PMHA | PRIVATE MENTAL HEALTH ALLIANCE

TWENTY SECOND (22ND) MEETING

HELD ON FRIDAY, 7 MARCH 2014

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

ABF	Activity Based Funding
ACSQHC	Australian Commission on Safety and Quality in Healthcare
AHMAC	Australian Health Ministers Advisory Council
AIHW	Australian Institute of Health And Welfare
AMA	Australian Medical Association
APHA	Australian Private Hospitals Association
Commonwealth	The Australian Government
FY or FYs	Financial Year (FY) or Financial Years (FYs)
Health Insurers	Private health insurance funds
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 located in Adelaide
PMHA–PEx	PMHA Patient Experiences of Care Measure
PMHA QIP or QIP	PMHA Quality Improvement Project
PMHCCN	Private Mental Health Consumer Carer Network, or Network
SQPSC	Safety and Quality Partnership Standing Committee of MHDAPC
SQR(s)	Standard Quarterly Reports produced by the PMHA's CDMS

1. PROCEDURAL MATTERS

The Independent Chair of the Private Mental Health Alliance (PMHA or Alliance), Mr Philip Plummer, opened the Twenty Second (22nd) meeting of the PMHA (the Meeting) at 9:00 AM on Friday, 7 March 2014. The Meeting was kindly hosted by the Australian Medical Association (AMA), at its Federal Office located at 42 Macquarie Street, Barton, in the Australian Capital Territory.

1.1 Present

PMHA Independent Chair

1. Mr Philip Plummer

Consumers

2.	Ms Kim Werner	Private Mental Health Consumer Carer Network (Network or PMHCCN) Proxy for Ms Janne McMahon

Carers

3.		Mr Patrick Hardwick (Network Deputy Chair)

Providers

4.	Professor Jeffrey Looi	Australian Medical Association (AMA) (Proxy for Dr Yong)
5.	Dr Bill Pring	AMA
6.	Ms Moira Munro	Australian Private Hospitals Association (APHA) (PMHA Deputy Chair)
7.	Ms Carol Turnbull	APHA

Payers

8.	Ms Andrea Selleck	Private Healthcare Australia (PHA) (Chair, PHA Mental Health Committee)
9.	Ms Helen Eriksson	PHA
10.	Matthew Jackson	Australian Government Department of Veterans' Affairs (DVA)

Staff

11.	Mr Phillip Taylor	PMHA Director (Chair PMHA–CCMWG)

1.2 Apologies and Alternates

1.	Dr Choong–Siew Yong	AMA
2.	Ms Janne McMahon	Network Chair
3.	Ms Kirsty Cheyne–Macpherson	Australian Government Department of Health
4.	Mr Allen Morris–Yates	PMHA–CDMS Director

1.3 Invited Guests to PMHA Meetings

The Chair reported that Mr Gary Hanson, from the Mental Health and Palliative Care Unit, at the Australian Institute of Health and Welfare (AIHW), had accepted the invitation to join the PMHA for lunch today and provide a presentation thereafter on the development of web–based reporting of the National Key Performance Indicators

for Australia's Public Mental Health Services and other activities relevant to the PMHA and its Centralised Data Management Service (CDMS). In the absence, however, of the CDMS Director, Mr Allen Morris–Yates and the Network Chair, Ms Janne McMahon, Mr Hanson has kindly agreed to reschedule and attend the next meeting of the PMHA to be held on 13 June 2014 in Canberra.

1.4 Adoption of Reports of PMHA Meetings

The Meeting considered and adopted the draft Report of Twenty First PMHA Meeting held on 1 November 2014 in Canberra.

RESOLVED (Chair) carried without dissent

That the Private Mental Health Alliance (PMHA) approves, as a true and correct record, the Report of the Twenty First PMHA Meeting, held on 1 November 2013 in Canberra, and requests the Report be made available on the PMHA website.

ACTION: PMHA Director

The Chair reported that all actions arising from the Twenty First Meeting had been incorporated into Agenda Item 1.7 Table of Progress on Matters Arising and, where necessary, under relevant agenda items for this Meeting.

1.5 Table of Progress on Matters Arising

The Meeting noted the Table of Progress on Matters Arising from the 21st PMHA Meeting as set out below.

	21st PMHA MEETING Table of Progress on Matters Arising	PERSON RESPONSIBLE	CURRENT STATUS
	PROCEDURAL MATTERS		
1.5	Post Report of 20th PMHA Meeting on PMHA Website	PMHA Director	Done
	Draft and circulate for comment Report of 21st PMHA Meeting	PMHA Director	Done
	Revise Report of 21st PMHA Meeting and prepare final	PMHA Director	Done
1.6.2	PMHA, CDMS Network Progress Report 2011–13		
	Forward Progress Report to Parties to AMA Agreement 2011–13	PMHA Director	Done
	Release Progress Report via the PMHA website	PMHA Director	Done
2	PMHA WORKPLAN 2013–15		
	Agenda Item 22nd PMHA Meeting	PMHA Director	Done
3	AMA FINANCIAL STATEMENTS		
	Agenda Item 22nd PMHA Meeting	PMHA Director	Done
4	PMHA COLLABORATIVE CARE MODELS WORKING GROUP		
4.3	CCMWG Representation		
	Amend CCMWG Operating Guidelines	PMHA Director	Done
	Agenda Item 22nd PMHA Meeting	PMHA Director	Done
5	PMHA CENTRALISED DATA MANAGEMENT (CDMS) REPORT		
	Agenda Item 22nd PMHA Meeting	CDMS Director	Done
5.1 0.1	Discussion		
	Write to the AHIW and advise the following	PMHA Chair	Done
	▪ PMHA agrees in principle to participate in the project to improve NHAPI #17		
	▪ AHIW request has been referred to PMHCCN for endorsement		
	▪ Request AHIW provide consumer friendly project brief for PMHCCN/PMHA		
	▪ Advise PMHA's CDMS will be unable to provide data until September 2014		

	21st PMHA MEETING Table of Progress on Matters Arising	PERSON RESPONSIBLE	CURRENT STATUS
6	PMHA COMMUNICATION		
	Circulate 16th PMHA Newsletter for approval via email by PMHA	PMHA Director	Done
	Publish approved 16th Edition electronically in December 2013	PMHA Director	Done
	Agenda Item 22nd PMHA Meeting	PMHA Director	Done
7	NETWORK REPORT		
	Agenda Item 22nd PMHA Meeting	PMHA Director	Done
	Prepare and submit PMHA Report for 13/14 March 2014 MHISSC	PMHA/CDMS Directors	Done
	Attend 13/14 March 2014 MHISS Meeting in Brisbane	PMHA Deputy Chair	Pending
	Agenda Item 22nd PMHA Meeting	PMHA Director	Done
8.1.1	National Key Performance Indicators for Australia's Public MH Services		
	Invite Mr Gary Hanson to attend the 22nd PMHA Meeting to discuss this work.	PMHA Chair	Done
8.2	MHDAPC SQPSC Report		
	Prepare and submit PMHA Report for 21 March 2014 SQPS meeting	PMHA Director	Done
	Attend 21 March 2014 SQPS meeting	Dr Bill Pring	Pending
	Agenda Item 22nd PMHA Meeting	PMHA Director	Done
11	NEXT MEETING		
	Organise 22nd PMHA Meeting to be held on 7 March 2014 in Canberra	PMHA Director	Done
	Prepare and circulate Agenda and Papers for 22nd PMHA Meeting	PMHA Director	Done

2. PMHA WORK PLAN 2013–15 REVIEW

The PMHA Work Plan 2013–15 (Work Plan) was developed to broadly guide the activities of the PMHA under the auspice of the AMA Agreement for Services 2013–15 for the two Financial Years (FYs) 1 July 2013 to 30 June 2015. The Work Plan, as a living document, is evaluated at each meeting of the PMHA and modified if necessary.

The Meeting agreed the overarching work plan was tracking well and required no modification.

The PMHA Director, Mr Phillip Taylor, reported that he is providing support for the Director of the PMHA's CDMS, Mr Morris–Yates, while he is recovering from a broken collar bone. This includes undertaking the current run of Standard Quarterly Reports (SQRs) for participating Hospitals and Health Insurers remotely from the offices of the Federal AMA in Canberra and then later receipt and processing of Hospital data for the next run of SQRs. This will delay some of the usual work undertaken by the PMHA Director including preparation of PMHA meeting reports and the next edition of the PMHA Newsletter. The Chair indicated that, while unexpected, this development provided an important opportunity for disaster planning, whereby the PMHA Director is gaining some hands on training and experience with receipt and processing of Hospital data and the production of SQRs for Hospitals and Health Insurers.

3. AMA FINANCIAL STATEMENTS

Mr Taylor and the Chair reported on the AMA Statements of Income and Expenditure for the period 1 July 2012 to 31 December 2013 for the following.

- PMHA
- PMHA CDMS (in the absence of the CDMS Director).

- The Private Mental Health Consumer Carer Network Australia (in the absence of the Network Chair).

Mr Taylor also reported on the AMA Statements of Income and Expenditure as at 31 December 2013 for the PMHA Quality Improvement Project (QIP), noting that the last meeting had agreed to some of the remaining $18,465 of QIP bequest funding being directed toward improving the uptake by Hospitals of the PMHA Patient Experiences of Care Measure (PMHA–PEx) developed during the QIP. Ms Moira Munro reported that work would commence shortly on the roadshow directed at improving the uptake by Hospitals of the PMHA–PEx now that Ms Carol Turnbull had almost fully recovered from a broken leg.

The Meeting then noted that the funds remaining of $13,126 from the *Scoping project on recognising and responding to deterioration in a person's mental state* (Scoping Project) had been transferred proportionally into the income streams for the PMHA $7,876 and the CDMS $5,250 as reimbursement for the time spent working on this project by the Directors of the PMHA (0.6 FTE) and its CDMS (0.4 FTE). It is anticipated that the final report on the Scoping Project will soon be published by the Australian Commission on Safety and Quality in Health Care and the National Mental Health Commission.

RESOLVED (Chair) carried without dissent

1. *That the Private Mental Health Alliance (PMHA) adopts the Australian Medical Association (AMA) Statement of Income and Expenditure for the PMHA, its Centralised Data Management Service (CDMS), and the Private Mental Health Consumer Carer Network Australia (Network), for the period 1 July 2013 to 31 December 2013.*

2. *That the PMHA adopts the AMA Statement of Income and Expenditure for the PMHA Quality Improvement Project (QIP) and confirms that some of the remaining $18,465 of funding is to be directed toward improving the uptake by participating private psychiatric facilities of the PMHA Patient Experiences of Care Measure developed during the QIP.*

3. *That the PMHA notes that the funds remaining of $13,126 from the "Scoping project on recognising and responding to deterioration in a person's mental state" has been transferred by the AMA proportionally into the income streams for the PMHA ($7,876) and the CDMS ($5,250), as reimbursement for the time spent working on the project by the PMHA Director (0.6 FTE) and the CDMS Director (0.4 FTE).*

4. PRIVATE MENTAL HEALTH CONSUMER CARER NETWORK (AUSTRALIA) REPORT

The Network was established in 2002 to more effectively involve private sector consumers and their carers in key policy and decision–making processes within the private sector and at the national level.

The Meeting noted that the next meeting of the Network's National Committee will be held in Melbourne on 14/15 April 2014.

In the absence of the Network Chair, the PMHA Chair invited the Network Deputy Chair, Mr Patrick Hardwick, to address the Meeting and discuss progress with the Network's Work Plan for FYs 2013–15 and any other relevant Network Activity. Mr Hardwick reported on the following.

4.1 National Healthcare Agreement performance indicator #17: Treatment rates for mental illness

The AIHW is seeking the assistance of the PMHA with improving the measurement of the *National Healthcare Agreement performance indicator #17: Treatment rates for mental illness* (formerly NHA indicator #21), as part of the second phase of a project that began in 2010, as sanctioned by the Australian Government's National Health Information Standards and Statistics Committee and its Mental Health Information Strategy Standing Committee.

The last PMHA meeting discussed this request and agreed that in principle participation in this important project should be supported. However, before PMHA is able to supply the requested data, the PMHA felt it important to have the support of private sector consumers and carers for this work, so the AIHW request was referred to the Network's National Committee (PMHCCN–NC) for endorsement. To facilitate that endorsement, AIHW was asked to provide a consumer friendly project brief for the PMHCCN–NC, and for the PMHA's other key stakeholders (principally clinicians), that includes the confidentiality safeguards.

Mr Hardwick queried whether the project brief would be available for the 14/15 April 2014 meeting of the PMHCCN–NC. Mr Taylor took this question on notice and was able to later confirm that the AIHW would provide the requested project brief by the end of March 2014.

4.2 Health Insurance and Consumers

The last meeting of the PMHA supported the Network efforts toward raising consumer and carer awareness about mental health treatment in the private sector and private health insurance. Since then, the APHA Psychiatry Committee, in consultation with Ms McMahon, has developed a brochure for consumers on Hospital inpatient admissions and day programs. Ms Munro reported the brochure should be available shortly pending APHA Board approval.

Ms Helen Eriksson reported that the Private Health Insurance Ombudsmen (PHIO), Ms Samantha Gavel, has a specific interest in mental health and would welcome discussion with the Network Executive on matters related to mental health and private health insurance. There is also specific information on the PHIO website related to mental health treatment and private health insurance at: http://www.phio.org.au/facts–and–advice/mental–health–treatment–and–private–health–insurance.aspx

The Network is working on an information sheet for inclusion on the PMHCCN website.

4.3 Network Governance 2013–15

The Coordinator positions for New South Wales and Tasmania are currently vacant.

4.3.1 Network Coordinator New South Wales (NSW)

Despite several calls for nomination, the Network Coordinator position for NSW remains vacant. This has resulted in the Network's State Advisory Forum in NSW lapsing over time. The Chair of the Network has assumed responsibility for NSW and will be convening a special meeting of interested consumers and carers to discuss re–establishment of the NSW Advisory Forum and the Network's NSW Coordinator position. The meeting will be held at St Vincent's Hospital in Sydney on 13 March 2013. The Chief Executive Officers of all participating Hospitals in NSW have been invited to send consumers and carers along to the Forum but, to date, only two of those Hospitals have responded.

4.3.2 Network Coordinator for Tasmania

The position of Network Coordinator for Tasmania has remained vacant since the passing of Ms Lucy Henry last year. Lucy had been the Network's Tasmanian Coordinator since June 2011. The process of a call for nominations is now underway in Tasmania to find a replacement for Lucy and there have been several inquiries about the position.

4.4 Carer Project

About half of the funding has been secured for the proposed twelve month carer project directed at the development of a practical guide for working with carers of people with a mental illness. Mental Health Carers Arafmi WA have agreed to contribute $100,000 toward the project, leaving a shortfall of about another $100,000 before the project can proceed. There is the possibility of another interested Non–Government Organisation (NGO) contributing if they are able to secure some funding.

In meeting with the Australian Government Department of Social Services (formerly Department of Families, Housing, Community Services and Indigenous Affairs) and the Department of Health (formerly Department of Health and Ageing), both Departments agreed that this was an excellent project that they would normally consider funding. Both Departments, however, are not in a position to consider funding new projects at present. All funding is on hold until the recently established National Commission of Audit has completed an in depth review of the scope, efficiency and functions of the Commonwealth government. The review is scheduled for completion by the end of this month.

Mr Hardwick reported that DVA had not yet been approached. Mr Mathew Jackson offered to discuss the project further with Mr Hardwick.

At the request of the PMHA, the CCMWG has included the establishment of a supportive and iterative review process for the carer project in its work plan for 2013–15.

Mr Tim Coombs from the Training and Services Development section of the Australian Mental Health Outcomes and Classification Network (AMHOCN) has also expressed an interest in linking the proposed carer project into the development of training resources for the carer experiences of service provision measure AMHOCN is

developing. Mr Coombs will be raising this with Australian Government's Mental Health Information Strategy Standing Committee.

Mr Hardwick took on notice several other suggestions with regard to possible sources of funding that might be explored.

4.5 Borderline Personality Disorder (BPD)

In 2010, Ms 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 National Committee 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.

4.5.1 Paper: Experiences of Care by Australians with Borderline Personality Disorder

To progress that commitment the Network's South Australian Coordinator, Associate Professor Sharon Lawn, has 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) for consideration for publication. Ms McMahon, is seeking the approval of the PMHA to submit the paper.

The PMHA's CDMS Director, Mr Allen Morris–Yates, has fully reviewed the paper and provided comments for PMHA Members prior to this Meeting. On 4 February 2014, Allen advised the Members of the PMHA by email that he had read the material and found it to be a faithful summary of the material presented in the final report on the

BPD Surveys previously prepared by the Network and now published on their website. Given that, and the fact that it is intended that the paper be submitted to a journal where it will be subject to a highly rigorous review process, Allen did not comment on the content of the paper. However, as the original study was conducted outside the auspices of the PMHA, Allen advised that it is important that any inference, intended or otherwise, that the paper represents the views of the PMHA should be avoided. Therefore, Allen did not think it appropriate that Ms Ellie Rosenfeld be identified in her capacity as an officer of the PMHA as an author of the paper. Mr Taylor reported that Ms McMahon had advised that an earlier version of the paper had been forwarded to the PMHA. The paper that should have been forwarded had removed all reference to the PMHA and to Ms Ellie Rosenfeld as an author.

The Meeting then discussed the paper at length. The following key issues emerged from that discussion.

- There may be a problem related to intellectual property, or involvement, if Ellie Rosenfeld has contributed to the paper and then is subsequently removed without her consent. Ms Kim Werner clarified that Ms Rosenfeld had originally been included as an author in the earlier version of the paper to acknowledge the minor review work Ellie had done as an independent researcher in November 2013, about five months after her employment as the PMHA Research Officer had been completed. Given that Associate Professor Lawn did the substantive work in drafting the current paper, presumably Ms Rosenfeld would not be adverse to her name being removed, but this would of course need to be formally verified with Ellie.

- It is doubtful the paper would be accepted for publication in the ANZJP. Research papers published in the ANZJP are limited to papers that report original high quality research in clinical aspects of psychiatry. Papers submitted, their statistical analysis and their conclusions, are subject to a highly rigorous peer review process. If the paper is not accepted for publication in the ANZJP, there is a risk that the strategic aim of the paper may be compromised, which may reflect adversely on any future research the Network undertakes. If the paper is to be published in its current form, then it is more likely to be have some degree of credibility if the section that deals with the limitations of the original BPD Survey is very clearly stated up front. A possible alternative would be to consider a more thematic analysis for a policy oriented journal that raises the experiential elements of the BPD Survey, rather than the current version of the paper, which places an emphasis on statistics that have acknowledged limitations.

- An alternative approach might be for Associate Professor Lawn, or Ms McMahon, to publish the paper in their own right with due acknowledgement for the role the Network played in the BPD Surveys. On that basis, it may well be that Associate Professor Lawn or Ms McMahon are legally entitled publish the paper in their own right. If that is the case, then the PMHA has no jurisdiction in this matter beyond providing its considered views and advice. The only final matter that would then need to be addressed is whether the AMA is willing for the role the Network played in the BPD Surveys to be acknowledged in the paper. The Network is not an incorporated or legal entity, so the AMA is legally responsible for the Network's role in the BPD Surveys and the data that was collected.

RESOLVED (Chair) carried without dissent

1. *That the Private Mental Health Alliance (PMHA) requests that Ms Ellie Rosenfeld provide formal verification that she has no objection to her name being removed as an author from the paper that was prepared solely by Associate Professor Sharon Lawn titled, Experiences of Care by Australians with Borderline Personality Disorder.*

ACTION: PMHA Director

2. *That the PMHA requests that the Australian Medical Association (AMA) advise whether it is willing for the role the Private Mental Health Consumer Carer Network (Australia) [the Network] played in the Network's Borderline Personality Disorder (BPD) Surveys to be acknowledged in the paper prepared by Associate Professor Sharon Lawn titled, Experiences of Care by Australians with Borderline Personality Disorder.*

ACTION: PMHA Director/AMA

4.5.2 Further BPD work

Mr Hardwick reported on two further tasks that are underway in relation to BPD.

The first task is the development of a companion paper based on the Network's original survey of carers of people with BPD. The paper is to be prepared by Associate Professor Lawn and the lessons learned from the preparation of the *Experiences of Care by Australians with Borderline Personality Disorder* paper will be applied this paper.

The second task involves discussion at the 14/15 April 2014 meeting of the PMHCCN–NC of the development of a plain language version of the Summary Report of the BPD Survey.

Mr Hardwick and Ms Werner confirmed that the work being conducted around BPD is not taking up the time or resources of the Network.

Health Insurers and Hospital representatives reiterated their previous concerns that the Network needs to ensure that it representative of all private sector consumers with a mental illness and their cares rather than being perceived to be focussed on one diagnosis only.

The meeting then viewed the video recording of ABC's 7:30 Report on the recommendations made in two damning reports into Australia's ability to treat patients with BDP, which have been ignored for two years by state and federal governments. At the time of viewing the reports was at:

http://www.abc.net.au/news/2014–03–06/psychiatrist–borderline–personality–disorder–dr–martha–kent/5304344

5. PMHA COLLABORATIVE CARE MODELS WORKING GROUP REPORT

The role of the PMHA's Collaborative Care Models Working Group (CCMWG) is to bring together providers, payers and consumers and carers as a working collaboration to identify areas of commonality and opportunity that can be developed for the benefit of all parties.

The Meeting noted a copy of the draft report of the CCMWG meeting held on 8 November 2013 in Canberra. The Chair invited the CCMWG Chair, Mr Taylor, to report on the last meeting of the CCMWG held on 28 February 2014 in Canberra. Mr Taylor reported on the following.

5.1 Principles for Collaboration, Communication and Cooperation between Private Mental Health Service Providers (Principles)

Since the last meeting of PMHA, the *PMHA Principles for Collaboration, Communication and Cooperation between Private Mental Health Service Providers* (Principles) were released on 11 December 2013. The aim of the Principles is to ensure that mental health professionals dealing with the care of people with a mental illness are able to refer, collaborate and communicate effectively, and where necessary, share care. The Principles have been fully endorsed by the following organisations.

- The Royal Australian and New Zealand College of Psychiatrists
- Australian Psychological Society
- Australian College of Mental Health Nurses
- Australian Association of Social Workers
- Occupational Therapy Australia
- Australian Private Hospitals Association
- Private Healthcare Australia
- Mental Health Professionals Network
- Private Mental Health Consumer Carer Network (Australia)

The Royal Australian College of General Practitioners (RACGP) views this document as a positive contribution to aid better communication and collaboration between mental health professionals and will be promoting this document as an accepted clinical resource to RACGP members. The Principles are available at:

http://www.pmha.com.au/PublicationsResources/Principles.aspx

5.1.1 Mental Health Professionals' Network Webinar

The Mental Health Professionals' Network will broadcast a webinar on the Principles at 7.15 PM – 8.30 PM on Tuesday, 25 March 2014.

The webinar will run for 75 minutes and address issues facing consumers who access private mental health services, highlighting ways practitioners from different mental health disciplines can work together collaboratively to deliver an improved service.

The webinar's panel discussion will focus on highlighting ways that practitioners from different mental health disciplines can work together collaboratively to deliver an improved service to consumers. The Principles will provide an excellent resource to support the discussion.

The panelists are:

1. Ms Janne McMahon (South Australian based consumer advocate)
2. Dr Caroline Johnson (Victorian based GP)
3. Dr Louisa Hoey (Victorian based clinical psychologist)
4. Dr Bill Pring (Victorian based psychiatrist)
5. Dr Mary Emeleus (Queensland based GP) will facilitate the panel discussion.

Webinar registrations opened in early 2014 and as at 28 February 2014 there had been over 400 registrations as delineated in the table below.

Webinar Registrants as at 28 February 2014	#
Aboriginal Health/ Mental Health Worker	1
Carer/Support Worker	1
Community Health Services Worker	5
Consumer Advocate	2
Counsellor	12
Counsellor/Guidance Officer/Chaplain (education)	1
Educator/Teacher	7
Employment/Vocational/Rehabilitation Counsellor	1
General Practitioner	15
Health Educator/Promotion Officer	1
Mental Health Nurse	51
Mental Health Program Manager	1
Mental Health Worker	13
Natural Therapies Practitioner	1
Nurse	9
Occupational Therapist	61
Pharmacist	5
Physiotherapist	1
Program Officer/Manager	2
Psychiatrist	4
Psychologist	210
Rehabilitation /Employment consultant	1
Social Worker	75
Student Social Worker	4
Student – Psychology	5
Student/Intern – Other	4
Youth Worker	2
Total	**495**

5.2 Guidelines for Determining Benefits for Health Insurance Purposes for Private Health Care 2012 Edition

The CCMWG has now commenced its review of the Guidelines for 2012 Edition of the Determining Benefits for Health Insurance Purposes for Private Health Care (Guidelines).

Ms Eriksson reported that the document is in two parts. The first part is now quite dated. The issue of psychiatric intensive care is being discussed as part of the review.

At the 28 February 2014 CCMWG meeting, Members managed to work about half way through a composite draft of the Guidelines, which contained all the comments and

suggested amendments received prior to that meeting. Further amendments were made during the course of discussions. Mr Taylor was asked to make all the agreed amendments up to and including section *6 Staffing* of the Guidelines. A revised version will then be circulated for review and then discussion at the next CCMWG meeting to be held on Friday, 27 June 2014 in Canberra.

Mr Taylor anticipated that the review should be completed by the end of this year.

6. PMHA CENTRALISED DATA MANAGEMENT SERVICE REPORT

The PMHA's CDMS was established on behalf of the PMHA under the auspice of the AMA in 2001 to improve the quality of information and enable benchmarking within the private hospital sector. The PMHA's CDMS works with private hospitals and health insurers to put in place efficient systems for the routine collection of outcomes data that enables the quality and efficiency of mental health service delivery to be evaluated and reported on every quarter.

In the absence of the Director of the CDMS, Mr Morris–Yates, the Chair asked Mr Taylor to report on progress against the CDMS Work Plan for FYs 2013–15, which includes the following tasks.

- Ongoing core tasks, which includes the preparation of Standard Quarterly Reports (SQRs) and the provision of support for participating Hospitals
- Upgrade the Hospitals Standardised Measures database (HSMdb) application
- Implementation of the PMHA Patient Experiences of Care reporting process
- Major enhancements to all Standard Quarterly Reports
- Enable internet–based access to CDMS Resources and SQRs
- Research into the identification of high–quality programs

A summary of the CDMS activities that were discussed by the Meeting are outlined below, together with some additional information.

6.1 Preparation and distribution of Standard Quarterly Reports

Standard Quarterly Reports (SQRs) regarding 1st Quarter of the 2013–14 FY (3 month period ending 30/09/2013) and also the 12 Month period beginning 01/10/2012 and ending 30/09/2013 for Hospitals and Health Insurers are being prepared remotely from the offices of the Federal AMA in Canberra, while Mr Morris–Yates is recovering from a broken collar bone. Hospital SQRs were dispatched this week and the SQRs for Health Insurers will be dispatched next week. Receipt and processing of Hospital data for the next run of SQRs will then commence remotely from Canberra.

6.2 Upgrade the HSMdb application of the CDMS

The CDMS major priority at present is the redevelopment of the HSMdb database application provided by the CDMS to participating Hospitals. This application provides them with an effective means to record, submit and make local use of the data they

collect under the PMHA's National Model. Its use by all but one participating Hospital is one of the reasons for the relative ease most Hospitals have had in implanting the data collection and has also very substantially contributed to the efficiency with which the CDMS has been able to operate.

HSMdb is currently written in Microsoft Access 97. Microsoft no longer support that version of their software. A significant proportion of hospitals are also now finding it increasingly difficult to operate that version of MS Access within their IT infrastructure. The upgrade of HSMdb to a current version of MS Access has therefore now become the major priority for the CDMS. The objective is to have the upgrade completed and distributed to all participating Hospitals by the end of June early July 2014.

Under this Agenda Item, the Meeting discussed one participating Hospital that is having difficulty using the supplied HSMdb software. The facility had asked if their subscription could be put on hold until they were able to use the software. While the difficulty is currently being resolved, the PMHA agreed that should this situation arise again it was matter that would need to be resolved between the facility concerned and the APHA.

6.3 Implementation of the PMHA Patient Experiences of Care Measure (PMHA–PEx)

At the time of the last PMHA meeting the basic analyses and write–up of the PMHA–PEx Validation Study data had been completed and the PMHA–PEx Survey templates had been revised and finalised. The PMHA–PEx Implementation Guide had been written and published. The PMHA–PEx Implementation Guide and Survey Templates were distributed to all participating hospitals on 28 August 2013.

The PMHA–PEx Survey data entry, data submission and local analysis functions have been built into the HSMdb and that updated version of HSMdb was distributed to participating hospitals on 29 September 2013. The HSMdb System Users Guide was updated, particularly with reference to the data entry functions for PMHA–PEx Survey data, and was distributed to all relevant staff members in participating hospitals on 9 October 2013.

All Hospital submissions made with the recently distributed version of HSMdb will include any PMHA–PEx data recorded within HSMdb in respect of the period for which the submission has been made. The CDMS data warehouse submission import functions have been modified to enable that data to be loaded, but analysis and reporting functionality has not yet been developed.

It is expected that the first submissions of significant volumes of PMHA–PEx data by at least some participating Hospitals will begin with those made in respect of the October–December 2013 quarter, which are due for submission by today.

The CDMS will begin reporting PMHA–PEx statistics back to Hospitals within the Standard Quarterly Reports in April 2014.

6.4 Enable Internet–based access to the PMHA's CDMS resources and SQRs

At the beginning of PMHA's QIP, the Commonwealth provided additional funding to enable the architecture for secure internet access for participating private hospitals and private health insurers to the data held by the PMHA's CDMS to be put in place. While that architecture is yet to be fully tested, a *Draft AMA Agreement for Internet Access to the Secure Areas of the PMHA Website* (Draft AMA Agreement) has been developed in consultation with the AMA. The purpose of this Agreement is to provide terms regarding internet–based access to the confidential subscriber only resources that may be held on the website of the PMHA and its CDMS. These resources may include both the Training Resources and the SQRs prepared by the CDMS for participating Hospitals, Health Insurers and other Payers (Payers).

Finalisation of the Draft AMA Agreement and testing of internet–based access for private hospitals and Payers are now part of the CDMS Work Plan for FYs 2013–15. The Meeting acknowledged that one of the strengths that contributed to funding being secured for the PMHA and its CDMS for FYs 2013–15 was that this task would be completed for Hospitals and Payers.

At the last meeting of the PMHA, Mr Morris–Yates reported that the AMA Federal Secretariat's Legal Officer had reviewed the removal of clauses from the Draft AMA Agreement suggested by the final meeting of the QIP Steering Committee held on 7 March 2013. The AMA Legal Officer advised against removal of these clauses. Mr Morris–Yates felt that this impasse might be best resolved by seeking independent legal advice.

After discussion, it was agreed that work on the finalisation of the AMA Agreement and testing of internet–based access for Hospitals and Payers to the PMHA's CDMS resources and SQRs should be the first priority for the CDMS after the work on the HSMdb had been completed.

RESOLVED (Chair) carried without dissent

1. *That the Private Mental Health Alliance (PMHA) requests that finalisation of internet–based access for Hospitals and Payers to the secure areas of the website of the PMHA and its Centralised Data Management Service (CDMS), should be the next priority for the CDMS after the upgrade of the CDMS Hospitals Standardised Measures database (HSMdb) application has been completed.*

ACTION: CDMS Director

2. *That the PMHA requests that a copy of the Draft AMA Agreement for Internet Access to the Secure Areas of the PMHA Website (Draft AMA Agreement), which includes the comments of the final meeting of the PMHA's Quality Improvement Project (QIP), be circulated to PMHA Members, together with a copy of the response from the Australian Medical Association (AMA) Legal Officer. Members are asked to consider the Draft AMA Agreement, QIP comments and AMA advice, and forward any further comments or advice they might wish to make by the end of April 2014.*

ACTION: PMHA Director/PMHA Members

3. *That the PMHA approves some of the $18,465 of bequest funding remaining in the QIP budget being utilized to obtain some external specialist legal advice on the Draft AMA Agreement.*

ACTION: PMHA and CDMS Directors

4. *That the PMHA requests that the Draft Agreement and all comments and legal advice received be included on the agenda for discussion at the 13 June 2014 meeting of the PMHA under the CDMS Report.*

ACTION: PMHA Director

6.5 Research into the identification of high–quality programs

Now that 2014 is underway, Ms Andrea Selleck reminded the Meeting of the work the CDMS is to undertake in FYs 2014–15 in relation to research into the identification of high–quality programs. It was previously agreed that this should be progressed by the CDMS looking 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 had also previously indicated that he would like to more formally engage Professor Andrew Page in this work.

After discussion, it was decided that this work should be a concurrent priority with finalisation of internet–based access agreed under Agenda Item 6.4 above. Mr Morris–Yates is asked to discuss the approach to this work further with the next meeting of the PMHA.

RESOLVED (Chair) carried without dissent

That the Private Mental Health Alliance (PMHA) requests that research into the identification of high–quality programs should be a priority for the PMHA's Centralised Data Management Service (CDMS), after the upgrade of the CDMS Hospitals Standardised Measures database (HSMdb) application has been completed. Work on this priority should be progressed concurrently with the finalisation of internet–based access for Hospitals and Payers to the secure areas of the website of the PMHA and its CDMS.

ACTION: CDMS Director

6.6. National Healthcare Agreement performance indicator #17

After the last meeting of the PMHA, the Chair advised Mr Gary Hanson of the AIHW's Mental Health and Palliative Care Unit, that the PMHA has agreed, "in principle", to the AIHW request for the PMHA's Centralised Data Management Service (CDMS) to participate in the AIHW project to improve the measurement of the National Healthcare

Agreement performance indicator #17: Treatment rates for mental illness. The correspondence also include the following.

1. Notification that the AIHW request has been referred to National Committee of the Private Mental Health Consumer Carer Network (Australia) (PMHCCN–NC) for endorsement.
2. A request for the AIHW to provide a consumer friendly project brief for the PMHCCN–NC, and for the PMHA's other key stakeholders (principally clinicians), that includes an outline of confidentiality safeguards.
3. Advice that the PMHA's CDMS would not be able to supply the data requested until September 2014 and an explanation of the technical reasons for such a delay.

As reported under Agenda Item 4.1 above, the AIHW has given an assurance that the requested project brief will be provided by the end of March 2014. Mr Gary Hanson from the AIHW will also be attending the 13 June 2014 PMHA Meeting where this matter can be discussed further.

7. MENTAL HEALTH DRUG AND ALCOHOL PRINCIPLE COMMITTEE

The Mental Health Drug and Alcohol Principal Committee (MHDAPC) of the Australian Health Ministers Advisory Council (AHMAC) is 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 is being undertaken in a complex environment which includes oversight of the Fourth National Mental Health Plan, the National Drug Strategy, the mental health, drug and alcohol elements of the Closing the Gap initiative for Indigenous People and implementation of designated Council of Australian Governments (COAG) mental health reform initiatives.

The PMHA is 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 MHISSC by the PMHA Deputy Chair, Ms Moira Munro and on the SQPSC by Dr Bill Pring.

Since the last PMHA meeting, MHDAPC met on two occasions – 20 November 2013 (via teleconference) and 7 February 2014.

The 20 November 2013 teleconference focused mainly on progressing matters from Standing Committees including the following.

<u>Intergovernmental Committee on Drugs (IGCD)</u>

- Strategic review of the IGCD
- New Psychoactive Substances Framework
- Pharmacotherapy Guidelines

<u>SQPSC</u>

- Public release of 2012–13 national seclusion data

MHISSC

- Update on Mental Health Non–government Organisation Establishments (MH NGOE) National Minimum Data Set (NMDS)

The meeting of 7 February 2014 commenced with a stakeholder engagement session with updates provided by the following.

- National Mental Health Commission's review of mental health programs
- Department of Social Services
- National Mental Health Consumer and Carer Forum
- Department of Veteran's Affairs
- Mental Health in Multicultural Australia

The MHDAPC business meeting agenda included presentations from Health Workforce Australia, the National Disability Insurance Agency, and discussions on Aboriginal and Torres Strait Islander mental health and wellbeing

MHDAPC business items including discussions regarding the following.

- Impact of the NMHSPF
- Measure of consumer experience of care
- IIMHL membership and annual fees
- MHDAPC annual work plan and budget bid
- Standing Committee updates and project proposals from SQPSC

The MHDAPC Chair, Jeff Moffet, has left is position at Northern Territory Department of Health. AHMAC has appointed Matthew Daly, Secretary, Tasmanian Department of Health and Human Services, as the new MHDAPC Chair. The meeting schedule for 2014 will be finalised with the new Chair as soon as possible.

7.1 MHISSC Report

MHISSC provides expert technical advice and recommendations on initiatives to address the information requirements for MHDAPC. MHISSC is a large Committee that meets over two days three times a year.

The Meeting noted the copy of the minutes of the MHISSC meeting held on 17/18 October 2013 in Canberra and the agenda of the MHISSC meeting to be held 13/14 March 2014 in Canberra. The PMHA Representative on the MHISSC, Ms Moira Munro, attended the October 2013 meeting and will attend the March 2014 MHISSC meeting.

A summary of key activities in the MHISSC work program that are being progressed are outlined below based on the verbal report provided by Ms Munro and additional information provided in MHISSC reports and summaries.

7.1.1 National Key Performance Indicators for Australia's Public Mental Health Services

MHISSC has been involved with the development of the *National Key Performance Indicators for Australia's Public Mental Health Services* for some time. A data collection model and data collection tools for web based reporting by the public sector

is underway. Mr Gary Hanson at the AIHW is responsible for this work. As mentioned previously, Mr Hanson will be attending the 13 June 2014 meeting of the PMHA to discuss this work.

7.1.2 National project – Mental Health NGO National Minimum Data Set Project

The Mental Health NGO Establishments (NGOE) National Minimum Data Set (NMDS) Project aims to collect nationally consistent information on the mental health NGO sector. This will involve an annual collection of funding, staffing and activity data at an organisation level.

Draft data specifications (metadata) have been developed and endorsed. However, , the National Disability Insurance Scheme (NDIS) may affect the capacity of jurisdictions to report this data, so MHISSC deferred a decision on the implementation of the data set specifications as an NMDS, pending clarification with jurisdictions and discussion with the National Disability Insurance Agency. COAG, in response to the National Mental Health Commission's 2012 Report Card stated the following.

> *COAG will draw on the extensive efforts already underway to improve mental health data collections, including development of a mental health Non–Government Organisation minimum data set for reporting in 2015, and development of measurement tools to monitor consumer social inclusion outcomes and their experience of care.*

7.1.3 Development of a carer experiences of care (family inclusiveness) measure

The Carer representative on MHISSC and AMHOCN have undertaken work to develop a tool for measuring carers' experiences and perceptions of mental health services within a recovery framework. A draft Carer Experience of Service Provision Measure (CEoC) has been developed. A proof of concept trial will be undertaken in early 2014. Nominations have been received from states and territories. There has been a high level of interest, and trial sites include child and adolescent, adult and older persons services Ethics applications are underway. Preliminary results should be available by the March 2014 MHISSC meeting.

7.1.4 National project – Measuring Consumers' Experiences of Care

In June 2013 MHISSC considered the results delivered by Victoria on the national project designed to develop consumer experiences of care instrument suitable for use as a national standard. The draft measure has demonstrated very good psychometric properties and consumer acceptability. With minor modifications it is ready for use by health services. Work is occurring to make final wording and format changes, to develop material to support the use of the measure, and to develop structures needed for approval and monitoring of use. This work should be complete in early 2014.

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

The Australian Mental Health Outcomes and Classification Network (AMHOCN) was commissioned by MHISSC to develop a consumer self–report measure that provides information on social inclusion outcomes. With the guidance of a technical advisory

group and the Activity and Participation Questionnaire as a foundation, AMHOCN created the Life in the Community Questionnaire (LCQ). Field trials and test retest collections have been completed and statistical analysis of available data is currently taking place. A final report on the project will be brought back to MHISSC in March 2014.

7.1.6 Australian Bureau of Statistics (ABS) Private Hospitals Establishments Collection

Ms Munro and Mr Morris–Yates met on 31 October 2013 with representatives from the ABS, AIHW, and the Commonwealth Department of Health, to discuss the ABS survey that supports this Collection and the volume of services for ambulatory care provided in the private sector. It will be critically important for the PMHA's CDMS to be involved in this work going forward.

7.1.7 NOCC Future Directions (2012 – 2024) Review

MHISSC, via the National Mental Health Information Development Expert Advisory Panels (NMHIDEAP) is reviewing the NOCC suite, recommending possible changes to the measures and protocols for 2014–2024.

The NOCC Strategic Direction report has been completed and was tabled at the October 2013 MHISSC meeting. In total 25 recommendations have been made in the report. These include some short term changes to simplify protocols, and longer term developmental goals, including the potential development of a single national clinician–rated measure which may build on the HoNOS and include some aspects of function currently measured in the LSP.

NMHIDEAP will develop a prioritisation of these recommendations, which will include the identification of costs, value, impact, risks, required timeframe and feasibility of each recommendation and an accompanying work plan. This will be developed for consideration by MHISSC at its next meeting.

7.2 SQPSC Report

The SQPSC is responsible for taking the Australian Government mental health safety and quality agenda forward, which involves working closely with ACSQHC.

The Meeting noted a copy of the minutes of the SQPSC meeting held on, 15 November 2013 in Sydney. The next meeting of the SQPSC will be held on 21 March 2014 in Sydney. The PMHA noted that the SQPSC has been without dedicated project officer support since the end of May 2013 and as a result a number of SQPSC work plan activities remain in abeyance. However, SQPSC has secured limited one–off funding from MHDAPC for project officer support for the remainder of the 2013–14 FY. This will enable SQPSC to refocus on its work plan priorities to deliver valuable safety and quality initiative outcomes. The current economic climate and external factors may continue to impact on SQPSC activities into 2014–15.

A summary of key developments and SQPSC activities is set out below based on the verbal report provided by Dr Pring and additional information extracted from SQPSC reports and summaries.

7.2.1 9th National Seclusion and Restraint Reduction Forum – 2013

ACT Health hosted the 9th National Seclusion and Restraint Reduction Forum (the Forum) on 28/29 November 2013 in Canberra. The Forum theme was *Reducing the trauma with least restrictive practice: Why it matters to walk the talk.* Over 200 registrants attended to Forum from all states and territories. Live web–streaming was arranged for the Forum and web–streaming on demand was made available 24 hours after the Forum for a 12 month period. The webcasts can be accessed via http://goo.gl/udwGUW

7.2.2 Restraint Working Group Update

The Restraint Working Group (RWG) of SQPSC met on 9 October 2013 and again in February 2014. RWG continues to focus on the development of a set of guiding principles on restraint. The intention of these principles is to identify best practices in the prevention, reduction and, where possible, elimination of restraint that are applicable across jurisdictions and settings. The draft principles were recently circulated to members for comment and are expected to be finalised for consideration by SQPSC at the first meeting in 2014.

Discussion on chemical/pharmacological restraint is out–of–scope for the purposes of the current seclusion and restraint data project. The RWG is undertaking further consideration and research regarding development of a national draft definition.

At its meeting on 9 October 2013 the RWG considered a paper on a selection of definitions sourced nationally and internationally. Members agreed on the following main points when developing a draft definition.

- Administration of medication
- Control of behaviour
- It is given involuntarily
- It is given in emergency situations

A draft definition has been developed for review by RWG members noting that a number of issues still required consideration including whether the definition will allow the collection of useable, relevant data and should those who voluntarily take medication be excluded.

> *Chemical restraint is – the administration of medication in an emergency situation and on an involuntary basis to control the behaviour of a person to prevent the person from harming him/herself or endangering others. It includes circumstances where sedation is provided to ensure safe transport of the person to or between health care settings.*

The issue with the definition that remain to be resolved include the following.

- Whether the draft definition is workable. Purpose of definition should be about control of behaviour and not for treatment of illness.

- One of the difficulties with the draft definition lies with being unable to measure intent.

- A restraint project in Victoria is currently experiencing similar frustrations.
- Concern regarding difficulty in gaining agreement in a definition. If an ideal definition is not going to assist with measuring data, then not achieving objective.
- Measuring acute parenteral sedation is an alternate way to go.

There will now be a wider SQPSC discussion on the draft definition prior to taking this work forward.

Since the departure of the SQPSC project officer at the end of May 2013, South Australia has provided in–kind project support for the RWG. This support ceased on 25 October 2013.

7.2.3 National Standards for Mental Health Services

ACSQHC, in consultation with a working group of representatives from Health and SQPSC, developed an Accreditation Workbook for Mental Health Services. Feedback on the Consultation Draft Accreditation Workbook was generally positive with no major content changes identified. A further consultation workshop with key stakeholders was not considered necessary. The Workbook has been published on the ACSQHC website at http://www.safetyandquality.gov.au/our–work/mental–health/.

On behalf of the NMHC, ACSQHC undertook a scoping study on the implementation of the National Standards for Mental Health Services (NSMHS). Phase 2 has been completed and a series of national focus groups were held from in July through to September 2013. The final report has been drafted for consideration by the NMHC and the ACSQHC. The results of the study will be presented at the first SQPSC meeting in 2014. Copies of the final report will be circulated to the PMHA Members as soon as it is publically available.

Under this Agenda Item, there was a brief discussion of how well private hospitals are performing in relation to accreditation against the mandatory ACSQHC National Safety and Quality Health Service (NSQHS) Standards. At present, while the NSQHS Standards are mandatory, the NSMHS are not.

7.2.4 Reducing Adverse Medication Events

The majority of the Reducing Adverse Medication Events in Mental Health Working Party (RAMEMHWP) work plan activities are currently in abeyance awaiting project officer support. However, a comprehensive list of potential activities to be included in future RAMEMHWP work plans including interventions that involve physical treatments for patients with mental illness such as ECT, deep brain stimulation, management of adverse effects from psychotropic medications such as metabolic syndrome. The list of activities was extensive and the Working Party was asked to identify priorities that could be completed in a work plan time frame.

7.2.5 Safe Air Transport of Mental Health Consumers

The MHDAPC endorsed *Supplementary Safe Transport Principles* to the *National Safe Transport Principles* (2008) on 28 August 2013 with the addition of a caveat which

recognised the primacy of safety in the air is the responsibility of the providers and clinicians at the time. The Principles have been amended and circulated to MHDAPC members for agreement to submit the Principles to AHMAC. Following final endorsement the Supplementary Principles will undergo targeted promotion activities by SQPSC with jurisdictions, transport service providers and other key stakeholders.

7.2.6 National Practice Standards for the Mental Health Workforce

The National Practice Standards for the Mental Health Workforce outline the knowledge, skills, and attitudes required of any member of the five disciplines (mental health nursing, occupational therapy, psychiatry, psychology, and social work) employed in the mental health workforce. A contained review was undertaken in 2012, with the outcomes of this review endorsed out–of–session by SQPSC in June 2013. Following endorsement by SQPSC, the revised Practice Standards were endorsed by MHDAPC at in July 2013, have been published and can be accessed via the Department of Health website at:

https://www.health.gov.au/internet/main/publishing.nsf/Content/mental–pubs–n–wkstd13

7.2.7 Mental Health Professional Online Development (MHPOD)

MHPOD continues to roll out nationally, with the total number of registered users being maintained at around 13,000. Accreditation of MHPOD towards a postgraduate qualification at The University of Melbourne has concluded. The first intake of students will be in November 2013. Following the introduction of the course in Melbourne, work will progress with the University of Queensland, and a NSW university. A pilot of MHPOD was run for the NGO sector at sites in each of the states and territories (except Northern Territory) in 2012. The pilot evaluation report concluded that a roll out of MHPOD to the NGO sector is recommended.

8. ACTIVITY BASED FUNDING AND MENTAL HEALTH

The Chair invited the APHA Representative on the Independent Hospitals Pricing Authority (IHPA) Mental Health Working Group (MHWG), Ms Moira Munro, to report on developments with Activity Based Funding (ABF) and mental health.

Ms Munro reported that, since the last PMHA meeting, the IHPA tendered to engage a suitably qualified consultant (or consortium) to undertake a mental health costing and classification study and to develop the national ABF mental health classification system, which was scheduled for implementation by 1 July 2014. The implementation date for the Australian Mental Health Classification was subsequently revised to 1 July 2016, because of the complexities involved in the development of the classification for mental health.

An open tender process for this project was conducted between October and November 2013, however no suitable responses were received and the process discontinued. The statement of requirement was refined to cover the costing aspect only and a limited tender process was conducted in December 2013. HealthConsult Pty Ltd was the preferred tenderer. HealthConsult will be required to provide the draft final report and mental health costs dataset by March, 2015, with the final report and the final study infrastructure to be provided by April, 2015. IHPA will be responsible for overall

management of the project with the appointed consultant. IHPA will be supported by a Mental Health Costing Steering Committee to oversee the design, compilation, and implementation of the costing study. The Deputy Chair of the PMHA, Ms Moira Munro, has been appointed by the APHA to represent the private sector on the Steering Committee with the PMHA's CDMS Director, Mr Allen Morris–Yates, as her alternate. The Steering Committee will operate until 30 June 2015. It is anticipated that the costing study will involve at least 9 pilot sites, 3 of which will be private psychiatric hospitals. The National Mental Health Service Planning Framework is also going to be used.

8.1 Discussion

The Meeting noted that the AMA Psychiatrist Group (AMAPG) is monitoring developments carefully. AMAPG is concerned as to what will be counted and what won't be counted as this has the potential to skew what conditions are treated and what treatments are offered. This is particularly relevant in the public sector, which will be totally dependent on ABF. Any distortions in what the public sector can provide may then have some impact on the services the private sector can provide.

Health Insurers raised concerns over the risks associated with trying to establish a National Efficient Price (NEP) for Mental Health for public hospitals when the current situation is already skewed in relation to the funding of mental health inpatients in public hospitals. 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. 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 Meeting noted that in New South Wales there is, for example, a regulation whereby someone admitted to public hospital must sign a form of election at the first reasonable opportunity. In a recent case, a person was transferred from a private hospital to a public hospital after their condition had deteriorated. They were scheduled and admitted for 20 days. After 6 days they signed an election form to be treated as private patient and were no longer considered scheduled from that day. In New South Wales, however, the rule is applied retrospectively, so the Health Fund concerned was then placed in a position whereby it had to pay for the entire 20 day episode.

Hospitals confirmed and discussed their own experiences with such cost shifting practices. One option that would resolve the current situation would be to manage patients in the private sector, whether scheduled or not, through the provision of psychiatric intensive care. Health Fund Members would then not have to be transferred to the public sector for that level of care.

At the end of this discussion, Dr Pring offered to assist the PMHA with exploring this issue further. Mr Hardwick agreed to raise it at the April 2014 meeting of the Network's National Committee.

RESOLVED (Chair) carried without dissent

1. *That the Private Mental Health Alliance (PMHA) requests that Ms Moira Munro ascertain whether the agenda and papers for meetings of the Independent Hospitals Pricing Authority (IHPA) Mental Health Working Group (MHWG) are able to be circulated to the PMHA to enable Ms Munro to obtain the useful views of PMHA Members prior to meetings of the MHWG.*

ACTION: Ms Moira Munro

2. *That the PMHA requests that the issue of cost shifting between public hospitals and private health insurers, be included on the agenda for further discussion at the next meeting of the PMHA. Mr Patrick Hardwick is also asked to seek the views of the National Committee of the Private Mental Health Consumer Carer Network (Australia).*

ACTION: Dr Bill Pring/Mr Patrick Hardwick

9. PMHA COMMUNICATION

PMHA Communication is an ongoing 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 Sixteenth Edition of the PMHA Newsletter was released in December 2013.

The Meeting then considered the Seventeenth Edition, which is scheduled for publication in May 2014. During the course of that discussion, it was agreed that publication of the Seventeenth Edition should be delayed until late June or July when more is likely to be known about the implications of the following for mental health.

- The *National Commission of Audit*. The Australian Government established the Commission as an independent body to review and report on the performance, functions and roles of the Commonwealth government. The Commission will report to the Prime Minister, Treasurer, and the Minister for Finance. The first phase of the review was completed at the end of January 2014, and the second phase is due for completion by the end of March 2014.

- The 2014–15 Federal Budget, to be handed down in mid May 2014.

- The *Review of Existing Mental Health Services and Programmes* being conducted for the Australian Government by the National Mental Health Commission. This review will examine existing mental health services and programmes across the government, private and non–government sectors. An interim report is due in June and the final report, providing a new strategy for mental health services in Australia, is due by end November 2014.

The next edition should also include an article on Transcranial Magnetic Stimulation that Ms Carol Turnbull will now be able to provide, and an update on ABF and Mental health.

It was left in the hands of the PMHA Director to develop the Newsletter for PMHA.

RESOLVED (Chair) carried without dissent

That the Private Mental Health Alliance (PMHA) requests that the necessary steps be taken to begin development of the Seventeenth Edition of the PMHA Newsletter for review and approval by PMHA.

Action: PMHA Director/PMHA

10. OTHER BUSINESS

The Chair invited Members to raise any other business that had not been included on the Agenda for discussion.

10.1 Australian Government Department of Veterans Affairs (DVA)

Mr Mathew Jackson reported on current DVA activities and the PMHA noted the following.

DVA is inviting private hospitals to tender for the provision of Private Hospital Mental Health Services for DVA entitled persons. Further information is available from the ausTENDER website at: https://www.tenders.gov.au

DVA also has a number of new initiatives starting this year including a new GP assessment of physical and mental health fitness check for those who are leaving the military. Extension to eligibility for the Veterans and Veterans Family Counselling Service will also take effect from 1 July 2014.

There is a wealth of information and apps on the DVA AT EASE website at http://at–ease.dva.gov.au The website includes the *DVA Veteran Mental Health Strategy: A Ten Year Framework 2013–2023*, for which an action plan is being developed.

10.2 APHA Psychiatry Committee

Ms Munro informed the Meeting of the concerns raised at the last meeting of the APHA Psychiatry Committee related to the apparent growth in the number of health insurance products that are being offered that exclude cover for psychiatric services. The APHA is currently attempting to gather further information on the magnitude of the issue.

11. NEXT MEETING

The Meeting noted the schedule of Meetings remaining for 2014 as set out below.

PMHA Face–to–Face Meetings 2014			
Meeting	Time	Date	Venue
23rd PMHA	9:00 AM – 2:00 PM	Friday, 13 June 2014	3rd Floor Conference Rooms AMA House 42 Macquarie Street Barton Australian Capital Territory
24th PMHA	9:00 AM – 2:00 PM	Friday, 7 November 2014	

12. CLOSE

There being no further business, the Chair closed the Meeting at 2:00 PM.

Mr Philip Plummer
PMHA Independent Chair

Mr Phillip Taylor
Secretary