

E-MENTAL HEALTH POLICIES, PROCEDURES AND GUIDANCE: EXAMPLES FROM ONTARIO AGENCIES

We are sharing (with permission) examples of a draft policy/procedure for e-mental health services and guidance/considerations for e-mental health service delivery developed by two Ontario child and youth mental health lead agencies. These draft resources are shared as examples only¹.

The Phoenix Centre for Children and Families

[The Phoenix Centre for Children and Families](#) (the Phoenix Centre) is currently building a virtual walk-in mental health service for the families they serve across Renfrew County. As part of this work, staff have engaged in training and consultation with [Lawrence Murphy](#) to design a) a *draft* policy and procedure on video conferencing as a means of client communication; and b) *draft* guidance and considerations for providing therapy over the phone or through videoconferencing software. The Phoenix Centre has kindly provided permission to share these draft documents as an example for other agencies to consider. If you have questions about these documents, please contact Debra Woodfine, clinical director at dwoodfine@phoenixctr.com.

Policy and procedure for video conferencing [DRAFT]

Approved by: Policy Number:
Date: Section: Electronic Technology
Distribution: Agency Category: Video Conferencing as a Means of Client Communication

VIDEO CONFERENCING AS A MEANS OF CLIENT COMMUNICATION

POLICY

The Phoenix Centre is implementing a video counselling platform for use with clients. The system is secure and communications are confidential. In order to ensure that client communication stays confidential the following process is to be followed.

¹ The Centre of Excellence for Child and Youth Mental Health and Children's Mental Health Ontario have not evaluated these documents and do not formally recommend or endorse the guidance provided within them.

PROCEDURE

If the clinician determines that video communication is an appropriate method for connecting with clients, they should take the following steps with the client prior to setting up a counselling appointment via video.

- Ensure that the client has a computer or other device that possesses a working camera and microphone
- Ensure that the client is able to find a safe space where they will not be seen or overheard by others
- Ensure that the client will not be driving at the time of the appointment
- Establish a Plan B with the client in case the video connection does not work or fails during the appointment (e.g. the counsellor will phone the client, the counsellor will send a text message to the client)
- In situations where there is potential risk, create a safety plan with the client (e.g. if a parent approaches the room the client has the counsellor's permission to close the conference. The client also opens a game online prior to the session so they can be seen to be playing when the parent enters the room)
- Inform the client that the first part of the first session will require sorting out some technical issues

Guidance and considerations for providing therapy over the phone or through videoconferencing software [DRAFT]

Content derived from training provided by Lawrence Murphy, Therapy Online:

When providing therapy over the phone or videoconferencing software it is important to consider details which might not be necessary with traditional face to face service.

1. Location – Where is the client?

Whether the client is in a public place or an area they have privacy could impact what they are willing to share. Similarly, due to confidentiality reasons, it is important to assess whether the conversation can be overheard by anyone around the client. Additionally, being aware of the client's location is important for responding to potential crisis situations. Having an accurate address is useful for connecting clients with resources or notifying proper authorities of any safety concerns.

2. Access to the device – Permitted/non-Permitted

Another important consideration is who has access to the client's phone. This includes access which is permitted by the client, such as a friend the client has chosen to share their phone password with. This also includes access which may not be permitted by the client. For



example, this could be a situation where someone could acquire the client's password without their knowledge. Perhaps this could occur by the client sharing their password with a friend who then shares the password with others. In the case of adolescents, there may be parents or guardians that have access to the client's phone. Similarly, in romantic relationships there could be significant others with access to the client's phone. Depending on the situation, the person accessing the client's device might see the client's call history which could identify them as a client.

3. Not "one size fits all"

In some cases, it may not be possible to provide the best service to clients at a distance or with the use of technology. One reason for this is the priority of addressing safety concerns. With clients experiencing active suicidal ideation or significant distortions in reality, the best possible service would likely be provided in person. This might also be true for clients disclosing past abuse for the first time or clients currently in relationships with ongoing violence.

4. Online disinhibition

It has been found that people often say or do things online that they normally would not do face to face. It is possible a client may express themselves more openly due to this phenomenon which could become problematic. For example, a client may share more information than they are comfortable with before trust is able to be established. This could lead to feelings of vulnerability or embarrassment which might impact the client's feelings about returning to therapy. Additionally, a client may leave the session. While leaving an in-person session may seem like a daunting task, simply closing their computer or ending a phone call could appear much easier. If the therapist notices the session could be moving too fast, it can be helpful to address this with the client. Perhaps the therapist could explain they would first like to get to know a little about the client and who they are.

5. Ethical considerations

With the use of technology and E-Walk In, a session can be similar to entering a client's home. Along with this view into their personal life, there are many scenarios a clinician may encounter. As with entering a client's home physically, it is important to be aware of the surroundings. Being conscious of what you see or hear in the client's background and following policies and procedures around how to address these concerns is important.

6. Absence of non-verbals

The absence of non-verbal communication is one aspect that therapists often believe would impact the therapeutic experience significantly. In order to address this, therapists might find it helpful to consider what you do when meeting a client in person for the first time and the reason behind it. For example, a therapist might shake their client's hand upon meeting them for their first session. The goal behind this might be to make the client feel more welcomed. Without the opportunity to shake the client's hand, a therapist may welcome the client to the

session with a statement instead. Another way to promote connection can be the use of the client's name more frequently.

There is also an advantage to the absence of non-verbal communication. It is likely that as humans we are unable to control 100% of our non-verbal expressions during a session. This implies that during in person services it is likely the client may pick up unconscious non-verbal cues that the therapist is not even aware of.

7. Where to look

When using a videoconferencing software there is the practical issue of where to focus your attention. In some cases, looking at the client's face on the screen may translate to looking somewhere else on the client's end. When engaging in a session through videoconferencing software it is recommended that the therapist center themselves in the camera and ensure they are a comfortable distance from the camera (not too zoomed in or out).

Compass

[Compass](#), the lead agency serving children, youth and families across the Sudbury/Manitoulin service area, provides services to clients using personal computer video conferencing (PCVC) when face-to-face contact is not available or is the preferred method of contact indicated by a client/caregiver. The team at Compass has kindly provided permission for us to include their PCVC guidelines used by their team as an example for other agencies to consider.

Personal Computer Video Conferencing (PCVC) Guidelines

PCVC will be used for service delivery when face to face contact is not available or is the preferred method of contact as indicated by the client/caregiver. The use of PCVC will align with all other policies regarding the use, collection and dissemination of personal health information and confidentiality requirements.

When and wherever possible, face to face client service is the preferred method for client contact. In the event that geography, inclement weather, Clinician availability, or client preference, the use of Personal Computer Video Conferencing shall be offered to ensure timely service provision.

The rural offices will be equipped with a Resource Computer with camera to ensure that clients who do not have wifi/data have a location to connect with a Clinician as required.

On site:

- If a client requests an appointment and no Clinician is available, the client will be offered the option of PCVC. If they agree, an Administrative Assistant will provide a Brief Service package for completion (described above). Administrative Assistant will contact



the Manager on Call or Clinical On-Call to assign a Clinician and schedule the appointment with details from the Manager in the system. (See OTN How to).

- Administrative Assistant will scan and upload the Brief Service Referral Form or send directly to the Clinician prior to the client session. The Manager & Clinician are responsible for reviewing the reason the client presentation and address safety and risk as required in the session.
- Administrative Assistant will email the PIN number to the assigned Clinician
- Administrative Assistant will bring the client to the PCVC-ready computer.
- The Clinician is responsible for ensuring that the Consent to Service, and Consent to Electronic Communication Form are reviewed verbally with the client, ensure that verbal consent provided by the client/caregiver and I documented in the CIS. The client/caregiver can sign the documents and provide to the Administrative Assistant for uploading once the session is complete however it is the Clinician's responsibility to ensure the client is oriented appropriately to service and provides informed consent.
- At the end of the session, the Clinician will provide the client/caregiver a copy of the Brief Service Session Note via the Administrative Assistant present. They will scan and send the note to the Administrative Assistant for printing. (If we change the electronic consent we can email these directly to the client).
- If a follow up session is agreed upon, the Administrative Assistant will be provided with the details to arrange booking in the OTN system.
- Client/caregiver is asked to complete the SSIFT and provide to the Administrative Assistant at the end of the session.

Off site:

- If the client/caregiver is off-site and will not be connecting via Compass computer, the Administrative Assistant staff will obtain the client/caregiver demographic information including email address over the telephone and enter into the CIS. As we do not have the means to securely collect the SDQ or SSIFT, this data will not be collected.
- The Clinical Manager or Clinical On-Call will review the request and assign to Brief Service and Clinician via assigned PCVC slot or as requested.
- Administrative Assistant books an appointment in the OTN system.
- If the client/caregiver is off-site, the PIN number will be sent directly via email or telephone by the Administrative Assistant.
- As the session begins the Clinician is responsible for ensuring that the Consent to Service, Consent to Electronic Communication Forms are reviewed verbally with the client/caregiver and document the provision of verbal consent in the CIS.
- The client/caregiver will be sent a copy of their note by mail.
- The client/caregiver and Clinician agree upon any further appointment times which will be booked into the OTN system by the Administrative Assistant.

Special considerations:

Clients/caregivers must inform us of their location if off-site to ensure that if the need arises, we can support their safety.



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mentale des enfants et des adolescents



Clients/caregivers must keep their screen on and be visible during the session. The session can be discontinued if the client does not abide by this or if concerns arise.

The client/caregiver must secure a place that is conducive to confidentiality to protect their own privacy. If the Clinician determines that the space is not supportive of the client's mental health, the session can be rescheduled as needed.