Private Mental Health
Consumer Carer Network (Australia)
engage, empower, enable choice in private mental health

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THIRTIETH MEETING

PRIVATE MENTAL HEALTH CONSUMER CARE NETWORK (AUSTRALIA)

NATIONAL COMMITTEE

MONDAY 29 AND TUESDAY 30 SEPTEMBER 2014

THE ROYAL AUSTRALIAN AND NEW ZEALAND COLLEGE OF PSYCHIATRISTS (RANZCP)

309 LA TROBE STREET
MELBOURNE
VICTORIA

ENDORSED REPORT AND RESOLUTIONS

Glossary of Terms and Acronyms commonly used in this Report

ACSQHC	Australian Commission on Safety and Quality in Healthcare
AMA	Australian Medical Association
APHA	Australian Private Hospitals Association
APS	Australian Psychological Society
BPD	Borderline Personality Disorder
Health Insurer(s)	Private Health Insurer(s) that pay benefits for psychiatric care
Hospital(s)	Private Hospital(s) that provide mental health services
MHA	Mental health Australia (formerly, the Mental Health Council of Australia)
NC	National Committee of the Private Mental Health Consumer Carer Network (Australia)
Network	Private Mental Health Consumer Carer Network (Australia)
NMHC	National Mental Health Commission
NMHCCF or Forum	National Mental Health Consumer Carer Forum
PHA	Private Healthcare Australia (formally the Australian Health Insurance Association or AHIA)
PMHA	Private Mental Health Alliance
CDMS	PMHA’s Centralised Data Management Service
RANZCP	The Royal Australian and New Zealand College of Psychiatrists

1. OPENING AND WELCOME

The Chair of the Private Mental Health Consumer Carer Network (Australia) [the Network or PMHCCN], Ms Janne McMahon OAM, opened the Thirtieth (30th) Meeting of the Network's National Committee (NC) at 9:00 AM on Monday, 29 September 2014 (the Meeting). The Meeting was held over two days on 29/30 September, at the Headquarters of the Royal Australian and New Zealand College of Psychiatrists (RANZCP), 309 La Trobe Street, Melbourne.

1.1 Present

The following representatives attended

1.	Ms Janne McMahon	Network Chair
2.	Mr Patrick Hardwick	Network Deputy Chair Network Coordinator Western Australia
3.	Ms Kim Werner	Network Governance and Policy Officer
4.	Mr Norm Wotherspoon	Network Coordinator Queensland
5.	Ms Simone Allan	Network Coordinator New South Wales
6.	Ms Judy Bentley	Network Coordinator Australian Capital Territory
7.	Mr Evan Bichara	Network Coordinator Victoria
8.	Assoc. Prof. Sharon Lawn	Network Coordinator South Australia
9.	Mr Phillip Taylor	Minutes Secretary Director, Private Mental Health Alliance (PMHA)

1.2 Observers

1.	Mr Philip Plummer	PMHA Independent Chair

1.3 Apologies

Nil

1.4 Changes in Representation

In opening the Meeting, the Chair welcomed the recently appointed Network Coordinator for New South Wales, Ms Simone Allan. Ms Allan provided a verbal briefing on her background and experience.

The Meeting noted that the Network Coordinator position for Tasmania remains vacant. The Network Chair has taken responsibility for that State until a coordinator can be appointed.

2. DECLARATION OF CONFLICT OF INTEREST

There were no declarations of conflicts of interest with the matters included on the agenda.

3. REPORT OF LAST MEETING

The Meeting noted a copy of the endorsed report of the Twenty Ninth (29th) meeting of the Network's NC, held on 14/15 April 2014 in Melbourne. A copy of the Report has been posted on the Network's website and electronic copies have been provided to the PMHA and the RANZCP.

4. PROGRESS REPORT AND MATTERS ARISING

The NC updated the following Table of Progress.

TABLE OF PROGRESS			
MEETING	ACTIONS ARISING FROM PREVIOUS NC MEETINGS	RESPONSIBILITY	STATUS
25th NC	Invite representative of ACSQHC to appropriate meeting	Ms McMahon	Pending
26th NC	Review, *Network Policy 12: Training and skills development for consumer and carer representatives*, to focus on skills development	Ms McMahon/Mr Wotherspoon	Pending
ITEM #	ACTIONS ARISING FROM THE LAST (29TH) NC MEETING	RESPONSIBILITY	STATUS
	Report of the 29th Network NC Meeting		
	Draft Report of 29th Meeting	Mr Taylor	Done
	Circulate Draft Report to NC for comment/correction	Mr Taylor	Done
	Prepare final for endorsement via email	Mr Taylor	Done
	Circulate endorsed version to beyondblue	Mr Taylor	Done
	Agenda Item 30th NC Meeting	Mr Taylor	Done
5	NETWORK RISK MANAGEMENT PLAN		
	Review and update	NC	Done
7	NETWORK WORK PLAN 2013–15		
	Seek Meetings with the following organisations		
	▪ AMA Australian Medical Association	Ms McMahon/Mr Hardwick/Ms Werner	Done
	▪ Australian Government Department of Health	Ms McMahon/Mr Hardwick/Ms Werner	Done
	▪ Mental Health Council of Australia (now Mental Health Australia or MHA)	Ms McMahon/Mr Hardwick/Ms Werner	Done
	▪ Australian College of Mental Health Nurses	Ms McMahon/Mr Hardwick/Ms Werner	Pending
	Distribute links to public websites of applicable and appropriate organisations	Ms McMahon	Done
8	THE GETTING STARTED KIT		
	Review and update the Network's Getting Started Kit	Ms Werner/Ms McMahon	Done
	Include a separate Template for Standard 2 – Consumer and Carer Advisory Committees	Ms McMahon	Done
	Discuss Workplan Template with the APHA Psychiatry Sub–Committee & ACHS/ACSQHC	Ms McMahon	Done
9	BORDELINE PERSONALITY DISORDER (BPD)		
9.1.4	Way Forward		
	Seek publication of BPD research paper, *Experiences of Care by Australians with BPD*	Assoc. Prof. (A/P) Sharon Lawn	Done

TABLE OF PROGRESS (continued)

ITEM #	ACTIONS ARISING FROM THE LAST (29TH) NC MEETING	RESPONSIBILITY	STATUS
16	PMHA REPORT	Ms McMahon/Mr Hardwick/Ms Werner	Done
16.5	Improving National Healthcare Agreement performance indicator #17: Treatment rates for mental illness		
	Advise PMHA of Network's agreement for provision of Statistical Linkage Key to the AHIW	Ms McMahon/Mr Hardwick	Done
17	NETWORK MEMBERSHIP – EFFECTIVENESS OF PROMOTIONAL ACTIVITIES		
	Develop email template with direct link to the Join Now area of the Network's website.	Ms McMahon	Done
18	PEER WORKERS IN THE PRIVATE SECTOR		
18.2	Network Discussion Paper 2 – Peer Support Workers and the Private Sector		
	Review Discussion Paper	Ms McMahon/NC	Done
19	CHILDHOOD TRAUMA AND PARENTS AS CARERS		
	Develop short paper on key issues	A/P Lawn/Ms McMahon/Ms Werner	Done
	Discuss with Dr Bill Pring and Professor Jeffrey Looi	A/P Lawn/Ms McMahon/Ms Werner	Pending
20	HEALTH INSURANCE AND CONSUMERS		
20.1	Meeting with the PHIO and development of a Network information sheet		
	Invite Private Health Insurance Ombudsmenm, Ms Samantha Gavel, to 30th NC Meeting	Ms McMahon	Done
	Develop a Network Information Sheet	Ms McMahon	Pending
20.2	Network Survey – private patients in public hospitals		
	Draft Survey questions in consultation with NC Members	Ms McMahon/NC Members	Done
	Discuss Survey questions with Dr Bill Pring, Ms Helen Eriksson, A/P Lawn	Ms McMahon	Done
21	NETWORK INTERNAL AND EXTERNAL POLICIES		
21.3	Additional Policies		
	Develop a Network Policy on Carer Engagement and Self–care.	Ms McMahon	Done
23	NEXT MEETING		
	Organise 30th Network NC Meeting for 29/30 September 2014 in Melbourne	Ms McMahon	Done
	Develop and circulate Agenda and Papers for 30th Meeting	NC Executive/Mr Taylor	Done
	Ensure 31st is held in February/March 2015	NC	Done

The Chair reported on progress with matters since the last NC meeting and those that remain outstanding from previous NC meetings.

4.1 Invitees to attend NC Meeting

Negotiations for representatives from the Australian Commission for Quality and Safety in Healthcare (ACSQHC) are being held in abeyance until it has an opportunity to review the Network Template for ACSQHC's mandatory *Standard 2 Partnering with Consumers*. ACSQHC is keen to include the Template as one of their resources. When that review is completed the Template will be registered on the Commission's website as a resource link and on the Network's website as a resource for private hospitals.

There are also some excellent tools emerging from the accreditation of facilities against Standard 2 that could be included in the Network's Work Plan in relation to internally and externally sourced publications.

4.2 Review Network Policy 12: Training and skills development for consumer and carer representatives, to focus on skills development

The review of Policy 12 is in abeyance until the completion of the Mental Health Peer Work Qualification Project, which is developing national learning and assessment resources for the Certificate IV in Mental Health Peer Work CHC42912 (Certificate IV). These resource materials are due for completion in early 2015. That work and other developments in this area will then help to inform the further development of Policy 12. Mr Patrick Hardwick and Mr Norm Wotherspoon are the Network's representatives on the Project's National Consumer and Carer Peer Work Qualification Reference Group.

4.3 Development of a discussion paper on Psychosis

Mr Wotherspoon followed this up with the Queensland Network Member who originally put forward the request. The meeting noted that there is a wealth of information already available on psychosis and the NC determined not to proceed any further with this suggestion.

4.4 Meet with the Australian College of Mental Health Nurses (ACMHN)

Ms McMahon is following this up with the CEO of the ACMHN, Associate Professor Kim Ryan.

5. RISK MANAGEMENT PLAN

The Meeting reviewed the Network's Risk Management Plan and agreed that, at this stage, no changes were required.

6. NETWORK BUDGET UPDATE

The Chair reported on the Statement of Income and Expenditure prepared for the Network by the AMA, for the Financial Year (FY) period 1 July 2013 to 30 June 2014. The Meeting identified and corrected some minor arithmetic errors in the Statement. The budget is tracking well with a surplus evident at the end of FY 2013–14 of $48,459, comprised of a $29,594 Budget Operating Surplus and $18,865 held in Bank SA derived from the sale of Network promotional materials. The AMA has carried the $29,594 forward into the Operating Budget of the Network for FY 2014–15.

The Meeting noted that the AMA Agreement for Services 2013–15, which supports the activities of the Network, the PMHA and its CDMS, will expire at the end of this FY on 30 June 2015. The next AMA Agreement, its supporting budgets and work plans for the FYs, 1 July 2015 to 30 June 2017, need to be in place by 1 July 2015 to provide certainty for these activities beyond 30 June 2015. The next meeting of the PMHA will therefore be reviewing a preliminary draft of the AMA Agreement for Services 2015–17 and draft Forward Estimates for all three entities.

The Chair, in consultation with the other Members of the Network Executive and Mr Philip Plummer, will review the Forward Estimates for the Network over the next week or so. Ms McMahon will liaise with the RANZCP, the Australian Psychological Society and beyondblue concerning possible donations for FY 2015–17.

A substantive portion of the next NC meeting will be devoted to the development of the Network Work Plan for FYs 2015–17.

7. NETWORK WORKPLAN 2013–15

The Meeting reviewed the Network Workplan for FYs 2014-15 and agreed to seek closer linkages with Carers Australia and Mental Health in Multicultural Australia (MHiMA).

RESOLVED (Chair) carried without dissent

That the National Committee (NC) of the Private Mental Health Consumer Carer Network (Australia) [Network] requests the Chair seek meetings with Carers Australia and Mental Health in Multicultural Australia to discuss matters of mutual concern and the establishment of closer linkages with these organisations.

Action: Ms McMahon

8 NETWORK MEMBERSHIP OFFICER REPORT

The Meeting noted the following breakdown of Network Members registered on the Network database (PMHCCNdb).

Location	Network Members
Queensland	267
New South Wales	151
Australian Capital Territory	20
Victoria	155
Tasmania	37
South Australia	71
Western Australia	64
Northern Territory	1
NZ	2
USA	1
Malaysia	1
Not Provided	6
Total	776

Of the 776 Members registered, 487 have an active email address to receive news and information about the Network. The new Membership Applications from the Perth Themhs Conference recently received are yet to be registered on the database.

In his capacity as the Network's Membership Officer, Mr Wotherspoon briefed the meeting on the techniques he uses to promote the Network and attract new Members. A range of options were considered that may help to further increase Network membership including promotional electronic material and corporate membership and sponsorship. It was agreed that a promotional email would be very useful. It should include succinct straightforward text and the necessary links to the Network's website.

The provision of corporate membership may help attract sponsorship funding for the Network. It may, however, carry requirements such as inclusion of logos on publications etc, which would require careful consideration. It was agreed that corporate membership and sponsorship should be investigated further and included for discussion on the agenda for the next NC meeting.

RESOLVED (Chair) carried without dissent

1. *That the National Committee (NC) of the Private Mental Health Consumer Carer Network (Australia) [Network] requests the Network Membership Officer develop a promotional Network email aimed at attracting new Members.*

Action: Mr Wotherspoon

2. *That the NC requests that the issue of corporate Network membership and sponsorship be included for discussion on the agenda for the next (31st) meeting of the NC.*

Action: Ms McMahon

8. PRIVATE HEALTH INSURANCE OMBUDSMEN

Since the last meeting of the NC, the Private Health Insurance Ombudsman (PHIO or Ombudsman), Ms Samantha Gavel, accepted the invitation of the Chair to attend and address this Meeting. The Chair welcomed Ms Gaval to the Meeting.

Ms Gaval provided a presentation on the work of the Office of the PHIO, which provides a variety of information to Australians with private health insurance, or those contemplating joining or changing their health insurer. PHIO also provides an independent complaints handling service, education and advice services for consumers and advice to industry and government about issues of concern to consumers. The role of the Ombudsmen is to protect the interests of private health insurance consumers. PHIO carries out this role in a number of ways, including:

- assisting health fund members to resolve disputes through their independent complaints handling service;
- identifying underlying problems in the practices of private health funds or health care providers in relation to the administration of private health insurance;
- providing advice to Government and industry about issues affecting consumers in relation to private health insurance; and
- providing advice and recommendations to government and industry about private health insurance, specifically the performance of the sector and the nature of complaints.

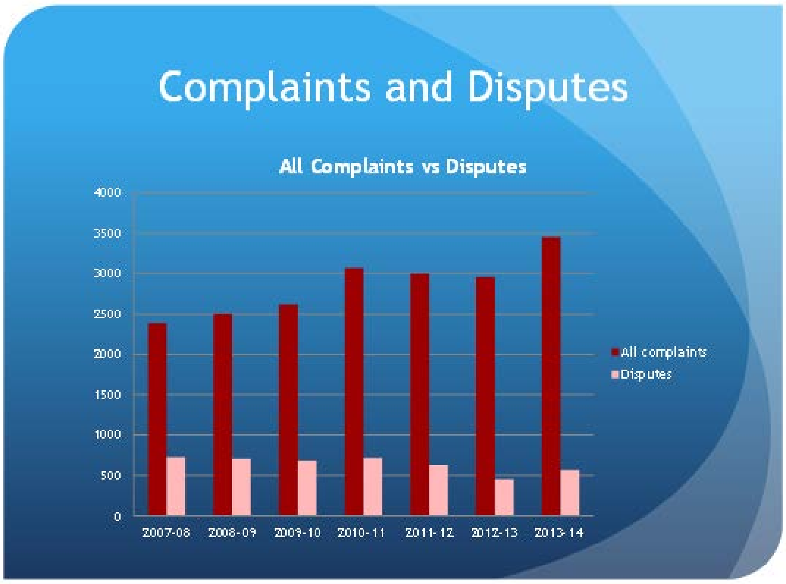
The Ombudsman can deal with complaints from health fund members, health funds, private hospitals or medical practitioners. Complaints must be about a health insurance arrangement.

Private Health Insurance in Australia

At present, over 10 million Australians are privately insured. There are 34 private health insurers (12 are restricted access insurers) and 5 of the largest insurers account for 82.3% of policies nationally. There are 552 private hospitals and 762 public hospitals. There are 17,675 health insurance policies available for sale (25,709 policies in total) and $13.16 billion was paid in benefits in 2010/11.

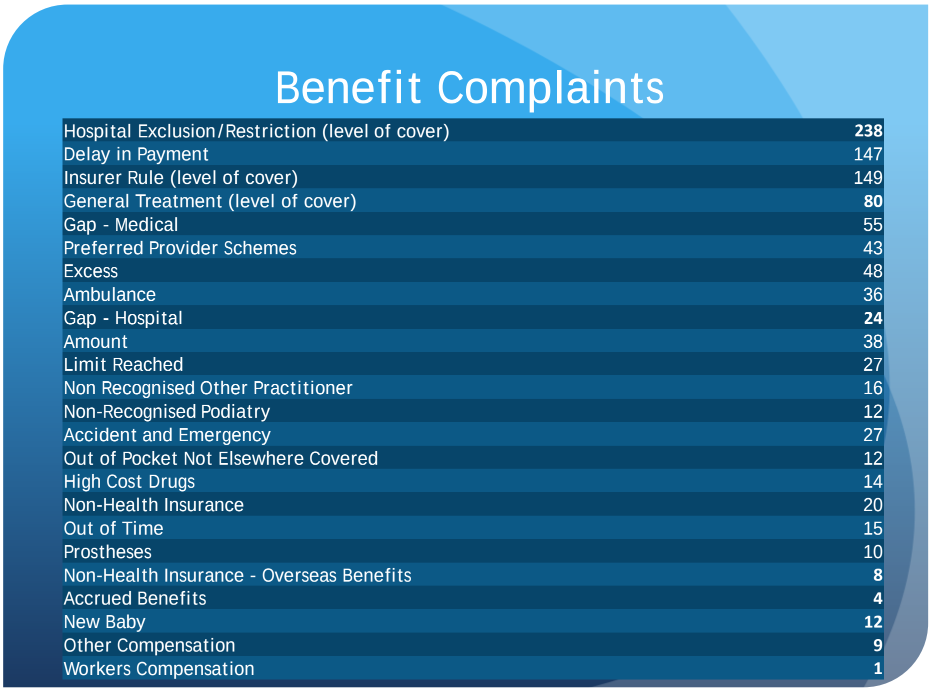
Complaints and Disputes

Ms Gaval briefed the meeting on the following series of statics concerning complaints and disputes.



Complaints and Disputes

Complaint Issues



Benefit Complaints

Hospital Exclusion/Restriction (level of cover)	**238**
Delay in Payment	147
Insurer Rule (level of cover)	149
General Treatment (level of cover)	**80**
Gap - Medical	55
Preferred Provider Schemes	43
Excess	48
Ambulance	36
Gap - Hospital	**24**
Amount	38
Limit Reached	27
Non Recognised Other Practitioner	16
Non-Recognised Podiatry	12
Accident and Emergency	27
Out of Pocket Not Elsewhere Covered	12
High Cost Drugs	14
Non-Health Insurance	20
Out of Time	15
Prostheses	10
Non-Health Insurance - Overseas Benefits	**8**
Accrued Benefits	**4**
New Baby	**12**
Other Compensation	**9**
Workers Compensation	**1**

The top five complaints are related to:

1. Information Oral;
2. Waiting Periods and Pre–Existing Conditions;
3. Hospital Exclusion/Restriction;
4. Cancellation; and
5. Service Issues.

The value of complaints is important to the PHIO, but experience has shown that the most dissatisfied customers don’t complain. Satisfied complainants become greater advocates than those who’ve never complained. The costs of complaints include loss of loyalty, negative opinions and damage to reputation. The value of good complaints handling mechanisms benefits not only the consumer, but also staff.

<u>Resources</u>

The Office of the PHIO also manages a website that contains information about private health insurance. It facilitates comparison of selected features for all private health insurance products offered in Australia. In support of this role they produce and publish a range of tools for consumers, including the consumer website www.privatehealth.gov.au, the annual State of the Health Funds Report, consumer e–bulletin, Health Insurance Insider, a Quarterly Bulletin and a range of brochures and factsheets.

8.1 Discussion

The Chair and NC Members discussed a range of issues with Ms Gaval, as summarised briefly below.

Funding Models

Some of the systemic issues that are arising with different funding models and the impact they have on access to private psychiatric facilities and the standard of care they can provide were discussed. Consumers and carers are particularly concerned over models that provide a limited pool of funding for a facility to manage as a means of making that service more cost efficient. Under such models, if the service spends more than its funding allocation then it must deal with that. If it spends less, it keeps that funding. This model places pressure on facilities to reduce bed capacity and other services in order to meet their funding limits. The result is a lack of access to services for consumers.

Under this funding model, people who have private health insurance and want to access specialised units interstate cannot as the hospital with the funding would need to pay for these costs out of their funding allocation.

Additionally, some private hospitals refuse to admit people with some diagnoses ie paranoid schizophrenia, even though they are not admitted under mental health legislation and hold private health cover.

Complaints

Complaints in 2013–14 were also discussed. In that period, the Ombudsmen received 12 complaints about psychiatric restrictions from people who were admitted to private psychiatric facilities and discovered they were not fully covered and would only receive the Default Benefit. There were 5 complaints about the health fund removing, or restricting psychiatric benefits when they had been previously been fully covered. There were a further five complaints about the two month waiting period for psychiatric benefits and 15 about psychiatric benefits available under extras cover.

Private Patients in Public Hospitals

Another matter discussed with Ms Gaval related to the reports from Health Fund Members that, on those occasions when they are admitted to a public hospital, pressure is brought to bear, often when they are very distressed, to elect to be treated as private patients. This practice is particularly concerning in those situations where a person is being scheduled. In some instances, if the patient is too distressed to make the decision, then pressure is brought to bear on the next of kin or family, while they are also in a situation of distress over their loved one needing this level of care. Such cost shifting practices place a substantive burden on private health insurers to pay benefits for care that is delivered outside of the private hospital environment. The Network will be conducting a survey of its members around this issue and Ms Gavel expressed an interest in receiving the results.

Third Party access to medical records

The issue of third parties, seeking to gain access to detailed potentially sensitive and highly personal information contained in the patient record was also briefly discussed. Other groups and organisations including the AMA's Psychiatrists Group (AMAPG) and the RANZCP and its Private Practitioners Network (PPN) are also concerned. They believe this trend is eroding the confidential and therapeutic nature of the relationship between a patient and their psychiatrist. In some cases, this can have a clinically detrimental effect on the patient. Patients are reporting that they comply with requests from third parties for access to their records, because they are too afraid of losing their insurance cover if they refuse.

A copy of the recent article that appeared in the August 2014 edition of Australasian Psychiatry concerning this issue was provided for Ms Gaval during the meeting. Essentially, the article examines a rarely used New South Wales law, which acknowledges the special nature of the therapeutic relationship between a psychiatrist or therapist and their patient. The paper argues that this law should be extended to all states and federally, so that patients are protected, with the onus being placed on third parties to indicate to the Court how they meet certain exceptional circumstances to warrant access to such sensitive patient information.

The Chair thanked Ms Gaval for attending the Meeting. Ms Gaval joined the NC for lunch.

9. NETWORK COORDINATOR REPORTS

The Chair invited the Network's Coordinators to report on activities in each of their respective jurisdictions.

9.1 South Australia (SA)

Associate Professor Sharon Lawn briefed the Meeting on her activities in South Australia and reported that issues around the costs of medication and access to private hospitals continue to be concerns for Network Members in South Australia.

Sharon has also been working on both seeking publication of two papers based on the Network's Surveys of Borderline Personality Disorder (refer to Agenda Item 17.1) and the preparation of additional information on Childhood Trauma and Parents as Carers (refer to Agenda Item 19). Beyond that, Sharon mentioned that the medical school at Flinders University has introduced small projects on mental health that medical students are required to do as part of their course. There may be opportunities for Network and Ms McMahon will be discussing this further with Sharon.

The next Network SA Advisory Forum will be held before the end of this year.

9.2 Queensland (Qld)

Mr Norm Wotherspoon reported that the next Network Qld Advisory Forum will be held during Mental Health Week in October 2014. A copy of the Forum Agenda was noted. During Mental Health Week, Norm will be visiting private hospitals in Qld to reinforce the importance of consumer and carer participation through hospital-based advisory committees.

9.3 Australian Capital Territory (ACT)

Ms Judy Bentley briefed the Meeting on the ongoing difficulties of establishing a representative structure for consumers who receive treatment and care in the private sector and their carers in the ACT. Hyson Green at the Calvary Private Hospital is the only private psychiatric facility in the ACT. Many consumers, however, prefer to travel to private facilities in Sydney. They fear there will be work related and other consequences if they are admitted to a psychiatric facility in the ACT. Ms Bentley will be promoting the Network through the Consumer and Carer Network in the ACT and Carers Australia. Beyond that, Ms Bentley provides her Network business card and promotes the Network at the meetings and events she attends.

After discussion it was agreed that, for those consumers who do receive their treatment and care in the ACT, it would be worthwhile to seek to hold an ACT Network Advisory Forum at Hyson Green. An approach to the ACT Branch of the RANZCP may also be useful with a view to enaging their assistance in providing information about the Network for ACT private psychiatrists and their patients. Ms McMahon agreed to assist Ms Bentley with this work when she is in Canberra for the next PMHA meeting in November.

9.4 New South Wales (NSW)

Ms Simone Allan will be continuing to convene the Network Advisory Forums in NSW. Simone suggested ways that the Network could be promoted to the CEOs of private hospitals. Ms McMahon agreed to follow up with Simone. The next Forum is likely to be held early next year.

9.5 Victoria (Vic)

Mr Evan Bichara briefed the Meeting on activities of the Network’s Vic Advisory Forum, which consists of about 8 to 9 representatives. The Vic Forum is mainly engaged in sharing information, finding solutions to problems and showcasing the achievements of the Network. Through the Forum, Members try to develop connections that may lead to further networks, whether they be in the private or the public sector.

Mr Bichara attended the recent THeMHS Conference in Perth and presented two papers. The first addressed the term *consumer* and the other was about the Multicultural Reference Group Mr Bichara runs at St Vincent’s Hospital in Melbourne. By networking at the Conference, Mr Bichara was able to bring two other private hospitals on board. Representatives from Essendon Private Hospital and Sunshine Private will attend the next Vic Forum.

The Meeting noted that three issues raised by the Vic Forum will be discussed during the course of this NC Meeting.

The next Vic Advisory Forum is planned for July.

9.6 Western Australia (WA)

Mr Patrick Hardwick reported on a recent meeting of the Network's WA Advisory Forum, which was kindly hosted by Perth Clinic. Ms McMahon attended the Forum along with clinician representation from Hollywood and Abbotsford private hospitals and consumer and carer representation from the Perth Clinic and the Marian Centre. Discussion focussed on the current status of consumer and carer participation in these facilities. Participants are keen to meet again and the next WA Advisory Forum will be held at Abbotsford Private Hospital on 30th October.

10.4 Tasmania (Tas)

The position of Network Coordinator for Tasmania remains vacant despite several calls for nominations. In response, the Network Chair has assumed responsibility for Tasmania until a Network Coordinator is appointed. Ms McMahon reported on the recent Tasmanian Network Advisory Forum she hosted in Hobart. Four people attended, including one Network Member from Davenport.

11. SURVEY OF MEMBERS

As discussed with the PHIO under 8.1 above, Health Fund Members are reporting that, on those occasions when they are admitted to a public hospital, pressure is brought to bear, often when they are very distressed, to elect to be treated as private patients. The Network's NC has previously discussed this issue and agreed that such cost shifting practices are not in the interest of the private mental health system. The last meeting of the NC agreed that a survey of Network Members was warranted. Ms McMahon undertook the drafting of the Survey questions in consultation with the Health Insurer representatives on the PMHA, Ms Andrea Selleck, Ms Helen Eriksson and PMHA's AMA representative, Dr Bill Pring.

At its 13 June 2014 meeting, the PMHA discussed the survey at length, particularly in relation to the issues around what data is currently available on the magnitude of the problem, the survey's sample population, and the approach to the survey's research methodology and analysis. At that time it was thought that to undertake such a survey, further information would first need to be obtained on the following.

i. How many Health Fund Members have been admitted to public hospitals for specialised psychiatric care?

ii. How many Health Fund Members have been admitted to private hospitals for specialised psychiatric care?

iii. What proportion of Health Fund Members have been admitted to both? While this group would constitute the survey sample, they may be difficult to identify.

At the PMHA meeting, the PMHA's CDMS Director, Mr Allen Morris–Yates, pointed out that, if there is a substantial demographic, or clinical difference, between the people who have been admitted as private patients to public facilities, and people who have been admitted as private patients to public and private facilities, then a survey of Network Members alone would not constitute a representative sample of the target population. Despite further discussion at PMHA, uneasiness remained around whether the survey population can be established, or whether any meaningful results could be interpreted from a survey of only Network Members.

PMHA finally agreed that the two primary parties, the Network and Health Insurers, needed to work together further on this issue. As a first step, Health Insurers agreed to investigate what data might be available on the questions raised above. Ms McMahon reported that she has not received any further information from the Health Insurers, as yet.

The Meeting then considered the Survey and its questions at length. Several amendments were made to the Survey questions. The NC discussed the limitations of the size of the Survey population and agreed that the intent of the Survey is to gather some information from Network Members that can be passed onto the Health Insurers. The suggestion that the Survey be expanded beyond Network Members will be discussed with the Health Insurers at the 7 November PMHA meeting.

12. DOCTOR/PATIENT CONFIDENTIALITY AND THIRD PARTIES

The Chair reported that the issue of insurers and other third parties, seeking to gain access to detailed potentially sensitive and highly personal information contained in the patient record was first raised by the Network's Queensland Coordinator, Norm Wotherspoon some 2 to 3 years ago. At that time, Norm was concerned over insurance companies requiring access to a psychiatrist's medical record before agreeing to accept people with mental health issues. The Network contacted beyondblue and the then Mental Health Council of Australia to raise this issue with their insurance collaboration. No results were agreed upon and this issue has remained a concern of the Network ever since.

Other groups and organisations, including the AMA's Psychiatrists Group (AMAPG) and the RANZCP and its Private Practitioners Network (PPN), are also concerned and the NC noted the following background to those concerns.

Since June 2012, the AMA's informal AMAPG has been discussing the increasing trend toward insurers and other third parties seeking to gain access to detailed potentially sensitive and highly personal information contained in a patient's records. The AMAPG and the RANZCP Private Practitioners Network (PPN) believe this trend is eroding the confidential and therapeutic nature of the relationship between a patient and their psychiatrist. In some cases, this can have a clinically detrimental effect on the patient. Patients report that they comply with requests from insurers for access to their records because they are too afraid of losing their insurance cover if they refuse. AMAPG has agreed that the key issues that need to be addressed are as follows.

- People with a mental illness need to be able to access the same range of insurance products that are enjoyed by the rest of the community at a price that is fair and reasonable. Currently, patients face discrimination in accessing insurance products. Some patients, for example, cannot access any medical disability insurance if they have had a single episode of depression.

- Access to patient information by insurance companies, which involves the patient's role in giving consent and the doctor's role in providing information to the insurer. At present, some insurance companies put pressure on patients to sign consent forms for authority to communicate directly with their medical practitioner, in order to obtain full copies of their medical records.

- Distrust by insurance companies and other third parties of vague psychiatric diagnoses appearing on certificates from treating GPs and most likely psychologists, such as *depressed and unable to work*. This together with no treatment plan is driving requests for files in an effort to determine the more specific nature of the psychiatric condition. The same is being seen in the Workers Compensation domain.

- There are problems with the way patients are managed within the insurance industry. For example, when case managers within an insurance company change, the new case manager either does not pay any benefits for months, or starts the whole process of eligibility for benefits all over again.

To date, the AMAPG and the RANZCP have undertaken the following in relation to this issue.

- A substantive article appeared in the September 2013 Edition of the AMA Psychiatrists' Newsletter on the issues listed above. The article included advice for psychiatrists on the critical role they play in addressing the current situation. The *AMA Guidelines for Doctors on Disclosing Medical Records to Third Parties*, were included as an appendix to the Newsletter. The Guidelines are designed to assist doctors concerning their responsibilities in relation to disclosure of medical records and patient information to third parties.

- The concerns of the AMAPG with respect to the practices of insurance companies and other third parties were brought to the attention of Mental Health Council of Australia (MHCA). MHCA responded with the provision of a substantive article for the December 2013 Edition of the AMA Psychiatrists' Newsletter on the work the MHCA and beyondblue have been doing on Mental Health and Discrimination in Insurance.

- The RANZCP Annual Congress, held in Perth from 11 to 15 May 2014, included a Private Practice Symposium titled, Psychiatrist patient privilege – reclaiming confidentiality!

- Dr Gary Galambos has co–authored a paper with Dr Yvonne Skarbek and solicitor Mr Jonathan Levy, chair of the Lawson Clinic in Sydney. The paper titled, *The erosion of psychiatrist–patient confidentiality by subpoenas*, was published in the August 2014 edition of Australasian Psychiatry. Essentially, the article examines a rarely used New South Wales law, which acknowledges the special nature of the therapeutic relationship between a psychiatrist or therapist and their patient. The paper argues that this law should be extended to all states and federally, so that patients are protected, with the onus being placed on third parties to indicate to the Court how they meet certain exceptional circumstances to warrant access to such sensitive patient information.

  The article and its accompanying press releases are generating interest within the RANZCP Fellowship and in the public arena.

- A journalist from the Sydney Morning Herald has interviewed Dr Skarbek, Dr Galambos and a patient affected by this issue.

- The RANZCP Members Advisory Council has proposed a working group be established to develop an information sheet for Fellows about how to respond to subpoena requests and other measures Fellows might take to protect their most basic tool in the treatment of patients with mental disorder – the trust engendered by the therapeutic relationship.

AMAPG has been discussing these developments and wants to explore the feasibility of a possible joint AMAPG/RANZCP approach to the Australian Law Reform Commission requesting review of issues around psychiatrist–patient confidentiality. Such an approach would be based on the concerns psychiatrists have for their patients and include a variety of examples on the nature of the problem.

The AMAPG has also referred this matter to the Network NC and suggested the PPN and RANZCP could work with Ms McMahon, on these issues.

The NC then discussed all the issues involved. Mr Philip Plummer pointed out that, at present, it is difficult for the insurance industry to understand what they are insuring against and the risk involved, because of the difficulties in diagnosing psychiatric disorders and the ambiguities involved with different and sometimes vague diagnosis being provided by multiple practitioners. Correcting that situation would require very close consultation between the profession and the insurance industry.

The Meeting agreed that the issues are complex and there is no simple expedient solution. Truly resolving these issues can only be achieved by close collaboration between the medical profession and the insurance industry over time. The RANZCP and the AMA are the appropriate organisations to undertake consultation with the insurance industry with the Network's support. As a first step, Ms McMahon, agreed to convene a teleconference to discuss these issues further and a way forward.

RESOLVED (Chair) carried without dissent

That the National Committee (NC) of the Private Mental Health Consumer Carer Network (Australia) [Network] requests the Chair convene a teleconference to discuss the issue of insurers seeking to gain access to detailed potentially sensitive and highly personal information contained in a patient records. The following representatives should be invited to participate.

- *Dr Gary Galambos, RANZCP Private Practitioners Network*
- *Professor Jeffrey Looi, Chair AMA Psychiatrists Group*
- *Dr Caroline Johnson, Royal Australian College of General Practitioners*
- *Mr Harry Lovelock, Australian Psychological Society*
- *Network Executive Officers.*

The purpose of the teleconference will be to establish some common ground on how best to address the current situation in collaboration with the insurance industry.

Action: Ms McMahon/Mr Taylor

13. PATIENT–CENTRED CARE

The Network's NSW Advisory Forum (NSWAF) has requested that the NC consider developing a discussion Paper, from the consumer and carer perspective, around patient–centred care.

The Meeting noted that ACSQHC defines patient–centred care as follows:

> *Patient or consumer centred care is health care that is respectful of, and responsive to, the preferences, needs and values of patients and consumers. Different definitions and terminology have been used to describe the concepts in this area but key principles of patient centred approaches include:*
>
> - *treating patients, consumers, carers and families with dignity and respect*
> - *encouraging and supporting participation in decision making by patients, consumers, carers and families*
> - *communicating and sharing information with patients, consumers, carers and families*
> - *fostering collaboration with patients, consumers, carers, families and health professionals in program and policy development, and in health service design, delivery and evaluation.*

The Meeting considered the concept of patient–centred care and agreed that it is highly relevant to the delivery of mental health services and the concept of recovery in mental health. Patient–centred care places the consumer at the centre of the decision making process not only in relation to their treatment and care, but also in the management of their illness. Associate Professor Lawn mentioned that the research shows that consumers who are involved in the management of their care experience better outcomes.

Ms Judy Bentley spoke about some of the difficulties with placing the person at the centre of the decision making process when they are very distressed and dysfunctional. Ms Kim Werner mentioned that, wherever possible, the preferences articulated by the consumer when they are well, should be used as the standard when they are unwell.

After discussion, it was agreed that the Network has a commitment to promote patient–centred care within the private sector and map out a shared consumer and carer position. As a first step, a discussion paper should be developed.

RESOLVED (Chair) carried without dissent

That the National Committee (NC) of the Private Mental Health Consumer Carer Network (Australia) [Network] requests that the Chair develop a Network Discussion Paper on patient–centred care in consultation with NC Members.

Action: Ms McMahon/NC Members

14 CONSUMER CARER ADVISORY COMMITTEE SURVEY

In February 2010, the Network developed the *Discussion Paper 1– Models for Consumer and Carer Participation within the Private Sector*, which was subsequently reviewed and updated in August 2013. The Discussion Paper explored these different models particular in the light of the Accreditation National Safety and Quality Service Standards, in particular Standard 2. A copy of Discussion Paper, which had been circulated with the agenda and papers for the Meeting, was noted.

The Meeting considered the suggestions of the Victorian Advisory Forum (VicAF) that the NC consider undertaking a survey to gauge what was most purposeful and meaningful in relation to consumer and carer participation for private psychiatric hospitals - Consumer Carer Advisory Committees, or Consumer and Carer Consultants.

It was agreed that, as a first step, the Chair should write to the hospital corporate groups that own private psychiatric hospitals, such as Ramsay, concerning the Survey. That could be followed by an email to all hospital CEOs to scope the current situation.

RESOLVED (Chair) carried without dissent

That the National Committee (NC) of the Private Mental Health Consumer Carer Network (Australia) [Network] requests that the Chair write to the hospital corporate groups that own private psychiatric hospitals concerning what is most purposeful and meaningful in relation to consumer and carer participation for their facilities - Consumer Carer Advisory Committees, or Consumer and Carer Consultants. After that, an email should be sent to all the CEOs of private psychiatric hospitals to scope the current situation at the facility level.

Action: Ms McMahon/Mr Taylor

15 NETWORK EXECUTIVE OFFICER REPORTS

The purpose of this Standing Agenda Item is for the NC to receive reports from the Networks Executive Officers (Chair, Deputy Chair and Governance and Policy Officer) on their activities.

The Meeting noted that the activities of the Network Chair (Ms McMahon) and Network Governance and Policy Officer (Ms Werner), had been largely reported under the other agenda items for this Meeting. Beyond that, Ms McMahon has visited two private hospitals to discuss consumer and carer participation and has been assisting in an advisory role with the BPD Foundation's October Conference. Ms Werner attended the PMHA"s Collaborative Care Models Working Group meeting held on 19 September 2014 in Canberra as a proxy for Ms McMahon who was conducting accreditation surveys with the Australian Council on Healthcare Standards.

The Network Deputy Chair, Mr Hardwick, updated the Meeting on the following activities he has been involved in since the last NC meeting.

15.1 National Mental Health Consumer Care Forum (NMHCCF or Forum)

The NMHCCF last met on 12–13 September 2014. Some of the key issues discussed included the following.

Refugees and Asylum Seekers

The Forum discussed the mental health and human rights issues impacting on refugees and asylum seekers in Australia and the wellbeing of those in detention. A working group has been formed to develop an advocacy brief from the consumer and carer perspective.

National Mental Health Leaders Project

NMHCCF received an update on the National Mental Health Leaders Project. This initiative of the National Mental Health Commission and Mental Health Australia (MHA) offers an individual mentoring and leadership development program, with participants also having the opportunity to contribute to the work of the National Mental Health Commission. The NMHCCF is working with the Commission and MHA to support the Project, where possible.

Australian Federation of Disability Organisations

Matthew Wright, CEO of Australian Federation of Disability Organisations (AFDO) provided an overview of AFDO, and their work on the National Disability Insurance Scheme (NDIS) and employment of people with a disability.

NMHCCF Membership Accountability

The Forum has developed a self–reflective questionnaire for NMHCCF Members to complete at the end of each face–to–face meeting about their involvement and contribution.

NMHCCF Business Plan and Communications Strategy

The NMHCCF Business Plan 2014–2017 was endorsed "in principle", with some work to be done. . The Plan is focussed on person centred approaches to mental health reform, increased consumer and carer participation, social inclusion and recovery, psychosocial Disability and the NDIS, peer workforce, rights, and disability and mental health. The Forum has also updated its risk management report.

Mental Health Australia

Mr Frank Quinlan, CEO of MHA, provided an update on MHA activities, mainly in relation to the NDIS and the MHA Mental Health Capacity Building Project.

NMHCCF Advocacy Briefs

The Forum is developing advocacy briefs on the following.

- Electroconvulsive Therapy
- Older Adults and Mental Health
- The UN Convention on Rights of Persons with Disabilities
- Person centred approaches
- Supported Housing

National Mental Health Commission

The CEO of the National Mental Health Commission (NMHC), Mr David Butt, provided an overview of the Commission's National Review of Mental Health Programmes and Services. Mr Butt will be meeting with NMHCCF representatives in November 2014, so they can provide a consumer and carer perspective in relation to the draft final report.

National Mental Health Consumer Organisation Establishment Project

While funding was made available to set up the Organisation, there is no indication of whether funding will be made available for its ongoing operations. It is anticipated this will be determined after the NMHC Review of Mental Health Programmes and Services is completed.

National Disability Insurance Scheme (NDIS) – update from VICSERV

The Chief Executive Officer of Psychiatric Disability Services of Victoria (VICSERV), Ms Kim Koop, provided an update on issues arising from NDIS implementation at the Barwon launch site.

15.2 National Register of Mental Health Consumers and Carers

The National Register of Mental Health Consumers and Carers held their annual two–day workshop in May. There were presentations on the NDIS, the National Framework for Recovery, peer workforce, Partners In Recovery, trauma informed care, and the Network Carer Project. Mr Hardwick will circulate copies of the available presentations to NC Members.

15.2 Other activities

Other activities included attendance at a session in Perth on the Personally Controlled Electronic Health Record and ARAFMI's AGM and planning day.

16 ADVANCE DIRECTIVES

The Meeting discussed Advance Directives and the legislation that currently exists in Queensland, Victoria and South Australia. A copy of the Network's *External Policy (No 3) about Advanced Directives*, developed in 2010, was also discussed.

During discussion, consensus emerged that Advance Directives should be based on best practice and only be made by a person with a mental illness when they are well enough to do so. This could be verified by their psychiatrist, as a witness to the Directive. Like a Will, an Advance Directive should be updated on a regular basis as an individuals circumstances change. A copy of the Advance Directive should be provided to a person's treating psychiatrist and GP.

It was also suggested that an Advance Directive may be able to address a privately insured person's preferences with regard to their hospitalisation. This may help to reduce confusion at admission for both private and public hospitals. It would also be particularly beneficial for involuntary patients in those jurisdictions, where they can now be admitted to a private hospital. Four private hospitals in Queensland, and one in South Australia are now licensed to take involuntary admissions.

To progress this matter, it was agreed that the Network Policy may need revision and a template should be developed as an attachment for the Policy. Associate Professor Lawn agreed to provide some examples for the Chair.

RESOLVED (Chair) carried without dissent

That the National Committee (NC) of the Private Mental Health Consumer Carer Network (Australia) [Network] requests the Chair revise the Network's External Policy (No 3) about Advanced Directives, and develop an Advance Directives template as an addendum for the Policy in consultation with NC Members

Action: Ms McMahon/Ass. Prof. Lawn

17. BORDERLINE PERSONALITY DISORDER

The Meeting discussed the following matters related to Borderline Personality Disorder (BPD).

17.1 Publication of key issues emerging from the BPD Surveys

In 2010, Janne McMahon, as Chair of the Network, was appointed to the Commonwealth Government's BPD Expert Reference Group (BPDERG) established by the Federal Minister for Mental Health the Hon. Mark Butler MP. BPDERG held its first meeting on 9 December 2010 and its final meeting on 9 March 2012. During its existence, the BPDERG gathered information from public and private sector on policies and treatment options for people with BPD and their carers. As part of that work, the BPDERG asked Ms McMahon to gather information from consumers and carers via a survey to help inform their discussions. The surveys were conducted online in 2011 under the auspice of the Network. After the two surveys were completed, two Primary Reports and a Summary Report were drafted, reviewed and subsequently approved for release in August 2012 via the Network's website. The Reports, as listed below, are available from the Network website at http://www.pmhccn.com.au.

BPD Survey – Primary Reports

1) *Foundations for Change PART 1 Experiences of Consumers with the diagnosis of BPD*

2) *Foundations for Change PART 2 Experiences of Carers supporting someone with the Diagnosis of BPD*

BPD Survey – Summary Report

3) Foundations for Change Borderline Personality Disorder – Consumers' and Carers' Experiences of Care Summary Report

After that work was completed, the Network's NC agreed to incorporate into the Network Work Plan for 2013–15 a commitment to explore publication of key issues emerging from the BPD Surveys on a pro bono, or no cost to the Network basis. To progress that commitment, Associate Professor Sharon Lawn, prepared a paper titled, *Experiences of Care by Australians with Borderline Personality Disorder* (the Paper), for submission to the Australian and New Zealand Journal of Psychiatry (ANZJP). Ms McMahon sought the approval of the PMHA to submit the paper.

The PMHA was of the view that Associate Professor Lawn is entitled to publish the paper in her own right and that the PMHA has no jurisdiction in this matter beyond providing its considered views and advice. The only final matter that needed to be addressed was whether the AMA would be willing for the role the Network played in the BPD Surveys to be acknowledged in the paper. Some preliminary email advice from the AMA Legal Policy Officer indicated that, from a legal perspective, unless that role the Network played in the BPD Surveys or the process was confidential, there would appear to be no impediment to that role being noted in an academic paper. It is unlikely this would amount to any sort of endorsement by the AMA. If, however, it is somehow commercially sensitive or otherwise confidential, then that would need to be addressed. The independent author of the Paper should be advised to have any journal that accepts the Paper for publication contact the AMA for discussions before publication.

Associate Professor Sharon Lawn reported that she has now prepared two papers in her own right as an academic and researcher. The first is based on the BPD Consumer Survey data and the second is based on the BPD Carer Survey data. Both papers have been submitted to the *Journal for Psychiatric and Mental Health Nursing* for consideration for publication. The carer paper has been accepted. The consumer paper has also been accepted pending some minor revisions. The Journal is seeking clarifications around the approval processes for the Surveys. After discussion, a copy of the background to the Surveys was provided for Sharon via email from the Meeting. Sharon will provide copies of the papers to the Federal AMA for discussion prior to their publication. The papers will include appropriate acknowledgement for the Network and Ms McMahon.

17.2 4th Annual National BPD Conference

Ms McMahon briefed the NC on the Australian BPD Foundation's 4th Annual National BPD Conference. The Network is a partner to the Conference, which is being held in Victoria on 2 October 2014. The Conference titled, *What Works!*, aims to demonstrate that recovery from BPD is possible and there is cause for optimism. An excellent line–up of international and national speakers will present key note addresses and workshops. This year, the Conference has been sponsored and funded by Spectrum, the Commonwealth Department of Health, MHA, Tandem, Orygen Youth Health, St John of God Pinlodge Clinic, MIND and ACSO.

The 2015 Conference will be held in Adelaide. After discussion, the NC approved the Network partnering with the 2015 Conference provided there are no financial implications for the Network.

17.3 BPD Awareness Week/Day

Ms McMahon has been in discussions with Senator Penny Wright (Australian Greens SA) with a request to her and her Senate colleagues to adopt a motion in the Australian Senate promoting BPD as the USA Congress did in 2008 for the month of May. Senator Wright will tomorrow move the following motion and has advised there will be some additions around substantial health costs, toll on individuals and families, flagging that recovery is possible, suicide rate, and advocacy of organisation/individuals, which more closely mirrors the USA Congress motion.

Borderline Personality Disorder Awareness Day

We move that the Senate :

1. *notes that:*
    a. *at any point in time, about 1 - 4% of the general population experiences Borderline Personality Disorder;*
    b. *the disorder can be characterised by overwhelming emotions, problems with relationships, impulsive and risk–taking behaviour and a fragile sense of self; and*
    c. *a history of trauma, abuse or deprivation is common among those with the disorder; and*
2. *with the aim of promoting understanding of the disorder in the community and working towards better treatment options and quality of life for those affected by the disorder, acknowledges that 5 October 2014 is Borderline Personality Disorder Awareness Day.*

18. CONSUMER AND CARER WORKERS AND SELF–CARE

The Chair reported that the 17 April 2014 meeting of the Victorian Advisory Forum strongly supported the development of an external policy on Consumer and Carer Workers and Self–Care. This is an issue that all consumer and carer advocates need to be aware of in the work that we undertake. Self monitoring for stress, increased work load, insufficient support for example, are fundamental if we are to avoid burn–out. In 1998, the Commonwealth published a compilation of resources materials titled, *The Kit, the Advocacy we Choose to do*, which was developed specifically to guide consumers and carers.

The Meeting then considered the draft text developed by the Chair from the Kit for use as an External Policy for the Network. During discussion, it was agreed that the Chair should further develop the text. It needs to include guidance on the importance of self–reflection and the need for advocates to understand the cultural context and boundaries of any organisation they might be involved with. The Meeting also amended the fifth point, which appears under *Fear* to read:

5) *Undertake~~n~~ advocacy activities ~~with~~ which you feel ~~comfortable~~ are important and manageable.*

It was agreed that the final document should be included on the Network's website as part of the package of Network materials and advice provided to hospitals on setting up consumer and carer advisory committees.

RESOLVED (Chair) carried without dissent

That the National Committee (NC) of the Private Mental Health Consumer Carer Network (Australia) [Network] requests that the Network Chair further develop the draft External Network Policy on Consumer and Carer Self-Care in consultation with the NC. The revised version should include advice on the importance of self–reflection and the need for advocates to understand the cultural context and boundaries of any organisation they might be involved with.

Action: Ms McMahon/NC Members

19. CHILDHOOD TRAUMA AND PARENTS AS CARERS

Ms Kim Werner briefed the Meeting on the topic of the additional support that may be needed by mental health carers where the carer is also the parent of the mental health consumer, particularly with the increasing focus on negative early childhood experiences in the later development of mental illness. Parents who are carers can feel that their parenting skills are being called into question and suffer feelings of blame, guilt, and self–doubt.

The Meeting then considered the following additional information, which had been prepared by Associate Professor Sharon Lawn to capture some of the key issues.

> *Much is spoken and written about 'the burden of caring'. Mental health literature and policy documents are replete with statements about the need for service providers to educate and provide information about mental illness, listen to, engage with and include family carers in mental health care planning. Mental health family carers, in this context, are largely seen as having similar needs and wants in relation to support for their experience of being carers; of being largely a homogeneous group. However, the paths to becoming a mental health family carer vary.*
>
> *The assumption that the caring role is one characterised by unconditional love, devotion and duty to a family member discounts the reality that families are complex, with internal histories and relationships that are sometimes marked with a range of tensions and difficulties. A further assumption is that family caring occurs in a type of vacuum in which the carer provides support to the person diagnosed with a mental illness. This support is largely characterised by caring tasks, so that the family carer is almost seen as an agent or adjunct to the mental health service providers. It fails to acknowledge the complex emotional interactions that are exchanged within families, both beneficial and deleterious to all concerned.*
>
> *One area in which there is little written from the family carer perspective involves their experience of providing care for their adult children who have survived childhood trauma or abuse. In this situation, family carers can feel responsible for the damage caused, or for not protecting their child from the abuser. In some situations they may be made to feel or be told that the person's mental health issues are their fault; their failure as parents. This is not helped by the 1950s 'refrigerator mother' theory which purported that inadequate parenting was a predominant cause of schizophrenia. We see the continued influence of such ideas now being applied to the mothers of people with borderline personality disorder.*

> *In the eyes of service providers, the person diagnosed with the mental illness becomes the object of service provision requiring treatment in isolation from their families; and families are viewed as somehow separate to the person, either facilitating or hindering the services' goals. This occurs within a system in which care tends to be a blunt object, and the person's identity becomes that of a mental health client. Where there has been a history of trauma and abuse, service providers then take sides with either the person or their family. The trauma and abuse become buried within an 'unspoken dialogue', in which these taboo experiences are not discussed openly. Families and the person do what they can to move on with their lives.*
>
> *Our anecdotal experience has been that failure to address this 'unspoken dialogue' can have significant adverse consequences for families and for the person's recovery journey. Each time that the person's condition relapses, they and their family members are flung back into past traumatic experiences as if they were yesterday; old wounds and hurts resurface, delusions reappear with fury, and self–worth is shattered. This vicious complex cycle serves to undermine any progress with recovery for all concerned, as if all their efforts are completely undone. We believe that these experiences need to be understood better by mental health services providers so that they can work more effectively with persons diagnosed with mental illness in the context of these complex family relationships, and to work more effectively with families.*

Evan Bichara mentioned that it may be worthwhile linking in with the work Children of Parents with a Mental Illness (COPMI) are going to do on the development of guidelines for parents who have children with a mental illness, or vice versa.

Ms Werner and Ms Allan both spoke about the importance of family therapy. Done well, family therapy can empower the consumer and their family to work through issues of shame and blame and move on to a much more mutually therapeutic relationship. Ms Allan mentioned that South Pacific Private Hospital in New South Wales has a unique Family Program whereby the consumer and their family learn a number of techniques to support and transform the consumer's family of origin.

After further discussion, there was consensus that a discussion paper should be developed. Ms McMahon will seek to involve appropriate people and organisations including approaching Professor Jeffrey Looi, the PMHA, the RANZCP and South Pacific Private Hospital.

RESOLVED (Chair) carried without dissent

That the National Committee (NC) of the Private Mental Health Consumer Carer Network (Australia) [Network] requests that the Network Chair develop a discussion paper in consultation with the NC on Childhood Trauma and Parents as Carers. The paper should emphasise the importance of family therapy.

Action: Ms McMahon/NC Members

20 NATIONAL MENTAL HEALTH COMMISSION

Since the last meeting of the NC, the Chair of the National Mental Health Commission and Patron of the Network, Professor Allan Fels, accepted the invitation of the Chair to attend and address this Meeting. The Chair welcomed Professor Fels to the Meeting.

Professor Fels briefed the Meeting on the work of the Commission, which was established in 2012 to provide independent reports and advice to the community and government on what's working and what's not. In 2012 and 2013 the Commission produced two annual National Report Cards on Mental Health and Suicide Prevention.

The report cards inform Australians of what is being done well and where we need to do better in mental health. The Commission not only looks at the facts and figures, but also the real and everyday experiences of Australians. The Commission continues to press for mental health to be as high on the Australian Government's agenda as general health. The Commission also believes the contributing life approach continues to be extremely important not only in relation immediate medical care, but also in relation to community services, accommodation, employment, social connectedness and physical and mental health.

Ms McMahon then explained the role of the Network in the private sector.

Professor Fels, as a carer for his daughter who has schizophrenia, has interacted with both the public and private mental health system. As a carer, he fully understands the lifelong commitment and challenges carers face. Currently the role of the carer is often overlooked, or simply ignored by the system. The mental health workforce in particular needs to pay more attention to harnessing the contribution of carers.

Professor Fels then explained the four key models regarding the delivery of health services in a community. These models are set out below with some further additional explanatory information.

Trust Model

Under the Trust Model providers of the service are *trusted* to deliver it. Where public services are involved, relevant agencies are provided with Government funding with reasonably broad freedom to spend the funding as they will in delivering services. In systems that involve provision of private services, such as fee–for–service medical care and private hospital–based services, professionals are trusted to provide the appropriate services to users and to levy a charge for the service provided to the appropriate funding agency, which may be the Government (through such funding mechanisms as the Medicare Benefits Schedule), insurers, or the consumer themselves.

Command and Control, or Mistrust Model

Under this Model there is a managerial hierarchy for service provision and direction from the top of that hierarchy down to the service providers. In this Model providers are *not trusted* to perform their roles properly without outside (Government) interventions. In health care this model is usually called *targets and performance management*.

Voice Model

The Voice Model involves consumers and carers having a say in service provision. This Model presumes that providers will listen to the voices of consumers and carers and then act upon them in a way that meets their needs and concerns.

Choice and Competition Model

In the Choice and Competition Model consumers, instead of accepting unsatisfactory service provision, choose alternative services to get better care.

Funding follows that choice, which engenders competition among providers to improve their quality of service provision.

Each of these Models has its own advantages and disadvantages.

20.1 Review of Mental Health Services and Programmes

In 2014, instead of producing a Report Card, the Australian Government asked the Commission to conduct a national Review of Mental Health Services and Programmes. The Review is examining existing mental health services and programmes across the government, private and non–government sectors. The focus of the Review is to assess the efficiency and effectiveness of programmes and services in supporting individuals experiencing mental ill health and their families and other support people to lead a contributing life and to engage productively in the community. Programmes and services may include those that have as a main objective:

- The prevention, early detection and treatment of mental illness;
- The prevention of suicide;
- Mental health research, workforce development and training; and/or
- The reduction of the burden of disease caused by mental illness.

The Review is considering the following.

- The efficacy and cost–effectiveness of programmes, services and treatments;
- Duplication in current services and programmes;
- The role of factors relevant to the experience of a contributing life such as employment, accommodation and social connectedness (without evaluating programs except where they have mental health as their principal focus);
- The appropriateness, effectiveness and efficiency of existing reporting requirements and regulation of programmes and services;
- Funding priorities in mental health and gaps in services and programmes, in the context of the current fiscal circumstances facing governments;
- Existing and alternative approaches to supporting and funding mental health care;
- Mental health research, workforce development and training
- Specific challenges for regional, rural and remote Australia;
- Specific challenges for Aboriginal and Torres Strait Islander people; and
- Transparency and accountability for outcomes of investment.

An interim report has been provided to the Australian Government and the final report will be submitted by 30 November 2014. The final report will include meaningful principles that will set some directions for the future. Ms McMahon mentioned that the CEO of the Commission, Mr David Butt, will be meeting with public sector consumer and carer representatives on 11 November 2014, so they can provide a consumer and carer perspective in relation to the draft final report. After discussion, Professor Fels asked Ms McMahon to write to him and request the same opportunity be provided for the Network's Executive on behalf of Network's 800 or so private sector consumer and carer Members.

Professor Fels also mentioned some of the other areas the Commission has taken an interest in including the NDIS, public hospital reforms, the policies being pursued by The Hon. Kevin Andrews, MP, Minister for Social Services, and the whole context of budgets cuts and so on.

Professor Fels spoke about the current composition of the Commission, which the meeting noted as follows.

National Mental Health Commission Commissioners

Professor Allan Fels AO	Chair of the National Mental Health Commission
Mr David Butt	Chief Executive Officer and Commissioner
Ms Jackie Crowe	Mental Health Commissioner
Professor Pat Dudgeon	Mental Health Commissioner
Prof Ian Hickie AM	Mental Health Commissioner
Mr Rob Knowles AO	Mental Health Commissioner
The Hon Dr Kay Patterson	Mental Health Commissioner
Mrs Lucinda Brogden	Mental Health Commissioner

At the end of his address, Professor Fels spoke about the very important role the private and the public sectors play in the Australian health care system. In mental health, both sectors still have a long way to go, as do all those other dimensions of accommodation and social connectedness and the linkages between the systems.

20.2 Discussion

The Chair and NC Members discussed a range of issues with Professor Fels, as summarised briefly below.

20.2.1 Third Party Access to Medical Records

The increasing trend toward insurers and others seeking to gain access to detailed potentially sensitive and highly personal information contained in the medical record of a person suffering from a mental illness. In some cases, this can have a clinically detrimental effect on the patient, because it compromises the therapeutic relationship, which the core to achieving good outcomes in mental health. Patients are reporting that they comply with requests from insurers for access to their records because they are too afraid of losing their insurance cover if they refuse.

20.2.3 Gaps in the Mental Health System

Since its inception, the Network has identified the following gaps in the mental health systems.

Carers

The first gap is how Carers are identified in the system, so that mental health workers better understand who they need to engage with in discussions about the consumer. In 2007, the Network was funded by the Commonwealth to conduct two national projects to address this issue.

The second gap is how best to engage with the carer once they have been identified. Mr Hardwick explained some of the sad events in Western Australia that have amplified the need for action in this area. The Stokes Review reported to the Western Australian Government in 2012 on the admission, transfer and discharge practices of public mental health services within WA. The Review highlighted some damning situations where the wishes of the family were not taken into account. In some instances, patients discharged from psychiatric wards against the family wishes subsequently took their own lives. Since that Review not a lot has happened in WA, or nationally, to deal with that situation.

NC Members felt a cultural shift will be required to address the situation. Confidentiality is currently the main reason used not to engage with the family, or a person's carer. Some services, however, have been successful with involving the family and carers without compromising patient confidentiality. Increasingly private hospitals, for example, deals with the situation at admission through completion of a form that sets out who are the relevant family members or carers that can be involved. Another approach would to be to include carer involvement as part of a consumers Advance Directive.

The role of the Carer is difficult. Often a person is thrust into that role without any choice, training, or supports. There should be a duty of care toward carers to involve them, wherever possible, as part of the treating team where it does not infringe patient confidentiality.

The Network has just received funding from ARAFMI WA and MIND Australia to undertake a project to determine a best practice for carer engagement model. The project aims to develop a practical guide for working with carers of people with a mental illness.

Borderline Personality Disorder

The third gap relates to service delivery for people with Borderline Personality Disorder. The Network has conducted two major surveys and convened a conference in Adelaide in 2012.

20.2.4 Private Public Interface

The NC briefed Professor Fels on the issues that relate to the interface between the public and the private sectors. At present, consumers and carers report that they are often discharged back into the community without the necessary follow–up and support that they require. Some demonstration projects and programs like Partners in Recovery (PIR) and Personal Helpers and Mentors (PHaMs) have been invaluable in supporting consumers and their carers in negotiating the mental health system and the interface between the public and private sectors services. There are huge economic benefits for the Government in funding such programs as they enable people to remain within the community, provide invaluable support for the challenges carers face and reduce the need for more expensive and repetitive hospital admissions.

Another issue of concern relates to when the Commonwealth funds an innovative and very useful program for a limited period and then leaves it to the state or territory to decide whether to pick up the program after the term of the Commonwealth funding is completed. In many instances, the state or territory is unable to fund the program, so the service ceases to exist.

21 PARTNERS IN RECOVERY

The Meeting discussed the Partners In Recovery (PIR), which aims to support people with severe and persistent mental illness with complex needs and their carers and families, by getting multiple sectors, services and supports they may come into contact with (and could benefit from) to work in a more collaborative, coordinated and integrated way.

NC Members discussed the two testimonals circulated with the agenda and papers. It was agreed that these should be provided to Professor Fels, along with any other testimonials that can be obtained from the NMHCCF and National Consumer Carer Register.

22. CARER PROJECT

Mr Patrick Hardwick updated the NC on progress with the proposed national project to determine a best practice model for carer engagement. The members of the consortium for the project are:

- ARAFMI WA
- MIND Australia
- MHA
- Network

Since the last NC meeting, ARAFMI WA has approved the allocation of $100,000 toward the total project costs of $202,154. MIND Australia has also agreed to become a member of the consortium and partner with ARAFMI WA as co–funders. Mind Australia will provide $100,000 toward the project. The Project Brief has been revised to accommodate some minor changes requested by MIND Australia. A Memorandum of Understanding (MoU) is being developed between ARAFMI WA and MIND Australia. Mrs Judy Hardy will be appointed as the Project Officer. MHA have agreed to put out a media release to launch the start of the project. Professor Allan Fels and the WA Mental Health Commissioner have expressed an interest in the project. The WA Mental Health Commission may consider funding a pilot in WA for part two of the Project.

There will be three stages to Part One of the Project undertaken over the period of one year. Stage 1 involves development of core principles on ‘best practice’ and an early framework for the Guide for working with carers of people with a mental illness. In Stage 2 a ‘best practice’ nationally consistent Practical Guide for Working with Carers of People with a Mental Illness in Australia will be developed. The Guide will support mental health service providers in the public and private sectors and community managed organisations to work with carers in a more meaningful, engaging and inclusive manner. Stage 3 involves a communication and marketing strategy for dissemination and implementation of the Guide.

Part two of the Project will take approximately twelve months and involve Stages 4, Piloting and 5, Evaluation.

At the end of this agenda item it was agreed that a dedicated webpage should be developed for the Project linked to the Network website.

23 PROPOSED ONLINE RESOURCES FOR ORIENTATION FOR CONSUMER AND CARER WORKERS

At the 17 April, 2014 meeting of the Network’s Victorian Advisory Forum, the potential for the Network to develop an online resources for the orientation of consumers and carers who are engaged by private psychiatric hospitals was raised. The online resources could located on the Network’s website.

The NC discussed this proposal and agreed that components of the national learning and assessment resources being developed for the Certificate IV in Mental Health Peer Work CHC42912 (Certificate IV) would be very useful. Mr Hardwick and Mr Wotherspoon will check whether these resources can be used in that way.

There was consensus that specific orientation information would be very useful not only for the consumers and carers but possibly also for the hospitals. Hospitals may be willing to include a link to the information on their own websites. The orientation resources would have to be generic, so that hospitals could adapt them to their particular needs. Ms McMahon agreed to approach the APHA Psychiatry Committee concerning this proposal with a view to working closely with the APHA in its further development.

RESOLVED (Chair) carried without dissent

1. *That the National Committee (NC) of the Private Mental Health Consumer Carer Network (Australia) [Network] requests that the Network’s representatives on the National Consumer and Carer Peer Work Qualification Reference Group, ascertain whether the national learning and assessment resources for the Certificate IV in Mental Health Peer Work CHC42912 can be used by the Network, as online orientation resources.*

Action: Mr Hardwick /Mr Wotherspoon

2. *That the NC requests that the Chair approach the Australian Private Hospitals Association’s Psychiatry Committee concerning the proposal to develop online PDF resources for the orientation of consumers and carers who are engaged by private psychiatric hospitals.*

Action: Ms McMahon

24 IDENTIFY ADDITIONAL POLICIES EITHER INTERNAL OR EXTERNAL

The NC considered the need for any additional internal or external policies. After discussion it was agreed that the relationship between physical wellbeing and mental health issues should be the subject of a Network policy statement.

25 OTHER BUSINESS

Mr Norm Wotherspoon raised the issue of the need to revise the Network's brochure the next time it is reprinted to ensure prospective Members understand that the Network is only able to advocate on systemic issues of national significance.

26 NEXT MEETING

The Chair thanked Members for their attendance and input. The next Meeting will be held early next year. The final dates were left in the hands of the Chair.

Janne McMahon OAM
Chair

Phillip Taylor
Minutes Secretary