

<b>Authorising Body:</b>	Board
<b>Responsible Committee(s):</b>	Committee for Professional Practice
<b>Responsible Department:</b>	Practice, Policy and Partnerships
<b>Document Code:</b>	<b>PPG19 Telehealth in psychiatry</b>

## Purpose

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) has developed this resource in relation to the best-practice and consumer-focused use of telehealth for psychiatry consultations. The use of telehealth is increasingly common in psychiatric practice. In some studies, it has been shown that it may be as effective as face-to-face consultations in achieving improved health outcomes. [1, 2, 3]

This resource should be used to support the profession's experience of and expertise in telehealth to guide and develop best practice.

## Scope of the Guideline

This guideline is specific to the use of telehealth for psychiatry consultations. For the purpose of this resource, telehealth includes consultations conducted via video or phone.

It is important to note that the [principles and considerations of good clinical practice](#) continue to apply to providing services via telehealth, as well as the [RANZCP Code of Ethics](#) and relevant regulatory codes of conduct.

These guidelines focus on good professional practice in relation to telehealth for psychiatry practice. This guideline is not inclusive of specific information required by psychiatrists practising telehealth in Australia in relation to the Medicare Benefits Schedule (MBS)/Department of Veterans Affairs (DVA) Schedule. Psychiatrists are recommended to check regulatory authority communication directly and comply with relevant regulations and legislation.

## 1 Clinical approach

Telehealth can improve access to psychiatry services for patients in rural and remote areas, and in situations where telehealth is preferred, or face-to-face consultations are not practicable or possible.

There are a number of key clinical factors that psychiatrists should consider when using telehealth, which are listed below.

- 1.1 Psychiatrists should follow the same [codes of ethics](#), employment standards and [Australian](#) and [New Zealand](#) codes of conduct in their practice as they would in a face-to-face consultation.
- 1.2 Psychiatrists should consider the suitability of using telehealth for a consultation in partnership with the referrer, patient and, where appropriate, their carer(s) or guardians. In deciding whether a telehealth consultation is appropriate, psychiatrists should consider:
  - The patient's circumstances, e.g. whether they have any sensory or cognitive impairments which may impact their use of telehealth, their digital literacy, and whether they have access to technology and the internet.
  - The nature of the consultation, including the issues to be discussed.

- Issues of fostering patient safety in service provision, which may include whether contact details of carers are available, awareness of GP and the patient's access to a local mental health service.
- 1.3 Psychiatrists should consider the patient's access to technology and the internet in a way that maintains their right to privacy and confidentiality.
  - 1.4 Where relevant, psychiatrists in private practice should follow the RANZCP's guidance for private practice by collecting usual patient information including address of the patient during the consultation and the telephone number for that location.
  - 1.5 Psychiatrists should be aware and make patients and carers aware of the benefits and potential limitations of telehealth to patients.
  - 1.6 As with any other psychiatric assessment, once completed, a telehealth consultation could lead to prescribing the patient with necessary treatment. There should be no barriers in prescribing for the patient once an assessment has been completed via telehealth.
  - 1.7 If telehealth is identified by the psychiatrist and patient as the preferred medium for a consultation, active efforts should be undertaken by the psychiatrist to assist the patient to overcome any barriers to using telehealth. These efforts could include, for example:
    - Providing a patient written instructions about what to expect and what to do on the day of their telehealth appointment.
    - Offering a 'trial run' using telehealth technology.
    - Discussing the support a patient may require for them to access an appropriate setting for their consultation.
    - Considering other forms of support to enable equitable access to internet.
  - 1.8 Any psychiatrist offering telehealth must be able to offer video consultations.
  - 1.9 Safe and adequate psychiatric assessment generally requires that the patient can be visually observed by the psychiatrist. Telehealth psychiatry consultations, in particular initial assessments, should be by video.
  - 1.10 Phone calls should only be used if video is unavailable and generally only for well-known patients where clinical risk is low.
  - 1.11 Psychiatrists providing telehealth consultations over the phone should aim to create a balance of face-to-face or video consults with phone consults where practicable.
  - 1.12 Psychiatrists using telehealth should actively identify and support the patient's carer network where appropriate. This may include providing the carer with education and information to assist them in their role as carer. When involving carers, psychiatrists should apply the same consent and information sharing practices as they would in a face-to-face session in accordance with relevant laws.
  - 1.13 Psychiatrists should be aware of relevant record keeping requirements for telehealth consultations that apply in the jurisdiction where the psychiatrist is practising, including privacy and health records legislation. Psychiatrists may wish to record additional information relating to a telehealth consultation, including:
    - The medium that was used for the consultation (e.g. video or phone).
    - The additional people present for the consultation and the patient's consent for the additional people to be present.
    - The location of the patient.
    - The duration of the consultation.
    - The technical quality of the session (e.g. if there were technical difficulties that impacted the consultation).

- 1.14 When conducting telehealth appointments, psychiatrists should continue to be aware of and meet the legal requirements of the relevant jurisdiction/s, including but not limited to those relating to the Mental Health Act, mandatory reporting requirements, capacity and consent and medical treatment decision-making.

## 2 Technical considerations for video consultations

Implementing telehealth requires a planned approach, however the technical set-up does not need to be difficult or expensive. Psychiatrists should make themselves familiar with the telehealth system and if required, identify a person to support them who is competent in the management of the system.

- 2.1 When considering which video platform to use, psychiatrists should have regard to its usability for both themselves and their patients.
- 2.2 Psychiatrists should not use personal accounts with an associated personal username or email address to conduct telehealth consultations.
- 2.3 Where possible, psychiatrists should choose a platform that hosts its data locally (e.g. in Australia or New Zealand).
- 2.4 Psychiatrists should consider the quality of the sound and picture. Where possible, psychiatrists should use a plain and neutral background with minimal distractions and adequate lighting.
- 2.5 Psychiatrists should plan for back up arrangements, e.g. telephone, in the case of a technological failure.

## 3 Privacy and confidentiality

Relevant privacy, health record and other legislation that is applicable to face-to-face consultations should be adhered to by psychiatrists conducting telehealth consultations.

- 3.1 Where there are potential issues with the privacy of a patient's space for their telehealth consultation, psychiatrists should make enquiries to the patient about whether they perceive their location to be safe and suitable for telehealth and discuss privacy and confidentiality concerns with the patient if it is not.
- 3.2 Psychiatrists should be aware that patients may record their session with or without the psychiatrist's knowledge.
- 3.3 Psychiatrists planning to record the session should refer to the RANZCP's guidance in relation to audio-visual recording in psychiatric practice and should only do so after obtaining express verbal/written informed consent of the patient.

## 4 Additional considerations

As with face-to-face consultations, psychiatrists should tailor their approach to meet the needs of each patient. Psychiatrists can refer to the RANZCP's guidance in relation to specific populations including culturally and linguistically diverse groups and [Aboriginal and Torres Strait Islander peoples](#), as well as guidance in relation to cultural safety such as the [New Zealand Medical Council's statement on cultural safety](#).

- 4.1 When providing telehealth for Aboriginal, Torres Strait Islander or Māori patients in regional, remote and rural areas, psychiatrists should consider establishing partnerships with suitable Aboriginal/Torres Strait Islander/Māori/other local services as well as be willing to actively liaise with such services, including by arranging referrals and appointments as appropriate.
- 4.2 Face-to-face consultations are often preferred for Aboriginal, Torres Strait Islander and Māori patients to avoid potential issues with cultural security and safety. If telehealth is required to augment face-to-face consultations, psychiatrists should seek to offer all Aboriginal, Torres Strait Islander and Māori patients with the options for a video consultation. Where required,

psychiatrists should make active enquiries to facilitate telehealth consultations to take place in a culturally appropriate space within a health service with resources for support workers.

- 4.3 Where an interpreter is required, qualified medical interpreters are recommended, and where the interpreter is not present in person, the psychiatrist should make active efforts for the interpreter to join the telehealth consultation.
- 4.4 Telehealth consultations for infants, children and adolescents should be delivered in an appropriate, developmentally modified way and with the support of their parents or guardians.
- 4.5 The use of telehealth with older patients may require modification, such as routinely involving a family member or carer(s) in the telehealth consultation.

## **Further information and guidance**

---

[Telehealth consultations with patients](#), Medical Board of Australia, Australian Health Practitioner Regulation Agency

[Australian guide to web conferencing security](#), Australian Government Cyber Security Centre

[Good medical practice: a code of conduct for doctors in Australia](#), Medical Board of Australia

[Australian Privacy principles](#), The Office of the Australian Information Commissioner

[Medical Council of New Zealand: Statement on telehealth](#), Medical Council of New Zealand

[A quick tour of the privacy principles](#), Privacy Commissioner New Zealand

[New Zealand privacy principles](#), The Office of The Privacy Commissioner

[Good medical practice](#), Medical Council of New Zealand

[Code of ethics](#), The Royal Australian and New Zealand College of Psychiatrists

[Management of patient health records](#), The Royal Australian and New Zealand College of Psychiatrists

## **Additional reading**

---

[National Safety and Quality Digital Mental Health Standards](#), Australian Commission on Safety and Quality in Health Care

### **Footnote**

For this guideline, 'telehealth' is defined as a psychiatry consultation comprising audio or audio-visual modalities (i.e. not conducted face to face). 'Phone' or 'audio' consultations are defined as telehealth consultations without video added.

### **References**

1. Reay RE, Looi JC, Keightley P. Telehealth mental health services during COVID-19: summary of evidence and clinical practice. *Australasian Psychiatry*. 2020;28(5):514-6.
2. Gloff NE, LeNoue SR, Novins DK, Myers K. Telemental health for children and adolescents. *International Review of Psychiatry*. 2015;27(6):513-24.
3. Osenbach JE, O'Brien KM, Mishkind M, Smolenski DJ. Synchronous telehealth technologies in psychotherapy for depression: A meta-analysis. *Depression and Anxiety*. 2013;30(11):1058-67.

4. Medical Board of Australia. Good medical practice: a code of conduct for doctors in Australia. Australia: 2020. Available at: <https://www.medicalboard.gov.au/codes-guidelines-policies/code-of-conduct.aspx>

### Disclaimer

This guideline is intended as general guidance. It is not legal advice and should not be construed as such. Psychiatrists should seek independent legal advice or advice from their medical indemnity insurer if they have concerns about their legal obligations or compliance. In the same way as face-to-face consultations, practitioners conducting telehealth consultations should have regard to relevant employer requirements and applicable legislation. To this end, practitioners should consider their own location as well as their patients'. Practitioners providing medical services to patients outside of Australia or practitioners themselves providing services when residing outside of Australia should establish whether they are required to be registered by the medical regulator in that jurisdiction as well as any Medicare billing considerations.

### REVISION RECORD

---

Contact:	Executive Manager, Practice, Policy and Partnerships Department		
Date	Version	Approver	Description
11/2021	1.0	B2021/OOS R39	Approved
10/2023	1.1	PPPC Exec 9/10/23	Approved by Practice, Policy and Partnerships Committee (PPPC) Executive. Updated links to external guidelines.
11/2026			<b>NEXT REVIEW</b>

© Copyright 2023

**Royal Australian and New Zealand College of Psychiatrists (RANZCP)**

This documentation is copyright. All rights reserved. All persons wanting to reproduce this document or part thereof must obtain permission from the RANZCP.