PMHA | PRIVATE MENTAL HEALTH ALLIANCE

# NINETEENTH MEETING

# HELD ON
# FRIDAY, 8 MARCH 2013

# AT
# AMA HOUSE
# 42 MACQUARIE STREET
# BARTON
# AUSTRALIAN CAPITAL TERRITORY

# REPORT OF MEETING

**Glossary of some common acronyms and terms regularly used in this report**

| | |
|---|---|
| **ACSQHC** | Australian Commission on Safety and Quality in Healthcare |
| **AHMAC** | Australian Health Ministers Advisory Council |
| **AMA** | Australian Medical Association |
| **APHA** | Australian Private Hospitals Association |
| **BPD** | Borderline Personality Disorder |
| **COAG** | Council of Australia Governments |
| **CPoC** | Consumer Perceptions of Care |
| **Commonwealth** | The Australian Government |
| **DoHA** | Australian Government Department of Health and Ageing |
| **FY(s)** | Financial Year(s) |
| **Hospital(s)** | Private Hospital(s) with psychiatric beds |
| **HSMdb** | Hospitals Standardised Measures database application of the CDMS |
| **MHDAPC** | Mental health Drug and Alcohol Principal Committee of AHMAC |
| **MHISSC** | Mental Health Information Strategy Standing Committee of MHDAPC |
| **Network** | Private Mental Health Consumer Carer Network (Australia), or PMHCCN |
| **NSMHS** | National Standards for Mental Health Services |
| **PHA** | Private Healthcare Australia (formally Australian Health Insurance Association) |
| **PMHA** | Private Mental Health Alliance |
| **PMHA CCMWG** | PMHA Collaborative Care Models Working Group |
| **PMHA CDMS** | PMHA Centralised Data Management Service |
| **PMHA QIP** | PMHA Quality Improvement Project |
| **PMHA QIPSC** | PMHA Quality Improvement Project Steering Committee |
| **PMHA PEx** | PMHA Patient Experiences of Care Measure |
| **PMHCCN** | Private Mental Health Consumer Carer Network (Australia), or Network |
| **RANZCP** | The Royal Australian and New Zealand College of Psychiatrists |
| **SQPSC** | Safety and Quality Partnership Standing Committee of MHDAPC |

# 1 OPENING AND WELCOME

The Independent Chair of the Private Mental Health Alliance (PMHA or Alliance), Mr Philip Plummer, opened the Nineteenth (19th) meeting of the PMHA (the Meeting) at 9:00 AM on Friday, 8 March 2013. The Meeting was kindly hosted at the Federal Office of the Australian Medical Association (AMA), 42 Macquarie Street, Barton in the Australian Capital Territory.

The Chair welcomed the other Deputy Chair of the Private Mental Health Consumer Carer Network (Australia) [hereafter PMHCCN, or the Network], Ms Kim Werner. The Meeting noted that Ms Werner was attending today to enable all the members of the PMHCCN Executive (Ms Janne McMahon, Mr Patrick Hardwick and Ms Werner) to participate in proceedings generally and in particularly for discussion of Agenda Items 8 and 10.

The Chair also welcomed the new representative for the Australian Government Department of Health and Ageing (DoHA), Ms Helen Marx, who will be replacing Ms Robyn Milthorpe at all future meetings.

Apologies from Dr Choong–Siew Yong were noted and advice had been received that the Australian Government's Department of Veteran's Affairs (DVA) representative, Mr Matthew Jackson, will join the Meeting from 2:00PM on.

## 1.1 Present

***Independent Chair***

| | | |
|---|---|---|
| 1. | Mr Philip Plummer | PMHA Independent Chair |

***Consumers and Carers***

| | | |
|---|---|---|
| 2. | Ms Janne McMahon | PMHA Consumer Representative (PMHCCN Chair) |
| 3. | Mr Patrick Hardwick | PMHA Carer Representative (PMHCCN Deputy Chair) |
| 4. | Ms Kim Werner | Observer (PMHCCN Deputy Chair) |

***Providers***

| | | |
|---|---|---|
| 5. | Dr Bill Pring | AMA |
| 6. | Ms Moira Munro | APHA (PMHA Deputy Chair) |
| 7. | Ms Carol Turnbull | APHA |

***Payers***

| | | |
|---|---|---|
| 8. | Ms Andrea Selleck | PHA (PMHA QIP Steering Committee Chair) |
| 9. | Ms Helen Eriksson | PHA |
| 10. | Ms Robyn Milthorpe | DoHA |
| 11. | Ms Helen Marx | DoHA |
| 12. | Mr Matthew Jackson | DVA (from 2:00 PM) |

***Staff***

| | | |
|---|---|---|
| 13. | Mr Morris–Yates | PMHA CDMS Director |
| 14. | Phillip Taylor | PMHA Director (Secretary) |

## 1.2 Apologies

| | | |
|---|---|---|
| 1. | Dr Choong–Siew Yong | AMA |

## 1.3 Invited Guest

The PMHA Director, Mr Phillip Taylor, reported that the Chief Executive Officer of the National Mental Health Reform Commission, Robyn Kruk AM, would not be joining the meeting as previously planned. Ms Kruk has been invited to Beijing by the Australian Ambassador to make a series of environmental presentations around China. Today, is also the date of the second Commission meeting in Cairns, so no other senior executives were available to attend this PMHA Meeting. Until the end of the next financial year the travel budget for the Commission is restricted, but from July 2013 it may be possible for Ms Kruk to attend a PMHA Meeting in Adelaide on 26 July or 2 August 2013. Another suggested option would be for Commissioner Peter Bicknell, who is based in Adelaide, to attend on behalf of the Commission.

These possible options were discussed. It was agreed that the Members of the PMHA Executive, together with the Director of the PMHA's Centralised Data Management Service (CDMS), Mr Allen Morris–Yates, should continue to meet with the Commission on an informal as needs basis, which has proven successful in the past.

## 2. Report of the last PMHA Meeting

The PMHA adopted the report of its last meeting.

***Resolved (unanimous)***

*That the Private Mental Health Alliance (PMHA) adopts the Report of the Eighteenth PMHA Meeting held on 9 November 2013 in Adelaide, as a true and accurate record of proceedings and directs that the Report be made available on the PMHA website at: www.pmha.com.au.*

***Action: PMHA Director***

## 3 PROGRESS REPORT AND PMHA WORKPLAN

## 3.1 Table of Progress on Matters Arising from the 18th PMHA Meeting

The Meeting updated the Table of Progress on Matters Arising from the last meeting.

| # | TABLE OF PROGRESS | RESPONSIBILITY | STATUS |
|---|---|---|---|
| 2 | **PMHA MEETING REPORTS** | | |
| | Post Report of 17th PMHA Meeting on PMHA Website | PMHA Director | Done |
| | Draft and circulate for comment Report of 17th PMHA Meeting held on 15 June 2012. | PMHA Director | Done |
| | Revise Report of 18th PMHA Meeting and prepare final. | PMHA Director | Done |
| | Agenda Item 19th PMHA Meeting. | PMHA Director | Done |
| 3 | **PROGRESS REPORT AND WORKPLAN** | | |
| | Agenda Item 19th PMHA Meeting | PMHA Director | Done |
| 4 | **AMA FINANCIAL STATEMENTS** | | |
| | Agenda Item 18th PMHA Meeting | PMHA Director | Done |
| 5 | **PMHA COLLABORATIVE CARE MODELS WORKING GROUP** | | |
| | Agenda Item 19th PMHA Meeting | PMHA Director | Done |

| # | TABLE OF PROGRESS (continued) | RESPONSIBILITY | STATUS |
|---|---|---|---|
| 6 | **PMHA QUALITY IMPROVEMENT PROJECT (QIP) STEERING COMMITTEE REPORT** | | |
| | Agenda Item 19th PMHA Meeting | PMHA Director | Done |
| 7 | **PMHA CENTRALISED DATA MANAGEMENT (CDMS) REPORT** | | |
| | Agenda Item 19th PMHA Meeting | PMHA/CDMS Directors | Done |
| 8 | **PMHA, its CDMS and the Network FYs 2013–15** | | |
| | Revise and circulate revised PMHA\CDMS\Network Forward Estimates | PMHA Director | Done |
| | Discuss Forward Estimates on 22 November 2012 via Teleconference | PMHA | Done |
| | Revise Forward Estimates and circulate to PMHA Members for discussion with constituencies | PMHA Director | Done |
| | Agenda Item 19th PMHA Meeting | PMHA Director | Done |
| 9 | **PMHA COMMUNICATION** | | |
| | Revise and circulate 13th PMHA Newsletter for approval via email by PMHA | PMHA Director | Done |
| | Circulate approved 13th Edition electronically in December 2012 | PMHA Director | Done |
| | Write and thank Ms Robyn Kruk for involving the private sector in the Report Card Consultations | PMHA Chair | Done |
| | Agenda Item 19th PMHA Meeting | PMHA Director | Done |
| 10 | **PRIVATE MENTAL HEALTH CONSUMER CARER NETWORK (NETWORK) REPORT** | | |
| | Agenda Item 19th PMHA Meeting | PMHA Director | Done |
| 11 | **MHSC FINAL REPORT** | | |
| | Circulate response from The Hon. Mark Butler MP, Minister for Mental Health and Ageing, to the letter from the PMHA Chair expressing concern over the decision that there will no longer be representation on the new MHDAPC for the PMHA. | PMHA Chair | Done |
| 12 | **MHISS REPORT** | | |
| | Agenda Item 19th PMHA Meeting | PMHA Director | Done |
| 13 | **MHSC SQPS REPORT** | | |
| | Agenda Item 19th PMHA Meeting | PMHA Director | Done |
| 14 | **OTHER BUSINESS** | | |
| | Agenda Item 19th PMHA Meeting | PMHA Director | Done |
| 14.1 | **DVA** | | |
| | DVA to Provide Presentation at next PMHA Meeting on DVA Mental Health Strategy | Mr Jackson | Pending |
| 14.2 | **CDMS Reports** | | |
| | Refer Hospital group being asked to forward all CDMS reports to Health Insurers to PHA MHC | Ms Andrea Selleck | Done |
| 15 | **NEXT MEETING** | | |
| | Organise 19th PMHA Meeting to be held on 8 March in Canberra | PMHA Director | Done |
| | Prepare and circulate Agenda and Papers for 19th PMHA Meeting | PMHA Director | Done |

## 3.3 PMHA Work Plan 2013–15

The Meeting revisited the PMHA Work Plan 2013–15 and agreed it was tracking well.

## 4. AMA FINANCIAL STATEMENTS

The Meeting adopted the *Statement of Income and Expenditure* for the PMHA, its CDMS, and the PMHCCN, for the period 1 July 2012 to 31 December 2012, prepared by the AMA.

The Meeting noted that, as requested by the Parties to the current *AMA Agreement for Services 2011–13*, the surpluses in the budgets for Financial Year (FY) 2011–12 had been carried forward by the AMA into the respective income streams of the PMHA, its CDMS and PMHCCN for this FY 2012–13.

The Meeting also adopted the AMA Statement of Income and Expenditure for the PMHA's Quality Improvement Project (QIP) noting the surplus in that budget is being used to finalise the QIP.

***Resolved (unanimous)***

1. *That the PMHA adopts the AMA Statement of Income and Expenditure for the Private Mental Health Alliance, its Centralised Data Management Service, and the Private Mental Health Consumer Carer Network (Australia), for the period 1 July 2012 to 31 December 2012.*

2. *That the PMHA adopts the AMA Statement of Income and Expenditure for the PMHA Quality Improvement Project (QIP).*

## 5 PMHA COLLABORATIVE CARE MODELS WORKING GROUP REPORT

The Chair of the PMHA's Collaborative Care Models Working Group (CCMWG), Mr Taylor, reported that work on the development of *Principles for Collaboration, Communication and Cooperation between Private Mental Health Service Providers* has been completed. The Principles have been forwarded for comment to the following organisations, who are involved in education, training and setting standards for the relevant professions.

- The Royal Australian and New Zealand College of Psychiatrists (RANZCP)
- Royal Australian College of General practitioners (RACGP)
- Australian Psychological Society (APS)
- Australian College of Mental health Nurses (ACMHN)
- Australian Association of Social Workers (AASW)
- Occupational Therapy Australia (OTA)
- Mental Health Professionals Association

CCMWG will meet on 12 April 2013 to consider the results of this first stage of consultation. If the support of these organisations is secured, then a second stage of consultation on implementation will be undertaken with other relevant organisations such as the Mental Health Professionals Network and Medicare Locals.

## 6 PMHA QIP STEERING COMMITTEE REPORT

In 2009, an anonymous offer of financial support of $250,000 was made available to the AMA to manage, on behalf of the PMHA, for a Quality Improvement Project (QIP or Project) directed at improving outcomes for consumers within the context of the mental health services that are provided by private Hospitals and psychiatrists in private practice. The purpose is to make better use of the mechanism of the PMHA and its CDMS. QIP contains a suite of four complementary activities which are being undertaken within the context of the available funding.

1. Implementation of Consumer Perceptions of Care Measure
2. Outcomes in Private Psychiatry Practice
3. Internet Access to the PMHA's CDMS
4. Borderline Personality Disorder

In 2010, Work Programs for each of these activities were developed and the PMHA established a QIP Steering Committee (QIPSC or Steering Committee) to act as a reference group and to assist with managing the Project. QIP formally commenced at the beginning of 2011, with the appointment of the PMHA Senior Research Officer, Ms

Ellie Rosenfeld. At the beginning of QIP, the Commonwealth provided $230,081 in additional funding to strengthen the Work Programs for Outcomes in Private Psychiatry Practice and Internet Access to the PMHA's CDMS.

The Meeting then adopted the report of the Sixth Meeting of the QIPSC held on 8 November 2012 in Adelaide.

***Resolved (unanimous)***

*That the Private Mental Health Alliance (PMHA) adopts the Report of the Sixth Meeting of the PMHA's Quality Improvement Project (QIP) Steering Committee held on 8 November 2012 in Adelaide.*

The Chair then invited the QIPSC Chair, Ms Andrea Selleck, to report on progress with QIP.

Ms Selleck reported that the seventh and final meeting of the QIPSC was held yesterday back–to–back with this meeting of PMHA.

## 6.1 Implementation of Consumer Perceptions of Care Measure

The goal of this Work Program has evolved into the development of a measure of consumer's experience of the care they receive in both the overnight inpatient and the ambulatory care service settings.

Working in close collaboration with the Australian Private Hospital's (APHA) Psychiatry Committee (APHA–PC) and the PMHCCN National Committee (PMHCCN–NC) the survey items for the *PMHA Patient Experiences of Care* (PMHA–PEx) survey instrument were reviewed and a final set of items developed. Those items were evaluated in the PMHA–PEx Validation Study, which was conducted between July and September 2012. All the data from the Validation Study has now been collected and current work is focussed on determining the final item content and the framework for analysis and reporting for both the PMHA–PEx Overnight Inpatient Care Survey and the Ambulatory Care Survey for the APHA–PC and the PMHCCN–NC to review via teleconference.

After the final form of content and analysis and reporting framework is agreed then the PMHA–PEx Survey instrument together with PMHA–PEx related local analysis and reporting functionality will be integrated within the CDMS Hospital Standardised Measures Database (HSMdb). Implementation by Hospitals then will coincide with the release of the next version of the HSMdb in July 2013. Hospitals will be provided with the Survey templates and a manual with suggestions about how to offer the Survey. That manual is being enhanced based on feedback from Hospitals.

The Meeting noted that the implementation of the PMHA–PEx has been incorporated into the work plan for the CDMS going forward under the next AMA Agreement for Services for FYs 2013–15 (refer to Agenda Item 8.3.2 below).

## 6.2 Outcomes in Private Psychiatry Practice Work Program

The objectives of the Outcomes in Private Psychiatry Practice Work Program was to establish a Private Psychiatrist Research Network (PPRN) and conduct a survey of

psychiatrists of the full spectrum of the population currently served by them (Psychiatrists Workload Study). A total of 19 psychiatrists joined the PPRN, which included the 10 psychiatrists that comprise the AMA Psychiatrists Group (AMAPG).

After formal endorsement by the AMA and the RANZCP, the Psychiatrists Workload Study (WLS) was pilot tested in November 2011 with members of PPRN and AMAPG. In March 2012, the final survey was conducted online. The results were analysed and a final report prepared. QIPSC subsequently endorsed the final report and released it via the PMHA website in December last year. Appropriate articles with a link to the report on the website were included in the following.

- PMHA Newsletter December 2012 Edition
- AMA Psychiatrists Newsletter December 2012 Edition
- RANZCP Psych–E Bulletin

Electronic copies of the Final Report were also circulated, under cover of conjoint correspondence from the Chairs of the PMHA and the QIPSC, to the following.

- The Hon. Tanya Plibersek MP, Minister for Health
- The Hon. Mark Butler MP, Minister for Mental Health and Ageing
- The Chair of the National Mental Health Commission
- Relevant Australian Government Departments
- The President of the AMA
- The President of the RANZCP
- The CEO of Health Workforce Australia

While the distribution of the Final Report completes the Outcomes in Private Psychiatry Practice Work Program, Ms Ellie Rosenfeld is drafting two papers suitable for submission to the Australian and New Zealand Journal of Psychiatry and Australasian Psychiatry.

Dr Bill Pring will be presenting some of the findings of the WLS at the RANZCP Congress in May 2013. This will provide a good opportunity to explore the future role for the PPRN with RANZCP Executive Officers and the Chair of the RANZCP Private Practitioners Network, Dr Gary Galambos.

### 6.3 Internet Access to the PMHA's CDMS

Originally, this activity was intended to only involve a scoping exercise to determine the requirements for a model agreement that would enable appropriate and secure internet–based access for participating stakeholders to the data currently held by the PMHA's CDMS. Additional funding from the Commonwealth, however, enabled the redevelopment of the PMHA website to be progressed to a point whereby the old website was replaced with the architecture necessary to eventually enable secure access for private hospitals and private health insurers to CDMS Training Resources and Standard Quarterly Reports.

The task remaining in this work programme was the development of a model agreement. That agreement, titled *AMA Agreement for Internet Access to the Secure Areas of the Private Mental Health Alliance Centralised Data Management Service Website*, has now been drafted in consultation with the following personnel.

| | |
|---|---|
| Mr Howard Pickrell | AMA General Manager Corporate Services |
| Mr John Alati | AMA Senior Industrial and Legal Officer |
| Mr Michael Manning | AMA Manager Technical Infrastructure |
| Mr Allen Morris–Yates | PMHA CDMS Director |

QIPSC have now considered the draft the Agreement and forwarded some suggested changes to the AMA for review.

The major goals of this Work Program have now been accomplished with the following tasks remaining.

a) Finalisation of the *AMA Agreement for Internet Access to the Secure Areas of the PMHA's CDMS Website*.

b) Testing and implementation of internet-based access to subscriber only resources and reports through the PMHA website's secure portal for private hospitals and private health insurers.

Task (a) and (b) have been incorporated into the work plan for PMHA's CDMS for Financial Years 2013–15 and will be reported on at each subsequent meeting of the PMHA under the normal CDMS Report (refer to Agenda Item 8.3.2 below).

## 6.4 Borderline Personality Disorder

The objective of the Borderline Personality Disorder (BPD) project was to conduct a survey about the provision of psychological services to people with diagnoses of BPD who are admitted to private hospitals. A draft survey instrument was developed, revised, and subsequently endorsed by the APHA–PC. Several strategies were used to recruit as many Hospital Managers of private psychiatric hospitals, and Unit Heads of co–located psychiatry units in private hospitals as possible. The survey was then conducted online during October 2012. The response rate was excellent at 84%.

QIPSC has now considered a copy of the draft final report on the BPD Survey and congratulated Ms Rosenfeld and Mr Morris–Yates on the quality of the analysis of the survey results and thoroughness evident in the preparation of the final report. Some necessary minor changes will be made to the final report before it is approved out–of–session by the QIPSC. Promulgation of the final report for the public domain will be primarily via the PMHA website, with an appropriate article included in the PMHA Newsletter. A hard copy of the report will be provided to The Hon. Mark Butler MP, Minister for Mental Health and Ageing and the Chair of the National Mental Health Commission, Professor Allan Fels AO and to Ms Kruk. Electronic copies of the Final Report will be provided via email to the CEOs of private psychiatric hospitals.

## 6.5 PMHA–QIP Work Plan

QIPSC yesterday agreed that the tasks detailed in the work plan for the QIP have now all been largely completed with aspects of work remaining incorporated successfully into the normal program of work the PMHA's CDMS going forward (refer to Agenda Item 8.3.2 below). The *Progress Report for the PMHA, its CDMS and the PMHCCN 2011–13*, will cover the period 1 July 2011 to 30 June 2013 and include a substantial and detailed final report on the QIP.

## 6.6 QIP Budget

The small surplus evident QIP Budget is being used, as previously agreed, to bring the four work programs to completion. This includes the extension of employment of the PMHA Senior Research Officer, Ms Ellie Rosenfeld, to 30 April 2013. There is also likely to be some costs involved later this year with ensuring that the user access to the secure areas of the PMHA's CDMS portal operate correctly.

## 7 PMHA CENTRALISED DATA MANAGEMENT SERVICE REPORT

The Director of the PMHA's Centralised Data Management Service (CDMS), Mr Morris–Yates, reported that since the last PMHA meeting, the CDMS has continued to focus on completing the PMHA's QIP. Beyond that, the CDMS has been focused on the following tasks under its work plan for 2012–13.

- Support for Hospitals with their ongoing implementation of the data collection protocol and local processing and submission of data to the CDMS.
- Administration and maintenance of the CDMS infrastructure, particularly the equipment and systems maintained in the Adelaide CBD.
- Preparation and distribution of a maintenance release of the HSMdb database application software to all participating Hospitals. (Distributed on 4 February.)
- Preparation and distribution of a new revised version of the CDMS Training Resources to all participating Hospitals. The resources were distributed on CD on 11 February, with follow-up email to key staff on 13 February. The resources on the CD included the following.
  - Guidance to implementation of the National Model.
  - Training materials.
  - Guides and other materials for routine use by Hospital staff.
  - Standard Forms.
  - Basic HoNOS Training session presented in a computer–based training format. The training session is designed to be completed by clinical staff members that have responsibility for completing the HoNOS. It covers the basic material all such persons need to be familiar with, and has been specifically crafted to address a number of problems with the quality of ratings apparent in the data submitted by participating hospitals.

  These materials include significant revisions to the advice regarding the use of the HoNOS and the implementation of the data collection protocol in the Ambulatory Care (e.g., day programs and outreach care) service setting.

  An addition has also been made to the Collection Status codes to enable the fact that a patient has left an episode of care against clinical advice to be identified as the reason why the patient self-assessment measure (MHQ-14) has not completed. The standard data collection form (SM1) has that option now added

to it, and staff responsible for data entry will find that that code (5) is now available for use when entering data into the HSMdb database application.

- Began work on the analysis of the data collected during the PEx Survey Validation Study.

## 8 FUTURE OF THE PMHA, ITS CDMS AND THE PMHCCN

The PMHA, its CDMS and the Network are currently supported under a funding agreement known as the *AMA Agreement for Services 2011–13*, between the AMA, APHA, PHA, DoHA and beyondblue. Under this Agreement, the AMA provides infrastructure support and coordination for the activities of the PMHA, its CDMS and the PMHCCN for the two Financial Years (FYs), 1 July 2011 to 30 June 2013. The Agreement expires on 30 June 2013. The subsequent *AMA Agreement for Services 2013–15*, its supporting budgets and work plans, needs to be in place by 1 July 2013 to provide certainty for these activities beyond 30 June.

Mr Taylor reported that the substantive work involved drafting and negotiating the next *AMA Agreement for Services 2013–15*, its supporting budgets and work plans has now been mostly completed. It is anticipated that all Parties to the Agreement will have completed their final approval processes by the 31 May 2013.

The Chair then welcomed the AMA General Manager of Corporate Services and Chief Financial Controller, Mr Howard Pickrell, to the meeting to participate in the discussion of this Agenda Item.

### 8.1 AMA Agreement for Services 2013–15

The Meeting considered a copy of the final draft of the *AMA Agreement for Services 2013–15* (AMA Agreement) to cover the activities of the PMHA, its CDMS and the Network for the next two FYs, 1 July 2013 to 30 June 2015. This version now incorporates all the suggested amendments and corrections that have been received since the last meeting of the PMHA from the Parties to the Agreement.

After discussion, all the suggested amendments were approved. It was agreed that, pending inclusion of the final supporting budgets, the AMA Agreement should be prepared for Execution on, or before, 1 July 2013.

**Resolved *(unanimous)***

*That the Private Mental Health Alliance (PMHA) requests that the PMHA Director prepare the AMA Agreement for Services 2013–15 for execution on, or before, 1 July 2013.*

***Action: PMHA Director***

### 8.2 PMHA, CDMS and PMHCCN Budgets Forward Estimates FYs 2013–15

The Chair invited the representatives of the Parties to the current *AMA Agreement for Services 2011–13* present (DoHA, PHA, APHA and AMA) to report back on the current position of their respective organisations with regard to the final proposed budgets to

support the activities of the PMHA, its CDMS and the Network for the term of the next AMA Agreement for Services 2013–15.

DoHA

Ms Robyn Milthorpe and Ms Helen Marx reported that since the beginning of 2013 there have been a number of changes in the priorities for the mental health sector, which have impacted on DoHA necessitating the review of a number of proposed program budgets, including proposed budget for the next AMA Agreement. DoHA will therefore need to reduce its proposed total budget for the Agreement from $307,674 to 293,148 for FY 2013–14 and from $315,210 to $300,489 for FY 2014–15. The Meeting noted the revised contribution and budget item DoHA is able to provide support for are as follows.

| ACTIVITY | FY 2013–14 | FY 2014–15 |
|---|---|---|
| PMHA | $69,758 | $73,817 |
| PMHA–CDMS | $116 236 | $116,303 |
| PMHCCN | $107,154 | $110,369 |
| **TOTAL** | **$293,148** | **$300,489** |

The reduction in funding for the PMHA brings DoHA back into line with the level of funding provided by the other Parties supporting the PMHA, while the funding provided for the PMHCCN has been slightly reduced to the level of funding provided during the 2011–12 and 2012–13 FYs.

While the reduction in funding for the AMA Agreement was regrettable, the non–government PMHA Members sincerely thanked DoHA for its efforts in securing what funding was available. In doing so, the Chair acknowledged that there have been other times when the DoHA had been in a different economic position and has been able to provide further support to the PMHA and the PMHCCN, for example, the $230,081 in additional funding that was provided for the PMHA Quality Improvement Project (refer to Agenda Item 6 above).

PHA

Ms Helen Eriksson reported that the proposed AMA Agreement and its Forward Estimates have been referred to the PHA Executive for consideration for approval. Ms Eriksson will advise of the outcome after the Executive meets in May.

APHA

Ms Moira Munro reported the proposed AMA Agreement and its Forward Estimates have been referred to the Board of the APHA for consideration and approval. Ms Munro will advise of the final decision of the APHA Board after their meeting in May.

AMA

Dr Bill Pring reported that, last November, the AMA Federal Council supported the negotiation of the new AMA Agreement and Forward Estimates. The final version of the proposed Agreement and its Forward Estimates have been referred to the AMA Executive for final approval. Dr Pring will advise of the final decision of the AMA Executive after their meeting in May.

Beyonblue

Mr Taylor reported that beyondblue is currently considering approval of the proposed Forward Estimate of its contribution toward the activities of the PMHCCN, and will advise in due course. Should beyondblue be able to continue to provide core funding for the PMHCCN, then they have requested consideration be given to an additional representative for beyondblue being appointed to the PMHCCN's National Committee. Ms McMahon reported the National Committee has already approved that request.

### 8.2.1 PMHA Forward Estimates FY 2013–15

The Meeting briefly revisited the PMHA Forward Estimates for FYs 2013–15, noting that the impact of the small reduction in funding from DoHA for PMHA of $8,000 per FY should be monitored and reassessed toward the end of FY 2013–14.

During discussion there was strong support for the activities of the PMHA's CCMWG continuing under the next AMA Agreement, albeit on the basis of reducing face–to–face meetings to three per FY with teleconferences at other times.

### 8.2.2 CDMS Forward Estimates FYs 2013–15

There were no further changes or comments on the Forward Estimates for PMHA's CDMS for FYs 2013–15.

### 8.2.3 PMHCCN Forward Estimates FYs 2013–15

The Meeting revisited the Forward Estimates for the PMHCCN and discussed the impact of the reduction in DoHA funding with the PMHCCN Executive (Ms McMahon, Ms Werner, and Mr Hardwick). Some of the key issues that arose during that discussion have been summarised below.

- It has now been confirmed that the Chair of the Network is considered, for taxation purposes, to be a contractor and not an employee. This negates the need for payroll tax and will reduce the previous budget allocation for the Network Chair from $93,526 to $89,972 in FY 2013–14, and from $97,267 to $93,571 in FY 2014–15.

- The magnitude of the shortfall in funding for the PMHCCN will be influenced by the anticipated donations from the RANZCP and the APS as follows.

| PMHCCN | FY 2013–14 | FY 2014–15 |
|---|---|---|
| Total funding required | 200,716 | 208,064 |
| Total anticipated core funder contributions | 166,777 | 171,781 |
| **Budget Shortfall without external Donations** | **33,939** | **36,238** |
| RANZCP requested Donation | 16,735 | 17,238 |
| APS requested Donation | 5,000 | 5,000 |
| Sub Total | 21,735 | 22,238 |
| **Budget Shortfall with external Donations** | **12,204** | **14,045** |

Ms McMahon is currently liaising with the RANZCP and the APS concerning the anticipated donations toward the activities of the PMHCCN. If the donations are confirmed, then the budget shortfall will be $12,204 in FY 2013–14 and $14,045 in FY 2014–15. The Network Executive is working through the budget line items to see where costs reductions can be made to meet these budget shortfalls.

It was suggested that this shortfall could be funded from the Network surplus for FY 2011–12 of $28,277. Ms McMahon responded that surplus includes the Network funds ($16,809) held in a separate bank account in South Australia, which are derived from book sales and other promotional activities. That funding has been quarantined for Network development and sustainability, beyond what the Network's operational budget can accommodate. Ms McMahon asked Mr Pickrell if at all possible, to present future AMA Statements of Income and Expenditure in a way that demonstrates that these additional funds are not part of the Network Operational Budget. Ms McMahon also requested that the Network Line Items be provided on monthly basis, so Network expenditure can be closely monitored.

## 8.3 PMHA, CDMS and Network Work Plans FYs 2013–15

The Meeting then discussed the draft work plans of the PMHA, its CDMS and the Network within the context of the funding that is likely to be available for the two FYs 2013–15 under the next AMA Agreement going forward.

### 8.3.1 PMHA Work Plan FYs 2013–15

There were no further changes or comments on the draft PMHA Work Plan 2013–15.

***Resolved (unanimous)***

*That the Private Mental Health Alliance (PMHA) endorses the work plan for the PMHA going forward for the two Financial Years (FYs) 2013–15.*

### 8.3.2 CDMS Work Plan FYs 2013–15

Mr Morris–Yates explained that the next PMHA–CDMS Work Plan for FYs 2013–15 will include the following.

- Routine preparation of SQRs and other reports including Annual Statistical Reports (ASRs), Council of Australian Governments (COAG) Indicator Reports and requests for ad–hoc Reports approved by the PMHA.

- Provision of telephone and email-based support for Hospitals in their ongoing implementation of the data collection protocol and local processing and submission of data to the CDMS.

- Administration and maintenance of the CDMS infrastructure and PMHA website, including the equipment maintained at the CDMS Dale Road office and in the Adelaide CBD.

- Attendance at PMHA and other relevant meetings.

- Revision and update of the HSMdb software for Hospitals.

  – The final version of the MS Access 97 HSMdb software will be provided to Hospitals in July 2013. It will include the final version of the PMHA–PEx survey data entry, data submission and limited local analysis functions.

  – A new fully revised version of the HSMdb software built in MS Access 2010 or 2012 will be released to Hospitals after rigorous testing, both of the new version in its own right and of the data transfer process.

- Re–development of the four components of the CDMS Data Warehouse (this task was put on hold for the duration of the PMHA's two year QIP), including:

  – entity management;
  – data submission and processing;
  – analysis and reporting (Incorporation of the PMHA PEx Measure); and
  – documentation of process for alternate administrators.

- Implementation of internet-based access to subscriber only resources and reports through the PMHA website's secure portal.

Beyond that work, the CDMS in FY 2014–15 would like to look more closely at the following two areas.

(1) Firstly, how we classify cases. At present, a rather primitive principle diagnosis classification is used that does not take account of complexity.

(2) The second area would involve looking at how we identify Hospitals that are performing well in terms of clinical outcomes, which is central to the work of the CDMS.

Mr Morris–Yates would like to more formally engage Professor Andrew Page in this work. One possible way to do that would be for Mr Morris Yates to undertake a Doctorate with Professor Page as his supervisor.

After discussion, it was agreed that Mr Morris–Yates should prepare a proposal for consideration at the next meeting of the PMHA.

***Resolved (unanimous)***

1. *That the Private Mental Health Alliance (PMHA) endorses the work plan for the PMHA Centralised Data Management Services (CDMS) going forward for the two Financial Years (FYs) 2013–15.*

2. *The PMHA requests that the CDMS Director prepare a proposal for consideration by the PMHA for work the CDMS might undertake in FY 2014–15 in two specific areas.*

   *(1) The classification of cases, beyond the current principle diagnosis classification used by the CDMS, which does not account for complexity.*

   *(2) The identification of Hospitals that are performing well in terms of clinical outcomes.*

***Action: CDMS Director***

At the end of this Agenda Item, there was a brief discussion of the implementation timeframe for the PMHA–PEx and when the data derived from the measure would be available to Health Insurers. Mr Morris–Yates explained that, unlike the implementation of the HoNOS and the MHQ–14, it will be several years before Hospitals are proficient with using the PMHA–PEx and before the CDMS is confident that the interrogation and reporting of the data is robust. The HoNOS and the MHQ–14 both had a pedigree and were reasonably simple instruments to use and report on. PMHA–PEx is an entirely new instrument with a new set of items that are strongly related to critical issues for Hospitals. In addition, should any problems arise during the implementation, then the CDMS will need to adjust the instrument, and/or its reporting software. If the implementation and routine collection and reporting processes for PMHA–PEx prove successful in a substantial number of Hospitals, then the provision of data to Health Insurers would be undertaken.

### 8.3.3 PMHCCN Work Plan FYs 2013–15

The Meeting considered a copy of the draft work plan for the PMHCCN for FYs 2013–15, which had been circulated with the agenda and papers.

Ms McMahon responded to several questions and clarified aspects of the work plan that had been further developed at the PMHCCN–NC meeting held on 25/26 February 2013 in Melbourne. This work included a review of the biennial Members Survey.

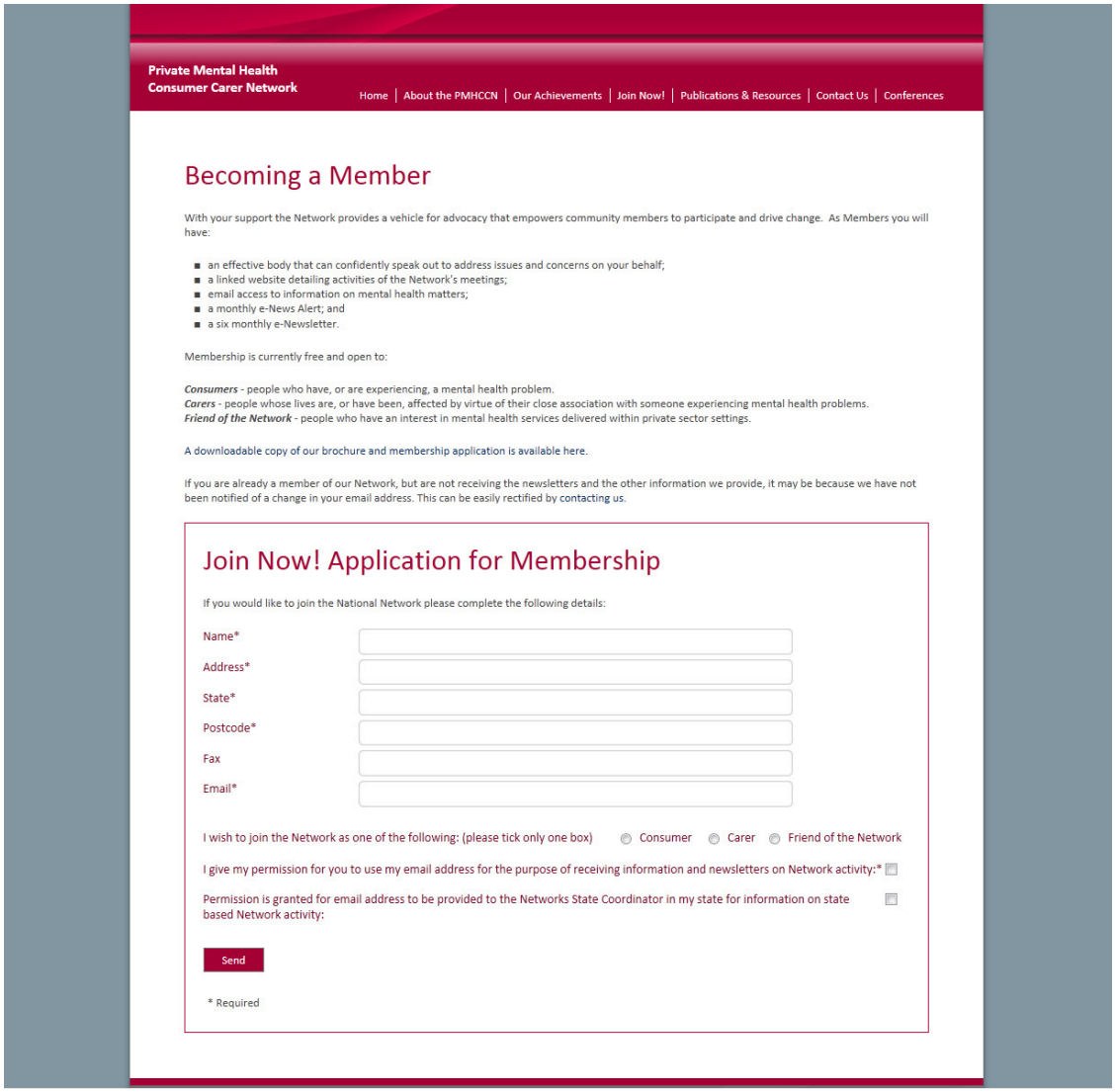
It is anticipated membership of the Network will increase further now that online registration is available via the PMHCCN website. The Meeting noted that, after applicants have completed the registration form on the website and clicked the send icon, the following process is initiated.

- The request is forwarded directly to the PMHA Director and the Network Chair via email. At the same time the applicant is automatically advised that their request for membership has been sent and that they will receive an email response as soon as their details have been registered on the PMHCCN database

- When the PMHA Director receives the email the applicant details are registered on the PMHCCN database securely held at the offices of the Federal AMA in Canberra.

- An email confirming registration is then sent by the PMHA Director to the new Network Member, with a copy to the PMHCCN Chair and State Coordinator if applicable.

A screenshot of the online registration page appears below.



Private Mental Health Consumer Carer Network

Home | About the PMHCCN | Our Achievements | Join Now! | Publications & Resources | Contact Us | Conferences

## Becoming a Member

With your support the Network provides a vehicle for advocacy that empowers community members to participate and drive change. As Members you will have:

- an effective body that can confidently speak out to address issues and concerns on your behalf;
- a linked website detailing activities of the Network's meetings;
- email access to information on mental health matters;
- a monthly e-News Alert; and
- a six monthly e-Newsletter.

Membership is currently free and open to:

***Consumers*** - people who have, or are experiencing, a mental health problem.
***Carers*** - people whose lives are, or have been, affected by virtue of their close association with someone experiencing mental health problems.
***Friend of the Network*** - people who have an interest in mental health services delivered within private sector settings.

A downloadable copy of our brochure and membership application is available here.

If you are already a member of our Network, but are not receiving the newsletters and the other information we provide, it may be because we have not been notified of a change in your email address. This can be easily rectified by contacting us.

## Join Now! Application for Membership

If you would like to join the National Network please complete the following details:

Name*
Address*
State*
Postcode*
Fax
Email*

I wish to join the Network as one of the following: (please tick only one box) Consumer Carer Friend of the Network

I give my permission for you to use my email address for the purpose of receiving information and newsletters on Network activity:*

Permission is granted for email address to be provided to the Networks State Coordinator in my state for information on state based Network activity:

Send

* Required

After discussion of the new online registration system, it was suggested that the establishment of an online system for receiving donations and nominal membership fees may assist the PMHCCN, given they are providing information and resources to Network Members on a regular basis. Ms McMahon agreed to explore this suggestion further in consultation with the AMA going forward.

***Resolved (unanimous)***

1. *That the Private Mental Health Alliance (PMHA) endorses the work plan for the Private Mental health Consumer Carer Network (Australia) [PMHCCN] going forward for the two Financial Years (FYs) 2013–15.*

2. *That the PMHA recommends that the PMHCCN explore the concept of establishing an online system for receiving donations and nominal membership fees via the PMHCCN website.*

***Action: PMHCCN Chair/PMHA Director***

## 9. PMHCCN OR NETWORK REPORT

The Chair then invited Ms McMahon to report on Network activity under its current work plan for FYs 2011–13, which had been circulated with the agenda papers together with a copy of the report of the PMHCCN–NC meeting held on 6/7 October 2012 in Adelaide. The last meeting of the PMHCCN–NC was held at RANZCP Headquarters in Melbourne on 25/26 February 2013.

### 9.1 Network Governance 2013–15

Ms McMahon reported that the 25/26 February 2013 PMHCCN–NC meeting was largely devoted to the review of the Network Governance arrangements and the suit of governance documents which had been prepared by the Network's Deputy Chair, Ms Kim Werner to cover the period of the next AMA Agreement for Services 2013–15. During the course of the two days, two key decisions were made.

(1) The position title Independent Chair of the Network was amended to remove the word *Independent*. The Chair of the Network will always be either a consumer or carer and cannot be considered independent.

(2) The primary role for the Network's State Coordinators was revised to include the establishment of more informal State Advisory Forums, rather than formal committee structures. This should facilitate a more flexible arrangement for State Coordinators and a more rewarding experience for Forum participants.

At the end of the two days, the following documents had been endorsed and referred to the PMHA for consideration and approval in time for implementation with the next *AMA Agreement for Services 2013–15* going forward.

1. Position Description Network Chair
2. Position Description Network Deputy Chairs
3. Position Description and Nomination Process Network State Coordinators
4. Information for Consumer and Carer State Advisory Forum Participants
5. Network Code of Behaviour
6. Network Operating Guidelines 2013–15
7. Network Carer Project Brief
8. Network Risk Management Plan
9. Network Communication Strategy 2013–15

The PMHA Chair then invited the other PMHA Members to provide feedback on these documents.

Dr Bill Pring reported the AMA is currently in the process of reviewing these documents in terms of a range of issues including insurance and human resource management. While the AMA has commended work done to date, it will not be in a position to approve these documents until its review is completed. Some preliminary comments are, however, set out below on how the Network governance can be further strengthened.

- The nature of the relationship between the AMA, PMHA and the PMHCCN needs to be more clearly set out. The structural relationship diagram which, appears in the Introduction to the PMHCCN Operating Guidelines for 2013–15 (Operating Guidelines), needs to reflect that relationship.

- Who the Network Chair is responsible to needs to be clearly identified in the Position Description for the Network Chair. Preliminary advice indicates that the Network Chair should be reporting through the PMHA.

- Representation for the PMHA on the PMHCCN–NC, beyond the PMHA Director, should be considered to establish a more formal linkage between the two groups.

- Clause 7 of the Operating Guidelines, regarding misconduct and removal of members, may be too brief. Advice suggests that this Clause should be amended so that justice is seen to be done, particularly given that PMHCCN Office Bearers may be inclined to launch actions for discrimination if they feel aggrieved. A proper, considered process is less likely to lead to such actions. The AMA Legal Counsel is preparing some amendments for consideration.

- There was a query as to whether the PMHCCN–NC should be undertaking performance management for Office Bearers when those roles are essentially voluntary.

Dr Pring reported that the AMA has offered to take on board any comments or concerns the other Members of the PMHA may have in preparing its suggested amendments to the PMHCCN governance documents. The PMHCCN Executive welcomed this offer. Discussion then focussed on what the other Members of the PMHA would like to see taken into consideration by the AMA and its Legal Counsel.

- Performance management is becoming increasingly important in voluntary capacities and should be included for Network Office Bearers.

- The Position Description for the Network Chair needs to be clear about the term of office for the Network Chair being two years in line with each AMA Agreement with reappointment assessed at the end of each Agreement.

- In all the Position Descriptions it needs to be clear who Office Bearers are appointed by.

- The PMHCCN Code of Behaviour may need further work. It is not clear whether the Code applies only to the Network Office Bearers, or more widely to Network Members.

- Is there a need to obtain Police Checks for PMHCCN Office Bearers? While they do not work with children, where would the liability lie if an Office Bearer, for example, used their access to a Network Member or Network materials for improper purposes?

- The PMHCCN Executive supports that the PMHA Independent Chair becoming a PMHA representative on the PMHCCN–NC. This will formalise the relationship between the entities and provide an additional level of expertise for the PMHCCN–NC. The PMHA agrees that the costs of attendance at the biannual meetings of the PMHCCN–NC will be met from the PMHA budget. The PMHA Director should continue to act as Secretary to these biannual meetings.

**9.2 Network Submissions**

Since the last meeting of the PMHA, the Network has made three submissions to the following.

(1) Royal Commission into Institutional Responses to Child Sexual Abuse.

(2) Australian Greens (Senator Penny Wright) Rural Mental Health Services Consultation.

(3) Senate Standing Committee on Community Affairs Inquiry into the National Disability Insurance Scheme Bill 2012.

**9.3 Australian Commission on Safety and Quality in Healthcare (ACSQHC)**

ACSQHC are collaborating with the National Mental Health Commission to conduct a scoping study on the implementation of the National Standards for Mental Health Services. Ms McMahon has accepted an invitation to represent the PMHCCN on the project advisory group.

**9.4 Contributing to Life Project**

Ms McMahon has met with the consultant responsible conducting the Contributing Life Project, Ms Leanne Craze, for the National Mental Health Commission. Ms McMahon reinforced the need to ensure that private sector consumer and carers are involved in this and other projects. Ms Craze indicated that the CEO of the Commission, Ms Robyn Kruk, had also reinforced the need to involve the private sector.

**9.5 Project Brief for Australian Guidelines for Working with Carers of People with a Mental Illness**

Under its Workplan for 2013–15, the NC is developing a collaborative carer project for the development of *'Australian Guidelines for Working with Carers of People with a Mental Illness'* (Guidelines). At this stage, it is intended that the Guidelines would be applicable to all settings in which mental health care is delivered and across a range of age groups. A consortium of the organisations would be involved with the Network as the lead agency. Mental Health Carers ARAFMI WA Inc. is willing to undertake the necessary contractual agreements for the project and to hold and administer the project funding. Ms McMahon reported on the discussions that are underway with both the

Mental Health Council of Australia and DoHA concerning the project and the funding required.

The PMHCCN Executive then discussed a copy of the project brief with the other Members of the PMHA. Those Members felt that while the project charter to develop *Australian Guidelines for Working with Carers of People with a Mental Illness* was highly commendable, it may prove a complex and difficult first step. Such Australian Guidelines would have to have a robust clinical evidence base before the range of mental health professionals and institutions responsible for the delivery of mental health services in both the private and public sectors would take them up. There are also distinct and complex differences between sectors and how they deliver mental health services, which may require distinctly different guidelines for each sector. Starting with the development of some common core principles on what might be considered best practice for working with carers of people with a mental illness, might be a more appropriate and achievable charter for the consortium's project. This work could then provide the basis for development of an Australian guideline for private sector and an Australian guideline for the public sector, based on those common core principles.

It was also suggested that the establishment of a supportive and iterative process between the consortium's project and the PMHA's CCMWG should be included in the project brief. This will operate to strengthen the potential uptake of the recommendations developed by the consortium, particularly in the private sector. All those who provide, and those who pay for, mental health services in the Australian private sector, are represented on the CCMWG.

Representation for a representative from the Australian Government Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA) would bring a strong public health perspective to the consortiums project.

After further discussion, it was agreed that PMHCCN Executive should proceed with negotiations to fund the consortium's project, subject to both review of the project charter and inclusion in the project brief of an iterative process between the consortium's project and the PMHA's CCMWG.

***Resolved (unanimous)***

*That the Private Mental Health Alliance (PMHA) endorses the Chair of the Private Mental Health Consumer Carer Network (Australia) [PMHCCN] proceeding with negotiations to fund a consortium–based carer project, subject to review of the project charter and inclusion in the project brief of an iterative process between the consortium's project and the PMHA's Collaborative Care Models Working Group.*

***Action: PMHCCN Chair***

## 10. PMHA COMMUNICATION

PMHA Communication is a Standing Item on the PMHA Agenda for discussion of issues related to the PMHA Newsletter and what other strategies might be used to promote the private sector.

Mr Taylor reported that the Thirteenth Edition of the PMHA Newsletter was released in December 2012.

The Meeting then considered the next Edition of the Newsletter and left it in the hands of the PMHA Director to take the necessary steps to develop and finalise the Newsletter out–of–session for distribution in May 2013.

***Resolved (unanimous)***

*That the Private Mental Health Alliance (PMHA) requests that the necessary steps be taken to develop and finalise the Fourteenth Edition of the PMHA Newsletter for review and approval out–of–session by PMHA, prior to its release in April 2013.*

***Action: PMHA Director/PMHA***

## 11 MENTAL HEALTH DRUG AND ALCOHOL PRINCIPLE COMMITTEE

In 2012, a review of Australian Health Ministers Advisory Council (AHMAC) committee and governance structures resulted in the work of the Mental Health Standing Committee being subsumed under the auspice of the new Mental Health/Drug and Alcohol Principal Committee (MHDAPC) of AHMAC. MHDAPC is only comprised of Senior Government Officials.

The role of the MHDAPC is to advise AHMAC on national mental health, alcohol, tobacco, and other drug issues. This work will be undertaken in a complex environment, which includes oversight of the following.

- Fourth National Mental Health Plan
- National Drug Strategy
- The mental health, drug and alcohol elements of the Closing the Gap initiative
- Implementation of designated Mental Health reform initiative of the Council of Australian Governments (COAG).

The establishment of the MHDAPC provides an opportunity to better integrate and progress the work of the both the mental health and drug & alcohol sectors as well as enabling development and implementation of specific and related national initiatives and projects. The PMHA is now linked to the work of the MHDAPC through the positions it holds on MHDAPC's Mental Health Information Strategy Standing Committee (MHISSC) and its Safety and Quality Partnership Standing Committee (SQPSC). The PMHA is represented on the MHISS by the PMHA Deputy Chair, Ms Moira Munro and on the SQPS by Dr Bill Pring.

## 11.1 MHISSC REPORT

MHISSC as a Standing Committee of the new MHDAPC provides expert technical advice and recommendations on initiatives to address the information requirements for MHDAPC.

The Meeting noted the copy of the minutes of the MHISS meeting held on 18/19 October 2012 in Hobart and the agenda for the MHISS meeting to be held on 21/22 March 2013 in Adelaide.

Ms Munro reported that Mr Morris–Yates would be attending the March meeting of MHISSC for discussion of a range of issues that are relevant to the private sector, but in particular for discussion of two major issues.

**National Mental Health Report – Reporting of Ambulatory Care**

The first issue involves Ambulatory Care not being reported accurately for the Australian private sector in the National Mental Health Report (NMHR). This is of major concern as the NMHR is the primary vehicle for reporting on mental health reform. To address this growing problem, discussions are underway between MHISSC and the Australian Institute of Health and Welfare (AHIW) for the PMHA's CDMS to provide accurate data for the AIHW on Ambulatory Care.

**National Repository for Key Performance Indicator (KPI) Data**

The second major issue is the concept of the National Repository for Key Performance Indicator (KPI) Data. In March 2012, MHISS considered an options paper from the National Mental Health Performance Subcommittee which explored possible national activity to complement current state and territory initiatives to advance benchmarking and use of the KPIs in public mental health services. The following five areas were identified where national collaborative action would serve purposes that complemented the work of states and territories, or filled gaps that could not be addressed by initiatives at the individual jurisdiction level.

1. National leadership development
2. National data repository development for reporting of the KPIs
3. National data standards and indicator development
4. System level information sharing
5. Direct facilitation of benchmarking for selected services

MHISS noted that work is ongoing in relation to two of these (3 and 4) and that two of the remaining three concepts (2 and 5) should be further developed. DoHA and AIHW representatives undertook to progress the concept for developing a data repository for reporting of national benchmarks.

Ms Milthorpe reported briefly on some of the powerful computer technology that is now available to the AHIW that will enable better public reporting on mental health going forward.

**National Mental Health Service Planning Framework**

Ms Munro provided a brief update on the National Mental Health Service Planning Framework (Framework). The development of the Framework is being funded by DoHA and being developed by NSW Ministry of Health. The framework will establish targets for the mix and level of the full range of mental health services and is a key action of the Fourth National Mental Health Plan. The Framework will cover both the public and the private sectors and a working tool is expected to be delivered by the end of the 2012–13 Financial Year. Further information can be obtained from the following link.

http://www.health.gov.au/internet/main/publishing.nsf/content/mental–nmhspf

**National project – Development of a consumer self–report measure that focuses on the social inclusion aspects of recovery**

Ms McMahon raised the issue of progress with the *Living in the Community Questionnaire*, developed by Australian Mental Health Outcomes and Classification Network (AMHOCN) and the involvement of the PMHCCN. The Meeting noted AMHOCN was commissioned to develop this consumer self–report measure, which focuses on the social inclusion aspects of recovery. While such a measure is more specific than implied by the recovery concept, its link to recovery is strong. Because people with mental illness often face problems associated with social and economic marginalization, monitoring the extent to which a consumer has positive social inclusion outcomes adds essential information about the individual's overall recovery and complements the clinical outcomes information currently collected. Ms Milthorpe agreed to follow up on progress with this measure and the involvement of the PMHCCN.

The Meeting also noted some of the other key activities being progressed by MHISS include the following.

- National project – Measuring Consumers' Experiences of Care
- Development of a carer experiences of care (family inclusiveness) measure
- National project – Mental Health Intervention Classification (MHIC) Pilot Study
- Mental Health National Outcomes and Casemix Collection (NOCC) Future Directions (2012–24) Review
- COAG National Action Plan on Mental Health 2006–2011 Progress Reports
- National project – Mental Health Non–Government Organisation National Minimum Data Set Project

At the end of this agenda item there was some consensus that the CEO of the Mental Health Council of Australia, Mr Frank Quinlan and the MHCA's recently appointed Director of Policy and Projects, Mr Josh Fear, should be invited to attend a meeting of the PMHA.

## 11.2 SAFETY AND QUALITY PARTNERSHIP STANDING COMMITTEE (SQPSC) REPORT

The SQPSC is now a Standing Committee of the new MHDAPC and will continue to be responsible for taking the Australian Government mental health safety and quality agenda forward.

The Meeting noted a copy of the minutes of the last SQPSC meeting held on, 16 November 2012 in Melbourne. The next meeting of the SQPSC will be held on 15 March 2013 in Sydney.

Dr Pring reported on activities being progressed by the SQPSC, which have been summarised below.

**Recovery Oriented Care (Fourth NMH Plan Action 4)**

The Draft National Recovery Oriented Mental Health Practice Framework (the Framework) and accompanying Executive Summary are nearing completion and a national implementation strategy and a communication strategy are currently being drafted. The Recovery Working Group is also scoping the development of operational guidelines for clinicians and managers as well as vignettes on consumer and carer recovery experiences. SQPSC anticipates the Framework and accompanying documentation will be progressed to Health Ministers in the first half of 2013 for a formal launch at TheMHS Conference in August 2013. Jurisdictions will then be responsible for local promotion and dissemination of the Framework.

**Mental Health Statement of Rights and Responsibilities (Fourth NMH Plan Action 23)**

The revised Mental Health Statement of Rights and Responsibilities (the Statement) was successfully launched by Minister Butler at the Summer TheMHS on 21 February 2013. Health Ministers endorsed the Statement when the Standing Council on Health met on 9 November 2012. Electronic copies are available on line via the DoHA website. Hard copies are being distributed to jurisdictions and stakeholders. Jurisdictions will be responsible for local communication and education strategies and quality improvement processes.

**National Standards for Mental Health Services (Fourth NMH Plan Action 27)**

ACSQHC in consultation with DoHA and SQPSC, has developed a *Consultation Draft Accreditation Workbook for Mental Health* Services (consultation draft workbook). The consultation draft workbook is intended as a tool for health services implementing and being accredited to the National Safety and Quality Health Service Standards and the National Standards for Mental Health Services and assists in understanding areas of overlap and differences in intent and scope.

The consultation draft workbook is available on the ACSQHC website, http://www.safetyandquality.gov.au/our–work/mental–health/ and the feedback via a survey at https://www.research.net/s/accreditationworkbookmhs has been invited through mental health networks. The consultation closes on 30 March 2013. A stakeholder workshop is planned following a review of the survey outcome. The

workshop will consider further feedback on the usefulness of the workbook and inform revisions of the final document prior to publishing online.

**Seclusion and Restraint Reduction in Mental Health Services**

After the completion of the National Beacon Project, states and territories have continued to maintain a focus on seclusion and restraint reduction and support for annual national seclusion and restraint forums. For the 2011 national forum jurisdictions collaborated, via the SQPSC Chief Psychiatrist/jurisdictional members, in bringing together national performance data on current rates of seclusion for presentation to the Forum. This ad hoc collection and reporting was repeated for the 2012 national forum with MHISSC and AIHW instrumental in the validation and analysis of the material. The intention is to continue this collaborative process on an ad hoc basis until more formal annual national data reporting is available.

The key activities for 2013 relate to developing a set of guiding principles on restraint to include the following areas.

- recovery oriented
- consumer focused
- procedural advice to clinicians
- pharmacological guidance
- management of escalating behaviours
- partnership with other key stakeholders i.e. emergency departments, police
- debriefing for consumer and clinician
- training requirements and workforce development

**Reducing Adverse Medication Events (RAME)**

Professor Mark Oakley Browne is now the new Chair of the RAME working group due to the departure of Dr Rowan Davidson from the Chief Psychiatrist role in Western Australia. The areas of priority for 2013 include:

- Safety and quality issues relating to the use of Clozapine;

- Developing national guidelines on physical and metabolic health for mental health clinicians with reference to the use of antipsychotic medication;

- Exploring the development of a national database to record relevant data and information in the areas of deaths and serious adverse medication events in relation to psychotropic medications and associated physical health outcomes; and

- A contained literature review to examine critical areas or “hot spot” areas with antidepressant use in the child/youth population.

**Safe Air Transport of Mental Health Consumers**

At the SQPSC meeting on 16 November 2012, members agreed that the Safe Transport Principles document was progressed prematurely to the MHSC for endorsement. The Safe Air Transport Working Group reconvened on 13 December 2013 to discuss the

issues raised by MHSC and agreed to provide MHDAPC with a briefing on the history of the project and options in taking the work forward.

The Safe Air Transport Project commenced in 2009 to look at the development of specific safe air transport principles that were not addressed in the general *National Safe Transport Principles* endorsed by Health Ministers in 2008. The project aimed to provide a nationally consistent approach to safe air transport in what is a complex environment with numerous issues including:

- Statutory/service delivery responsibilities;
- Flight practice protocols;
- Need to involve and have agreements with service providers;
- Specificity of clinical guidelines;
- Medication;
- Jurisdictional boundaries;
- Interpretation of adverse event; and
- How to capture adverse event data.

The Working Group determined:

- That under the scope of the current project it was not possible to apply generic national safe air transport principles, particularly as the final decision on intubation and medication of highly agitated patients remain subject to national air safety protocols and is the decision of the air service provider;
- It was possible to develop a set of safe transport principles, as a supplementary document to the 2008 Principles, which could be used to inform more specific arrangements that meet the particular transportation needs of jurisdictions, taking into account best practice principles relating to safety and quality of care; and
- The supplementary principles would be a valuable consistent national approach for engagement with external agencies and air transport providers.

**Electroconvulsive Therapy (ECT)**

Ms Milthorpe provided a background on the work the SQPS is doing in relation to ECT. Following the July 2011 SQPS meeting a survey was distributed to all jurisdictions requesting information in regard to ECT practices and activities. The information received was tabled at the 18 November 2011 SQPS meeting and it was agreed that the available information be incorporated into a stocktake table developed by the SQPS Project Officer. After the 9 March 2012 SQPS meeting, Ms Milthorpe prepared a summary document as a reference guide for members. Essentially, the summary document provides responses to four key questions:

1. Which jurisdictions have ECT guidelines?
2. What are the protocols around informed consent?
3. What kind of information is available to consumers regarding ECT? and
4. What kind of reporting procedures are in place?

The intention is for the SQPSC to move toward the development of a unified national statement regarding ECT.

Mr Morris–Yates felt it very important to remember there are differences in casemix between the public and private sectors. Differences in rates of ECT can be entirely explained by those differences in casemix, rather than any arbitrary differences in practice. Ms Munro mentioned that increasingly patients are being transferred from private hospitals to the public sector for ECT because of comorbid medical conditions that might require intensive care unit facilities for back–up. Ms McMahon mentioned that some people who are scheduled may receive ECT against their will, whereas others may request ECT before their condition deteriorates further. Ms Munro and Dr Pring also mentioned the volume of people including nurses and psychiatrists that are now receiving training in ECT.

## 12. DEPARTMENT OF VETERAN AFFAIR'S AND MENTAL HEALTH

The Chair welcomed Mr Matthew Jackson, Director Mental Health Policy for the Australian Government Department of Veterans' Affairs (DVA). Mr Jackson provided an overview of DVA involvement in mental health and explained that, at the end of 2012, DVA Clients were as follows (in round terms).

- 322,000 total beneficiaries
- 150,000 veterans with one or more accepted disabilities
- 46,500 veterans with one or more mental health accepted disabilities

DVA Clients include:

- Veterans from a range of operations, including more recently in the Solomon Islands, East Timor, Iraq and Afghanistan.
- War widows and dependents, including WW1 war widows.

The Australian Defence Force (ADF) is also putting a lot of focus on mental health. The 2010 ADF Mental Health Prevalence and Wellbeing Survey includes a range of data on mental health. Overall, prevalence of mental health disorders in the ADF is similar to the Australian community but profiles of specific disorders vary. For full details, visit the Defence website (www.defence.gov.au) and type in mental health in the search engine to see the results of the Study. DVA is trying to align its strategy strongly with the ADF strategy to ensure continuity of care as ADF personnel move from a military environment to civilian life. DVA expenditure on mental health is set out in Table 1 below.

| DVA Mental Health Expenditure | 10–11 $m |
|---|---|
| Pharmaceuticals | 34.7 |
| Private Hospitals | 33.0 |
| Public Hospitals | 30.9 |
| Veterans and Veterans Families Counselling Service (VVCS) | 24.1 |
| General Practitioners | 19.6 |
| Consultant Psychiatrist | 17.7 |
| Mental health budget measures | 2.7 |
| Private Psychologists and Social workers | 1.8 |
| Australian Centre for Posttraumatic Mental Health (ACPMH) | 1.3 |

DVA have recently completed their consultation on their draft Mental Health Strategy for public consultation. This strategy builds on an earlier 2001 DVA strategy and provides a framework for DVA's mental health services and programs into the future. It aims to set the context for mental health service system, identify strategic objectives and priority actions, and ensure the best possible outcomes for individual mental health and wellbeing.

A copy of the DVA Mental Health Strategy was circulated with the agenda papers for this Meeting.

To date, 26 submissions have been received and there have been 980 hits on the consultation draft website. The next steps include consideration of comments and further developed final draft, with release of the final Strategy later in 2013.

At present there are many ways DVA clients can seek mental health support and information. This includes online mental health information and support at: www.at–ease.dva.gov.au, GP services and access to psychological treatment, psychiatric care, and medical and hospital services for those who need it, including post traumatic stress disorder (PTSD) programs. Counselling and mental health treatment is also available from the Veterans and Veterans Families Counselling Service (VVCS). There is also a phone app for PTSD and some powerful and moving clips on YouTube of ADF personnel and veterans telling their own story about mental health.

In response to a question from Mr Hardwick, Mr Jackson will check with VVCS as to whether there are any DVA guidelines on carer engagement.

Ms McMahon complimented DVA on the quality of the definition of recovery in the Strategy.

DVA will continue to purchase across a diverse range of services to accommodate a range of different cohorts. This includes services DVA purchases from the public and the private sectors.

The Chair thanked Mr Jackson for his informative presentation.

## 13 OTHER BUSINESS

The Chair invited13embers to report on any matters not included on the Agenda.

### 13.1 Scoping project on recognising and responding to deterioration in a person's mental state.

Mr Taylor reported that a selective tender process is being undertaken by ACSQHC for a scoping exercise around the recognising and responding to deterioration in a person's mental state in acute health facilities.

Purpose

The purpose of the scoping exercise is to inform the Commission about what is known about this topic, gaps that could be addressed by the Commission, and whether and how the Commission's existing framework for recognising and responding to physiological deterioration could be applied to deterioration in a person's mental condition (refer to

http://www.safetyandquality.gov.au/our–work/recognition–and–response–to–clinical–deterioration/the–national–consensus–statement). More information about the ACSQHC's work in mental health can be found at: http://www.safetyandquality.gov.au/our–work/mental–health/

Project Scope

The Project's scope, while recognising that a significant proportion of care for people mental illness is delivered in the community, will be focused on people whilst they are being treated in an acute setting, including public and private general and specialist mental health hospitals. The review's scope includes:

- Patients treated in the emergency department, those admitted voluntarily, and involuntary admissions
- All patients, not only those with a mental health admission or in a mental health inpatient facility, but also those whose mental state deteriorates whilst they are in a medical or surgical setting in a general hospital.

The Project will focus on key adverse outcomes associated with deterioration in a patient's mental state including those of:

- Suicide
- Self–harm
- Aggression to other patients, visitors and staff
- Self–discharge from acute facilities
- The need for involuntary admission and/or readmission, seclusion and restraint.

Key Questions

With respect to patients who are being treated in an acute setting, including public and private general and specialist mental health hospitals the Commission wants to know.

1. How is deterioration in a patient's mental state currently defined and assessed?
2. What are the factors, either individual or systemic, that lead to adverse outcomes associated with this deterioration?
3. How often are there adverse outcomes associated with deterioration in a patient's mental state? Where are these outcomes currently reported? Are they publicly reported?
4. What kind of strategies, tools, frameworks, guidelines and approaches are in place to support early recognition of deterioration in mental state for patients in acute care facilities?
5. What kind of strategies, tools, frameworks, guidelines and approaches are in place to manage the potential for adverse outcomes associated with deterioration in a patient's mental state?
6. How are these strategies evaluated? How successful have these strategies been?

7. What are the gaps that need to be addressed to reduce the risk of adverse outcomes associated with deterioration in a patient's mental state?

8. To what extent can the framework developed by the Commission regarding recognising and responding to physiological deterioration be applied to deterioration in a patient's mental state?

9. What actions may be needed for the Commission to contribute to improvements in this area?

As well as literature reviews and an online survey, the Commission also wants some interviews conducted with people who are doing work in the field. The interviews are intended to elicit what is actually happening on the ground.

Since the last meeting of the PMHA, one of the consultants tendering for the project, Dr Leanne Craze approached the PMHA Executive and invited the PMHA to participate in a collaboration for the Project. The role of the PMHA will be to assist with accessing and engaging the private sector, which will include:

- identifying and obtaining sources of relevant information, policies, reports etc within private sector;

- identifying consultation opportunities with private mental health stakeholders and leaders; and

- identifying key private sector informants to consult and interview.

After careful consideration the PMHA Executive accepted the invitation to participate in the collaboration and agreed that Mr Taylor and Mr Morris Yates will take the lead responsibility for the role the PMHA will play.

***Resolved (unanimous)***

*That the Private Mental Health Alliance (PMHA) endorses the decision of the PMHA Executive to accept the invitation of Dr Leanne Craze, of Craze Lateral Solutions, to participate in a collaboration tendering to undertake a scoping exercise for the Australia Commission on Safety and Quality in Healthcare on recognising and responding to deterioration in a person's mental state. PMHA agrees that the PMHA and CDMS Directors will take responsibility for the role the PMHA will play in relation to the following.*

- *Identifying and obtaining sources of relevant information, policies, reports etc within private sector.*

- *Identifying consultation opportunities with private mental health stakeholders and leaders.*

- *Identifying key private sector informants to consult and interview.*

***Action: PMHA/CDMS Directors***

## 14 NEXT MEETING

The Meeting noted the next two meetings of the PMHA will be held as follows for 2013.

| PMHA MEETINGS 2013 ADELAIDE | | | |
|---|---|---|---|
| **VENUE** | **MEETING** | **DATE** | **TIME** |
| The Adelaide Clinic<br>33 Park Terrace<br>Gilberton<br>South Australia | 20th PMHA | Friday, 5 July 2013 | 9:00 AM – 4:00 PM |
| | 21st PMHA | Friday, 1 November 2013 | 9:00 AM – 4:00 PM |

## 15 CLOSE

There being no further business, the Chair closed the Meeting at 3:00 PM.

Mr Philip Plummer
PMHA Independent Chair

Mr Phillip Taylor
PMHA Director (Secretary)