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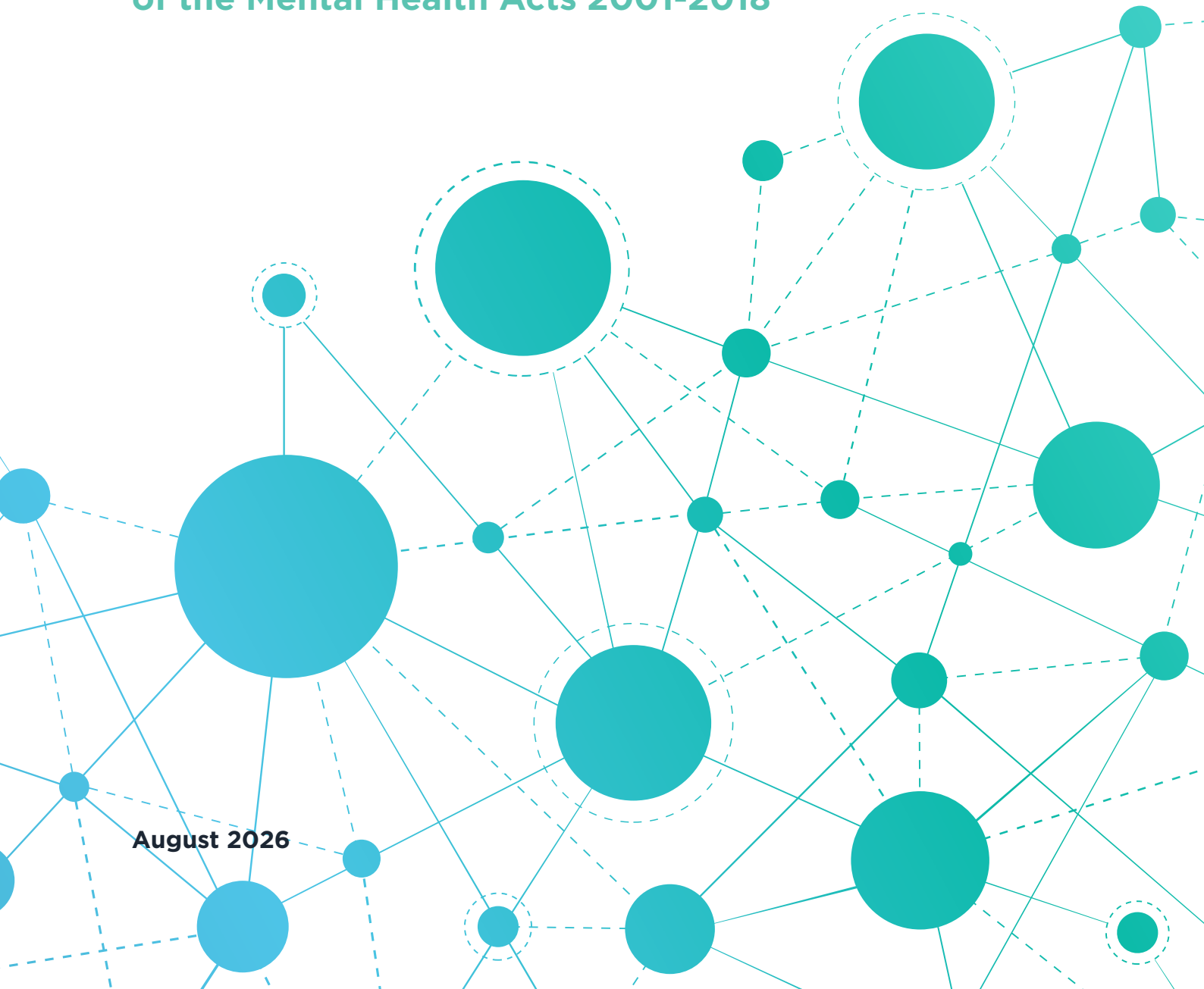
mental health commission

Code of Practice on the Use of Digital Monitoring Technologies

Issued pursuant to section 33(3)(e) of the Mental Health Acts 2001-2018



August 2026

PREAMBLE[1]

Section 33(3)(e) of the Mental Health Acts 2001-2018 ("the 2001 Act") allows the Mental Health Commission to "prepare and review periodically, after consultation with such bodies as it considers appropriate, a code or codes of practice for the guidance of persons working in the mental health services".

In accordance with this section, the Mental Health Commission has developed a Code of Practice on the Use of Digital Monitoring Technologies ("Code"). This Code applies to registered acute mental health centres, currently known as approved centres. It provides guidance for persons working in approved centres regarding the use of digital monitoring technologies. The use of digital monitoring technologies, sometimes referred to as surveillance technologies, in mental health services raises ethical, legal and human rights concerns and may significantly impact a person's right to privacy and dignity.

Digital monitoring technologies are defined in the Code as "technology used by staff in an approved centre to observe or monitor a person to inform their care and treatment and ensure their health, safety and welfare". Among other areas, virtual care, home-based care, remote physiological monitoring and technology used solely by the person receiving care and treatment are outside the scope of this Code.

Regulation 25 of the Mental Health Act 2001 (Approved Centres) Regulations 2006 ("2006 regulations") ("regulation 25") currently governs the use of CCTV and other monitoring devices in approved centres. Since this regulation came into operation, there have been significant technological advancements and new digital monitoring technologies continue to be developed that may be used in mental health services in the future. In recent years, there has been an increased emphasis on the digitalisation of health and social care services. Strategies such as Digital for Care - A Digital Health Framework for Ireland 2024-2030, the HSE's Digital Health Strategic Implementation Roadmap (2024), and Sláintecare aim to promote and facilitate this transition. The Department of Health also recently published its AI For Care 2026-2030 strategy which seeks to support the safe and responsible use of AI across health and social care services. This, alongside the EU Artificial Intelligence Act and the National Guidance for the Responsible and Safe Use of Artificial Intelligence in Health and Social Care Services, developed by the Health Information and Quality Authority, provide further direction to services who wish to implement digital monitoring technologies that incorporate artificial intelligence.[2] This Code is informed by these developments and encourages and promotes good practice and high standards in relation to the safe, transparent, ethical and responsible use of digital monitoring technologies.

Approved centres should be cognisant of the fact that individuals in inpatient settings may be experiencing acute mental health difficulties, including psychosis or conditions in which themes of surveillance, persecution, or threat form part of their lived experience. The presence or perception of digital monitoring technologies may exacerbate such distress or undermine therapeutic engagement. Similarly, it is possible that some people receiving care and treatment may previously have been subjected to electronic monitoring or other controlling behaviours. In such cases, monitoring within a healthcare setting may evoke fear, loss of control, or re-traumatisation. Therefore, the Code emphasises the need for services to adopt a human rights-based, trauma-informed and person-centred approach when using digital monitoring technologies.

Approved centres should also demonstrate that any technology used is evidence-based and there are governance arrangements in place to oversee its use. Approved centres should consider any risks or safety concerns associated with the use of digital monitoring technologies within the service and adopt a risk-based approach to addressing same. The Code specifies that approved centres should carry out digital monitoring technology impact assessments to evaluate the purpose,

1. The preamble provides an explanation and context to the Code of Practice on the Use of Digital Monitoring Technologies in approved centres. It is not part of the Code of Practice.
2. HIQA, National Guidance for the Responsible Use of Artificial Intelligence in Health and Social Care Services (2026).

evidence base and potential effects of digital monitoring technology before it is implemented or to determine whether it should continue to be used where it is already in place.

Depending on the type of digital monitoring technology, there may be some overlap between the digital monitoring technology impact assessment under the Code and impact assessments required under other regulatory regimes, including Data Protection Impact Assessments ("DPIA") under Article 35 of the GDPR and Fundamental Rights Impact Assessments ("FRIA") under Article 27 of the EU Artificial Intelligence Act.[3] In section 3 of the Code, approved centres are asked to provide information on whether these assessments were carried out if required as part of the digital monitoring technology impact assessment. Approved centres should be aware that the EU Artificial Intelligence Act is at an early stage of implementation and therefore, guidance on Fundamental Rights Impact Assessments is not yet complete.[4]

A specific section of the Code addresses the use of digital monitoring technologies in approved centres providing care and treatment to children. It is intended to provide further guidance to staff working with children. All other sections of the Code apply equally irrespective of whether the approved centre is providing care and treatment to adults or children.

This Code should be read in conjunction with regulation 25 and the Rules Governing the Use of Seclusion, which contains specific requirements regarding the use of CCTV or other electronic monitoring.[5]

The Code is being issued following an extensive stakeholder engagement process and consideration of national and international evidence and best practice. The Mental Health Commission consulted with people with lived experience of mental health services, their family members, as well as staff working in mental health services and relevant organisations. An Expert Advisory Group was also established to advise the MHC on the use of digital monitoring technologies in mental health services. The consultation report is available on the MHC's website at the link MHC Code of Practice Consultation Report 2026. The Evidence Review, prepared by Queen's University Belfast is available at the link The use of technology for surveillance in mental health services. A rapid evidence review and a summary report is available at the link The use of technology for surveillance in mental health services. A rapid evidence review - summary report.

The 2001 Act does not impose a legal duty on staff working in mental health services to comply with Codes. The Mental Health Commission considers that adherence to the Code will encourage best practice and ensure providers are using digital monitoring technologies in a safe and responsible manner. Each approved centre will be required to demonstrate how they are achieving this.

The Code also provides for strong governance and oversight mechanisms as key to upholding the rights of people availing of mental health services. Although the Code aims to provide for best practice, it does not purport to be all-encompassing, and approved centres have a duty to ensure that they regularly review and update policy and practice in this area and seek expert legal advice where required to ensure they are complying with national and international legal obligations when using or considering the use of digital monitoring technologies.

The MHC recognises that the use of certain digital monitoring technologies in approved centres may involve handling personal data. Where this Code intersects with matters overseen by the Data Protection Commission, nothing in this Code should be interpreted as undermining or negating the approved centre's legal responsibilities under the GDPR and Data Protection Act 2018. Approved centres should review the Data Protection Commission's Guidance on the Use of CCTV in Residential Care Settings to further understand data protection requirements.[6]

The date of commencement of this Code is 1 January 2027, following which, the Inspector of Mental Health Services will begin assessing compliance with the Code in approved centres. The Mental Health Commission shall review this Code as required in terms of any relevant case law and/or amending legislation but no later than five years from the date of commencement of the Code.

3. Not all digital monitoring technologies will involve processing personal data, incorporate artificial intelligence or be high risk. Therefore a DPIA and FRIA will not be required in every case.
4. Fundamental Rights Impact Assessments are only required for high risk AI systems. For further information, see Article 6 and Article 27 of the EU Artificial Intelligence Act.
5. Regulation 25 of the Mental Health Act 2001 (Approved Centre) Regulations 2006 (S.I. No. 551 of 2006); Rules Governing the Use of Seclusion.
6. Data Protection Commission, Guidance on the Use of CCTV in Residential Care Settings (2026)

TABLE OF CONTENTS

GLOSSARY

ALERT FATIGUE

Reduced responsiveness when staff are subject to frequent or repetitive alerts or notifications over a period of time, making it more difficult to distinguish between routine alerts or notifications and those which require urgent attention. This can result in ignored or missed alerts or notifications and delayed responses.

APPROVED CENTRE

A hospital or other inpatient facility for the care and treatment of persons suffering from mental illness or mental disorder. An "approved centre" is an acute mental health centre that is registered pursuant to the Mental Health Acts 2001-2018. The Mental Health Commission establishes and maintains the register of approved centres pursuant to the Mental Health Acts 2001-2018.

ARTIFICAL INTELLIGENCE

A machine-based system capable of operating autonomously and producing outputs like predictions, recommendations, or decisions based on input data. See also definition of "AI system" in Article 3 of the EU Artificial Intelligence Act.

AUTOMATION BIAS

The tendency to favour, trust or over-rely on automated systems or technology which may result in reduced human judgement and errors being overlooked.

CCTV

Closed-circuit television camera ("CCTV") is a form of video surveillance or monitoring. It uses one or more video cameras to transmit images and sometimes audio to a monitor or set of monitors. It is not openly transmitted to the public.

CLINICAL FILE

A record of the person's referral, assessment, care and treatment while in receipt of mental health services. This documentation should be stored in the one file. If all relevant information is not stored in the one file, the file should record where the other information is held.

CLINICAL GOVERNANCE

A system for improving the standard of clinical practice including clinical audit, education and training, research and development, risk management, clinical effectiveness and openness.

CONSULTANT PSYCHIATRIST

A consultant psychiatrist who is employed by the HSE or by an approved centre or a person whose name is entered on the division of psychiatry or the division of child and adolescent psychiatry of the Register of Medical Specialists maintained by the Medical Council.

COVERT DIGITAL MONITORING TECHNOLOGIES

The use of hidden cameras or audio recording equipment by members of the public or persons' receiving care and treatment.

DATA PROTECTION ACT 2018

The Data Protection Act 2018 is Ireland's national law governing data protection. Among other things, it gives further effect to the General Data Protection Regulation.

DATA PROTECTION IMPACT ASSESSMENT ("DPIA")

A process designed to identify risks arising out of the processing of personal data and to minimise these risks as far and as early as possible. It is conducted for a defined project, rather than for an organisation's operations as a whole. It must be carried out where a form of processing is "likely to result in a high risk to individuals". A DPIA must be conducted when an approved centre is considering implementing digital monitoring technology that processes personal data and is likely to result in a high risk to individuals. DPIAs are tools for negating risk and for demonstrating compliance with the GDPR.

DIGITAL MONITORING TECHNOLOGY

Technology used by staff in an approved centre to observe or monitor a person to inform their care and treatment and ensure their health, safety and welfare.

DIGITAL MONITORING TECHNOLOGY IMPACT ASSESSMENT

A structured process used to evaluate the purpose, evidence base and potential effects of digital monitoring technology before it is implemented or to determine whether it should continue to be used where it is already in place. Section 3 outlines what a digital monitoring technology impact assessment should include.

DIRECT OBSERVATIONS

The monitoring or observation of persons, events, behaviours or interactions in person by staff without the use of digital monitoring technologies to ensure the health, safety and welfare of persons receiving care and treatment. These observations rely on staff's own senses and professional clinical judgement.

FUNDAMENTAL RIGHTS IMPACT ASSESSMENT

An assessment required to be carried out before high-risk AI systems are deployed. It considers the intended purpose of the AI system, the processes, the time period and frequency it will be used for and who it will likely impact. It is a mechanism to examine and evaluate risks, identify measures to address risks should they materialise and detail human oversight measures. For more information, see Article 27 of the EU Artificial Intelligence Act.

GENERAL DATA PROTECTION REGULATION

A European Union (EU) data protection regulation. The General Data Protection Regulation, often referred to as the GDPR, sets out detailed requirements regarding how personal data should be collected, used, processed, stored, disclosed and destroyed.

HUMAN RIGHTS-BASED APPROACH

A human rights-based approach in mental health services prioritises the dignity, autonomy and wellbeing of persons receiving care and treatment. It ensures they have access to quality care and treatment, free from discrimination, coercion, cruel, inhuman or degrading treatment, torture or punishment. It recognises that people with mental health conditions have the same rights and freedoms as any other person. It also promotes meaningful participation of individuals in decisions about their care and treatment and in the design, delivery and evaluation of services, and ensures accountability by requiring services to be accountable, transparent and responsive.

INDIVIDUAL CARE PLAN

Individual care plan is defined in accordance with the Mental Health Act 2001 (Approved Centres) Regulations 2006. It is one composite set of documents that outlines a set of goals developed, regularly reviewed and updated by the person's multi-disciplinary team, so far as practicable in consultation with each person. It is good practice for individual care plans to be co-produced with the person receiving care and treatment.

PERSON-CENTRED

Person-centred focuses on the needs of the person ensuring that the person's preferences, needs, and values guide clinical decisions or support and providing care that is respectful and responsive to them. For children, this includes a child-centred approach that respects and upholds their human rights, ensures their views are considered, and prioritises their best interests.

POLICY

Written statement that clearly indicates the position of the organisation on a given subject.

RELEVANT HEALTH PROFESSIONAL

A member of staff who is a registered medical practitioner, a registered nurse or registered midwife within the meaning of the Nurses and Midwives Act 2011, or a registrant within the meaning of section 3 of the Health and Social Care Professionals Act 2005.

SUPPORTER

An individual who will participate when discussions take place with the person about their care and treatment. This may be a decision supporter formally appointed under the Assisted Decision-Making (Capacity) Act 2015, whose role will depend on their authority under the 2015 Act and as set out in the individual decision support arrangement that has been put in place. A supporter could also be another trusted individual identified by the person, whom the person wishes to participate, with the person still making their own decisions, for example, a family member, carer, advocate or peer support worker.

TRAUMA-INFORMED CARE

Trauma-informed care is an approach which acknowledges that many people who experience mental health difficulties may have experienced some form of trauma in their life. A trauma-informed approach seeks to resist traumatising or re-traumatising persons using mental health services and staff.

WEARABLE DEVICE

A form of technology that is designed to be worn on the person's body that can be used to track and record a person's health information.

1: PRINCIPLES UNDERPINNING THE USE OF DIGITAL MONITORING TECHNOLOGIES

The following general principles should underpin the use of digital monitoring technologies in approved centres at all times. They are applicable to all approved centres where digital monitoring technologies are currently used or are being considered for use.

1. Any use of digital monitoring technology should support a human rights-based approach to care and treatment and support therapeutic outcomes. Digital monitoring technologies should be used in a trauma-informed and person-centred manner.

2. Approved centres should recognise the inherent rights of a person to dignity, bodily integrity, privacy and autonomy in accordance with national and international human rights instruments and legislation. Digital monitoring technologies should not be used in circumstances where it would compromise a person's dignity.

3. Persons should be fully informed and involved in all decisions regarding their care and treatment including the use of digital monitoring technologies. Approved centres should have regard to the views of the person and/or their supporters where digital monitoring technologies are used as part of care and treatment and respond to any concerns raised. Where digital monitoring technologies are used in bedrooms and/or bathrooms, consent should be obtained, where possible, in accordance with section 9.

4. Digital monitoring technologies are to be used in a transparent manner and accessible information provided to persons receiving care and treatment and/or their supporters verbally and in writing. Where digital monitoring technology is used, it should be clearly evident and signposted.

5. Digital monitoring technologies should not replace relevant health professionals. It should only be used to enhance rather than replace direct observations and therapeutic engagement by relevant health professionals.

6. Digital monitoring technologies should not be used as a blanket measure. Prolonged and universal use of digital monitoring technologies may constitute an unnecessary and disproportionate restrictive practice.

7. Approved centres should carry out the impact assessment identified in this Code to examine the specific purpose for using digital monitoring technology, the evidence base and whether it is necessary, proportionate and appropriate to use in the approved centre.

8. Staff remain responsible for the safety of persons receiving care and treatment and clinical judgement is to be used at all times.

9. Where digital monitoring technologies are used, approved centres should take all necessary steps to ensure that data is kept secure from unauthorised access, use or disclosure and is safely disposed of when it is no longer required.

10. Processes should be in place to review the impact and benefit of the use of any digital monitoring technology on persons' care and treatment outcomes to determine whether the use of the digital monitoring technology meets the intended objectives to support continued use.

2: SCOPE

2.1 The Code of Practice applies to approved centres providing care and treatment to adults and children.

2.2 The following are outside of the scope of the Code of Practice:

(a) Direct observations by staff where digital monitoring technologies are not used including 1:1 nursing;

(b) Private wearable devices used solely by a person (and not the approved centre) to monitor their own health, wellbeing and fitness where the information is not accessible to staff;

(c) Devices or technology used solely to monitor a person's physical health, including blood sugar, blood pressure, temperature, heart rate and breathing as part of medical examinations;

(d) Devices or technology used as part of virtual care, home-based care, and remote physiological monitoring;

(e) CCTV used exclusively to monitor external perimeters, entrances and exits for security purposes and for crime prevention. (Note: Garden, recreational or waiting room areas within the approved centre's site map or floor plan where persons' receiving care and treatment are present or congregate are within the scope of the Code of Practice);

(f) Artificial intelligence technology used to streamline administrative tasks undertaken within approved centres such as patient scheduling, notetaking, and updates to a person's records;

(g) Covert digital monitoring technologies by members of the public or persons receiving care and treatment.

3: DIGITAL MONITORING TECHNOLOGY IMPACT ASSESSMENT AND REVIEW

3.1 A digital monitoring technology impact assessment (hereafter referred to as an "impact assessment") is required to be carried out before deploying any form of digital monitoring technology. Where digital monitoring technology is already in use within an approved centre, an impact assessment is required to be carried out to determine whether it should continue to be used within one month from the date of the commencement of the Code. The impact assessment is to be documented and available to the Mental Health Commission on request.

3.2 An impact assessment is to be carried out for all forms of digital monitoring technologies used in an approved centre.

3.3 An impact assessment is to include the following:

I. **Purpose:** a clear statement of the intended purpose of using digital monitoring technology, the specific need that the technology is intended to address and the rationale for using it to respond to any identified need.

II. **Evidence-base:** an evaluation of the evidence base for the use of the digital monitoring technology and whether this supports the use of the technology for the intended purpose identified. In circumstances where there is limited evidence, and the approved centre wishes to proceed, it should identify additional measures and safeguards that are to be put in place to mitigate potential risks arising from the limited evidence. It should also outline how its use will be closely monitored, and specify under what circumstances it will be discontinued.

III. **Locations:** identification of the proposed locations where the digital monitoring technology is to be used, and provide a clear rationale for its placement outlining any considerations regarding the clinical environment and any privacy or dignity concerns.

IV. **Consultation:** records demonstrating how the approved centre consulted with persons' receiving care and treatment and/or their supporters, the views expressed and how those views were considered in decisions regarding the use of digital monitoring technology.

V. **Impact on therapeutic relationships and environment:** evaluation of the potential impact on therapeutic relationships and the therapeutic environment, with particular consideration given to the possibility that the use of digital monitoring technology may exacerbate distress, mistrust or symptoms for certain persons receiving care and treatment.

VI. **Human rights:** a human rights component that identifies any actual or potential interference with the human rights of persons receiving care and treatment, considers whether using the digital monitoring technology is justifiable, appropriate, reasonable and proportionate, and outlines what safeguards can be put in place to minimise any interference with human rights.

VII. **Alternatives:** an evaluation of any less intrusive alternative measures to using digital monitoring technology, why such alternative measures are insufficient, and why the use of the digital monitoring technology is necessary.

VIII. **Risk and safety:** a risk and safety component that identifies any risks associated with the use or lack of use of digital monitoring technology, the measures that should be implemented to manage any risks identified and a clear statement outlining the safety checks in place to ensure the health, safety and welfare of persons where digital monitoring technology is used. It is to consider and outline whether an individual risk assessment is to be carried out, or in what specific circumstances it ought to be carried out.

IX. **Data protection:** a clear statement confirming whether a Data Protection Impact Assessment ("DPIA") was carried out, the outcome of the DPIA where one was conducted, or, where applicable, the reasons the approved centre considers that a DPIA was not required.

X. **Artificial intelligence:** a clear statement confirming whether a Fundamental Rights Impact Assessment ("FRIA") has been carried out under Article 27 of the EU Artificial Intelligence Act, the outcome of the FRIA where one was conducted, or, where applicable, the reasons the approved centre considers that a FRIA was not required.

3.4 The approved centre is to have mechanisms in place to review and evaluate its use of all forms of digital monitoring technologies on an ongoing basis to assess whether it meets its intended objectives and determine whether it should continue to be used, or whether any adjustments are required.

3.5 The approved centre is to review its use of all forms of digital monitoring technologies as required, and, in any event, at least every five years.

3.6 Persons receiving care and treatment, supporters (where appropriate) and staff should be involved in the review process and their experiences and views sought, recorded and given due consideration.

3.7 Any review carried out in accordance with this section is to include consideration of the components outlined in section 3.3.

4: PRIVACY AND DIGNITY

4.1 Information gathered by digital monitoring technologies is to be only available to and viewed by relevant health professionals responsible for the care and treatment of the person. The approved centre should take all necessary steps to ensure that information is kept secure from unauthorised access, use or disclosure and is safely disposed of when it is no longer required.

4.2 To ensure that persons receiving care and treatment are treated with dignity and respect at all times, the use of digital monitoring technologies should be paused or discontinued where it would compromise a person's dignity including, but not limited to, where a person receiving care and treatment:

- **i.** is in a state of undress; or
- **ii.** is privately observing their religious beliefs; or
- **iii.** starts to act in a way which compromises their dignity.

5. DATA PROTECTION AND DATA SECURITY

5.1 The approved centre is to ensure there are effective arrangements in place for data protection and data security where digital monitoring technologies are used to comply with its obligations under the GDPR, Data Protection Act 2018 and all other relevant international and national legislation and regulations.

5.2 The approved centre's Data Protection Policy is to outline how data are collected, used, processed, stored, disclosed and destroyed where digital monitoring technologies are used. It should also include information on retention periods, the data protection rights of persons receiving care and treatment and the process for reporting breaches.

5.3 The approved centre is to implement technical and organisational measures where digital monitoring technologies are used to ensure that data are kept secure from unauthorised or unlawful access and accidental loss, destruction or damage.

5.4 Where an approved centre intends to introduce a new form of digital monitoring technology, it should consider whether a Data Protection Impact Assessment is required under Article 35 of the GDPR before carrying out an impact assessment and deploying the digital monitoring technology. Where the approved centre considers a Data Protection Impact Assessment is not required, the reasons the approved centre considers that a DPIA is not required should be recorded.

5.5 The approved centre is responsible for all matters relating to data protection but any issues arising could be reported by the Mental Health Commission to the Data Protection Commission if it is deemed appropriate.

6. TRANSPARENCY AND INFORMATION

6.1 Persons receiving care and treatment, their supporters (where appropriate), staff and visitors should be notified about the existence and usage of all digital monitoring technology in the approved centre.

6.2 Digital monitoring technologies are to be overt and clearly identifiable, through the use of signs in prominent positions throughout the approved centre where they are used. Signs are to be clear, visible, readable and accessible, and include the contact details of the person in charge of digital monitoring technology.

6.3 Clear and accessible information regarding the existence and use of digital monitoring technologies is to be given to persons receiving care and treatment on admission, if appropriate in the circumstances, or as soon as practicable thereafter once the person is able to receive the information.

6.4 Information is to be provided both orally and in writing, or in any other form that is clear and accessible to allow the person to understand and retain the information, including easy-to-read formats. Information should be available in languages other than English if and where appropriate.

6.5 Information provided is to include:

- **I.** the purpose of using digital monitoring technologies;
- **II.** what digital monitoring technologies are being used and how they work;
- **III.** where, when and how digital monitoring technologies are used;
- **IV.** what information is collected and where and how this is stored;
- **V.** who has access to the information and how long the information will be retained;
- **VI.** the identity and contact details for the data controller;
- **VII.** the lawful basis relied upon for processing data;
- **VIII.** the right to lodge a complaint with the Data Protection Commission;
- **IX.** who to contact to ask questions or raise concerns regarding the use of digital monitoring technologies;
- **X.** information on the approved centre's complaints policies and procedures on any aspects of service, care and treatment provided in the approved centre.

6.6 Staff are to engage with persons receiving care and treatment and/or their supporters (where appropriate), regarding the use of digital monitoring technologies and should answer any questions and respond to any concerns raised.

6.7 Where a person receiving care and treatment, and/or their supporters (where appropriate) raises concerns or indicates preferences regarding the use of digital monitoring technologies as part of care and treatment, this is to be documented in the person's individual care plan alongside any steps or actions taken by staff to address the concerns raised.

6.8 Staff are to provide a physical demonstration of any digital monitoring technology being used following admission, where requested by the person receiving care and treatment and/or their supporters (where appropriate). This demonstration is to show the person how the technology operates, how information is accessed and managed by staff and how the person can identify when digital monitoring technology is being used.

7. CLINICAL GOVERNANCE

7.1 The Registered Proprietor has overall accountability for the use of digital monitoring technologies in the approved centre.

7.2 The Registered Proprietor recognises that the use of digital monitoring technologies may involve processing personal data, including special categories of personal data, and such processing must be compliant with GDPR and Data Protection Act 2018.

7.3 Digital monitoring technologies are never to be used:

- **I.** to replace relevant health professionals;
- **II.** as a substitute for appropriate numbers of staff;
- **III.** to ameliorate operational difficulties including where there are staff shortages;
- **IV.** as a punitive action.

7.4 An approved centre is to have written policies in relation to the use of digital monitoring technologies which should include sections that outline:

- **I.** the purpose of using digital monitoring technologies and how they are intended to benefit persons receiving care and treatment;
- **II.** the types of digital monitoring technology used;
- **III.** the prohibition of any digital monitoring technology that is not the property of the approved centre, or procured by the approved centre;
- **IV.** the prohibition of staff personal mobile phones to monitor persons receiving care and treatment;
- **V.** the location of digital monitoring technologies;
- **VI.** operating procedures and monitoring arrangements in place;
- **VII.** what information is collected and if stored, where it is stored and retention periods;
- **VIII.** what relevant health professionals can view specific digital monitoring technologies and have access to the information;
- **IX.** the security measures in place to safeguard against unauthorised access and use;
- **X.** the handling of data subject access requests and managing personal data breaches;
- **XI.** the basis for disclosure, if any;
- **XII.** staff roles, responsibilities and training;
- **XIII.** the safety, safeguarding and risk management arrangements in place where digital monitoring technologies are used to include but not limited to circumstances where individual risk assessments are required, the procedures for notifying incidents and adverse events and how these are to be investigated;
- **XIV.** the provision of information regarding the use of digital monitoring technologies;
- **XV.** the named contact person in the approved centre where there are questions or concerns regarding the use of digital monitoring technologies;

XVI. the handling and investigation of complaints regarding the use of digital monitoring technology in line with the approved centre's complaints policies and procedures;

XVII. the maintenance of digital monitoring technologies;

XVIII. all contingency protocols in place where digital monitoring technologies need to be paused or withdrawn;

XIX. the review and audit mechanisms in place to evaluate the use of digital monitoring technologies.

7.5 The approved centre is to maintain a written record indicating that all relevant health professionals involved in the use of digital monitoring technologies have read and understand the policy. The record should be available to the Mental Health Commission upon request.

7.6 The approved centre is to review its policy on the use of digital monitoring technologies as required, and in any event, at least every five years.

7.7 All information gathered regarding the use of digital monitoring technologies is to be held in the approved centre and used to compile an annual report on the use of digital monitoring technologies. This report, which should be signed by the Registered Proprietor Nominee, is to be made publicly available on the Registered Proprietor's website within six months of the end of the calendar year and available, upon request, to the public. The annual report should contain:

I. a statement about the types of digital monitoring technologies used within the approved centre, their purpose and the locations where they are used;

II. aggregated and anonymised data that does not identify any individuals as specified in Appendix One.

III. a statement about the approved centre's compliance with the Code as identified in the annual inspection report.

7.8 Where such technology has not been used by the approved centre in the relevant 12-month period, the annual report should include a statement that digital monitoring technologies have not been used.

7.9 The approved centre is to notify the Inspector of Mental Health Services and/or the Mental Health Commission about the existence and usage of all forms of digital monitoring technology during the inspection of the approved centre or at any time on request.

8. STAFF TRAINING

8.1 All staff who participate, or may participate, in the use of digital monitoring technologies are to receive appropriate training in its use, the human rights and ethical considerations of its implementation, legal obligations and in the related policies and procedures.

8.2 Approved centres that use digital monitoring technologies are to implement a policy and have procedures in place for the training of all staff involved in the use of digital monitoring technologies. This policy should include, but is not limited to, the following:

a) An outline of the staff who should receive training;

b) The areas to be addressed within the training programme, which include training in:

I. the legal use of digital monitoring technologies;

II. the ethical use of digital monitoring technologies;

III. how digital monitoring should not replace relevant health professionals;

IV. the prohibition of staff personal mobile phones to record persons receiving care and treatment;

V. the prohibition of any digital monitoring technology that is not the property of the approved centre, or procured by the approved centre;

VI. the impact of digital monitoring technologies on therapeutic relationships, the therapeutic environment and recovery;

VII. the impact of digital monitoring technologies on a person's right to dignity, bodily integrity, privacy and autonomy;

VIII. the limitations and misuse of digital monitoring technologies and dangers of overreliance;

IX. de-escalation and alternatives to the use of digital monitoring technologies;

X. trauma-informed care;

XI. cultural competence and gender sensitivity;

XII. the importance of human oversight;

XIII. confidentiality;

XIV. disclosure;

XV. the monitoring of the safety of a person where digital monitoring technologies are used as part of care and treatment including automation bias and alert fatigue;

XVI. data protection and how to handle information gathered by digital monitoring technologies; and

XVII. the handling and investigation of complaints regarding the use of digital monitoring technology in line with the approved centre's complaints policies and procedures.

c) Technical training on how to use specific forms of digital monitoring technology, its intended use, limitations and maintenance;

d) The identification of appropriately qualified person(s) to give the training; and

e) The mandatory nature of the training for those involved in the use of digital monitoring technologies.

8.3 A record of attendance at training is to be maintained.

9. USE OF DIGITAL MONITORING TECHNOLOGIES IN BEDROOMS AND/OR BATHROOMS

9.1 Digital monitoring technology should only be used in bedrooms and/or bathrooms, in rare and exceptional circumstances, where it is necessary and proportionate to prevent serious harm to the person receiving care and treatment or others, and there are no less restrictive ways available to manage the person's presentation.

9.2 The use of digital monitoring technology may only be initiated and ordered by a consultant psychiatrist responsible for the care and treatment of the person following consultation with members of the person's multidisciplinary team. The order is to confirm that the criteria in section 9.1 are met.

9.3 Consent is to be obtained from the person receiving care and treatment and/or their supporters in circumstances where there is a decision support arrangement in place under the Assisted Decision-Making (Capacity) Act 2015, before digital monitoring technology can be used in a bedroom and/or bathroom. Where the person is a child, consent is to be obtained from their parent or guardian. Digital monitoring technology cannot be used where a person has capacity to consent and refuses consent. Where a person refuses consent, this is to be documented.

9.4 Where the person lacks capacity to consent, consent is to be obtained from a decision-making representative or a designated healthcare representative authorised under an advance healthcare directive, where relevant. Alternatively, where an advance healthcare directive refers to the use of digital monitoring technology as part of the person's care and treatment, the relevant provisions should be followed. Where these arrangements are in place and consent is not provided, the digital monitoring technology cannot be used. Where consent is refused, this is to be documented.

9.5 Where the person lacks capacity to consent, and there are no arrangements under the Assisted Decision-Making (Capacity) Act 2015 in place, an independent consultant psychiatrist may approve or refuse the making of a proposed order by the consultant psychiatrist responsible for the person's care and treatment upon consideration of the criteria outlined in section 9.1.

9.6 Consent needs to be fully informed based on clear and accessible information provided about the purpose, nature and extent of the use of the digital monitoring technology in the bedroom and/or bathroom. The outcome of any capacity assessments and the basis for consent should be recorded in a person's clinical file and individual care plan. Consent can be withdrawn verbally or in writing at any time and digital monitoring technologies are to be turned off or removed immediately. Where a person withdraws consent, this is to be documented.

9.7 A person receiving care and treatment should not be subjected to the use of digital monitoring technology in their bedroom and/or bathroom for prolonged or indefinite periods of time. The consultant psychiatrist, in consultation with members of the person's multidisciplinary team, should consider whether the use of digital monitoring technology is necessary on a continuous basis 24/7 or whether it may be limited to specific and defined time periods, such as nighttime. The order should state the time period the digital monitoring technology will be used for, the duration of the order and in what circumstances it may be discontinued before this date.

9.8 Digital monitoring technology may not be appropriate if it may exacerbate symptoms or negatively impact the recovery of a person receiving care and treatment. In making the order, the consultant psychiatrist should consider any impact digital monitoring technology may have on the human rights of the person, therapeutic relationships and the therapeutic environment and the need to take a trauma-informed approach.

9.9 The use of digital monitoring technology in the bedroom and/or bathroom is only to occur following a comprehensive assessment of the person as is practicable. The comprehensive assessment should include an individual risk assessment, the outcome of which is to be recorded in the person's clinical file. A copy of the individual risk assessment is to be made available to the Mental Health Commission on request.

9.10 Digital monitoring technology used in these areas should preserve the dignity of the person, not be capable of recording and any images captured should be pixelated or blurred.

9.11 Any form of digital monitoring technology used in bedrooms and/or bathrooms within an approved centre is to be capable of being easily removed or turned off where required.

9.12 The order permitting the use of digital monitoring technology in a bedroom and/or bathroom and the basis for consent should be reviewed by the consultant psychiatrist, in consultation with members of the person's multidisciplinary team and where possible, the person, at each care planning meeting. Consideration should be given to whether the order remains necessary and meets the criteria identified in section 9.1 or whether it should be discontinued.

9.13 In determining whether the order remains necessary or whether it should be discontinued, the basis for consent and the risk assessment should be reviewed and this is to be documented.

9.14 The Clinical Practice Form for the Use of Digital Monitoring Technology in a Bedroom and/or Bathroom should be completed and signed by the consultant psychiatrist who ordered its use as soon as practicable or in any event within 24 hours of it being ordered.

9.15 The registered proprietor is to notify the Mental Health Commission about the use of digital monitoring technology in a person's bedroom and/or bathroom, and the basis for consent, in the format specified by the Mental Health Commission, and within the timeframes set by the Mental Health Commission.

10. CHILDREN

10.1 Any use of digital monitoring technologies in approved centres providing care and treatment to children should respect and uphold the human rights of children, including their rights to privacy, dignity and bodily integrity. It should only be used where it is necessary, proportionate and in the best interests of the children.

10.2 Digital monitoring technologies can have particularly adverse implications for the emotional development of children. This is to be taken into account in any decision to use digital monitoring technologies in approved centres providing care and treatment to children.

10.3 Information provided to children regarding the use of digital monitoring technology should be age appropriate and capable of being easily understood by them. The approved centre should take into account the age of a child when determining the most appropriate way to convey information. Information should be provided using plain, clear and accessible language.

10.4 The approved centre involves parents and/or guardians as appropriate in relation to the use of digital monitoring technology as part of a child's care and treatment.

10.5 An approved centre providing care and treatment to children has child protection policies and procedures in place that address the use of digital monitoring technologies in the service. The child protection policies and procedures are to be in line with relevant legislation and regulations made thereunder.

10.6 Where digital monitoring technologies are used within an approved centre providing care and treatment to children, it should have a policy and procedure in place addressing appropriate training for staff in relation to child protection where it is used.

APPENDIX ONE: DATA THAT IS REQUIRED TO BE PUBLISHED AS PART OF THE APPROVED CENTRE'S ANNUAL REPORT ON THE USE OF DIGITAL MONITORING TECHNOLOGIES

- The total number of persons that the approved centre can accommodate at any one time*
- The total number of persons that were admitted during the reporting period*
- The total number of persons who were subject to digital monitoring technologies in private areas such as bedrooms and bathrooms in the reporting period
- The total number of orders made permitting the use of digital monitoring technology in private areas such as bedrooms and bathrooms in the reporting period
- The shortest duration of the use of digital monitoring technology in private areas such as bedrooms and bathrooms in the reporting period
- The longest duration of the use of digital monitoring technology in private areas such as bedrooms and bathrooms in the reporting period

*Where this number is five or less the report should state "less than or equal to five".

APPENDIX TWO: CLINICAL PRACTICE FORM FOR THE USE OF DIGITAL MONITORING TECHNOLOGY IN A BEDROOM AND/OR BATHROOM IN ACCORDANCE WITH SECTION 9

Person's Details	
1. First Name:	
2. Surname:	
3. Date of Birth:	(dd/mm/yyyy)
4. Gender:	

Location	
5. Approved Centre Name:	
6. Unit Name:	

Digital Monitoring Technology Details	
7 (a) Location of digital monitoring technology:	Bedroom ☐ Bathroom ☐ Bedroom and bathroom ☐
7 (b) Is the bedroom/ bathroom shared with another individual?	Shared ☐ Unshared ☐
8 (a) Type of digital monitoring technology:	
8 (b) Brand name of technology where known:	
9 (a) Does the type of digital monitoring technology used capture a person's image?	Yes ☐ No ☐
9 (b) Is the digital monitoring technology capable of recording a person's image?	Yes ☐ No ☐ Not applicable ☐
9 (c) Are any images captured pixelated or blurred?	Yes ☐ No ☐ Not applicable ☐

10. Roles with authorised access to monitor output of the digital monitoring technology:	Registered Nurse ☐ Medical Doctor ☐ Consultant Psychiatrist ☐ Other (please specify) ☐ _____
11. Date order initiated:	(dd/mm/yyyy)
12. Time order initiated:	: (24hr clock e.g. 2.41pm is written as 14.41)
13. Proposed order end date:	(dd/mm/yyyy)
14. Proposed order end time:	: (24hr clock e.g. 2.41pm is written as 14.41)
15. Actual date order ended:	(dd/mm/yyyy)
16. Actual time order ended:	: (24hr clock e.g. 2.41pm is written as 14.41)
17. Periods of time where digital monitoring technology is used:	Continuously 24/7 ☐ At nighttime ☐ During the day ☐ As needed ☐ Other (please specify) ☐ _____
18. Who ordered the use of digital monitoring technology in the bedroom and/or bathroom?:	Name (print): Job title (print): Signed: MCRN:
19. Was the person's multidisciplinary team consulted before a decision was made to order the use of digital monitoring technology in a bedroom and/or bathroom?:	Yes ☐ No ☐
20. Why is digital monitoring technology being used?	Immediate threat of serious harm to self ☐ Actual serious harm caused to self ☐ Immediate threat of serious harm to others ☐ Actual serious harm caused to others ☐ Other (please specify) ☐ *Please provide further details on the above outlining how criteria in section 9.1 are met:*

21. Other measures considered prior to the use of digital monitoring technology:	Seclusion ☐ One to One Nursing ☐ Special Observations ☐ No alternatives attempted ☐ Other (please specify) ☐ _____
	Please provide further details on the above to explain how no less restrictive alternatives were available to manage the person's presentation:
22. Assessments completed in advance of the use of digital monitoring technology:	Digital Monitoring Technology Impact Assessment (required) ☐
	Data Protection Impact Assessment ☐
	Individual comprehensive assessment including risk assessment (required) ☐
23. Can the digital monitoring technology be easily removed or turned off where required?	Yes ☐ No ☐
24. Basis for consent - Order being made in accordance with consent/approval from:	Person ☐ Person's supporter/parent/guardian ☐ Advanced Healthcare Directive ☐ Independent Consultant Psychiatrist ☐ Date consent/approval received: _____ (dd/mm/yyyy)
25. Where order is made by consent obtained from an independent consultant in accordance with section 9.5, please specify the name of the independent consultant psychiatrist who approved the making of the order?:	Name (print):
	Job title (print):
	Signed:
26. Was the person's supporter, where applicable, in line with the person's will and preference, informed of the use of digital monitoring technology in the person's bedroom and/or bathroom?	Yes ☐ No ☐ Not applicable ☐ If no, please explain the reasons why this did not occur:
27. Date of care planning meeting where order will be reviewed	(dd/mm/yyyy)

Order	
28. Order:	I _____ have assessed _____ on Date: ____/____/____ at ____ hrs ____ mins and I order the use of digital monitoring technology to commence on: Date: ____/____/____ at ____ hrs ____ mins to Date: ____/____/____ at ____ hrs ____ . Digital monitoring technology should be used Continuously 24/7 ☐ At nighttime ☐ During the day ☐ As needed ☐ Other (please specify) ☐ _____ Within Bedroom ☐ Bathroom ☐ Bedroom and bathroom ☐ It may be discontinued in the following circumstances: _____ _____ Name (print): _____ Signed: _____
29. Order discontinued Order extended*	Order discontinued ☐ Order extended* ☐ Who discontinued/extended the use of digital monitoring technology in the bedroom and/or bathroom: Name (print): _____ Signed: _____ Date discontinued / extended: ____/____/_____ (dd/mm/yyyy) Time discontinued / extended: ____ : ____ (24 hr clock e.g. 2.41pm is written as 14.41) ** If use of digital monitoring technology is extended, a new Clinical Practice Form and Order should be completed.*

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