This guide aims to help you to deliver your services as effectively as you would in-person.

Video conferencing is a useful and effective tool for remote mental health consultation.¹

Research has shown that there is high satisfaction with video counselling services among clients and that it may be as effective as counselling delivered in person.²

This guide assumes your service has a video counselling platform selected and implemented.

**Setting up your workspace**  Go to page 3

Consider how to set up your workspace.
- Edit your environment that the client will see to create a private and comforting space.
- Adjust the lighting in your workspace.
- Minimise background noise.
- Check how your attire will work on screen.

**Setting up your digital space**  Go to page 4

Consider your digital environment.
- Familiarise yourself with your hardware and software.
- Edit your screen to reduce distractions.
- Organise resources you may use.
- Set up your screen and camera to promote eye contact.
- Frame your face at a comfortable distance.

**Preparing the client**  Go to page 5

In advance of the session, check off things to prepare the client for the session.
- Let them know what to expect.
- Guide them in what they need and how to connect.
- Identify a back-up means of communication.
- Obtain contact details for risk management.

**Adapting your therapeutic skills**  Go to page 6

During the call, you can enhance rapport by adapting your therapeutic skills.
- Check your positioning on the screen.
- Make eye contact with the camera.
- Emphasise your active listening skills.
- Check how the session is going.

**Navigating common challenges**  Go to page 7

Familiar processes may not work as intuitively online. Be prepared for common challenges to navigate including:
- managing clinical risk
- maintaining boundaries
- dealing with lag in a video feed to keep a conversation flowing.

For further telehealth guidance, contact your local Telehealth Manager.
Setting up your work space

Your environment

Make sure that the work space where you conduct your video consultation is private. This includes taking steps to ensure that other people are not able to overhear your session and make sure that you are not going to be interrupted in this space (e.g. signage on doors).

Review your workspace before you start videoconferencing.

Consider the types of objects that are visible in the background. Remove any patient information that may be visible in your background. You may like to include plants and artwork but remove any personal photographs, belongings or things that are distracting.

Tip
Keep windows and doors in mind. You are trying to create a private space for your client. You might like to consider not having windows or doors in your image to reduce the chance of someone passing by or unexpectedly dropping in.

Your lighting

Lighting can have a big impact on the quality of the experience for your client. Poor lighting conditions can make it difficult for clients to see you and can be a source of distraction. You might like to experiment with the positioning of your setup to achieve the best lighting conditions. Some useful things to consider are avoiding backlighting (this happens when the source of light is positioned behind you – like natural light coming in from a window) and positioning yourself in a way that reduces shadowing of your face.

Tip
You might like to consider professional lighting, like a ring light, if you notice the lighting in your workspace is suboptimal.

Background noise

Ideally your workspace is away from major sources of noise, especially other people talking. Other background noise like traffic can also make it more difficult for you and your client to hear each other and can also be distracting. Minimising sources of noise will improve the quality of the call for both you and the client.

If background noise is an issue for you, consider using noise cancelling headphones, these will reduce unwanted ambient sounds. Headphones with a built in microphone close to your mouth, will ensure your voice is heard more clearly by the client.

Attire

As well as dressing professionally, bear in mind that some cameras can have difficulty with striped or patterned clothing that can create some optical illusions.

Tip
Consider dressing in block colours that contrast with your background.

Tip
Don’t forget to turn off or mute your phone and other alerts!
Setting up your digital space

Your video conferencing platform
Before starting, make sure you are familiar with how the video platform you are using operates. You should access training in the platform and do several practice calls, so you are confident before making calls with clients.

Your screen
Be aware of what programs and applications are open on your computer. Close these or minimise programs that are not required for your session.

This is particularly important if you plan to screen share, both to aid your navigation in-session, and to protect privacy. However even if you are not screen sharing this helps to minimise distractions.

It is preferable to have a dual screen set up to allow one screen to remain the view of the client and the other one to have the medical record or other relevant resources that you are discussing.

Your resources
Prepare any resources you may use during the session in advance. Video conferencing software often has integrated document or screen sharing functions to use.

Upload your resources before your session. We recommend making an easy to access folder with all of your resources ready to go.

Note in the client’s medical record that the consultation is being provided by video conference.

Tip
If you are sharing online materials consider bookmarking your frequently used resources in advance.

Framing your face
This is all about creating a comfortable image for your client to look at. You should be the main object of focus in the foreground.

If you think about the screen being split into thirds, your shoulders should line up with the bottom third and your eyes should line up with the top third. This gives you about 10cm between the top of your head and the top of the screen.

Tip
We easily get distracted by emails coming in. Consider disabling your email alerts and other notifications while you are in your session to give your full attention to your client.

Tip
Consider seating yourself about half a metre from your camera. This will give you enough space to lean slightly forward to demonstrate you are listening to your client.

Your camera position
Think about your camera as if it is your client’s eyes. Position your camera so that it can become natural for you to look at the lens while your client is speaking. Align it with the mid-line of your body to face your client squarely.

Having your camera sitting at or slightly above your eye line is recommended. You don’t have to maintain eye contact 100% of the time, but maintaining eye contact can help demonstrate that you are engaged and listening.
Preventing the client

Be open about strengths and limitations of video consultation

It is useful to discuss the advantages of communicating by video while also acknowledging that challenges can arise.

Advantages include that:
- it can overcome access difficulties based on distance, time, mobility and ill health
- self-help resources, screen share and file sharing can help.

Normalise that it can seem unnatural at first and that technical difficulties which could potentially interrupt do sometimes arise.

Ask the client if they want to have a support person, including an interpreter if required, present during the consultation. Advise them that they can withdraw from the consultation and receive their care in person at anytime.

Model a patient and accepting approach, with an attitude that if problems arise they can be navigated.

Guide the client in setting-up

Guide the client in thinking through the things that they will need to do to connect.

It is useful to prepare some written material to send with details of how to set up and log on.

Things to consider

- Finding a quiet and private location
- Internet connection and bandwidth requirements (see specifications for software used)
- Identifying a device to use
- Software to download if required
- Likely data usage for the consultation
- What the client should do if they cannot connect
- Discussing including a client support person
- Billing or other administrative procedures
- Security of the platform and implications for privacy
- Use of recording functions on the platform
- If the client is Aboriginal or Torres Strait Islander, they may feel more comfortable with an Aboriginal colleague present
- Including an interpreter service for client’s whose first language is not English
- If the client is a young person, asking they feel more comfortable with the carer, or if they prefer to speak alone.

Enquire about the client’s confidence and experience with using video conferencing software, and technology in general, so they can be given more guidance if needed.

Allow enough time for client set-up, particularly if they are not confident.

Consider whether they may need additional help (e.g. by telephone, or from a carer or family member) when getting started.

Identify a back-up communication method

In advance of the first session, we recommend establishing a back-up plan to use in the event of connectivity issues.

This may be needed for when a connection just can’t be established with the client or when a video call has had a lot of interruption.

It might involve a mobile or landline number to call, or a secure online chat-based alternative such as Pexip or myVirtualCare. By communicating this plan with your client in advance you will be able to minimise any disruption to the session.

Obtain details for risk management

When clients have been engaged remotely, consider what information would be needed in the event of a clinical risk issue.

Consider in particular the scenario of a risk issue arising, but being unable to continue the consultation due to the client disengaging or a connectivity problem.

The following are key details to obtain.

- Phone number or other means of contact
- The address of where they are connecting from. This can be used to identify local services, or to send help
- Existing mental health practitioners and/or general practitioner details
- Other contacts such as informal carers if relevant.
Adapting your therapeutic skills

While clients rate as strong a therapeutic alliance in video counselling as in face-to-face therapy, practitioners can report finding it less intuitive to build engagement and rapport when using video. In this tip sheet we consider the things you can do to show the client you are listening and engaged.

**Positioning and posture**

Use your image as a form of real-time feedback to adjust your posture and position.

Check the framing of your face, and aim to face the client square-on throughout the session.

Sitting far enough away from the camera to give yourself space to lean in from time to time is also useful way of showing you are really engaging with what your client is saying.

**Make eye contact with the camera**

Getting eye contact right over video can be challenging. Looking at the client’s image on screen will often not be experienced as eye contact by the client, because really you would need to be looking into the camera to seem to be connecting with their eyes.

When possible, move windows around on your screen to position their image closer to the camera.

Treating the camera lens as if it is your client’s eyes is ideal: placing something eye-catching as a focal point near your camera lens can help develop this habit.

It is also important to consider if the client is not comfortable with making eye contact themselves. They may not feel comfortable showing themselves on video for reasons due to trauma or personal preferences. Ensure this is okay by being upfront with the client.

**Emphasise active listening skills**

The nonverbal signals we use to build rapport may be less noticeable to the client over a video conferencing feed, so to ensure these signals get through it can be helpful to make these more explicit.

Demonstrate connectedness with the client via nodding, engaged facial expressions, gestures, paraphrasing or making empathic statements.

Note also that sometimes we can become more still than usual when in front of a camera. Relax to avoid settling in to a closed tense posture, and feel free to use hand gestures and body movement.

**Check how the session is going**

Checking in with your client periodically about the session can also be helpful, not just to ensure things like signal quality are okay, but also demonstrate thoughtfulness about the client’s experience of the interaction.

The beginning of the session, and transitions in conversation are good places to check in on how the client is finding the session and whether everything is going okay.

**Take care when taking notes**

If taking notes during the session, be aware that this will be quite obvious on the screen.

Mentioning that you are taking notes on the session can help the client understand what you are doing. Remember to resume eye contact and active listening.

Keyboard noise can also be very prominent when using a computer microphone, so using a separate headset microphone may be needed if taking notes electronically during the session.

**Tip**

Screen sharing or whiteboard functions can be used for making notes together with the client, such as a session agenda or key points. These can be a shared point of focus to help deepen the collaboration.
Navigating common challenges

Clinical risk management
Management of elevated clinical risk follows the same principles of face-to-face work, with additional considerations for:

a. the risk of losing contact with the client when they are not physically present
b. the possibility that the client is in a distant location where the practitioner may be less familiar with services.

Useful elements of a risk management protocol

• Ensure an alternative means of contact such as telephone is available.
• Ensure there is a record of address details for the client, and contact details for their mental health practitioner or general practitioner.
• Become familiar with the relevant legislation or regulations local to the client if in another state.
• Reinforce with the client the importance of accessing the telehealth service from a consistent location and/or knowing their location at the time of the session.
• Consider the impact that any location changes have on risk management and access to local resources.
• Consider using a support person (family, friend, etc.) in sessions, and/or as an emergency contact.
• If the client is child, consider child protection risks. Health practitioners are mandatory reporters and you should advise, at the beginning of the session, that you are obligated to make a report if there is suspected child abuse or if the client is at risk of significant harm.

Maintaining boundaries
Use of communication platforms that may also be used socially can make boundaries less defined.

Avoid use of personal log-ons for any platforms used, and clarify boundaries and expectations when required.

Dealing with lag
Many of us have experienced an awkward lagged conversation when using video conferencing to talk to colleagues, friends, or family. The causes of lag are most commonly associated with internet connectivity.

A video call relies on simultaneously uploading video data from your own computer and downloading video data from the caller’s computer. These tasks occur within the bandwidth you have available in your internet connection. Lag happens when you don’t have enough bandwidth to support the simultaneous upload and download of data.

Note that upload speed is slower than download speed, so when someone has a connectivity issue, it is more noticeable to the other parties on the call than it is to the person with the slow connection. If you receive notifications about poor connectivity, these are a flag to check in with the client about whether the quality is okay for them, rather than relying on your own experience of the call.

Options for dealing with lag

• Reduce the quality of your video call.
• Close any other programs using the internet.
• Switch to a different connection.
• Explain why lag occurs.
• Slow the pace of your conversation to reduce talking over one another.
• Switch to your back-up plan.

Tip
Consider your standard practices for session time being interrupted by technical issues. Prior to the session, ensure you have discussed a contingency plan in the event of connectivity issues. Do you extend the length of a session to make up for the interruption?
Telehealth in the NSW Health system

NSW Health employees can use room based video conferencing equipment or web based platforms to support the delivery of telehealth services.

The use of a web based platform provides greater flexibility on the location of participants, removing the need to travel to provide or access healthcare. This supports clinicians to connect to clients, their carers and other providers that may be located at home, work or other suitable locations such as a general practice. Non-government providers can use a desktop computer, laptop or mobile device such as smart phone or tablet to connect.

The approved web based platforms in NSW Health include:

- Pexip
- MyVirtualCare
- Skype for Business
- Scopia (Hunter New England Local Health District only)

Due to privacy risks the use of Zoom, FaceTime, Facebook/messenger or WhatsApp video calling is not permitted.

The features and accessibility of web based platforms have similar functionality. It is at the discretion of the local health district and individual service to decide which platform is suitable for the clinical use case. It is advised that services select one option and use it consistently.

The majority of clinical services in NSW are using Pexip because it has been available for a longer period of time. A recent release of myVirtualCare provides an alternative when additional requirements and a waiting room are required. Both platforms are easy to use and have access to technical support.

The video conferencing platforms have many functionalities which are useful to support mental health consultations. You should discuss what functional requirements you need with your local telehealth manager (see Local contacts and training).
References


Further reading

- Pfeiffer S. Beyond the clinic: Transforming your practice with video consultations. SJ Publishing; 2018.

Acknowledgements

This fact sheet is adapted from:

Further reading


Agency for Clinical Innovation
9 www.aci.health.nsw.gov.au
The Agency for Clinical Innovation (ACI) is the lead agency for innovation in clinical care.

We bring consumers, clinicians and healthcare managers together to support the design, assessment and implementation of clinical innovations across the NSW public health system to change the way that care is delivered.

The ACI’s clinical networks, institutes and taskforces are chaired by senior clinicians and consumers who have a keen interest and track record in innovative clinical care.

We also work closely with the Ministry of Health and the four other pillars of NSW Health to pilot, scale and spread solutions to healthcare system-wide challenges. We seek to improve the care and outcomes for patients by re-designing and transforming the NSW public health system.

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- person-centred
- clinically-led
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