decision to use Telehealth and which section of the Act permits this.
- The locations of the providing, receiving and additional sites and names of those in attendance at all sites.
- Any factors impacting on the quality of the communication.
- The outcome of the assessment or examination and resulting treatment plans.
- That the patient was provided with written and verbal information in relation to the process, privacy, confidentiality and relevant technical aspects of the consultation.

Where a Mental Health Triage and Adult Mental Health Risk Assessment and Management Plan/CAMHS Risk Assessment and Management Plan is required in accordance with the [State-wide Standardised Clinical Documentation for Mental Health Services Policy](#), the consulting practitioner is responsible for completion of the documentation in PSOLIS.

The consulting practitioner will complete applicable Mental Health Act Forms in PSOLIS as indicated by the outcome of the assessment or examination.

3. Definitions

Additional site	The site from which a third party (e.g. carer or personal support person or in the case of a child, parent or guardian) joins the videoconference.
Audiovisual Communication	For the purpose of the Act refers to the use of videoconferencing to provide "real-time, synchronous video and audio transmission between locations to bring people together". Audio-visual communications, for the purpose of the Act, does not include audio only telecommunications. For the purpose of this Policy the term Telehealth may be considered synonymous with Audio-visual Communication
Authorised Hospital	A public hospital or part of a public hospital, in respect of which an order is in force under section 542.
Authorised Mental Health Practitioner (AMHP)	A mental health practitioner authorised by the chief psychiatrist and published in the Gazette, to perform functions as designated under the Mental Health Act.

Consulting Practitioner	The psychiatrist, medical practitioner or authorised mental health practitioner (AMHP) conducting the assessment or examination at the providing site.
Health Professional	This may be a medical practitioner, nurse, occupational therapist, psychologist, social worker or, where the patient is of Aboriginal descent, an Aboriginal Mental Health Worker.
Providing site	The site at which the consulting practitioner is located and from which the consultation will be conducted
Receiving site	The site at which the patient, the health professional and (where appropriate and possible) a carer or personal support person are present.
Telehealth	The use of information and communication technology to provide healthcare over a distance. This includes the transmission of images, voice, data and videoconferencing between two or more sites.

4. Roles and Responsibilities

The WACHS Director of Command Centre (where services have been provided by the Mental Health Emergency Telehealth Service) in partnership with Regional Directors have overall responsibility for compliance with this policy.

The WACHS Director of Psychiatry – Emergency Telehealth Service (where services have been provided by the Mental Health Emergency Telehealth Service) and Regional Clinical Directors in partnership with Regional Mental Health Managers hold clinical governance for services provided.

The psychiatrist, medical practitioner or authorised mental health practitioner (AMHP) are responsible for conducting Mental Health Act assessments or examinations and the use of audio-visual equipment at the providing site.

The health professional is required to accompany the patient throughout the assessment or examination and is responsible for the use of audio-visual equipment located at the receiving site.

All Staff are required to work within policies and guidelines to make sure that WACHS is a safe, equitable and positive place to be.

5. Compliance

This policy specifies the mandatory requirements under the [Mental Health Act 2014 \(WA\)](#). Failure to comply with this policy may constitute a breach of the [Mental Health Act 2014 \(WA\)](#) and WA Health Code of Conduct (Code). The Code is part of the [Integrity Policy Framework](#) issued pursuant to section 26 of the [Health Services Act 2016](#) (WA) and is binding on all WACHS staff which for this purpose includes trainees, students, volunteers, researchers, contractors for service (including all visiting health professionals and agency staff) and persons delivering training or education within WACHS.

WACHS staff are reminded that compliance with all policies is mandatory.

6. Records Management

All WACHS corporate records must be stored in the approved Electronic Documents and Records Management System. [Records Management Policy](#)

All WACHS clinical records must be managed in accordance with [Health Record Management Policy](#).

7. Evaluation

Evaluation of this policy is to be carried out by WACHS Director of Psychiatry - Mental Health Emergency Telehealth Service in accordance with the policy review schedule.

8. Standards

[National Safety and Quality Health Service Standards](#) - 1.15b, 2.03, 2.08, 2.10, 2.13, 5.04, 5.10, 5.11, 5.31, 5.34, 6.01, 8.05, 8.12

[National Standards for Mental Health Services](#) - 1.9, 3.2, 6.5

[National Safety and Quality Digital Mental Health Standards](#)
[Chief Psychiatrist's Standards for Clinical Care](#)

9. Legislation

[Mental Health Act 2014](#) (WA)

10. References

1. WA Office of the Chief Psychiatrist. [Clinician's Practice Guide to the Mental Health Act 2014 \(WA\) 3rd Edition](#) [Internet]. Perth (Australia): WA Office of the Chief Psychiatrist; 2015. [Accessed: 14 October 2022]
2. [Telehealth in Telepsychiatry](#) [Internet]. Melbourne (Australia): The Royal Australian and New Zealand College of Psychiatrists (RANZCP). [Accessed 14 October 2022]
3. The Royal Australian and New Zealand College of Psychiatrists (RANZCP). [Professional Practice Guideline 19 - Telehealth in psychiatry](#) [Internet]. Melbourne (Australia): RANZCP; November 2021. [Accessed 14 October 2022]
4. WA Office of the Chief Psychiatrist. [Chief Psychiatrist's Guideline: Audiovisual Communication](#) [Internet]. Perth (Australia): WA Office of the Chief Psychiatrist; December 2020. [Accessed: 14 October 2022]
5. Australian Commission on Safety and Quality in Health Care (ACSQHC). [National Safety and Quality Digital Mental Health Standards](#) [Internet]. Sydney (Australia): ACSQHC; 2020. [Accessed 14 October 2022]
6. WA Office of the Chief Psychiatrist. [Chief Psychiatrist's Standards for Clinical Care](#) [Internet]. Perth (Australia): WA Office of the Chief Psychiatrist; November 2015. [Accessed: 14 October 2022]

11. Related Forms

[Mental Health Act 2014 Forms](#)
[SMHMR900 Mental Health Triage](#)
[SMHMR905 Adult Mental Health Risk Assessment and Management Plan](#)
[CAMHS002 CAMHS Risk Assessment and Management Plan](#)

12. Related Policy Documents

WACHS [Clinical Image Photography and Videography Policy](#)
WACHS [Patient Identification Policy](#)

13. Related WA Health System Policies

MP 0001/16 [Information and Communications Technology \(ICT\) Governance Policy](#)
MP 0066/17 [Acceptable Use of Information and Communications Technology Policy](#)
MP 0051/17 [WA Health System Language Services Policy](#)
MP 0155/21 [State-wide Standardised Clinical Documentation for Mental Health Services Policy](#)
[State-wide Standardised Clinical Documentation for Mental Health Services Procedure](#)
[WA Health Patient Confidentiality Fact Sheet](#)

14. Policy Framework

[Information and Communications Technology Policy Framework](#)
[Information Management Policy Framework](#)
[Mental Health Policy Framework](#)

15. Appendix

Appendix A: [Legislated Use of Telehealth for Mental Health Act Assessments and Examinations](#)

**This document can be made available in alternative formats
on request for a person with a disability**

Contact:	Director of Psychiatry – Clinical Governance and Mental Health ETS		
Directorate:	Mental Health	EDRMS Record #	ED-CO-15-90332
Version:	4.00	Date Published:	7 March 2023

Copyright to this material is vested in the State of Western Australia unless otherwise indicated. Apart from any fair dealing for the purposes of private study, research, criticism or review, as permitted under the provisions of the *Copyright Act 1968*, no part may be reproduced or re-used for any purposes whatsoever without written permission of the State of Western Australia.

Appendix A: Legislated Use of Telehealth for Mental Health Act Assessments and Examinations

Group	Form No.	Form Title	Conditions for Use of Telehealth for Mental Health Act Examinations in WACHS In addition to non-metropolitan area (excluding offshore Commonwealth territories*) and not practicable to be in one another's physical presence.
Referrals	1A	Referral for Examination by a Psychiatrist	AV may be used: <ul style="list-style-type: none"> By a Medical Practitioner or AMHP to assess a person for referral for examination by a Psychiatrist (Complete a Form 1A) where the person is not in an authorised hospital By a Psychiatrist to conduct an examination of a person on a Form 1A (Referral for Examination by a Psychiatrist) where the person is not in an authorised hospital
Voluntary Inpatient	2	Order to Detain a Voluntary Inpatient in an Authorised Hospital for Assessment	AV may be used to conduct an assessment of a person on a Form 2 if the person being assessed is not in an authorised hospital
Detention	3A	Detention Order	AV may be used to complete a Form 3A detaining a person in order to take them to an authorised hospital
	3B	Continuation of Detention	AV may be used to complete a Form 3B extending a period of detention in order to take them to an authorised hospital
	3C	Continuation of Detention Following Examination	AV cannot be used to examine a person on a 1A in an authorised unit with a view to continuation of detention under a 3C AV cannot be used to examine a person on a 3C in an authorised unit with a view to completing a 6A
	3D	Order Authorising Reception and Detention in an Authorised Hospital for Further Examination	AV may be used to complete a Form 3D authorising reception and detention at an authorised hospital for further examination
	3E	Order That a Person Cannot Continue to be Detained	AV may be used if the person being assessed is not in an authorised hospital
CTO	5A	Community Treatment Order	<ul style="list-style-type: none"> A psychiatrist may conduct an examination via AV for the purpose of completing a CTO – coach checking re APU The supervising psychiatrist, medical practitioner or AMHP may conduct an examination via AV for the purpose of confirming the CTO The supervising psychiatrist may conduct an examination via AV for the purpose of revoking the CTO
	5B	Continuation of a Community Treatment Order	The supervising psychiatrist may conduct an examination via AV for the purpose of deciding if the CTO should be continued
	5D	Request Made by a Supervising Psychiatrist for a Practitioner to Conduct the Monthly Examination	A practitioner may use AV to conduct a monthly examination of a patient on a CTO as requested by the supervising psychiatrist by completing a form 5D where the person is not in an authorised hospital
ITO	6A	Inpatient Treatment Order in an Authorised Hospital	AV may be used to conduct an examination of a person on a CTO in the community and complete a form 6A, however, where the patient has not had a face-to-face examination since the 6A was completed via audiovisual, a Confirmation of Inpatient Treatment Order (Form 6D) must be completed face to face within 24 hours of admission to an authorised hospital.
	6B	Inpatient Treatment Order in a General Hospital	AV may be used where the person is not in an authorised hospital
	6D	Confirmation of Inpatient Treatment Order	AV cannot be used to complete a Confirmation of Inpatient Treatment Order (Form 6D) where the examination to complete the 6A was also completed via AV
Other	-	Further Opinion	AV may be used to conduct an examination of a person for the purpose of providing a Further Opinion regardless of whether they are in an authorised unit.

* This reflects current legal advice at time of endorsement but may be subject to future amendment

Printed or saved electronic copies of this policy document are considered uncontrolled.
Always source the current version from [WACHS HealthPoint Policies](#).