

## Use of Audio-Visual Link for Mental Health Assessments under the Mental Health Act 2007

**Summary** This document provides guidance for clinicians on the use of audio-visual link to conduct mental health assessments under section 19A and section 27A of the Mental Health Act 2007 (NSW) where appropriate.

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## Use of Audio-Visual Link for Mental Health Assessments under the *Mental Health Act 2007* (NSW)

### GUIDELINE SUMMARY

This Guideline provides guidance on the use of audio-visual link to conduct mental health assessments under section 19A and section 27A of the [Mental Health Act 2007 \(NSW\)](#). This Guideline provides information on clinical considerations when using audio-visual links.

### KEY PRINCIPLES

The *Mental Health Act 2007* (NSW) allows for mental health assessments under section 19A and section 27A to be conducted via audio-visual link when it is not reasonably practicable for the examination to occur in-person as per the requirements under section 19 and section 27.

This Guideline provides information about factors clinicians can consider when deciding whether it is not reasonably practicable for the examination to be conducted in-person including clinician availability, the impact of a delayed assessment and risk assessment principles.

It provides information about the key principles that clinicians are to consider when conducting an assessment via audio-visual link which includes:

- The principles of care and treatment under the *Mental Health Act 2007* (NSW).
- Maintaining the dignity and privacy of the person undergoing the assessment.
- Maintaining the safety of staff and the person undergoing assessment.
- Seeking consent from persons undergoing assessment where possible.
- Carers are to be consulted where reasonably practicable.
- Mental health services are to offer and support interventions to promote and sustain a person's physical health.
- Provision of culturally appropriate and safe care to Aboriginal people.
- Audio-visual link must be carried out using secure channels approved by NSW Health.

Local Health Districts and Specialty Health Networks are responsible for ensuring staff are trained to conduct assessments via audio-visual link.

Monitoring data and information is to be recorded and stored in the person's medical record. Monitoring and data collection directives must be adhered to.

### REVISION HISTORY

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GL2022_007 July-2022	A/Secretary	New Guideline

**CONTENTS**

<b>1. BACKGROUND</b> .....	<b>3</b>
1.1. About this document .....	3
1.2. Key definitions .....	3
1.3. Legal and legislative framework .....	5
1.3.1. Section 19 examinations .....	5
1.3.2. Section 19A examinations – alternative to in-person examinations.....	5
1.3.3. Power to detain a person involuntarily .....	6
1.3.4. Section 27 examinations .....	6
1.3.5. Section 27A – alternatives to in-person examinations .....	6
1.3.6. Safeguards for section 19A and section 27A .....	7
1.4. Future Health Strategy .....	7
<b>2. Use of audio-visual links</b> .....	<b>7</b>
2.1. When audio-visual link may be used.....	7
2.2. Suitability of declared mental health facilities for section 27A assessments .....	9
<b>3. Clinical Considerations when using audio-visual links</b> .....	<b>10</b>
3.1. Standards and policies .....	10
3.1.1. Principles of care and treatment under the Mental Health Act.....	10
3.2. Care and safety considerations.....	10
3.2.1. Documentation requirements .....	10
3.2.2. Suitability of use of audio-visual links .....	10
3.2.3. Physical health care .....	11
3.2.4. Consent to use audio-visual link .....	11
3.2.5. Support persons .....	11
3.2.6. Safety of staff and persons undergoing assessment .....	12
3.3. Improving the person’s experience of assessment via audio-visual link.....	12
3.4. Access and use of appropriate technology .....	12
3.5. Privacy and dignity.....	13
3.6. Consultation with carers .....	13
3.7. Provision of culturally appropriate and safe care to Aboriginal people .....	13
3.8. Cross Local Health District boundary services .....	14
<b>4. Training</b> .....	<b>14</b>
<b>5. Evaluation and Quality Assurance</b> .....	<b>14</b>
5.1. Quality of assessments .....	14



**Use of Audio-Visual Link for Mental Health Assessments  
under the *Mental Health Act 2007 (NSW)***

---

5.2. Evaluation of use of audio-visual links ..... 14

**Use of Audio-Visual Link for Mental Health Assessments  
under the *Mental Health Act 2007 (NSW)***

**1. BACKGROUND**

**1.1. About this document**

Audio-visual link can be used to conduct mental health assessments under section 19A and section 27A of the [Mental Health Act 2007 \(NSW\)](#) ('the Act') where appropriate. This Guideline provides clarification around the legislative provisions relating to the use of audio-visual link for mental health assessments under the Act.

The Guideline applies to Medical Superintendents of Declared Mental Health Facilities, Authorised Medical Officers, Medical Practitioners, and Accredited Persons.

**1.2. Key definitions**

<p><b>Accredited Person</b></p>	<p>An accredited person is a suitably qualified and experienced senior mental health clinician who is not a doctor, such as a nurse, psychologist, occupational therapist, or social worker, who is authorised to write the Schedule 1 Medical Certificate as to Examination or Observation of Person and Form 1 Clinical Report as to Mental State of a Detained Person (in certain circumstances) that underpin the process of involuntary admission. Accredited persons are appointed by the Secretary, NSW Health under <a href="#">section 136</a> of the Act.</p>
<p><b>Audio-Visual Link</b></p>	<p>Technology and equipment that enables audio and visual communication between a person who is being assessed and a clinician, for the purpose of a medical practitioner or accredited person examining or observing a person's condition in accordance with section 19A and section 27A of the Act. The technology and equipment that is used for an audio-visual link must allow both audio and visual communication to occur. Assessment via AVL must use secure channels approved by NSW Health.</p>
<p><b>Authorised Medical Officer</b></p>	<p>Under <a href="#">section 4</a> of the Act an authorised medical officer of a mental health facility means:</p> <ul style="list-style-type: none"> <li>a) the medical superintendent of the mental health facility, or</li> <li>b) a medical officer, nominated by the medical superintendent for the purposes of this Act, attached to the mental health facility concerned.</li> </ul>

**Use of Audio-Visual Link for Mental Health Assessments  
under the *Mental Health Act 2007 (NSW)***

<p><b>Declared Mental Health Facility</b></p>	<p>Declared mental health facilities are premises subject to an order in force under <a href="#">section 109</a> of the Act. These premises are declared by the Secretary, NSW Health to fulfill certain functions under the Act, namely those relating to involuntary detention and care.</p> <p>There are three classes of facility:</p> <ol style="list-style-type: none"> <li>1) A mental health emergency assessment class that deals with short term detention for initial assessment and treatment (all declared Emergency Departments fall in this class)</li> <li>2) A mental health assessment and inpatient treatment class that allows for the full range of inpatient functions under the Act (this class includes Psychiatric Emergency Care Centres)</li> <li>3) A community or health care agency class to administer community treatment orders.</li> </ol>
<p><b>Designated carer</b></p>	<p>A designated carer (who may also be a principal care provider) of a person (the patient) is entitled to certain information about their care and treatment and is entitled to be notified of certain events (unless excluded from being given information by the person). To determine who a person’s designated carer may be see <a href="#">section 71</a> of the Act.</p>
<p><b>Mentally ill person</b></p>	<p>Under <a href="#">section 14</a> of the Act a person is a mentally ill person if the person is suffering from mental illness and, owing to that illness, there are reasonable grounds for believing that care, treatment or control of the person is necessary:</p> <ol style="list-style-type: none"> <li>a) for the person’s own protection from serious harm, or</li> <li>b) for the protection of others from serious harm.</li> </ol> <p>In considering whether a person is a mentally ill person, the continuing condition of the person, including any likely deterioration in the person’s condition and the likely effects of any such deterioration, are to be taken into account.</p>

**Use of Audio-Visual Link for Mental Health Assessments  
under the *Mental Health Act 2007 (NSW)***

<p><b>Mentally disordered person</b></p>	<p>Under <a href="#">section 15</a> of the Act a person (whether or not the person is suffering from mental illness) is a mentally disordered person if the person’s behaviour for the time being is so irrational as to justify a conclusion on reasonable grounds that temporary care, treatment or control of the person is necessary:</p> <ol style="list-style-type: none"> <li>a) for the person’s own protection from serious physical harm, or</li> <li>b) for the protection of others from serious physical harm.</li> </ol>
<p><b>Principal care provider</b></p>	<p>A principal care provider (who may also be a designated carer) is the person primarily responsible for providing support or care to a person (the patient) (though not on a commercial basis). The principal care provider is entitled to the same information as a designated carer and is entitled to be notified of certain events (unless excluded from being given information by the person). See <a href="#">section 72A</a> of the Act.</p>

### 1.3. Legal and legislative framework

#### 1.3.1. Section 19 examinations

Under [section 19](#) of the Act a person may be taken to and detained in a declared mental health facility on the certificate of a medical practitioner or an accredited person. The practitioner or accredited person must have personally examined or observed the person immediately or shortly before completing the certificate, and the practitioner or accredited person must have formed the opinion that the person is either a ‘mentally ill’ or a ‘mentally disordered’ person. The certificate is a prescribed form and is referred to as a [Schedule 1 Medical Certificate as to Examination of Observation of Person](#)’.

The medical practitioner or accredited person:

- Must be satisfied that involuntary admission and detention are necessary and there are no other appropriate means for dealing with the person reasonably available, and
- cannot be the designated carer, principal care provider, or a near relative of the person, and
- must declare in the Schedule 1 medical certificate any pecuniary interest either direct or indirect held by themselves, a near relative, partner or assistant in any private mental health facility.

#### 1.3.2. Section 19A examinations – alternative to in-person examinations

[Section 19A](#) of the Act provides an alternative to the in-person examination outlined in section 19, where “it is not reasonably practicable” for a medical practitioner or accredited



## Use of Audio-Visual Link for Mental Health Assessments under the *Mental Health Act 2007 (NSW)*

person to personally examine or observe the person. The Act allows the practitioner or accredited person to examine or observe a person's condition using audio-visual link.

### 1.3.3. Power to detain a person involuntarily

[Section 27](#) and [Section 27A](#) of the Act allows for certain qualified clinical professionals to assess whether a person is a mentally ill person or mentally disordered person as defined by the Act. If a person is either a mentally ill person or mentally disordered person, they may be involuntarily detained in a declared mental health facility for the purpose of treatment.

### 1.3.4. Section 27 examinations

The assessments outlined in section 27 of the Act requires that a person brought into a declared mental health facility for assessment is to be examined in-person by an Authorised Medical Officer. The Authorised Medical Officer must record their findings in a prescribed form ([Form 1 Clinical Report as to Mental State of a Detained Person](#)).

The Authorised Medical Officer must examine the person as soon as possible, but no later than 12 hours after the person arrives at the facility or after the person is detained after being a voluntary patient. If the Authorised Medical Officer is of the view that the person is a mentally ill person or mentally disordered person, then a second medical practitioner must examine the person and complete another Form 1 Clinical Report as to Mental State of a Detained Person.

The second medical practitioner must be a psychiatrist if the Authorised Medical Officer was not a psychiatrist. If the second examiner is of the view that the person is not a mentally ill person or mentally disordered person, then a third medical practitioner must examine the person and complete a further Form 1. The third person must be a psychiatrist.

### 1.3.5. Section 27A – alternatives to in-person examinations

Section 27A of the Act provides alternatives to the in-person examinations outlined in section 27. Where "it is not reasonably practicable" for an Authorised Medical Officer or medical practitioner to conduct the assessment in-person, the Act allows either:

- A medical practitioner to conduct the examination using audio-visual link, or
- An Accredited Person to conduct the examination, with the authorisation of the medical superintendent of the mental health facility
  - in-person, or
  - via audio-visual link.

The person must be assessed in a declared mental health facility. The clinician undertaking the assessment via audio-visual link can be in the same place, or in another location (which may not be a declared mental health facility).

## Use of Audio-Visual Link for Mental Health Assessments under the *Mental Health Act 2007 (NSW)*

*It is important to remember that these are alternatives only and must not be relied on where it is reasonably practicable for an Authorised Medical Officer or medical practitioner to conduct the examination in-person.*

### 1.3.6. Safeguards for section 19A and section 27A

Section 19A and Section 27A both state regarding the use of audio-visual link, that the accredited person or medical practitioner must not carry out an examination or observation using audio-visual link unless they are satisfied that they can carry out the examination or observation in those circumstances with sufficient skill and care to form the required opinion about the person.

Section 27A provides an additional safeguard for the use of the alternative. Where the clinician is either an Accredited Person or a medical practitioner who is not a psychiatrist, the clinician must, if reasonably practicable to do so, seek the advice of a psychiatrist before making a determination as to whether the person is a mentally ill person or a mentally disordered person. The psychiatrist is not required to examine or observe the person.

The [Mental Health Regulation 2019](#) (NSW) (the Regulation) provides further safeguards for the use of audio-visual links. [Clause 4](#) of the Regulation requires the medical superintendent to ensure:

- any interference with the dignity and privacy of the person being examined or observed is kept to the minimum necessary in the circumstances, and
- the examination or observation is conducted when the person being examined or observed, and the medical practitioner or accredited person, are in a private area.

Local Health Districts and Specialty Health Networks are to have local policies and procedures to ensure these requirements are met.

### 1.4. Future Health Strategy

In 2022, NSW Health launched [Future Health: Guiding the next decade of health care in NSW 2022 – 2032](#). The document outlines the strategic framework for NSW Health for the next decade. Two key strategic outcomes are ‘safe care is delivered across all settings’ where safe, high quality, reliable healthcare is delivered in a sustainable and personalized way, within our hospitals, in communities, at home and virtually; and ‘research and innovation, and digital advances inform service delivery’ where clinical service delivery continues to be transformed through health and medical research, digital technologies and data analytics. This Guideline is consistent with the strategic direction for NSW Health.

## 2. USE OF AUDIO-VISUAL LINKS

### 2.1. When audio-visual link may be used

Assessment via audio-visual link is to be used in limited circumstances and must only be relied upon when it is not reasonably practicable for the examination to occur in-person as per the requirements under section 19 and section 27 of the Act.

**Use of Audio-Visual Link for Mental Health Assessments  
under the *Mental Health Act 2007 (NSW)***

The *Mental Health Act 2007 (NSW)* and *Mental Health Regulation 2019 (NSW)* do not define what “not reasonably practicable” means. Each situation will need to be assessed taking all relevant factors into consideration to determine whether it is not reasonably practicable for the examination to occur in-person as per the provisions in section 19 and section 27. Clinicians must ensure that the legislation is followed.

Ultimately, decisions will be based on meeting the clinical and safety needs of the person and the safety of staff. Reasoning behind the decision to use audio-visual links must be recorded in the person’s medical record.

Different factors may need to be considered for section 19/19A and section 27/27A assessments, as these assessments may take place in different contexts. For example, for section 27/27A assessments the person must be assessed in a declared mental health facility. A section 19/19A assessment can take place in the community.

Below is a non-exhaustive list of some factors that clinicians can consider when deciding whether it is not reasonably practicable for the examination to be conducted as per the requirements in section 19 and section 27:

- Clinician availability – what is the likelihood that waiting for a clinician to conduct the examination in-person will cause unacceptable delays for the person being examined? This may also require consideration of:
  - What is the likelihood a delayed assessment may impact a person’s mental state (for example, could the person become significantly distressed or a pose a risk to self or others)? Is the person’s mental state likely to deteriorate if not assessed and treated quickly?
  - If the person is undergoing a section 27/27A assessment, will the wait for the assessment be longer than 12 hours for the first examination? The person must be examined no later than 12 hours after they arrive at the facility.
- Consideration of risk assessment principles:
  - What is the likelihood an examination in-person would cause a safety hazard or public health risk such as a COVID-19 infection risk, or other infection risk which cannot be addressed by other risk mitigation strategies?
  - What degree of harm would result if the hazard or risk eventuated?
  - Could the use of an audio-visual link minimise or eliminate the hazard or risk? What other options are available to minimise or eliminate the risk?
  - What risks might an examination by audio-visual link pose? An assessment via audio-visual link may increase risk and cause further distress and agitation for a person.

If it is not reasonably practicable to conduct an in-person examination, before an audio-visual link examination can be conducted, the clinician must be satisfied that they can carry out an audio-visual link examination with sufficient skill and care so as to properly assess the person. Considerations can also be given to:

- Is the use of audio-visual link safe and clinically appropriate for the person?

**Use of Audio-Visual Link for Mental Health Assessments  
under the *Mental Health Act 2007 (NSW)***

- Consider the clinical presentation of the person and the potential limitations of audio-visual links. Is a face-to-face assessment necessary to provide the care required for the person?
- Consider the person's ability to participate using an audio-visual link (for example a consultation via an audio-visual link may be unsuitable for younger or older people, people with cognitive, visual, or hearing impairment, or those who may have social or cultural barriers).
- Consider the person's thought content (for example, do they have beliefs about technology or physical proximity to medical staff?)
- Does the person being examined have a preference about how to be examined? Have you provided them with information about assessment via audio-visual links?
  - Has the person expressed opposition to the use of audio-visual links?
  - Have you considered relevant information from a designated carer, principal care provider, relative or friend of the person (if reasonably practicable to do so)?
- If the person is undergoing a section 27/27A assessment, will the use of an audio-visual link potentially reduce the need to transport the person to a facility far away from their residence and/or supports (consider also issues relating to indigenous connection to Country)?

**2.2. Suitability of declared mental health facilities for section 27A assessments**

Where a person needs to be taken from the community to a health facility for a mental health assessment against their will, the Act requires that they be taken to a declared mental health facility. Currently a person may be taken to a declared mental health in either the mental health emergency assessment class or the mental health assessment and inpatient class (e.g., an inpatient unit, a declared emergency department or declared psychiatric emergency care centre (PECC)).

All declared mental health facilities must have the capacity to be able to provide care and treatment for the mental health needs of the person. Declared mental health facilities in the inpatient or emergency class are to have the ability to conduct assessments both in-person or via audio-visual link.

Different declared facilities may have different capacities at any given time to complete assessments in-person or via audio-visual link due to staffing, patient flow and availability of audio-visual link equipment.

When liaising with Police and Ambulance about transporting persons to a facility for assessment, clinicians are to consider including these factors in their discussion as it may affect where the person is transported to.

### **3. CLINICAL CONSIDERATIONS WHEN USING AUDIO-VISUAL LINKS**

#### **3.1. Standards and policies**

Clinical care standards, NSW Health and local policies, guidelines and directives that apply to face-to-face consultations also apply to assessments via audio-visual links.

##### **3.1.1. Principles of care and treatment under the Mental Health Act**

The principles of care and treatment under [section 68](#) of the *Mental Health Act 2007 (NSW)* [the Act] must be considered at all times, regardless of whether an assessment is conducted in-person or via audio-visual link.

#### **3.2. Care and safety considerations**

##### **3.2.1. Documentation requirements**

The documentation requirements for assessments conducted via audio-visual link are the same as in-person assessment. For section 19/19A assessments, clinicians are required to complete the [Schedule 1. Medical Certificate as to Examination or Observation of Person](#) form. For section 27/27A assessments, clinicians are required to complete the [Form 1 Clinical Report as to Mental State of a Detained Person form](#). Both forms require the clinician to indicate whether the assessment was done in-person or via audio-visual link.

The reasons for the use of audio-visual link for an assessment are to be entered into the person's medical record. Clinicians must ensure that clinical information is always secure and entered into the electronic Medical Record (eMR) at the point of care.

Any paper documentations must be secured in a locked bag, recorded in the electronic Medical Record as soon as possible and then destroyed using secured shredding bins.

Audio or video of audio-visual link assessments are not to be recorded. Clinicians may be required to monitor and report on the use of audio-visual links at any time as per requirements established by NSW Health for monitoring and evaluation purposes (see section 5.2).

##### **3.2.2. Suitability of use of audio-visual links**

Assessment via audio-visual link will only be suitable in certain circumstances. Clinicians must be confident to stop an assessment via audio-visual link when they cannot continue to conduct the assessment due to any of the following:

- There is doubt about the effectiveness of the examination and assessment process.
- The clinician is not sufficiently confident using the audio and visual technology.
- Technical difficulties, including lack of a suitable and stable internet connection, significant lag or audio and visual equipment only allowing either audio or visual communication.

## Use of Audio-Visual Link for Mental Health Assessments under the *Mental Health Act 2007 (NSW)*

- The person's condition, behaviour or views, or carer views, are impacting the clinician's ability to complete the assessment via audio-visual link.

If AVL is not suitable, other options for assessment of the person will need to be considered, including in person examination (if possible) or transfer to another declared mental health facility.

An assessment using audio-visual link must not be done for only the convenience of the facility's staff.

There is potential for all mental health assessments to be completed via audio-visual link, but this must be avoided where possible.

Clinicians are to clarify whether the prior examinations of the person were conducted via audio-visual link, and if so, ensure the person is assessed in-person where possible.

### 3.2.3. Physical health care

All mental health services in contact with people with lived experience of mental health issues are to offer and support interventions to prevent physical illness and promote and sustain health.

If a person has undergone assessment via audio-visual link, they are to be offered routine physical health screening. Services are to identify policies and processes for routine and opportunistic physical health screening of people who are being assessed via audio-visual link.

NSW Health has released the NSW Health Guideline *Physical Health Care for People Living with Mental Health Issues* ([GL2021\\_006](#)) which details the role of NSW Health services to meet the physical health needs of people with mental health problems.

### 3.2.4. Consent to use audio-visual link

While consent to conduct a section 19 or section 27 assessment either in-person or via audio-visual link is not strictly required, the principles of care under section 68 of the Act promotes seeking consent where possible. Consultation with carers may also be appropriate when seeking or discussing consent with the person.

The person must be told that any communication via audio-visual link takes place through secure channels. They must also be told that their dignity and privacy will be assured. The use of audio-visual links is to be discussed with the person to help manage their expectations, increase awareness of the advantages of the use of audio-visual links and the challenges that might arise and to help them understand how it differs from an in-person assessment.

### 3.2.5. Support persons

A person is to be offered the opportunity to have a support person present at an assessment. Additionally, a risk assessment may identify the need for a support person to be present, who may be the person's carer, family member or emergency department staff if available.

A support person may help the person to navigate the technology, communicate their needs or provide peer support for the person.



**Use of Audio-Visual Link for Mental Health Assessments  
under the *Mental Health Act 2007 (NSW)***

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**3.2.6. Safety of staff and persons undergoing assessment**

NSW Health Staff are to consider risk management and public safety issues when deciding whether to use audio-visual links, as outlined in section 2.1. NSW Health Staff are to refer to the [NSW Health - NSW Police Force Memorandum of Understanding 2018](#) for guidance on how to manage public safety issues in health settings.

Clinicians must consider and document the escalation process in the event of physical or mental state deterioration during an examination via audio-visual link.

**3.3. Improving the person's experience of assessment via audio-visual link**

Clinicians completing the assessment via audio-visual link are to maintain a professional appearance. Some cameras can have difficulty with striped or patterned clothing that can create some optical illusions, so it is best to wear block colours.

Clinicians are to make sure their space they are completing the assessment from is well lit as poor lighting conditions can make it difficult for people to see the clinician and can be a source of distraction.

Clinicians completing the assessment via audio-visual link are to reduce background noise to improve the quality of the assessment.

If the person is not being assessed in a declared mental health facility (for a section 19A assessment), guidance should be given to the person about what they will need to do to connect to the assessment via audio-visual link. It may be useful to prepare written material that provides information about:

- Appropriate location
- Internet connection requirements
- What device should be used
- Software to download if required.

**3.4. Access and use of appropriate technology**

Assessment via audio-visual link must be carried out using secure channels approved by NSW Health. The technology and devices used must allow for both audio and visual communication between the person and the clinician.

The eHealth *Video Conferencing Platforms Guideline* is regularly updated and available on the [NSW Health ICT Policies and Standards store](#). This Guideline provides guidance to NSW Health Staff on the video conference platforms available across NSW Health, and specifically outlines which platforms are supported for state-wide clinical or critical communications use.

Appropriate, reliable, and convenient audio-visual equipment is needed to meet clinical requirements. A microphone, camera and good internet connectivity is required for both the person undergoing the assessment and the clinician completing the assessment. The technology must allow the person to engage and participate meaningfully in the assessment.

## Use of Audio-Visual Link for Mental Health Assessments under the *Mental Health Act 2007 (NSW)*

Audio-visual link equipment, such as laptops, data storage devices and remote desktops, must be secure. NSW Health devices, firewalls and virtual private networks (VPN) must be updated with the latest security patches. A privacy and security assurance framework and penetration testing are to be conducted to ensure security expectations are met. Local Health Districts and Specialty Health Networks may also have specific local guidelines on the use of web-based platforms and videoconferencing software.

Use of mobile phones must only be used when appropriate audio-visual link facilities are not available and only where the examination can be carried out effectively with sufficient privacy and security.

### 3.5. Privacy and dignity

Where possible as outlined in section 1.3.6, a private room is to be used for the consultation via audio-visual link to maintain privacy and dignity. Ideally this is a dedicated room providing a more therapeutic environment.

When a private room is not available, staff must use a space that affords the person privacy and dignity, is quiet, therapeutic, low stimulus and has the technology to support the assessment.

Clinicians must be considerate of the comfort level of the person and their carer(s). These should be openly addressed to determine any issues and resolutions

### 3.6. Consultation with carers

[Section 72B](#) of the Act requires the clinician examining a person to determine if they are a mentally ill or mentally disordered person or whether to discharge the person to consider any information from the person's designated carer or principal care provide, if reasonably practicable.

Information from relatives or friends of the person, a medical practitioner or other health professional who has treated the person on a relevant matter, and any other person who brought them to the facility must also be considered, if reasonably practicable. Clinicians are to make all reasonable efforts to contact and engage with designated carers or principal care providers when undertaking assessments via audio-visual link.

Facilities must implement local strategies to promote the inclusion of carers at the point of assessment. This could include amending existing consumer and carer resources or introducing a process to identify and invite carers to be involved in assessments.

Every Local Health District and Specialty Health Network has an NSW Health Support Program and a Family Carer Mental Health Program to support increased engagement and recognition of carers. The program provides a range of information, support and services to families and carers of people with mental health conditions.

### 3.7. Provision of culturally appropriate and safe care to Aboriginal people

NSW Health Staff must be aware that assessments via audio-visual link may not always be culturally appropriate. Assessment via audio-visual link may also be individualised to the



## Use of Audio-Visual Link for Mental Health Assessments under the *Mental Health Act 2007 (NSW)*

person. Cultural advisers or a liaison officer are to be engaged where appropriate to better understand if any specific adjustments are required.

### 3.8. Cross Local Health District boundary services

Where the mental health assessment via audio-visual link is conducted by a clinician from another Local Health District or Specialty Health Network, it is expected that a medical record for the person is created in both locations. This is particularly important to ensure the activity is recorded at both sites and can be counted and costed accordingly.

Local Health Districts and Speciality Health Networks should establish a standard and consistent method for:

- recording consultation notes in the person's medical record (if between NSW Health sites this needs to occur at both ends)
- reporting occasions of service/activity (if between NSW Health sites this needs to occur at both ends).

## 4. TRAINING

It is the responsibility of Local Health Districts and Specialty Health Networks to ensure clinicians who undertake mental health assessments via audio-visual link receive training in using audio and visual platforms and equipment; and in conducting assessments via audio-visual link.

It is important that clinicians become familiar and confident in the use of the equipment and systems to be used and troubleshooting techniques prior to the start of the assessment.

Statewide user guides for specific web based platforms, clinical interfaces, remote monitoring and clinical apps which may be used for some assessments via audio-visual link are available via the [Virtual Care Central SharePoint site](#) and the [ACI Website](#).

## 5. EVALUATION AND QUALITY ASSURANCE

### 5.1. Quality of assessments

It is the responsibility of mental health facilities to ensure that assessments conducted via audio-visual link meet the legislative requirements and align with this Guideline.

The medical superintendent of the facility is to have oversight of the quality of mental health assessments conducted via audio-visual link. This includes ensuring appropriate clinical governance structures, staff training, and accurate and complete recordkeeping of Schedule 1 Medical Certificate as to Examination or Observation of Person and Form 1 Clinical Report as to Mental State of a Detained Person reports.

### 5.2. Evaluation of use of audio-visual links

All declared mental health facilities must have established safety systems in place. These systems are to monitor and analyse adverse events relating to the use of audio-visual link for

**Use of Audio-Visual Link for Mental Health Assessments  
under the *Mental Health Act 2007 (NSW)***

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mental health assessments. Facilities must take appropriate action to improve the safety and quality of care for the person if adverse events occur.

Local Health Districts and Specialty Health Networks will need to comply with any monitoring and reporting directives from the Ministry of Health at any given time. The Ministry of Health will conduct an evaluation on the use of audio-visual link for mental health assessments under section 27A of the Act to examine whether this provision is being appropriately utilised. The details of this evaluation will be communicated to Local Health Districts and Speciality Health Networks separately. Declared mental health facilities are to keep and provide accurate records.