PMHA | PRIVATE MENTAL HEALTH ALLIANCE

TWENTY SEVENTH MEETING

HELD ON

FRIDAY, 16 OCTOBER 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 Health Care
AHMAC	Australian Health Ministers Advisory Council
AMA	Australian Medical Association
A/Prof	Associate Professor
APHA	Australian Private Hospitals Association
CCMWG	PMHA's Collaborative Care Models Working Group
CDMS	PMHA's Centralised Data Management Service
Commonwealth	The Australian Government
Department of Health	Australian Government Department of Health
DVA	Australian Government Department of Veterans' Affairs
FY(s)	Financial Year(s)
HCP	Hospital Casemix Protocol
DVA	Australian Government Department of Veterans' Affairs
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
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 Independent Chair of the Private Mental Health Alliance (PMHA), Mr Philip Plummer, opened the Twenty Seventh (27th) meeting of the PMHA (the Meeting) at 8:00 AM on Friday, 16 October 2015. The Meeting was held at the offices of the Federal AMA, 42 Macquarie Street, Barton, ACT. Mr Plummer welcomed Members and Observers to the Meeting.

1.1 Present

PMHA Independent Chair

1. Mr Philip Plummer

Consumers and Carers

2.	Ms Janne McMahon	Consumer (Network Chair)
3.	Mr Patrick Hardwick	Carer (Network Deputy Chair)

Providers

4.	A/Prof Jeffrey Looi	AMA
5.	Dr Bill Pring	AMA
6.	Ms Moira Munro	APHA (PMHA Deputy Chair)
7.	Ms Carol Turnbull	APHA

Payers

8.	Ms Andrea Selleck	PHA (Chair, PHA Mental Health Committee)
9.	Ms Helen Eriksson	PHA
10.	Mr Jason Thomson	Commonwealth Department of Health
11.	Mr Matthew Jackson	Commonwealth Department of Veterans' Affairs (DVA)

Staff

12.	Mr Allen Morris–Yates	PMHA–CDMS Director
13.	Mr Phillip Taylor	PMHA Director (Chair PMHA–CCMWG)

1.2 Apologies and Alternates

1.	Ms Jane Williamson	Department of Health (proxy Mr Thompson)

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 (Agenda Item 1)

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 Sixth PMHA Meeting, held on 12 June 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 Sixth PMHA Meeting, held on 12 June 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 Sixth 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 26th 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 #	**26TH PMHA MEETING TABLE OF PROGRESS ON MATTERS ARISING**	**RESPONSIBILITY**	**STATUS**
1.	PROCEDURAL MATTERS		
	Agenda Item 27th PMHA Meeting	PMHA Director	Done
1.4	Post Report of 25th PMHA Meeting on PMHA Website	PMHA Director	Done
	Draft and circulate Report of 26th PMHA Meeting for review by PMHA	PMHA Director	Done
	Revise Report of 26th PMHA Meeting based on feedback received and prepare final draft.	PMHA Director	Done
1.8	All future AMA Statements of Income and Expenditure for PMHA and CDMS to explicitly identify any Annual and Long Service Leave components of staffing expenditure for the PMHA and CDMS Directors.	Mr Howard Pickrell	Done
2.	PMHA WORK PLAN AND REPORT		
	Agenda Item 27th PMHA Meeting	PMHA Director	Done
2.1	AMA Agreement for Services 2015–18		
	Revise AMA Agreement for Services 2015–18 to 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.	AMA/PMHA Director	Done
3.	PMHA CENTRALISED DATA MANAGEMENT (CDMS) WORK PLAN AND REPORT		
	Agenda Item 27th PMHA Meeting	PMHA/CDMS Directors	Done
3.4	CDMW Work Plan 2015–18		
	Establish PMHA Research and Development Working Group (RDWG)	PMHA Director	Done
	Invite Professor Andrew Page to participate as an Expert Adviser to the RDWG	PMHA Director	Done
	Hold inaugural RDWG meeting on 31 July 2015	PMHA Director	Done
	Schedule RDWG meetings back–to–back with PMHA meetings	PMHA Director	Done
4	NETWORK WORK PLAN AND REPORT		
	Agenda Item 27th PMHA meeting	PMHA Director	Done
5.	ACTIVITY BASED FUNDING AND MENTAL HEALTH		
	Agenda Item 27th PMHA Meeting	PMHA Director	Done
6.	MENTAL HEALTH DRUG AND ALCOHOL PRINCIPLE COMMITTEE (MHDAPC)		
	Agenda Items for 27th PMHA Meeting on MHISSC SQPSC	PMHA Director	Done

ITEM #	26TH PMHA MEETING TABLE OF PROGRESS ON MATTERS ARISING (CONTINUED)	RESPONSIBILITY	STATUS
6.1	MHISSC Report		
	Prepare and submit PMHA Report for 25/26 June 2015 MHISSC Workshop and Meeting	PMHA Director/CDMS Director	Done
	Attend 25/26 June 2015 MHISSC Workshop and Meeting	CDMS Director (for Ms Munro)	Apology
6.2	SQPSC Report		
	Prepare and submit PMHA Report to SQPSC for 10 July 2015 Meeting	PMHA Director	Done
	Attend 11 July 2015 SQPSC meeting	Dr Bill Pring	Done
7	AUSTRALIAN GOVERNMENT		
	Agenda Item 27th PMHA Meeting	PMHA Director	Done
8.	PMHA COMMUNICATION		
	Agenda Item 27th PMHA Meeting	PMHA Director	Done
	Draft 20th edition of PMHA Newsletter for release in September 2015	PMHA Director	Done
	Include organisational chart on the PMHA website	PMHA Director	Done
11.	OTHER BUSINESS		
	Agenda Item 27th PMHA Meeting	PMHA Director	Done
12.	NEXT MEETING		
	Organise 27th PMHA Meeting to be held on 16 October in Canberra	PMHA Director	Done
	Prepare and circulate Agenda and Papers for 27th PMHA Meeting	PMHA Director	Done

1.7.1 CDMS Standard Quarterly Reports (SQRs)

Ms Helen Eriksson reported that next meeting of the PHA Mental Health Committee will 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.

1.8 Financial Report

The PMHA Director, Mr Phillip Taylor, reported on the AMA Statements of Income and Expenditure for the PMHA, its CDMS and the Network for the following periods.

- 1 July 2014 to 30 June 2015
- 1 July 2015 to 30 June 2016 (as at 31 July 2015)

The Statements indicate the budgets are tracking well with unexpended funds from Financial Year (FY) 2014–15 carried forward into FY 2015–16 to accommodate unbudgeted infrastructure and other expenses. The CDMS Director, Mr Allen Morris–Yates, explained some of the additional infrastructure costs for the CDMS were associated with the relocation of the CDMS Data warehouse to a new data centre in Adelaide. The Meeting noted the Statements now include the explicit identification of the Annual and Long Service Leave component of staffing expenditure for the PMHA and CDMS Directors, as requested by the last PMHA meeting.

The Director of AMA Corporate Services, Mr Howard Pickrell, reported on the independent audit report from RSM Bird Cameron on the Statements of Income and Expenditure for the PMHA, its CDMS and the Network covering the term of the AMA Agreement for Services 2013–15 from 1 July 2013 to 30 June 2015. There were no questions and the auditor's report was adopted without dissent.

The Chair of the Network, Ms Janne McMahon, reported that the Royal Australian and New Zealand College of Psychiatrists (RANZCP) has paid in full a donation of $54,878 toward the activities of the Network for the three FYs 2015–18. The Australian Psychological Society (APS) has also confirmed a donation of $5,000 for FY 2015–16. The breakdown of the donations is set out below.

Donations to the Network	Financial Year 2015–16	Financial Year 2016–17	Financial Year 2016–17
RANZCP	$17,755	$18,287	$18,836
APS	$5,000		
Total	$22,755	$18,287	$18,836

If there is no funding for the Network beyond the end of the current AMA Agreement for Services 2015–16, then the RANZCP donations for FYs 2016–17 and 2017–18 will be returned to the College.

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 periods 1 July 2014 to 30 June 2015 and notes the unexpended funds have been carried forward into the current financial year 2015–16.*

2. *That the PMHA adopts the audit opinion provide by the AMA auditors RSM Bird Cameron for the AMA Statements of Income and Expenditure for the activities of the PMHA, its CDMS and the Network for the period 1 July 2013 to 30 June 2015.*

1.9. Matters arising out–of–session

Mr Taylor briefed the Meeting on the following matters that arose out–of–session since the last PMHA meeting.

1.9.1 Mental Health Reform

On behalf of the PMHA, Dr Bill Pring attended the Commonwealth's consultation workshop for stakeholders held in Canberra on 6 August 2015. The purpose of the workshop was to help inform the Commonwealth's response to the National Mental Health Commission's Review of Mental Health Programmes and Services.

The Meeting noted that a substantive proportion of the inaugural meeting of the PMHA's Research and Development Working Group (RDWG), held on 31 July 2015, was devoted to working with Dr Pring on the PMHA's pre workshop submission for the Commonwealth.

At the workshop, Dr Pring took the opportunity to emphasise the need for the private sector to be part of the entire planning process for mental health going forward. Other organisations put their individual perspectives and consumers echoed the Commission's identification of the inadequacy of services.

More recently, the PMHA accepted an invitation from the Australian Health Ministers Advisory Council's Mental Health, Drug and Alcohol Principal Committee (MHDAPC) to attend the *National Mental Health Plan: reflections on Fourth Plan and opportunities for Fifth Plan workshop* held in Melbourne on 15 October 2015. Ms Carol Turnbull was able to attend as the PMHA Delegate.

The purpose of this workshop was to provide jurisdictional representatives and key stakeholders with the opportunity to reflect on progress and challenges under the Fourth Plan, and opportunities for its successor. The Australian Government, with support from all states and territories, has made a commitment to developing a new National Mental Health Plan. The development of the Fifth Plan is being led by MHDAPC, following a request from COAG Health Ministers.

The key themes for discussion at the workshop included:

- reflecting on earlier mental health plans;
- the current policy context including the National Mental Health Commission Review of Mental Health Programmes;
- jurisdictional mental health plans; and
- key priority focus areas for development of the Fifth Plan.

Ms Turnbull reported on what was a productive and useful workshop that was chaired by Dr Peggy Brown. Like Dr Pring, Ms Turnbull took the opportunity to stress the importance of involving the private sector in the mental health reform process and the development of the Fifth Plan. The draft Fifth National Mental Health Plan must be ready for presentation to Commonwealth Minister for Health, Aged Care and Sport, The Hon. Susan Ley MP, by December this year. The workshop identified the following areas for inclusion in the Fifth Plan.

1. Regional integration
2. Physical health and avoiding preventable harm
3. Suicide prevention
4. Early intervention
5. Reducing stigma and discrimination
6. Good mental health and wellbeing

Good mental health and wellbeing is intended to include accommodation, employment and a meaningful life with a positive experience of support, care and treatment

There are two working parties involved in the development of the Fifth Plan. One will operate as an expert reference group and the other as a writers group.

The Meeting then discussed the recommendation arising from the 15 October 2015 meeting of the RDWG that the PMHA seek direct input into the drafting of the Fifth Plan.

RESOLVED (Chair) carried without dissent

1. *That the Private Mental Health Alliance (PMHA) requests Ms Colleen Krestensen be approached concerning a position for a member of the PMHA on the group responsible for the drafting of the Fifth National Mental Health Plan. If that is feasible, Dr Bill Pring will be the PMHA's agreed nominee.*

Action: PMHA Director

1.9.2 Incorporation of the PMHA

The AMA Secretary General, Anne Trimmer, is pursuing high level discussions with the CEOs of APHA, Mr Michael Roff and PHA, The Hon Dr Michael Armitage, concerning the possible incorporation of the PMHA, at some stage in the future. While PMHA has operated as an unincorporated joint venture for 14 years, this is not without perceived organisational risk to the parties. Continuation of the PMHA is also dependent on renegotiation on a regular basis (currently yearly) of the terms of the services agreement. Given that the parties have contributed substantial funding over the period of the PMHA, the AMA Board has requested that consideration be given to incorporating the entity.

Ms Moira Munro reported that in responding to Ms Trimmer's request the APHA will be seeking the views of the PMHA. PMHA, however, would require a high level of detail of what is proposed before it would be in a position to provide that sort of advice to the APHA. Even then, it is still highly unlikely the APHA would support the incorporation of the PMHA.

Ms Andrea Selleck reported she has not yet been informed of this development by the PHA. To take this development back to the PHA stakeholders without further information would be difficult as it represents a distinct shift away from how PHA has supported initiatives, such as the PMHA, in the past. It is the collaborative nature of the PMHA's diverse stakeholders cooperatively coming to the table to engage in discussions in a relatively informal but structured way that is attractive to the PHA. Progressing the matter at present with PHA is further complicated by the recent resignation of Dr Armitage.

After discussion, Dr Pring and A/Prof Looi undertook to meet with Ms Trimmer and seek further information for the PMHA.

RESOLVED (Chair) carried without dissent

1. *That the Private Mental Health Alliance (PMHA) requests further detailed information be provided on the AMA views concerning the incorporation of the PMHA.*

Action: AP Looi/Dr Pring

1.9.3 Incorporation of the Network

Ms Janne McMahon then reported on the correspondence from Ms Trimmer, strongly recommending that the Network seek to become an incorporated entity by the end of the current AMA Agreement for Services 2015–16, which expires on 30 June next year.

In response, a substantive part of the first day of the 28/29 September 2015 meeting of the Network's National Committee (NC) was devoted to this issue. The NC has agreed that full incorporation would suit the Networks requirements better than a company limited by guarantee. It is envisaged that the NC would form the Network's Board. Pending PMHA approval, Mr Plummer has agreed to be a member of Board to provide advice and assistance to the incorporated body. Dr Pring has also agreed to become a Board member to provide clinical expertise and advice.

After incorporation, the Network would become an advisory body to the PMHA and continue to provide a consumer and a carer representative. The NC will soon begin work on a constitution that will reflect the integrity of the Network's current executive structure. Ms Trimmer has offered to peruse the necessary draft documents of incorporation prior to actioning or registering of any entity. Ms McMahon is of the understanding that the AMA services agreement and funding arrangements for the Network would not change beyond the AMA transferring the funding received for the Network to the incorporated body for it to manage.

Ms Munro advised that the APHA will have to consider this development carefully. Further information will be required, particularly in relation to the next AMA services agreement. It is not clear how the services agreement can remain the same when the Network would no longer be overseen by the AMA and the PMHA. There is also the issue of future funding. Part of the APHA's contribution to the Network pays for the administrative and other services provided currently by the AMA. The APHA will want to consider any funding implications and what the next services agreement might look like. Also, in the Board structure proposed by the NC, there are no Board positions for those organisations funding the Network.

Ms Turnbull questioned whether there could be a conflict of interest for the Chair of the PMHA to be on the Board of the Network. Mr Plummer felt that, while there should be no conflict of interest in a legal sense, there could be a perception of a conflict of interest. That could be averted by Mr Plummer being an Independent Observer on Network Board. In that capacity he should still be able to provide advice and expertise to the Board.

At the end of this agenda item, the Chair felt that further information is required from the AMA as to how strict the deadline of 30 June 2016 was for the incorporation of the Network to be resolved.

Ms McMahon asked Mr Taylor and Mr Pickrell to convey to Ms Trimmer how grateful the Network is for all the strong administrative and other support the AMA has provided since the Network's inception.

RESOLVED (Chair) carried without dissent

1. *That the Private Mental Health Alliance (PMHA) requests its AMA representatives ascertain the AMA's position on timing of the incorporation of the Network.*

Action: A/Prof Looi/Dr Bill Pring

2. PMHA REPORT

At the invitation of the Chair, Mr Taylor reported on the following matters, within the context of the PMHA Work Plan 2015–18.

2.1 Progress Report 2013–15

In accordance with the requirements of the previous AMA Agreement for Services 2013–15, a comprehensive draft progress report has been prepared covering the activities of the PMHA, its CDMS and the Network for the period of the Agreement from 1 July 2013 to 30 June 2015.

The Meeting endorsed the draft report, which had been circulated with the agenda papers, noting it includes letter of acquittal from the AMA's Auditors RSM Bird Cameron.

RESOLVED (Chair) carried without dissent

1. *That the Private Mental Health Alliance (PMHA) endorses and adopts the draft report titled, Progress Report: PMHA, PMHA's Centralised Data Management Service (CDMS), Private Mental Health Consumer and Carer Network 1 July 2013 to 30 June 2015.*

2. *That the PMHA directs that the final publication version of the Progress Report be forwarded to the Parties to the AMA Agreement for Services 2013–15, and made available on the PMHA website at: www.pmha.com.au.*

Action: PMHA Director

The Meeting approved the use of some of the PMHA's unexpended funds for the graphic design and layout of the Progress Report.

2.2 PMHA Work Plan 2015–18

The PMHA Work Plan 2015–18 (Work Plan) was developed to broadly guide the activities of the PMHA over the course of Financial Years 2015 to 2018. The Work Plan is evaluated at each meeting of the PMHA and modified if necessary. A copy of the Work Plan, circulated with the agenda papers, was reviewed. No amendments were made.

2.3 PMHA Research and Development Working Group (RDWG)

In accordance with the PMHA Work Plan 2015–18, the RDWG has been established to facilitate high quality research using the PMHA's CDMS data to improve services

within the private sector. This includes research that focuses on the important contribution the private sector is making in mental health and research that facilitates hospitals efforts to improve the quality, effectiveness and efficiency of their services through an effective benchmarking service.

The RDWG held its first meeting on 31 July 2015 at the offices of the Federal AMA in Canberra.

A copy of the draft report of the inaugural meeting was noted, together with the *Draft RDWG Terms of Reference and Operating Guidelines*.

The RDWG held its second meeting on 15 October 2015 back–to–back with this meeting of the PMHA. The RDWG Chair reported verbally on the following.

- Sub clause 3.3 in the draft RDWG Terms of Reference requires further development, as does the proposed Identifying Effective Clinical Care Project Brief. It is anticipated both 3.3 and the Project Brief will be further developed over the course of the next few meetings.

- RDWG has agreed to the development of the following two agreements.

  (1) An AMA legal agreement for the governance of access to the CDMS data by external researchers.

  (2) An AMA legal agreement that enables the PMHA to partner with other organisations, who may be able to provide funding, for research to be undertaken using CDMS data.

  Ms Debra Tippett from Minter Ellison Lawyers has been commissioned to prepare the first of these agreements, which is being designed to achieve the following.

  - Avoid conflicts of interests, particularly where external researchers are associated with Hospitals, or Health Insurers.

  - Constrain the possibility of security breaches.

  - Provide a very clear line of accountability for researchers using the data.

  - Ensure there is license to exploit material without recourse to license fees, or anything of that nature.

  A first draft of the agreement will be available for RDWG to review in due course.

The next meeting of the RDWG will be held on Friday, 4 February 2015 at the offices of the Federal AMA in Canberra.

2.4 PMHA Collaborative Care Models Working Group (CCMWG)

The last PMHA meeting affirmed its commitment to the continuance of the PMHA's CCMWG. It was suggested that CCMWG should meet toward the end of this year after more is known about the mental health reform process that is currently underway.

Accordingly, CCMWG Members were offered six possible dates for a meeting of the CCMWG toward the end of this year. Unfortunately, consensus could not be reached for any of the available dates. After a second round of consultations, consensus was reached for the next CCMWG meeting to be held on Friday, 12 February 2016.

The purpose of the meeting will be to discuss the feasibility of developing some agreed guiding principles for private sector mental health providers in relation to pathways to clinical care that build on the *PMHA Principles for Collaboration, Communication and Cooperation between Mental Health Providers*. This discussion will include any implications for the private sector of Commonwealth's plan for mental health reform to be announced by the end of this year.

3. PMHA CENTRALISED DATA MANAGEMENT SERVICE (CDMS) REPORT

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, Mr Morris–Yates, reported on the following within the context of the CDMS Work Plan for 2015–18.

3.1 Preparation of SQRs and other reports including ASRs, and requests for ad–hoc Reports approved by the PMHA.

3.1.1 Standard Quarterly Reports (SQRs)

Preparation of Standard Quarterly Reports in respect of the period ending 31 March 2015 was completed on 17 July 2015. Following the preparation and distribution of Standard Quarterly Reports to Hospitals and Health Funds and Other Payers, the CDMS prepares an implementation progress report for the PMHA. This report identifies the hospitals currently participating in the PMHA's CDMS, details the volume of data submitted during the twelve month period covered by the report and it provides a detailed analysis is of the timeliness, content and completeness of hospitals data submissions to the CDMS.

The Meeting noted a copy of the report titled:

> *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 March 2015, with historical statistics for the Quarters from 1 April 2012.*

The report demonstrates Hospitals have been making considerable efforts to improve the timeliness of their data submissions.

The preparation of SQRs with respect of the current period to 30 June 2015 will be initiated tomorrow. Three Hospitals have been unable to submit their data. One is owing data for two quarters and another is owing data for four quarters. The disruption

has been occasioned by a change of ownership in both facilities. The delay in the third facility has been associated with an upgrade of their patient administration system.

Ms Munro will arrange for a brief aggregate statistic to be included in appropriate editions of the APHA weekly e–newsletter on where Hospitals are up to with their data submission to the CDMS. APHA approval will also be sought for inclusion on the PMHA website of the above report from the PMHA's CDMS on participating Hospitals implementation of the PMHA's National Model.

RESOLVED (Chair) carried without dissent

1. *That the Private Mental Health Alliance (PMHA) approves inclusion of brief aggregate statistic, on the status of private hospitals data submission to the PMHA's Centralised Management Service (CDMS), for appropriate editions of the weekly e–newsletter of the Australian Private Hospitals Association (APHA).*

Action: Ms Munro/Ms Turnbull

2. *That the PMHA requests APHA consider approving inclusion on the PMHA website of the report from the PMHA's CDMS on participating Hospitals implementation of the PMHA's National Model.*

Action: Ms Munro/Ms Turnbull

3.1.2 Provision of data to the Australian Institute of Health and Welfare

In previous years, the Australian Institute of Health and Welfare (AIHW) has separately sought data from the PMHA's CDMS to report for the National Healthcare Agreement and then sought data for publication on the *Mental health services in Australia* website. In an attempt to streamline this process and reduce the administrative burden, this year AHIW combined these data requests. In relation to the National Healthcare Agreement, the CDMS has provided data with respect to NHA PI 17—*Treatment rates for mental illness* and for Mental Health Services in Australia CDMS provided data on provision of Ambulatory Care in private hospitals with psychiatric beds.

In the past, the statistics provided to AIHW were estimates in which some attempt was made to take into account the fact that data was not available for non–participating hospitals. As of 2011, all private hospitals with psychiatric beds now participate in the CDMS. The CDMS has also recently been able to obtain some previously missing data for the 2013–2014 financial year from the hospitals concerned. Accordingly, the statistics reported for 2013–2014 are based exactly on the data submitted without adjustment for missing data. To facilitate access and interpretation of these raw statistics by other PMHA stakeholders, the raw statistics have been compiled as a report with detailed explanatory notes.

The Meeting noted a copy of the report provided to the AIHW titled:

> *Statistics regarding the provision of services by Private Hospitals with Psychiatric Beds prepared by the PMHA's CDMS to assist AIHW in: (1) their provision of data to the Productivity Commission to inform National Healthcare Agreement performance indicator 17*

– Treatment rates for mental illness; and (2) the preparation of the AIHW's report on Mental Health Services in Australia. 1 July 2013 to 30 June 2014.

The PMHA accorded a vote of thanks to Mr Gary Hanson, who was instrumental in enabling the CDMS to provide this report to the AIHW.

Mr Morris–Yates provided a detailed briefing on the statistics contained with the report and answered several queries.

3.1.3 Annual Statistical Reports (ASRs)

The CDMS continues to produce Annual Statistical Reports (ASR) on Private Hospital–based Psychiatric Services based on data submitted by private hospitals listed above. These Reports are produced each year, as part of the PMHA's ongoing commitment toward improving the quality, reliability, and use of information on private sector mental health services. The ASRs set out useful summary statistics that include the following.

- Number of patients admitted to private hospitals for psychiatric care.
- Demographic and diagnostic profiles of those patients.
- Comparison of patients reported mental health, social and role functioning at Admission and on Discharge against that of the general population.
- Comparisons of the demographic and diagnostic profiles to indicate that generally different groups of people are receiving mental health care in each sector.

The Meeting noted a copy of the most recent ASR titled:

Private Hospital–based Psychiatric Services 1 July 2013 to 30 June 2014 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.

Mr Morris–Yates provided briefing on the statistics contained in the ASR.

Ms Eriksson raised the issue of criteria related validity. In the Sydney metropolitan area, anomalies are evident whereby there is significant variation, for example in some Health of Nation Outcome Scale (HoNOS) scores on admission, across Hospitals. Ms Munro reported that this is an issues across both the private and public sectors that is largely related to ongoing staff training and ensuring that staff are reliably scoring the HoNOS. Ms Turnbull concurred and reported that the APHA is working on this issue, which is also influenced by workforce related matters.

3.1.4 Implementation of the National Model for PMHA Patient Experiences of Care Measure (PEx) Collection, Analysis and Reporting

Under the auspice of the 2011–13 PMHA Quality Improvement Project (QIP), a PMHA Patient Experiences of Care Measure (PMHA–PEx) for both overnight inpatient care and ambulatory care was developed. The PMHA's PEx Survey instrument together with PEx related local analysis and reporting functionality were then integrated within the CDMS HSMdb software.

Implementation by Hospitals coincided with the release of the latest version of the HSMdb in the second half of 2013. In September 2013, Hospitals were provided with the new PEx Survey templates, a detailed PEx Implementation Guide, and the updated HSMdb database application. During 2014, the CDMS began reporting PMHA–PEx statistics back to Hospitals within their Standard Quarterly Reports.

As of the most recent period for which data has been submitted, the quarter ending 31 March 2015, thirty Hospitals have now implemented the PEx Survey.

Private hospitals that, as of 31 March 2015, have implemented the PMHA's PEx Survey

1. The Adelaide Clinic; Gilberton, SA
2. The Albert Road Clinic; South Melbourne, Vic
3. Belmont Private Hospital; Carina, Qld
4. Calvary Private Hospital; Bruce, ACT
5. Currumbin Clinic; Currumbin, Qld
6. Dudley Private Hospital; Orange, NSW
7. Fullarton Private Hospital; Parkside, SA
8. The Hobart Clinic; Rokeby, Tas
9. Hollywood Private Hospital; Nedlands, WA
10. Kahlyn Day Centre; Magill, SA
11. Maitland Private Hospital; East Maitland, NSW
12. The Marian Centre; Wembley, WA
13. Mayo Private Hospital; Taree, NSW
14. North West Private Hospital; Burnie, Tas
15. Northside Cremorne Clinic; Cremorne, NSW
16. The Northside Clinic; Greenwich, NSW
17. Northside Macarthur Clinic; Campbelltown, NSW
18. Northside West Clinic; Wentworthville, NSW
19. Perth Clinic; West Perth, WA
20. St John of God Hospital Burwood; Burwood, NSW
21. St John of God Pinelodge Clinic; Dandenong, Vic
22. St John of God Hospital Richmond; Richmond, NSW
23. South Pacific Private; Curl Curl, NSW
24. St Vincent's Private; Darlinghurst, NSW
25. The Sydney Clinic; Bronte, NSW
26. Toowong Private Hospital; Toowong, Qld
27. Warners Bay Private Hospital; Warners Bay, NSW
28. Wesley Hospital Ashfield; Ashfield, NSW
29. Wesley Hospital Kogarah; Kogarah, NSW
30. Wyndham Clinic; Werribee, Vic

Ms Turnbull reported that all participating Ramsay private hospitals with psychiatric beds have now implemented the PEx.

A copy of the new PEx summary report was discussed titled:

> *Development and implementation of the PMHA's Patient Experiences of Care Survey for private Hospital–based psychiatric services (with selected statistics for the 2014 calendar year)*

Mr Morris–Yates indicated that while the Report includes selected statistics for the 2014 calendar year derived from data submitted by participating hospitals, the CDMS will not be reporting in the public domain at an aggregate level on the performance of all participating Hospitals against the PEx.

Ms Eriksson felt that there should be some selected items that could be reported on at the aggregate industry level such as, *I was informed about the cost of my hospital stay*. Ms Munro and Ms Turnbull spoke about the phases for the implementation and

reporting of the PEx for Hospitals in the context of the CDMS Work Plan for 2015–17. After that work is completed, it will be possible to determine what information can be provided for Health Insurers. Ms Eriksson indicated that, while the CDMS Work Plan affords provision of information for Health Insurers in 2017, ongoing PHA funding beyond 30 June 2016 will be contingent on Health Insurers receiving some form of information before then.

Mr Morris–Yates then provided briefing on the key results of the PEx summary.

At the end of this briefing there was a discussion of the complexities of obtaining informed financial consent for people with a mental illness. Despite the best efforts of providers, payers and others to inform and provide information to consumers, there remains a disconnect between their expectations of what they are entitled to receive under their policy, and the actual reality of the benefits their policy provides. The realisation of their situation often does not occur until admission to a private hospital is required. This delays the admission process and takes up a great deal of administrative time and causes the consumer undue anxiety when they are already quite unwell. After further discussion, Ms McMahon offered to include an article on this issue in the next edition of the Network's eNewsletter encouraging mental health consumers to ensure they understand their private health insurance cover.

3.2 Administration and maintenance of the CDMS infrastructure and PMHA website.

The relocation of the CDMS Data warehouse to a new data centre in Adelaide has been completed.

The primary operating system that is used to manage the CDMS data warehouse servers has deteriorated to the extent that it is no longer functioning requiring an upgrade of the domain controller and software. This substantive task will be completed before the end of this year at an approximate cost of $2,000, which is accounted for in the CDMS budget.

3.3 Provision of support to existing and newly enrolled Hospitals

On the 17 September 2015, the CDMS Director participated in a workshop organised by the APHA to support Hospitals in their collection and use of the data required under the PMHA's National Model.

Two new Hospitals are in the process of enrolling in the PMHA and its' CDMS: Townsville Private Clinic in Queensland and Berkeley Vale Private Hospital on the central coast of NSW.

3.4 Enabling internet–based access to CDMS

Work on enabling secure internet–based access is nearing completion with the process of uploading SQRs in its final stages.

Ms Debra Tippett from Minter Ellison Lawyers has prepared a *Confidentiality and Privacy Undertaking*, to be signed by an individual performing the website development services, and a *Confidentiality and Privacy Deed*, to be signed by the entity (currently The Digital Embassy) performing the website development services.

Both documents provide that the Confidential Information, which is disclosed or can be accessed in the course of providing the Services, must not be disclosed, used or copied, except in limited circumstances (e.g. if the information becomes public knowledge, the disclosure is required by law, or the AMA otherwise consents to the disclosure).

The CDMS Director then demonstrated the Subscriber enrolment functions and the process for logging in and retrieving SQRs.

3.5 Upgrade the Hospitals Standardised Measures database application (HSMdb)

Work on the development of version 2 of HSMdb began in August of 2011. At that point all further work on HSMdb version 1 was halted. That stable version of HSMdb was partially translated into a later version of MS Access, with that translated version being used as the basis for the development of version 2. That early work on the upgrade of HSMdb was then interrupted by the work undertaken to support the PMHA's Quality Improvement Projects. Then, over the period between December 2013 and February 2014, substantial preliminary work on that translated version, directed towards implementing the new logon and system security requirements of MS Access 2010, was completed. Work on the upgrade of HSMdb was then again interrupted, first by work on the development of the Hospitals' Standard Quarterly Report for Patients' Experiences of Care, and then by the involvement of the CDMS in the Independent Hospitals Pricing Authority's Mental Health National Costing Study.

Following the agreement with the Independent Hospitals Pricing Authority (IHPA), that 4 private psychiatric hospitals would participate in IHPA's Mental Health National Costing Study in August 2014, new work on version 1 of HSMdb was required to enable the collection and extraction of the data required for that study. An important feature of the Costing Study was that participating Hospitals extracted the data from HSMdb for submission to IHPA. Although the CDMS acted as a single point for the courier pick up of that data, no secondary processing of the data was undertaken by the CDMS. This exposed certain significant limitations in the data linkage processes employed within HSMdb. From the CDMS perspective those limitations have not caused any undue problems, it being accepted that in a routine collection it is unreasonable to expect every record to be perfectly complete and correct, and with many of the problems being dealt with by comprehensive data cleaning processes at the CDMS end. For its one–off Costing Study however, IHPA applied a much higher standard. Enabling Hospitals to meet that higher standard required the addition of detailed reporting, together with corrections and enhancements to the data cleaning and linkage processes employed within HSMdb. That updated and enhanced version of HSMdb version 1 has now been installed by at least eight hospitals.

In order to provide a seamless upgrade path from version 1 of HSMdb into version 2, all Hospitals must first be provided with a final edition of version 1. Work on the upgrade is therefore currently focussed on the preparation and distribution of that final edition of version 1 of HSMdb. This work has been complicated by the age of the software. First, both MS Access 97 and Windows XP are no longer supported by Microsoft. Second, although the run–time version of MS Access 97 that is installed by Hospitals when they install HSMdb appears to work without major issues when

installed under Windows 7 (the current operating system in use in almost all participating private Hospitals), the full version of MS Access 97 that is used in the development of the software does not. As the CDMS itself no longer uses Windows XP, it has taken substantial research and trial and error to configure a Windows 7 based development environment within which work on version 1 of HSMdb using MS Access 97 may continue.

As previously noted, by August 2014 substantial preparatory work had been completed on version 2 of HSMdb. Since August 2014, no further substantive work on the upgrade of HSMdb to version 2 has been undertaken. As a consequence of the subsequent further development of version 1 post August 2014, the next step in the development of version 2 will be to merge the post August 2014 changes from version 1.

3.6 Complete and implement previously agreed changes and enhancements to both Hospitals and Payers SQRs.

This work is scheduled to begin after completion of HSMdb upgrade, with completion by June 2017.

3.7 Completion of the National Model for PEx Collection, Analysis and Reporting.

This work is scheduled to begin in February 2017, with completion by December 2017. 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.

3.8 Develop criteria and indicators for the identification of effective clinical programs.

This work is scheduled to begin in July 2017 with completion by June 2018.

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 last met on 28/29 September 2015 in Melbourne. The Network's NC is currently comprised as follows.

1.	Network Chair	Janne McMahon OAM
2.	Network Deputy Chair	Patrick Hardwick
3.	Network Multicultural Adviser	Evan Bichara
4.	Network Coordinator Qld	Norm Wotherspoon
5.	Network Coordinator NSW	Simone Allan
6.	Network Coordinator ACT	Judy Bentley
7.	Network Coordinator Vic	De Backman Hoyle
8.	Network Coordinator SA	Assoc. Prof. Sharon Lawn
9.	Network Coordinator Western Australia	Patrick Hardwick
10.	Network Coordinator Tasmania	Darren Jiggins

11. 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 reported on the following.

4.1 2015 TheMHS Award

The Network received an award at The Mental Health Services (TheMHS) Learning Network Conference 2015 held in Canberra from 25 to 28 August. The Award was presented by The Hon Dr Kay Patterson, National Mental Health Commissioner. The award was within the 'Consumer Led' category and the notation read, *Significant and sustained consumer and carer advocacy*. This has special significance for the Network in that consumer led services are quite prominent in Australia and New Zealand and to be judged the winner in this category is an outstanding achievement.

4.2 National Carer Project

The Network is managing a National Carer Project to develop a Practical Guide for working with carers of people with a mental illness in Australia. National consultations have been completed and the Project Officer, Mrs Judy Hardy, has developed a rough draft of what the Guide might look like. The chief psychiatrists in each jurisdiction have been very supportive of the Project.

4.3 Survey of Network Members with who have private health insurance and have experience of being admitted to a public hospital

In January 2015, the Network undertook a survey of its members to elicit some information from consumers and their carers on their experiences of admission to a public hospital as a private patient. Professor Sharon Lawn has prepared a report on the survey results that will be circulated to the PMHA, the PHA Mental Health Committee and the AMA Psychiatrists Group.

4.4 Web Enabled Learning for the Network Website

The Network's Victorian Coordinator's company, Inspired Workforce Solutions, has developed five on–line video learning resources that are now available on the Network's website. Uptake of the resources has been excellent. The APHA will be advertising the resources in their e–newsletter and the resources have also been downloaded to the Mental Health Peer Workforce website.

4.5 Australian Commission on Safety and Quality in Health Care (ACSQHC) Invitation

Ms McMahon has accepted an invitation to participate on an ACSQHC steering committee looking at the Consultation Draft Version 2 of the National Safety and Quality Health Service (NSQHS) Standards. The National Standards for Mental Health Services (NSMHS) will be incorporated into the NSQHS Standards.

5. ACTIVITY BASED FUNDING AND MENTAL HEALTH

The Independent Hospitals Pricing Authority (IHPA) is developing the Australian Mental Health Care Classification (AMHCC) including a supporting Activity Based Funding (ABF) Mental Health Care Data Set Specification (ABF MHC DSS). The development of the AMHCC is intended to significantly improve the clinical meaningfulness of mental health classification, leading to an improvement in the cost predictiveness and will support the new models of care being implemented in all states and territories.

Ms Munro is the APHA's representative on the IHPA's Mental Health Working Group (MHWG) with Mr Morris–Yates acting as Ms Munro's alternate. At the invitation of the Chair, Ms Munro provided the following update.

Since the last meeting of the PMHA, IHPA has been working through its MHWG and its Mental Health Classification Expert Reference Group (MHCERG) to develop and refine the AMHCC. MHCERG comprises mental health subject matter experts, classification system development experts and data analysis experts (Professor Philip Burgess, Professor Kathy Eagar, Ms Ruth Fjeldsoe, Dr Rod McKay, Professor Alan Rosen, Mr Sebastian Rosenberg and Dr Ruth Vine).

The MHWG and IHPA have considered working drafts of the AMHCC and are broadly supportive of the approach taken, noting that this is a first step in a long process to develop and refine the classification informed by national data collection. The final draft AMHCC version 1.0 will be considered by IHPA on 2 November 2015 and released for public consultation together with a detailed discussion paper, which explains the model and the future work plan.

The draft AMHCC and supporting materials are also being tested through a pilot of the AMHCC at four sites: St George Hospital (NSW), West Moreton Hospital and Health Service (Qld), Whyalla Hospital and Health Service (SA) and Tasmanian Health Organisation – North (Tas). Data collection commenced on 1 October 2015 and will be completed on 30 November 2015.

Following the pilot and considering responses from the public consultation process, the draft AMHCC will be refined and finalised for implementation from 1 July 2016.

6. MENTAL HEALTH DRUG AND ALCOHOL PRINCIPLE COMMITTEE

The role of the Australian Health Ministers Advisory Council (AHMAC) Mental Health/Drug and Alcohol Principal Committee (MHDAPC) is to advise AHMAC on national mental health, alcohol, tobacco, and other drug issues. This work is undertaken in a complex environment, which includes oversight of the National Mental Health Plan, the National Drug Strategy, the mental health, drug and alcohol elements of the Closing the Gap initiative and implementation of designated COAG Mental Health reform initiatives.

The PMHA is linked to the work of the MHDAPC through the positions it holds on the MHDAPC's Mental Health Information Strategy Standing Committee (MHISSC) and

MHDAPC's Safety and Quality Partnership Standing Committee (SQPSC). The PMHA is represented on MHISSC by Ms Munro and on the SQPSC by Dr Pring.

The MHDAPC last met on 21 September 2015 to progress its work plan. Key activities on the agenda for this meeting are outlined below.

Development of a Fifth National Mental Health Plan

Work has progressed in the development of the Fifth National Mental Health Plan. The Working Group has prepared a draft Framework and detailed project plan. A discussion paper has also been prepared which looks at the previous Plans and identifies some options for development of the Fifth Plan. A writers group has been formed and stakeholder workshop was held on 15 October 2015 in Melbourne. AHMAC received an update on the development of the Fifth Plan at its 2 October 2015 meeting.

National Disability Insurance Scheme (NDIS)

AHMAC has identified the need for further discussion regarding the NDIS/mental health interface. MHDAPC agreed to have more regular formal updates from the NDIA Mental Health Reference Group Chair in addition to establishing a time limited working group to support the mental health representatives on the Reference Group. An update on the issues will be provided out–of–session to AHMAC.

National Mental Health Services Planning Framework

A working group has been formed to finalise the draft National Mental Health Services Planning Framework. The working group held its first meeting in September 2015. The work is expected to be completed by 30 June 2016.

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 three times a year.

Copies of the following were noted.

- Draft minutes of the MHISSC workshop and meeting held on 25/26 June 2015 in Melbourne.
- Draft agenda for the MHISSC workshop and meeting to be held on 29/30 October 2015 in Canberra.

Ms Munro, the PMHA representative on MHISSC, reported she was overseas and unable to attend the 25/26 June 2015 MHISSC events. Ms Munro's alternate, Mr Morris–Yates, fell ill and was consequently unable to attend on Ms Munro's behalf.

The next meeting of the MHISSC will be held on 29/30 October 2015 in Canberra. Ms Munro and Mr Allen Morris–Yates will be unable to attend. Mr Taylor has agreed to attend on their behalf.

6.2 SQPSC Report

The key role of the SQPSC is to provide expert technical advice and recommendations on the development of national policy and strategic directions for safety and quality in mental health consistent with the National Mental Health Strategy, national mental health plans, and mainstream health initiatives.

The Meeting noted a copy of the minutes of the SQPSC meeting held on 10 July 2015 in Melbourne. The PMHA Representative on the SQPSC, Dr Pring, briefed the Meeting on the following.

- Development of the 5th National Mental Health Plan and SQPSC suggestions for quality improvement. Dr Pring has been appointed to the SQPSC writing committee for this.
- Expansion of SQPSC seclusion and restraint reduction priority area to include the broader aspects and range of restrictive practices.
- Liaison between SQPSC and MHISSC on the feasibility of measuring recovery in Australian mental health services.

Dr Pring will attend the next SQPSC meeting to be held on 13 November 2015 in Sydney.

7. AUSTRALIAN GOVERNMENT DEPARTMENT OF HEALTH

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

The Australian Government engaged the National Mental Health Commission to undertake a Review of Mental Health Programmes and Services (the Review). The Final Report from the Review, *Contributing Lives, Thriving Communities*, was released on 16 April 2015.

A time–limited Mental Health Reform Expert Reference Group (ERG) was established to provide advice to the Government on key mental health system implementation issues identified in the Review. Chaired by former *beyondblue* CEO, Kate Carnell, the ERG has brought together 12 experts with extensive experience in key areas identified for reform.

In addition to the considerations of the ERG, the Department has facilitated a targeted stakeholder consultation process including workshops with a broad range of stakeholders, including sector and peak organisations (refer to Agenda Item 1.9.1 above).

A cross–portfolio response to the Review is being developed. The Minister for Health, Aged Care and Sport, The Hon Sussan Ley MP, has indicated that the Government's plan for mental health reform will be announced before the end of the year.

On 15 October 2015, AHMAC's MHDAPC hosted a *National Mental Health Plan: reflections on Fourth Plan and opportunities for Fifth Plan workshop* in Melbourne to provide jurisdictional representatives and key stakeholders with the opportunity to

reflect on progress and challenges under the Fourth Plan, and opportunities for the 5th Plan (refer to Agenda Item 1.91 above). The development of the Fifth Plan is being led by MHDAPC, following a request from COAG Health Ministers.

At the end of this agenda item there was a brief discussion of the recent announcement by Minister Ley of the Committee that will oversee the personalised My Health Record system for patients and doctors as part of a $485m package to deliver Australians an electronic medical record system. Ms Robyn Kruk AM has been appointed as the independent chair of the eHealth Implementation Taskforce Steering Committee responsible for the establishment of the Australian Commission for eHealth. Mr Thomson will follow–up with the eHealth area of the Department concerning any direct or indirect linkages between the eHealth agenda and mental health and provide some feedback for PMHA members.

8. AUSTRALIAN GOVERNMENT DEPARTMENT OF VETERANS' AFFAIRS (DVA)

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

DVA has just released its Social Health Strategy 2015–2023 for the Veteran and Ex–Service Community, which supports DVA's Veterans' Mental Health Strategy 2013–2023. The Strategy aims to improve the community's quality of life, achieved through preventing illness where possible, fostering social connectedness and enhancing health and wellbeing. It includes the following DVA social health programs and initiatives.

- National Indigenous Veterans' Strategy
- Veterans' Health Week
- Men's Health Peer Education
- Day Clubs
- Cooking for One or Two

The Strategy is supported by a two year DVA Veteran Mental and Social Health Action Plan 2015 and 2016, which details the actions the Government is undertaking to improve the mental health and wellbeing of the veteran community.

DVA have just released its new Operation Life mobile application, which is designed to help those at risk deal with suicidal thoughts. DVA recommends it be used with the support of a clinician. The application is supported by DVA's Operation Life Online website. The website provides information and resources on the warning signs of suicide and how to keep oneself and others safe from suicide. Information is also available for those bereaved by suicide.

DVA now has contracts in place to 30 June 2016 with a majority of private mental health hospitals throughout Australia to provide treatment and care to eligible members of the veteran community. The next contracting round for beyond 30 June 2016 will be released shortly.

DVA is also working up a quality evaluation framework to look at how they are using the data they hold.

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.

The Meeting noted the Twentieth Edition of the PMHA Newsletter was released in September 2016, following approval by the PMHA out–of–session.

The next edition of the Newsletter was left in the hands of the PMHA Director to develop.

Under this agenda item, the Meeting discussed holding an event to commemorate the 20th anniversary of the PMHA in 2016. The Chair agreed to investigate holding a special PMHA meeting and Dinner in the Barossa in South Australia, before 30 June 2016, pending confirmation that the PMHA's Commonwealth representatives would be able to attend.

RESOLVED (Chair) carried without dissent

1. *That the Private Mental Health Alliance (PMHA) requests that the PMHA Director draft the Twenty First Edition of the PMHA Newsletter for approval out–of–session and release in December 2015.*

Action: PMHA Director

2. *That the PMHA requests that, pending confirmation the PMHA Commonwealth representatives will be able to attend, the PMHA Chair investigate holding a PMHA meeting and 20th Anniversary PMHA Dinner in 2016 in the Barossa Valley, South Australia.*

Action: Mr Thomson/Mr Jackson/PMHA Chair

10. NATIONAL SAFETY AND QUALITY HEALTH SERVICE (NSQHS) STANDARDS

The Meeting considered the Australian Commission on Safety and Quality in Health Care (ACSQHC) recently released the Consultation Draft Version 2 of the National Safety and Quality Health Service (NSQHS) Standards.

After discussion, it was agreed that there is sufficient input into the review of the NSQHS from the Hospitals and consumers. A submission from the PMHA is not warranted.

11. OTHER BUSINESS

There was no other business.

12. PMHA MEETINGS 2016

The Meeting agreed and noted the following schedule of PMHA events for 2016.

PMHA 2016 EVENTS	TIME	DATE	VENUE
3rd RDWG Meeting	10:00 AM – 4:00 PM	Thursday, 4 February 2016	3rd Floor Conference Rooms AMA House 42 Macquarie Street Barton, ACT
PMHA Dinner	6:00 PM Onward	Thursday, 4 February 2016	Courgette Restaurant 54 Marcus Clarke Street Canberra ACT 2601
28th PMHA Meeting	8:00 AM – 2:00 PM	Friday, 5 February 2016	3rd Floor Conference Rooms AMA House 42 Macquarie Street Barton Australian Capital Territory
23rd CCMWG Meeting	10:00 AM – 4:00 PM	Friday, 12 February 2016	
4th RDWG Meeting	10:00 AM – 4:00 PM	Thursday, 19 May 2016	Possibly South Australia Venue to be advised
PMHA Dinner	6:00 PM Onward	Thursday, 19 May 2016	Possibly South Australia Venue to be advised
29th PMHA Meeting	8:00 AM – 2:00 PM	Friday, 20 May 2016	Possibly South Australia Venue to be advised

13. CLOSE

There being no further business, the Chair thanked those present for their participation and closed the Meeting at 1:30 PM.

Mr Philip Plummer
PMHA Independent Chair

Mr Phillip Taylor
Secretary