PMHA | PRIVATE MENTAL HEALTH ALLIANCE

TWENTY SIXTH (26TH) MEETING

HELD ON
FRIDAY, 12 JUNE 2015
AT
AMA HOUSE
42 MACQUARIE STREET
BARTON
AUSTRALIAN CAPITAL TERRITORY

REPORT OF MEETING

Glossary of some common acronyms and terms used in this report

ABF	Activity Based Funding
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
CCMWG	PMHA's Collaborative Care Models Working Group
CDMS	PMHA's Centralised Data Management Service
Commonwealth	The Australian Government
FY(s)	Financial Year(s)
HCP	Hospital Casemix Protocol
Department of Health	Australian Government Department of Health
Hospital(s)	Private Hospital(s) with psychiatric beds
HSMdb	Hospitals Standardised Measures database application of the CDMS
MHDAPC	AHMAC Mental Health/Drug and Alcohol Principal Committee
MHISSC	Mental Health Information Strategy Standing Committee of AHMAC's MHDAPC
Network	Private Mental Health Consumer Carer Network (Australia)
NSMHS	National Standards for Mental Health Services
PHA	Private Healthcare Australia (formally Australian Health Insurance Association)
PMHA	Private Mental Health Alliance
PMHA–PEx or PEx	PMHA's Patient Experiences of Care Measure
SQPSC	Safety and Quality Partnership Standing Committee of AHMAC's MHDAPC
SQR(s)	CDMS Standard Quarterly Reports provided to Hospitals and Payers participating in the PMHA's CDMS

1. PROCEDURAL MATTERS

The Chair of the Private Mental Health Alliance (PMHA or Alliance), Mr Philip Plummer, opened the Twenty Sixth (26th) meeting of the PMHA (the Meeting) at 8:00 AM on Friday, 12 June 2015. Mr Plummer welcomed Members and Observers to the Meeting. The Meeting was held at the offices of the Federal AMA, 42 Macquarie Street, Barton in the Australian Capital Territory.

1.1 Present

PMHA Independent Chair

1. Mr Philip Plummer

Consumers and Carers

2.	Ms Janne McMahon	Consumer and Chair, Private Mental Health Consumer Carer Network (Australia) (Network)
3.	Mr Patrick Hardwick	Carer and Network Deputy Chair

Providers

4.	Dr Bill Pring	AMA
5.	Ms Carol Turnbull	APHA

Payers

6.	Ms Andrea Selleck	PHA (Chair, PHA Mental Health Committee)
7.	Ms Helen Eriksson	PHA
8.	Ms Paul Linden	Commonwealth Department of Health (Department)
9.	Mr Matthew Jackson	Department of Veterans' Affairs (DVA)

Staff

10.	Mr Allen Morris–Yates	PMHA–CDMS Director
11.	Mr Phillip Taylor	PMHA Director (Chair PMHA–CCMWG)

1.2 Apologies and Alternates

1.	Ms Moira Munro	APHA (PMHA Deputy Chair)
2.	Assoc. Prof Jeffrey Looi	AMA
3.	Ms Jan Williamson	Department of Health (Proxy Mr Paul Linden)

1.3 Changes in Representation

There were no changes in representation.

1.4 Observers

The following Observers were in attendance.

1.	Mr Howard Pickrell	Director, AMA Corporate Services (Items 1 to 2.2)
2.	Ms Cherie Roe	AMA Financial Controller (Items 1 to 2.2)
3.	Kim Werner	Network Governance and Policy Officer

1.5 Invited Guests

There were no invited guests.

1.6 Adoption of Reports of PMHA Meetings

After minor amendment, the draft Report of Twenty Fifth PMHA Meeting held on 27 March 2015 was adopted.

RESOLVED (Chair) carried without dissent

That the Private Mental Health Alliance (PMHA) approves, as a true and correct record, the Report of the Twenty Fifth PMHA Meeting, held on 27 March 2015 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 Fifth PMHA 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.

1.7 Table of Progress and Matters Arising

The Meeting noted and updated the Table of Progress on Matters Arising from the 25th PMHA Meeting as set out below.

MEETING	ACTIONS ARISING FROM PREVIOUS PMHA MEETINGS	RESPONSIBILITY	STATUS
24th PMHA	Health Insurers to discuss the CDMS's proposed inclusion criteria for Hospitals that operate 'public' acute psychiatric units within which private patients may be admitted, or which operate such 'public' units alongside of other 'private' psychiatric units.	Ms Selleck/Ms Eriksson	Pending
ITEM #	**25TH PMHA MEETING TABLE OF PROGRESS ON MATTERS ARISING**	**RESPONSIBILITY**	**STATUS**
1.	PROCEDURAL MATTERS		
	Agenda Item 26th PMHA Meeting	PMHA Director	Done
1.4	Post Report of 24th PMHA Meeting on PMHA Website	PMHA Director	Done
	Draft and circulate Report of 25th PMHA Meeting for review by PMHA	PMHA Director	Done
	Revise Report of 25th PMHA Meeting based on feedback received and prepare final draft.	PMHA Director	Done
2.	PMHA REPORT AND WORK PLAN FINANCIAL YEARS (FYs) 2013–15		
	Agenda Item 26th PMHA Meeting	PMHA Director	Done
2.1	AMA Agreement for Services FYs 2015–18		
	Advise AMA Sec Gen of the PMHA's views and suggestions concerning the AMA Agreement	Mr Pickrell	Done
2.3.1	PMHA Work Plan FYs 2015–18		
	Develop a preamble to acknowledge the importance of consumer and carer participation.	PMHA Director/Ms McMahon	Done
2.3.2	Timeline		
	Prepare and circulate final drafts of the AMA Agreement for Services 2015–18 (AMA Agreement 2015–18), its supporting Forward Estimates and Work Plans for the PMHA, its CDMS and Network to PMHA Members seeking out–of–session approval by 17 April 2015 for release to the Parties to the next AMA Agreement 2015–18 (AMA, APHA, PHA and the Commonwealth Department of Health).	PMHA Director	Done 10/04/2015
	Prepare and circulate the PMHA approved final drafts of the AMA Agreement 2015–18, its supporting Forward Estimates and Work Plans for the PMHA, its CDMS and Network to the Parties to the next AMA Agreement 2015–18 for formal consideration and response by 5 June 2015. Advise these organisations that, if they are willing to approve these documents, then final versions can be prepared with the aim of executing the AMA Agreement for Services 2015–18 at the end of June.	PMHA Director	Done 24/04/2015

ITEM #	25TH PMHA MEETING (CONTINUED) TABLE OF PROGRESS ON MATTERS ARISING	RESPONSIBILITY	STATUS
3.	PMHA CENTRALISED DATA MANAGEMENT (CDMS) REPORT		
	Agenda Item 26th PMHA Meeting	CDMS/PMHA Directors	Done
3.2	Ongoing core tasks, which includes the preparation of Standard Quarterly Reports (SQRs) and the provision of support for participating Hospitals		
	APHA Psychiatry Committee to consider whether some form of acknowledgement should be provided to those private hospitals with psychiatric beds participating in the PMHA's Centralised Data Management Service who achieve consistently outstanding outcome measure collection rates.	Ms Munro/Ms Turnbull	Done
3.7	CDMS Work Plan FYs 2015–18		
3.7.1	Discussion		
	CDMS Work Plan FYs 2015–18 to include the development of criteria and indicators to enable the identification of effective clinical programs, that is, of effective models or types of hospital–based care.	CDMS Director	Done
	PMHA Work Plan FY 2015–16 include the establishment of a working group to explore how to facilitate research using the CDMS data, with a particular focus on the important contribution the private sector is making in mental health.	PMHA Director	Done
	CDMS Work Plan FYs 2015–18 include further detail and clear time lines for completion of the tasks involved.	CDMS Director	Done
	Take explanation for wording of Confidential Information back to Health Insurers	Ms Selleck/Ms Eriksson	Done
4	PRIVATE MENTAL HEALTH CONSUMER CARER NETWORK REPORT AND WORKPLAN 2013–15		
	Agenda Item 26th PMHA Meeting	PMHA Director	Done
5.	ACTIVITY BASED FUNDING AND MENTAL HEALTH		
	Agenda Item 26th PMHA Meeting	PMHA Director	Done
6.	MENTAL HEALTH DRUG AND ALCOHOL PRINCIPLE COMMITTEE (MHDAPC)		
6.1	MHISSC Report		
	Agenda Item 26th PMHA Meeting	PMHA Director	Done
6.2	SQPSC Report		
	Agenda Item 26th PMHA Meeting	PMHA Director	Done
7.	DEPARTMENT OF VETERAN AFFAIRS		
	Agenda Item 26th PMHA Meeting	PMHA Director	Done
8.	PMHA COMMUNICATION		
	Develop the next (19th) Edition of the PMHA Newsletter	PMHA Director	Done
	Circulate the draft of the Newsletter for PMHA review and approval out–of–session	PMHA Director/PMHA	Done
	Release the approved Newsletter electronically	PMHA Director	4/5/2015
	Agenda Item 26th PMHA Meeting	PMHA Director	Done
9.	OTHER BUSINESS		
	Agenda Item 26th PMHA Meeting	PMHA Director	Done
10.	NEXT MEETING		
	Organise 26th PMHA Meeting to be held on 12 June 2015 in Canberra	PMHA Director	Done
	Prepare and circulate Agenda and Papers for 26th PMHA Meeting	PMHA Director	Done

1.7.1 CDMS Standard Quarterly Reports (SQRs)

Ms Helen Erikson reported that Health Insurers are yet to discuss the CDMS's proposed inclusion criteria for Hospitals that operate 'public' acute psychiatric units within which private patients may be admitted, or which operate such 'public' units alongside of other 'private' psychiatric units.

Ms Carol Turnbull reported that the APHA Psychiatry Committee has considered whether some form of acknowledgement should be provided to those private hospitals

with psychiatric beds participating in the PMHA's Centralised Data Management Service who achieve consistently outstanding outcome measure collection rates. What form that recognition will take is yet to be determined and will require further discussion.

1.8 Financial Report

The Chair reported on the AMA Statements of Income and Expenditure for the PMHA, its CDMS and the Network for the periods 1 July 2014 to 31 March 2015. The Statements indicate the budgets are tracking well and include the new format that holds stakeholder contributions constant with supplementary budget lines to show how additional income and any aggregated surpluses are being expended.

In response to a query concerning the staffing expenditure for PMHA and CDMS, Mr Howard Pickrell clarified that it included accruals for Annual and Long Services Leave (LSL) for the PMHA and CDMS Directors. After discussion, Mr Pickrell agreed to ensure that all future AMA Statements of Income and Expenditure for PMHA and the CDMS will explicitly identify the Annual and LSL component of staffing expenditure for the PMHA and CDMS Directors.

There were no other queries concerning the Statements.

RESOLVED (Chair) carried without dissent

1. *That the Private Mental Health Alliance (PMHA) adopts the 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 2014 to 31 March 2015.*

2. *That the PMHA requests that all future AMA Statements of Income and Expenditure for PMHA and the CDMS explicitly identify any Annual and Long Service Leave components of staffing expenditure for the PMHA and CDMS Directors.*

Action: Mr Howard Pickrell

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 funding agreement known as the *AMA Agreement for Services 2013–15* for the two financial years 1 July 2013 to 30 June 2015. The Work Plan is evaluated at each meeting of the PMHA and modified if necessary. Under that Work Plan, the PMHA is now coordinating the substantive task of finalising the next AMA Agreement for Services, its supporting budgets and work plans for the PMHA, its CDMS and the Network for the Financial Year (FY) period of 1 July 2015 to 30 June 2018.

2.1 AMA Agreement for Services, Forward Estimates and Work Plans 2015–18.

After the last PMHA meeting, the following documents were circulated to the PMHA on 10 April 2015 and subsequently approved out–of–session for release to the Parties to the next AMA Agreement for Services (AMA, APHA, PHA and the Commonwealth Department of Health).

- Draft AMA Agreement for Services 2015–18 (AMA Agreement)
- Draft Forward Estimates for PMHA, CDMS and the Network for 2015–18
- Draft PMHA Work Plan 2015–18
- Draft CDMS Work Plan 2015–18
- Draft Network Work Plan 2015–18

Following the PMHA approval process, final drafts were prepared and circulated to AMA, APHA, PHA and the Department on 24 April for consideration and reply by 5 June.

The meeting noted that copies of the documents listed above had also been circulated with the agenda and papers for this Meeting.

The PMHA Director reported that formal responses had been received from APHA, the AMA and the Commonwealth. While APHA and the AMA are willing to proceed with the AMA Agreement, the Commonwealth Department of Health has only received Ministerial approval to offer twelve month extensions to existing contracts within the 2014–15 FY funding envelop. Decisions relating to funding beyond FY 2015–16 are to be considered as part of broader mental health reform process that is underway. As such, the Department is not in a position to enter into the AMA Agreement in its current form. The reasons for this are twofold, firstly, the draft Agreement is for the FY period 2015 to 2018 (three FYs). Secondly, the proposed Commonwealth funding in the draft Agreement exceeds the funding amount for the 2014–15 FY. To facilitate future Commonwealth funding, the Department has formally requested the current draft Agreement be amended to specifically limit the contract period to the 2015–16 FY with the total Commonwealth funding commitment not to exceed that of the current FY – $300,489 (GST exclusive). The Meeting noted that this would result in a small shortfall of approximately $1000, which could be easily met from the PMHA Budget.

The implications of the Commonwealth's position for the AMA, APHA and PHA was discussed at length, particularly in relation to the program of work for the PMHA's CDMS going forward. It was noted that under the agreed CDMS Work Plan for FY 2015–18 all the work for FY 2015–16 would still be completed. This includes both the critical upgrade and revision of the Hospitals Standardised Measures Database application (HSMdb) software and the establishment of the PMHA Working Group to begin looking at the feasibility of developing criteria and indicators for the identification of effective clinical programs.

At the end of this discussion, the Meeting was supportive of the AMA Agreement being revised in line with the Commonwealth's requirements with activity proceeding as planned under the agreed work plans listed above.

Ms Andrea Selleck agreed to brief the CEO of PHA, Dr Michael Armitage, after he returns from overseas next Monday and confirm the position of the PHA Board. The Chair also agreed to brief Dr Armitage.

The PMHA Director agreed to circulate a copy of the revised Agreement by Monday of next week.

RESOLVED (Chair) carried without dissent

That the Private Mental Health Alliance (PMHA) recommends that the AMA Agreement for Services 2015–18 be revised to limit the contract period to the Financial Year (FY) 1 July 2015 to 30 June 2016 with the total Commonwealth funding commitment not to exceed that of the current 2014–15 FY ($300,489 GST exclusive). The revised version of the Agreement should be circulated to the Parties by COB on Monday, 15 June 2015.

Action: PMHA Director

2.2 PMHA Operating Guidelines 2013–15 Review

The Meeting reviewed and updated the PMHA Operating Guidelines 2013–15 for inclusion as an Annexure to the AMA Agreement for Services 2015–16.

RESOLVED (Chair) carried without dissent

That the Private Mental Health Alliance (PMHA) endorses the PMHA Operating Guidelines for financial year 2015–16.

3. PMHA CENTRALISED DATA MANAGEMENT SERVICE (CDMS) REPORT AND WORK PLAN 2013–15

The PMHA's Centralised Data Management Service (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 Payers 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.

At the invitation of the Chair, the Director of the PMHA's CDMS, Mr Allen Morris–Yates reported on the following

3.1 Ongoing core tasks, which includes the preparation of Standard Quarterly Reports (SQRs) and the provision of support for participating Hospitals

SQRs for the period ending 31 December 2014 were distributed in the first week of May 2015.

The Meeting noted copies of the following documents that had been circulated with the agenda papers for this Meeting.

- *Report from the PMHA's Centralised Data Management Service regarding participating Hospitals implementation of the PMHA's National Models for the Twelve Month Period ending 31 December 2014, with historical statistics for the Quarters from 1 January 2012.*

- *Annual Statistical Report from the PMHA's Centralised Data Management Service regarding the services provided by participating Private Hospitals with Psychiatric Beds and Private Psychiatric Day Hospitals for 2013.* (ASR 2013)

ASR 2013 has been revised because several hospitals have made significant revisions to historical data collected for that period and have resubmitted their data. In most cases, those revisions have not made substantive changes to those Hospitals' overnight inpatient statistics, as their revisions were focussed on updating missing ambulatory care data.

3.2 Enabling internet–based access to CDMS Resources and SQRs

The CDMS Director continues to work closely with the PMHA web site developers, The Digital Embassy, to complete work on the secure access functions. After that, CQR Consulting Australia will be commissioned to conduct penetration testing, or ethical hacking, to simulate an intrusion into the CDMS with the intention of identifying security vulnerabilities which could potentially allow a malicious attacker to gain access to the systems data and functionality.

3.3 Relocation of the CDMS Data warehouse to a new data centre

Up until the end of May, the various servers running the CDMS data warehouse and the PMHA website were hosted in a data centre in King William Street Adelaide, one of Adam Internet's data centre facilities in the Adelaide CBD. In 2014, Adam Internet was purchased by iiNet. As part of the rationalisation and aggregation of services in the new entity, it is their intention to close that facility in King William Street and as a consequence everyone using that facility must either move to one of their alternative facilities, or contract with an alternative service provider. Given the quality of service we have received from Adam Internet in the past, the reputation of iiNet as a responsible service provider, and the additional work required in moving to an alternative provider, we have chosen to continue with them.

The new facility in Franklin Street provides a higher level of security than the existing facility in King William Street, as a process of two factor authentication (passkey and hand print read) ensures that only authenticated persons may gain entry to the premises. This means that in order for technical service personnel to gain access to the equipment they will need to be physically escorted in by the CDMS or PMHA Directors.

The opportunity afforded by the need to physically move the equipment facilitated upgrade the firewall appliances and other aspects of the security equipment related to maintaining the security of both the CDMS Data Warehouse and the PMHA Website. This has reduced the CDMS surplus to under $10,000.

The nature of the work involved, the equipment, its new location and security arrangements were outlined for the Meeting via PowerPoint presentation. It was noted that the CDMS Director now has remote access to the power distribution units such that they can be shutdown remotely should an intrusion occur.

The CDMS and PMHA Directors are both able to remotely access the system.

3.4 CDMS Work Plan for 2015–18

The PMHA's Centralised Data Management Service (PMHA–CDMS) is dedicated to improving the quality, reliability and utilisation of information on private sector mental health services. Over the next three financial years from 1 July 2015 to 30 June 2018,

the PMHA's CDMS will continue to work 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 in the private sector. Mr Morris–Yates then explained the tasks set out in the schedule below in detail.

CDMS Work Plan 2015–18 Tasks	Schedule
Preparation of Standard Quarterly Reports (SQRs) and other reports including Annual Statistical Reports (ASRs), and requests for ad–hoc Reports approved by the PMHA. The requirements of these tasks are outlined in detail under Sections 3.1.2, 3.1.3 and 3.1.4 of Schedule A of the AMA Agreement for Services. They include: (1) Management of data submissions from Hospitals; (2) Maintenance of the CDMS's Hospital and Payer contacts database; (3) Processing of submitted data, and; (4) Preparation and distribution of reports.	Quarterly, over a period of 6 weeks per quarter.
Administration and maintenance of the CDMS infrastructure and PMHA website. This task includes the equipment maintained at the CDMS Dale Road office and in the Adelaide CBD. Key aspects of these requirements are outlined under Section 3.1.4(b) of Schedule A of the AMA Agreement for Services.	Monthly, over a period of 2 to 3 days per month.
Provision of ongoing support to Hospitals in their implementation of the *National Model for the Collection and Analysis of a Minimum Data Set with Outcome Measures* and the local processing and submission of data to the CDMS. The support requirements are outlined under Section 3.1.5 of Schedule A of the AMA Agreement for Services. This task includes: (1) Revision and distribution of user guides and other reference materials; (2) Provision of ad–hoc telephone and email–based support in the implementation of the data collection protocols, installation and use of the HSMdb database application software, and advice regarding the meaning of the information contained in SQRs.	As required.
Support newly enrolled Hospitals. For newly enrolled Hospitals: the preparation and distribution of training and reference resources; provision of on–site training; initial period of intensive telephone–based support.	As required.
Attendance at PMHA and other relevant meetings. As per Sections 3.1.9 and 3.1.10 of Schedule A of the AMA Agreement for Services.	As required.
Upgrade and revision of the HSMdb database application software. The overall functional requirements for HSMdb are outlined under Section 3.1.8 of Schedule A of the AMA Agreement for Services. HSMdb, currently written in MS Access 97, will be upgraded to MS Access 2010 for distribution to all participating Hospitals by June 2016. Due to the substantial increase in the volume of data held in individual hospital's instances of HSMdb, this revision will include the option for hospitals to use an MS SQL Server based back end database. This is a major upgrade and, due to certain very significant differences in the two versions of the MS Access software and the use of an alternative back–end database, affects many aspects of HSMdb.	Begin work in July 2015, with completion by June 2016.

CDMS Work Plan 2015–18 Tasks (continued)	Schedule
Complete and implement previously agreed changes and enhancements to both Hospitals and Payers SQRs. This work falls under the requirements outlined in Sections 3.1.4 and 3.1.3 of Schedule A of the AMA Agreement for Services. The agreed changes and enhancements are detailed in the document titled *Framework for the creation of Standard Reports for Hospitals and Payers (Version 3.0, October 2010)*, under the sections titles *Content of formatted SQRs for Hospitals* (beginning on page 40 of the document) and *Content of formatted SQRS for Payers*" (beginning on page 46 of the document). This will involve the completion of the re–development of the four components of the CDMS data warehouse (entity management, data submission and processing, analysis and reporting, and documentation of processes for alternate administrators). The principle focus of the work will be on the following two tasks: – Refactor data processing functions: (1) OMP and HCP linkage; (2) episode assembly; (3) Calculation of data cubes with aggregate statistics. – Redesign reports in accordance with previously agreed requirements, particularly those directed to reporting on Ambulatory Care, with a strong focus on providing summary statistics in an easy to digest graphical format.	Begin work after completion of HSMdb upgrade (no later than July 2016), with completion by June 2017.
Completion of the National Model for PEx Collection, Analysis and Reporting. This work falls under the requirements outlined in Sections 3.1.6 and 3.1.4 of Schedule A of the AMA Agreement for Services. It includes: (1) Completion of the item level analyses outlined in the PEx development plan using, all data submitted by participating Hospitals; (2) Review existing analysis and reporting framework used in Hospitals' PEx SQRs; (3) Integration of the results of the item level analyses and the review of the existing reporting framework into a revised analysis and reporting framework for Hospitals' PEx SQRs; (4) Extend that analysis and reporting framework to Payers and the public domain via the Annual Statistical Reports, with a specific focus on development of an agreed set of statistics that may be reported to Payers and included in ASRs. The work will be completed in consultation with a PMHA working group that includes Hospital, Psychiatrist, Consumer and Health Fund representatives, together with an external Scientific Advisor and the CDMS Director (this working group will have been previously constituted under the PMHA Work Plan to facilitate research using the CDMS data). Note that as the results of this work will have an impact on the content of both SQRs and ASRs, it will be undertaken partly in parallel with the work on the redevelopment of the SQRs described above.	Begin work in February 2017, with completion by December 2017.

CDMS Work Plan 2015–18 Tasks (continued)	Schedule
Develop criteria and indicators for the identification of effective clinical programs. This work falls under the requirements outlined in Section 3.1.6 of Schedule A of the AMA Agreement for Services. The work to be undertaken is detailed in the document titled "Identifying Effective Clinical Programs (2015–04–07)". The objective is to develop criteria and indicators to enable the identification of effective clinical programs, that is, of effective models or types of hospital–based care. Both the criteria and indicators should be based on data currently collected or which feasibly could be collected by all private hospitals with psychiatric beds under the PMHA's National Model. The PMHA working group already constituted for the PEx development work described above, should in the first instance develop a project brief that defines the objectives of the analyses of the CDMS data together with certain points in that process at which the Working Group can review findings and consider next steps. The draft work plan for this particular task outlines a number of steps as follows: 1. Conduct initial reviews to support the resolution of the identified technical issues (i.e.: How will "Patient Groups" be defined; How will "Models or Types of Care" be defined; How will "Effectiveness" be defined, and; What additional data elements, if any, need to be collected). Prepare report for PMHA. 2. Where the initial reviews have indicated further analyses are necessary, conduct detailed analyses to resolve the technical issues. 3. Collate the work undertaken at steps 1 and 2 in a report documenting the proposed criteria and indicators. Include in that report examples of the application of those criteria and indicators. 4. Distribute the report for review by members of the APHA Psychiatry Committee, the PHA Mental Health Committee, the AMA Psychiatrists Group and members of the Private Mental Health Consumer Carer Network's National Committee. 5. Revise the report in the light of feedback from the review and present to PMHA for final approval. 6. Implement the report's recommendations within the CDMS's analysis and reporting framework.	Begin work in July 2017 with completion by June 2018.

At the end of this discussion, it was agreed that the PMHA working group to look at the feasibility of developing criteria and indicators for the identification of effective clinical programs should be established today and hold its first meeting as soon as possible after 1 July 2015.

RESOLVED (Chair) carried without dissent

1. *That the Private Mental Health Alliance (PMHA) endorses the Work Plan for its Centralised Data Management Service (CDMS) for Financial Years 2015–18.*
2. *That the PMHA hereby establishes a working group of the PMHA to be known as the "PMHA Research and Development Working Group", or PMHA–RDWG. The initial constitution of the PMHA–RDWG should be as follows, pending confirmation by respective stakeholder organisations.*

    1. *Chair and Secretary – PMHA Director (Mr Phillip Taylor)*
    2. *Health Funds – Ms Andrea Selleck (alternate Ms Helen Eriksson)*
    3. *Hospitals – Ms Moira Munro (alternate Ms Carol Turnbull)*
    4. *Psychiatrists – Dr Bill Pring (alternate Associate Professor Jeffrey Looi)*
    5. *Commonwealth Department of Veterans' Affairs – Mr Matthew Jackson*
    6. *Commonwealth Department of Health – To be confirmed*
    7. *Consumers – Ms Janne McMahon*
    8. *CDMS Director – Allen Morris–Yates*
    9. *Expert Adviser – To be advised*

2. *That the PMHA requests that Professor Andrew Page be invited to participate on the PMHA–RDWG as its Expert Adviser.*

Action: PMHA Chair/PMHA Director

3. *That the PMHA directs that the first meeting of the PMHA–RDWG be held as follows.*

    PMHA–RDWG Inaugural Meeting
    Friday, 31 July 2015
    10 AM to 4:00 PM
    3rd Floor Conference Rooms
    AMA House, 42 Macquarie Street
    Barton ACT

Action: PMHA Director

4. *That the PMHA requests that the PMHA–RDWG also schedule a meeting the day before each face–to–face meeting of the PMHA over the course of financial year 2015–16. Any other necessary meetings are to be determined at the discretion of the PMHA–RDWG.*

Action: PMHA Director

At the end of this Agenda Item, the PMHA affirmed its commitment to the continuance of the PMHA's Collaborative Care Models Working Group (CCMWG). It was suggested that the Working Group should meet toward the end of this year after more is known about the mental health reform process that is currently being initiated. PMHA–CCMWG should also undertake a review of the *PMHA Principles for Collaboration, Communication and Cooperation between Private Mental Health Service Providers*.

4. PRIVATE MENTAL HEALTH CONSUMER CARER NETWORK REPORT

The Private Mental Health Consumer Carer Network (Australia), or *Network* as it is commonly known, was established in 2002 to promote the interests of members of the community who receive treatment and care from private mental health services, and their carers. The activities of the Network are largely facilitated by the Network's Executive and it's National Committee (NC), which next meets in Melbourne on 28/29 September 2015. The Network's NC is currently comprised as follows.

1.	Network Chair	Janne McMahon OAM
2.	Network Deputy Chair	Patrick Hardwick
3.	Network Policy\Governance Officer	Kim Werner
4.	Network Multicultural Adviser	Evan Bichara
5.	Network Coordinator Qld	Norm Wotherspoon
6.	Network Coordinator NSW	Simone Allan
7.	Network Coordinator ACT	Judy Bentley
8.	Network Coordinator Vic	De Backman Hoyle
9.	Network Coordinator SA	Assoc. Prof. Sharon Lawn
10.	Network Coordinator Western Australia	Patrick Hardwick
11.	Network Coordinator Tasmania	Darren Jiggins
12.	PMHA Observer	Mr Philip Plummer

The Network's Coordinators facilitate Advisory Forums in their jurisdictions to provide the NC with consumer and carer perspectives on issues of national significance. The Forums also provide an opportunity for State Coordinators to provide feedback on current Network activities.

At the invitation of the Chair Ms Janne McMahon and Mr Patrick Hardwick, reported on the following.

4.1 Tasmania Visit

Ms McMahon and the Network's new Tasmanian Coordinator, Darren Jiggins, recently visited all the private psychiatric facilities and relevant consumer and carer organisations in Tasmania. During those visits briefing materials were provided on the Network, the PMHA and its CDMS. Ms McMahon and Mr Jiggins were well received by all organisations, who very much appreciated an opportunity to discuss all three activities. Standard 2 Partnering with Consumers of the National Safety and Quality Health Service Standards and the accreditation of facilities against that Standard was also the subject of discussion.

4.2 National Carer Project

The National Carer Project to develop a national Practical Guide for working with carers of people with a mental illness in Australia is underway. Arafmi WA and MIND Australia are funding the Project. Ms McMahon is responsible for managing the Project. Mrs Judy Hardy has been appointed as the Project Officer. A Project Control Group (PCG) to oversee the Project has been established and already held its first teleconference.

PCG is comprised of the following representatives

1. Mr Patrick Hardwick (Independent Chair)
2. Ms Debbie Childs ARAFMI WA
3. Jackie Van Voot/Frances Sanders MIND Australia
4. Ms Kylie Wake Mental Health Council of Australia
5. Wendy Groot Mental Health Carers Arafmi Australia
6. Ms Janne McMahon OAM Chair Network

A Guide Development Committee (GDC) has been established to work with Mrs Hardy in the development of the guide. The GDC recently held its first meeting in Adelaide and is comprised of the following representatives.

1. Mr Patrick Hardwick Chair, President Arafmi WA
2. Ms Debbie Childs, Executive Director, Arafmi WA
3. Ms Kerry Hawkins, Board Member, ARAFMI WA
4. Ms Kylie Wake, Mental Health Australia
5. Ms Margaret Springgay National Mental Health Consumer Carer Forum (TBC)
6. Ms Jane Henty, Mental Health Carers Arafmi Australia
7. Ms Janne McMahon Network Chair and Executive Officer
8. Ms Frances Sanders MIND Australia
9. Ms Lyn Woolford, President, Carers Australia SA (TBC)
10. Dr Aaron Groves, Chief Psychiatrist, South Australia
12. Ms Gina Smith, Service Provider Private psychiatric hospital sector, Adelaide
13. Dr Caroline Johnson, Royal Australian College of General Practitioners (TBC)
14. Dr Maria Tomasic, Royal Australian and New Zealand College of Psychiatrists
15. Ms Kym Ryan, Australian College of Mental Health Nurses
16. Ms De Backman–Hoyle Carer private sector Carer representative

One outcome of the first GDC meeting was for letters to be sent to all identified people and organisations, including the Chair of the PMHA CCMWG, advising of the Project.

Mrs Hardy has determined consultation dates for Australia. In addition, Mrs Hardy will take the opportunity while travelling to Morocco to include a visit to the United Kingdom (UK) to discuss the roll out of the *The Triangle of Care, Carers Included: A Guide to Best Practice in Mental Health Care in England*

The Triangle of Care guide was launched in July 2010 as a joint piece of work between Carers Trust and the National Mental Health Development Unit in the United Kingdom (UK). It emphasizes the need for better local strategic involvement of carers and families in the care planning and treatment of people with mental ill–health. The Triangle of Care approach was developed by carers and staff to improve carer engagement in acute inpatient and home treatment services. The guide outlines key elements to achieving this as well as examples of good practice. It recommends better partnership working between service users and their carers, and organisations. The guide has been well received in the UK and was included in the Carers Strategy refresh in November 2010 and No Health without Mental Health in February 2011. The Triangle of Care was included as a clear action in Closing the Gap 2014, the UK government's mental health action plan.

4.3 Web Enabled Learning for the Network Website

The Network has contracted with the Network' Victorian Coordinator's company, Inspired Workforce Solutions, to develop five on–line video learning modules for the Network's website. Scripts for the video are currently being assessed.

4.4 Next NC Meeting

The Chair of the PMHA reported he will be unable to attend the next meeting of the Network's NC to be held in Melbourne on 28/29 September 2015. Dr Bill Pring agreed to attend as proxy for Mr Plummer.

4.5 Mental Health Australia

Mr Hardwick briefed the PMHA on the recent meeting he attended, as a Member of the Board of Mental Health Australia (MHA), with The Hon. Sussan Ley MP, Minister for Health. The meeting provided an opportunity for Mr Hardwick to reinforce the important role the private sector plays in mental health and discuss some of the concerns carers have with the National Disability Insurance Scheme. Ms McMahon supported these concerns, particularly in relation to the future of such programs as Partners in Recovery. The MHA Board also discussed the problems of the current Commonwealth funding envelop in the hope that more certainty can be provided for organisations well before 30 June 2016.

4.6 Network Donations

The Royal Australian and New Zealand College of Psychiatrists has advised it will make a donation of $54, 881 toward the Network for FYs 2015–18.

The APS Board will shortly consider whether it will make a $5,000 donation toward the Network going forward.

The Chair thanked Janne and Patrick for their presentation.

5. ACTIVITY BASED FUNDING AND MENTAL HEALTH

The PMHA Deputy Chair, Ms Moira Munro, is the APHA's representative on both the Independent Hospitals Pricing Authority's (IHPA) Mental Health Working Group (MHWG) and its Mental Health Costing Steering Committee. The PMHA's CDMS Director, Mr Morris–Yates is Ms Munro's alternate. In the absence of Ms Munro this Item was deferred to the next meeting of the PMHA.

A copy of the Draft IHPA Work Program 2015–16 that had been circulated with the agenda and papers for the Meeting was noted.

6. MENTAL HEALTH DRUG AND ALCOHOL PRINCIPLE COMMITTEE

The Australian Health Ministers Advisory Council (AHMAC) Mental Health/Drug and Alcohol Principal Committee (MHDAPC) 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. The PMHA is linked to the work of the MHDAPC through the positions it holds on MHDAPC's Safety and Quality Partnership Standing

Committee (SQPSC) and its Mental Health Information Strategy Standing Committee (MHISSC). The PMHA is represented on MHISSC by the PMHA Deputy Chair, Ms Moira Munro and on the SQPS by Dr Bill Pring.

MHDAPC met on 12 November 2014 and again on 6 February 2015 to progress its work plan.

6.1 MHISSC Report

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

The Meeting noted copies of the following.

- Draft minutes of the MHISSC meeting held 16/17 October 2014 in Melbourne
- Draft minutes of the MHISSC workshop and meeting held on 19/20 March 2015 in Sydney
- Draft agenda for the MHISSC workshop and meeting to be held on 25/26 June 2015 in Melbourne.

The PMHA Representative on the MHISSC, Ms Moira Munro, attended the October 2014 and March 2015 MHISSC events. Mr Morris–Yates will attend the June 2015 MHISSC workshop and meeting, as proxy for Ms Munro who will be overseas.

6.2 SQPSC Report

The SQPSC is responsible for taking the Australian Government mental health safety and quality agenda forward. The Meeting noted a copy of the minutes of the SQPSC meeting held on 14 November 2014 in Sydney and the agenda for the last SQPSC meeting also held in Sydney on 13 March 2015. The PMHA Representative on the SQPSC, Dr Bill Pring, spoke briefly about these meetings as detailed in the Report of the 25th PMHA Meeting.

Some of the key other areas SQPSC would like to progress in the future, when there is more certainty in mental health, include physical health care in mental health, recovery oriented care and decreasing suicide and deliberate self–harm.

Since the last PMHA meeting, the 10th National Seclusion and Restraint Reduction Forum was held on 28/29 May 2015 at the Melbourne Convention and Exhibition Centre (MCEC). The Forum aim was to reinvigorate the national conversation about reducing seclusion and restraint.

SQPSC is also looking at data benchmarking between the state and territory jurisdictions for involuntary treatment orders to keep a national view of the level of involuntary treatment orders being used.

Dr Pring will attend the next SQPSC meeting to be held on 10 July 2015 in Melbourne.

7. AUSTRALIAN GOVERNMENT

7.1 Commonwealth Department of Veterans' Affairs (DVA)

At the invitation of the Chair, Mr Matthew Jackson briefed the Meeting on the following DVA activity.

7.1.1 DVA's current Private Hospital and Mental Health Private Hospital arrangements

DVA's current Private Hospital and Mental Health Private Hospital contracts are due to expire on 30 June 2016. DVA has reviewed its current arrangements with a view to determining what types of hospital services will best meet the needs of the current veteran population which, while mostly in the older age bracket, also has a growing group of younger veterans whose needs are emerging.

DVA is conducting industry consultation in preparation for its future arrangements for purchasing private hospital services, including private mental health hospital services, for entitled persons in the veteran community. In undertaking this industry consultation, DVA released an exposure draft of the proposed Private Hospital Services Agreement and associated explanatory material. These documents were made available in the week commencing 18 May 2015 on the AusTender website: www.tenders.gov.au. The consultation period is open until 3 July 2015. In order to provide additional background regarding the proposed changes, DVA is also providing face-to-face briefings in a number of capital city locations, which commenced on 29 May 2015 and will conclude on 15 June 2015. The dates and locations of the industry briefings were provided previously to the PMHA and some Members were able to attend.

7.1.2 Senate Inquiry into the mental health of Australian Defence Force (ADF) personnel who have returned from combat, peacekeeping or other deployment.

As the terms of reference of this inquiry indicate, the Foreign Affairs, Defence and Trade References Committee's focus is on the mental health support, evaluation and counselling services provided by Defence and DVA, and the identification and disclosure policies of the ADF in relation to mental ill-health and PTSD. DVA will be making a submission to this inquiry. Terms of reference and submissions are available at:

http://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Foreign_Affairs_Defence_and_Trade/ADF_Mental_Health/Submissions

7.1.3 Prevention and early intervention

DVA has developed a range of phone apps and websites directed at prevention and early intervention to encourage Australian Defence Force personnel and their families to manage the daily stresses of military life, deployment, transition to civilian life and life post-service. These include Post Traumatic Stress Disorder (PTSD) Coach Australia App and the new High Resilience (Res) App.

At the end of this agenda item there was a brief discussion of the recent media reports about homelessness among veterans. Mr Jackson indicated that DVA is concerned about any instance of homelessness amongst veterans and has strategies in place to

respond to clients in this circumstance, including referral to homelessness services where it is needed. DVA is working to get a better sense of the actual extent of homelessness amongst veterans.

Mr Jackson then responded to a question concerning the availability of mental health services for veterans in Tasmania, in particular why there is no hospital in Tasmania running a veteran PTSD program. Veterans in Tasmania can access a range of mental health services and support in Tasmania including the Veterans and Veterans Families Counselling Service (VVCS), community based psychiatrists and psychologists that DVA has arrangements with in Tasmania for the provision of services to veterans, and hospital care for those who need it from both public and private hospitals. While currently there are no veteran PTSD programs running in Tasmania's hospitals, DVA would welcome a proposal from a hospital to do so. The proposal would then need to be assessed by DVA.

The Chair thanked Matthew for his presentation.

7.2. Commonwealth Department of Health

At the invitation of the Chair, Mr Paul Linden briefed the Meeting on the mental health reform process that is underway.

The Commonwealth Government's Expert Reference Group (ERG) is in the process of being established and will meet very soon. The focus of the ERG is on providing the Commonwealth Department of Health with advice on the National Mental Health Commission (the Commission) 2014 report on the effectiveness of all existing mental health programmes across the government, non–government and private sectors. There will also be stakeholder consultations that the PMHA may be able to participate in.

Two other groups are being established, one focused on primary care and another looking at Medicare Benefits Schedule billing.

The other process that will be underway in due course is the development of the 5th National Mental Health Plan. One of the key findings of the Commission's Review was the Commonwealth Government should lead the establishment of this new national agreement.

Dr Pring, Ms McMahon and Ms Turnbull spoke about the importance of private sector involvement in these processes.

The PMHA Chair reported he had written to Minister Ley concerning involvement of the private mental health sector being critically important in the development of policies and reform work going forward. The letter indicated that the private mental health sector provides specialist care to half of all Australians with significant mental illness and advised that the PMHA has an established reputation for working in a highly collaborative manner with Government and the diverse stakeholders that constitute the private mental health sector.

The Chair thanked Paul for his presentation.

8. 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.

The Meeting noted the Nineteenth Edition of the PMHA Newsletter was released in May 2015, following approval by the PMHA out–of–session.

RESOLVED (Chair) carried without dissent

That the Private Mental Health Alliance (PMHA) requests that the PMHA Director draft the Twentieth Edition of the PMHA Newsletter for release in September 2015.

Action: PMHA Director

To improve the understanding of the interrelationship between the AMA, the PMHA and its CDMS, and the Network, it has been suggested that a clear organisations chart should be developed for use in the public domain.

The Meeting then considered a copy of the first draft of such a chart prepared by the PMHA Director. It was agreed the chart was useful and should be included in an appropriate area of the PMHA website.

RESOLVED (Chair) carried without dissent

That the Private Mental Health Alliance (PMHA) endorses an organisational chart to be included on the PMHA website that sets out the interrelationship between the AMA, APHA, PHA and the Commonwealth in relation to the PMHA, its CDMS and the Network.

Action: PMHA Director

9. OTHER BUSINESS

There was no other business.

10. PMHA MEETINGS

It was agreed that the next meeting of the PMHA will be held on Friday, 16 October 2015 in Canberra with a meeting of the PMHA–RDWG and the PMHA Dinner being held the day before.

The Schedule of PMHA events from 1 July appears are set at Appendix A.

11. CLOSE

There being no further business, the Chair thanked those present for their participation and closed the Meeting at 1:00 PM.

Mr Philip Plummer
PMHA Independent Chair

Mr Phillip Taylor
Secretary

APPENDIX A: Schedule of PMHA Events from 1 July 2015

PMHA Event	Time	Date	Venue
Inaugural PMHA–RDWG Meeting	10:00 AM – 4:00 PM	Friday, 31 July 2015	3rd Floor Conference Rooms AMA House 42 Macquarie Street Barton, ACT
PMHA–RDWG Meeting	10:00 AM – 4:00 PM	Thursday, 15 October 2015	3rd Floor Conference Rooms AMA House 42 Macquarie Street Barton, ACT
PMHA Dinner	6:00 PM Onward	Thursday, 15 October 2015	Aubergine Restaurant 8 Barker Street Griffith, ACT 2603
27th PMHA Meeting	8:00 AM – 2:00 PM	Friday, 16 October 2015	3rd Floor Conference Rooms AMA House 42 Macquarie Street Barton Australian Capital Territory