PMHA | PRIVATE MENTAL HEALTH ALLIANCE

# TWENTY FIRST (21ST) MEETING

# HELD ON FRIDAY, 1 NOVEMBER 2013

# AT

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

# REPORT OF MEETING

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

| | |
|---|---|
| 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 |
| COAG | Council of Australia Governments |
| CPoC | Consumer Perceptions of Care |
| Commonwealth | The Australian Government |
| FY(s) | Financial Year(s) |
| HCP | Hospital Casemix Protocol |
| Health | Australian Government Department of Health |
| Hospital(s) | Private Hospital(s) with psychiatric beds |
| HSMdb | Hospitals Standardised Measures database application of the CDMS |
| MHSC | Mental Health Standing Committee of the AHMAC Health Priorities Principal Committee |
| MHISS | Mental Health Information Strategy Sub–committee of the MHSC |
| Nem con | Carried without decent |
| 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–CCMWG | PMHA Collaborative Care Models Working Group |
| PMHA–CDMS | PMHA Centralised Data Management Service |
| SQPS | Safety and Quality Partnership Sub–committee of the MHSC |

## 1. PROCEDURAL MATTERS

The Independent Chair of the Private Mental Health Alliance (PMHA or Alliance), Mr Philip Plummer, opened the Twenty First (21st) meeting of the PMHA (the Meeting) at 9:00 AM on Friday, 1 November 2013. The Meeting was kindly hosted by the Australian Medical Association (AMA), at its Federal Office located at 42 Macquarie Street, Barton, in the Australian Capital Territory.

### 1.1 Present

*PMHA Independent Chair*

1. Mr Philip Plummer

*Consumers*

| | | |
|---|---|---|
| 2. | Ms Janne McMahon | Chair, Private Mental Health Consumer Carer Network (Australia) (Network) |

*Carers*

| | | |
|---|---|---|
| 3. | Mr Patrick Hardwick | Network Deputy Chair |

*Providers*

| | | |
|---|---|---|
| 4. | Dr Choong–Siew Yong | 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. | Ms Helen Marx | Commonwealth Department of Health |
| 11. | Ms Joanna Devereux | 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. | Matthew Jackson | Alternate, Ms Joanna Devereux |
| 2. | Kim Werner | Network Governance and Policy Officer |

### 1.3 Invited Guests to PMHA Meetings

At the Chairs request, the Meeting discussed possible invitees to future meetings of the PMHA, now that meetings are held in Canberra.

It was agreed that Mr Gary Hanson should be invited to the next meeting to discuss the work of the Australian Institute of Health and Welfare (AIHW) relevant to the PMHA.

## 1.4 PMHA Dinners

Guests for future PMHA Dinners were also discussed. It was agreed that one invited guest would be appropriate for each PMHA Dinner. The Chief Executive Officers of PHA and APHA should each be invited to attend a PMHA Dinner next year. Other invitees will then be at the discretion of the PMHA.

## 1.5 Adoption of Reports of PMHA Meetings

The Meeting considered and adopted the draft Report of Twentieth PMHA Meeting held on 5 July 2013 in Adelaide.

**RESOLVED (Chair) nem con**

*That the Private Mental Health Alliance (PMHA) approves, as a true and correct record, the Report of the Twentieth PMHA Meeting, held on 5 July 2013 in Adelaide, and requests the Report be made available on the PMHA website.*

**Action: PMHA Director**

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

## 1.6 Table of Progress on Matters Arising

The Meeting noted the Table of Progress on Matters Arising from the 20th PMHA Meeting as set out below.

| # | 20th PMHA MEETING<br>Table of Progress on Matters Arising | PERSON RESPONSIBLE | CURRENT STATUS |
|---|---|---|---|
| 2 | REPORT OF LAST MEETING | | |
| | Post Report of 19th PMHA Meeting on PMHA Website | PMHA Director | Done |
| | Draft and circulate for comment Report of 20th PMHA Meeting | PMHA Director | Done |
| | Revise Report of 20th PMHA Meeting and prepare final | PMHA Director | Done |
| | Agenda Item 21st PMHA Meeting | PMHA Director | Done |
| 3 | PROGRESS REPORT AND WORKPLAN 2013–15 | | |
| 3.1.1 | Advise the AMA of the PMHA vote of appreciation | PMHA Director | Done |
| | Agenda Item 21st PMHA Meeting | PMHA Director | Done |
| 4 | AMA FINANCIAL STATEMENTS | | |
| | Agenda Item 21st PMHA Meeting | PMHA Director | Done |
| 5 | PMHA COLLABORATIVE CARE MODELS WORKING GROUP | | |
| | CCMWG to consider acting as the Development Committee for carer project | Ms McMahon | Done |
| | Agenda Item 21st PMHA Meeting | PMHA Director | Done |
| 6 | PMHA QIP STEERING COMMITTEE REPORT | | |
| | Incorporate ongoing QIP work into the PMHA's CDMS Work Plan 2013–15 | CDMS Director | Done |
| 7 | PMHA CENTRALISED DATA MANAGEMENT (CDMS) REPORT | | |
| | Agenda Item 21st PMHA Meeting | CDMS Director | Done |
| 8 | PMHA COMMUNICATION | | |
| 8.3.10 | Private Sector representation on the MHCA | | |
| | Submit an application for PMHA membership of the MHCA | PMHA Director | Done |
| 8.4 | PMHA Newsletter | | |
| | Circulate 15th PMHA Newsletter for approval via email by PMHA | PMHA Director | Done |
| | Publish approved 15th Edition electronically in September 2013 | PMHA Director | Done |
| | Agenda Item 21st PMHA Meeting | PMHA Director | Done |
| 9 | NETWORK REPORT | | |
| | PMHA Chair to provide advice out–of–session for Network Chair | PMHA Chair | Done |
| | Agenda Item 21st PMHA Meeting | PMHA Director | Done |
| 10 | MHDAPC Report | | |
| 10.1 | MHDAPC SQPS Report | | |
| | Prepare and submit PMHA Report for 15 November 2013 SQPS meeting | PMHA Director | Done |
| | Attend 15 November 2013 SQPS meeting | Dr Bill Pring | Pending |
| | Agenda Item 21st PMHA Meeting | PMHA Director | Done |

| # | 20th PMHA MEETING<br>Table of Progress on Matters Arising (continued) | PERSON RESPONSIBLE | CURRENT STATUS |
|---|---|---|---|
| 10.2 | MHDAPC MHISS Report | | |
| | Prepare and submit PMHA Report for 17/18 October 2013 MHISS | PMHA/CDMS Directors | Done |
| | Attend 17/18 October 2013 MHISS Meeting in Canberra | PMHA Deputy Chair | Done |
| | Agenda Item 21st PMHA Meeting | PMHA Director | Done |
| 11 | PSYCHIATRIC INTENSIVE CARE | | |
| | Include in the CCMWG review of Guidelines for Determining Benefits | PMHA Director | Done |
| | Prepare a paper for PHA Mental Health Committee (MHC) | Dr Bill Pring | Pending |
| 12 | OTHER BUSINESS | | |
| 12.1 | CDMS Reports | | |
| | Refer health insurer requests for CDMS SQRs to PHA–MHC | Ms Andrea Selleck | Done |
| 13 | NEXT MEETING | | |
| | Organise 21st PMHA Meeting to be held on 1 November 2012 in Canberra | PMHA Director | Done |
| | Prepare and circulate Agenda and Papers for 21st PMHA Meeting | PMHA Director | Done |

### 1.6.1 Mental Health Council of Australia

The Chair reported that the PMHA's application to become a full member organisation of the Mental Health Council of Australia (MHCA) had been successful. The benefits of full membership include.

- Nomination of a delegate to the MHCA who has voting rights at the MHCA Annual General Meeting .
- Delegates may nominate for a position on the MHCA Board.
- Up to two representatives may attend the Members Policy Forum held twice a year. Members may attend the annual State Consultation Workshops.
- Media Monitoring and weekly updates. Daily media stories and updates on Federal and state Government mental health initiatives collated and emailed to members . Weekly updates on the work of the MHCA and wider mental health sector from the MHCA CEO.
- MHCA Newsletter. News and updates on the work of the MHCA and other relevant mental health news produced and emailed bi monthly.
- MHCA Working Groups. From time–to–time the MHCA Board will establish a working group in order to progress an issue the MHCA membership identifies as a priority. The working groups usually run for 6– 12 months and develop a report on the priority issue.

The Meeting noted that the PMHA Chair is the voting Delegate to the MHCA with the PMHA Deputy Chair to act as proxy in the absence of the Chair. After discussion, it was agreed that the second representative to attend MHCA Meetings with the Chair could be rotated through the other PMHA Members at the discretion of the PMHA Chair.

The Meeting then considered the previous offer of the MHCA Chief Executive Officer (CEO), Mr Frank Quinlan, to attend all meetings of the PMHA. After discussion, it was agreed that the attendance of the MHCA CEO at PMHA meetings would be at the discretion of the PMHA Chair, when appropriate.

### 1.6.2 PMHA, CDMS Network Progress Report 2011–13

The Meeting considered a copy of the final draft of the Progress Report on PMHA, its CDMS and Network required under the AMA Agreement for Services 2011–13 (AMA Agreement). The Progress Report covers the two financial years from 1 July 2011 to 30 June 2013 and includes the letter of acquittal from the AMA's Auditors RSM Bird Cameron.

**RESOLVED (Chair) nem con**

1. *That the Private Mental Health Alliance (PMHA) adopts the draft report titled, Progress Report: PMHA, PMHA's Centralised Data Management Service (CDMS), Private Mental Health Consumer and Carer Network 1 July 2009 to 30 June 2011.*

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 20011-13, and be made available on the PMHA website at: www.pmha.com.au.*

**Action: PMHA Director**

## 2 PMHA WORK PLAN 2013–15

The Meeting noted that the PMHA Work Plan 2013–15 commenced on 1 July 2013. The last meeting of the PMHA amended the original Plan to include the scoping project on recognising and responding to deterioration in a person's mental state undertaken by Craze Lateral Solutions (CLS) for the Australian Commission on Safety and Quality in Health Care (ACSQHC or Commission). CLS Project Team for this project included the following.

- Douglas Holmes, a consultant with lived experience of mental illness.
- Eileen McDonald, a mental health carer/family consultant.
- PMHA represented by Phillip Taylor and Allen Morris–Yates.
- St Vincent's Hospital's Alcohol, Drug and Mental Health Program (Sydney), represented by Dr Peter McGeorge, Steve Bernardi and Douglas Holmes.

The report's purpose is to inform the Commission about what is known about this topic, gaps that could be addressed by the Commission, and whether and how the Commission's existing framework for recognising and responding to physiological deterioration could be applied to deterioration in a person's mental condition. The Project's scope, while recognising that a significant proportion of care for people with mental illness is delivered in the community, will be focused on people whilst they are being treated in an acute setting, including public and private general and specialist mental health hospitals.

Since the last PMHA meeting, the scoping report has been completed and submitted to ACSQHC.

At the end of this Agenda Item, there was a brief discussion around the need to ensure that work plan reporting clearly articulates that the PMHA and its CDMS are committed to improving outcomes for mental health consumers and their carers in the private sector.

## 3. AMA FINANCIAL STATEMENTS

The PMHA Director, Mr Phillip Taylor, reported that in accordance with the AMA Agreement for Services 2011–13, the auditors for the AMA, RSM Bird Cameron, completed their audit of the AMA records and accounts for the PMHA, its CDMS and the Network. The Audit covered the last Financial Year from 1 July 2010 to 30 June 2011. Overall the audit went very well and the Meeting noted a copy of the Letter of Aquittal from RSM Bird Cameron dated 13 September 2013.

The Meeting then adopted the AMA Statements of Income and Expenditure for the PMHA, its CDMS, the Network, the PMHA Quality Improvement Project, and the Scoping project on recognising and responding to deterioration in a person's mental state.

**RESOLVED (Chair) nem con**

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 2012 to 30 June 2013.*
2. *That the PMHA adopts the AMA Statement of Income and Expenditure for the PMHA, its CDMS and the Network for the period 1 July 2013 to 31 August 2013.*
3. *That the PMHA notes that the surplus of $22,995 remaining in the PMHA Budget at the end of the 2012–13 Financial Year has been carried forward by the AMA into PMHA income stream for Financial Year 2013–14, as requested by PMHA funders.*
4. *That the PMHA notes that the surplus of $27,412 remaining in the PMHA's CDMS Budget at the end of the 2012–13 Financial Year has been carried forward by the AMA into the PMHA–CDMS income stream for Financial Year 2013–14, as requested by PMHA–CDMS funders.*
5. *That the PMHA notes that the surplus of $32,965 remaining in the Network Budget held by the AMA at the end of the 2012–13 Financial Year has been carried forward into the Network income stream by the AMA for Financial Year 2013–14, as requested by Network funders.*
6. *That the PMHA adopts the AMA Statement of Income and Expenditure for the PMHA Quality Improvement Project (QIP) and directs that some of the remaining $18,465 of funding be directed toward improving the uptake of the PMHA Patient Experiences of Care Measure (PEx) developed during the QIP.*
7. *That the PMHA adopts the AMA Summary Statements of Income and Expenditure for the Scoping project on recognising and responding to deterioration in a person's mental state.*

## 4 PMHA COLLABORATIVE CARE MODELS WORKING GROUP REPORT

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

1. AMA
2. Royal Australian and New Zealand College of Psychiatrists (RANZCP)
3. Australian Psychological Society (APS)
4. Australian College of Mental Health Nurses (ACMHN)
5. Australian Association of Social Workers (AASW)
6. Occupational Therapy Australia (OTA)
7. APHA
8. PHA
9. The Network
10. Health
11. DVA

The Meeting noted a copy of the draft report of the last CCMWG meeting held on 19 July 2013 in Canberra. The CCMWG Chair, Mr Taylor, reported on the following.

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

The Principles developed by the CCMWG are being prepared for release before the end of this year. They provide a solid framework to support quality referral pathways and processes by promoting better communication between providers of mental health services in the private sector. The Principles have been officially recognised as an Accepted Clinical Resource by The Royal Australian College of General Practitioners and carry the full endorsement of the following organisations.

AMA
RANZCP
APS
ACMHN
AASW
OTA
APHA
PHA
The Network
Mental Health Professionals Network (MHPN)
General Practice Mental Health Standards Collaboration

The release date for the Principles will be discussed and agreed at next meeting of the CCMWG to be held on Friday, 8 November in Canberra. CCMWG will also review and agree on generic text for use by those organisations who will be assisting us in promulgating the Principles through their networks. The MHPN have agreed in principle to devote one of their webinars to the Principles early next year.

The Meeting noted a copy of the Principles.

## 4.2 CCMWG Work Plan 2013–15

A copy of the Draft CCMWG Work Plan 2013–15 (Work Plan), developed based on the discussions that took place at the 19 July 2013 CCMWG meeting, was noted and discussed. The Work Plan is intended to broadly guide the activities of the CCMWG over the course of the two financial years 1 July 2013 to 30 June 2015. It will be a

living document that will be evaluated at each meeting of the CCMWG and modified as necessary.

### 4.3 CCMWG Representation

The APS recently approached the CCMWG Chair concerning replacing their representative on the CCMWG, Dr Pam Connor, with Mr Harry Lovelock, who is the Executive Manager, Strategic Development and Public Interest for the APS. This request was referred to the PMHA Chair and approved out–of–session. This appointment raises the need for the PMHA to consider amending the CCMWG Operating Guidelines. At present the intent of the Guidelines is to restrict these organisations to only nominating practitioners who are working in private practice.

After discussion, it was agreed that the CCMWG Guidelines should be amended to enable Invited Participant organisations to have some flexibility in determining their most appropriate representatives.

**RESOLVED (Chair) nem con**

*That the Private Mental Health Alliance (PMHA) directs that the Operating Guidelines of its Collaborative Care Models Working Group be amended as follows.*

*Invited Participants will include the following representatives at the discretion of the PMHA.*

*5.8 One mental health nurse, or other appropriate representative, nominated by the Australian College of Mental Health Nurses to represent mental health nurses working in the private sector.*

*5.9 One general practitioner, or other appropriate representative, nominated by the Royal Australian College of General Practitioners to represent general practitioners working in the private sector.*

*5.10 One psychiatrist, or other appropriate representative, nominated by the Royal Australian and New Zealand College of Psychiatrists to represent psychiatrists working in private practice.*

*5.11 One psychologist, or other appropriate representative, nominated by the Australia Psychological Society to represent psychologists working in the private sector.*

*5.12 One social worker, or other appropriate representative, nominated by the Australian Association of Social Workers to represent social workers working in the private sector.*

*5.13 One occupational therapist, or other appropriate representative, nominated by Occupational Therapy Australia to represent occupational therapists working in the private sector.*

*5.14 Other organisations as required.*

**Action: PMHA Director**

## 5 PMHA CENTRALISED DATA MANAGEMENT SERVICE REPORT

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

The Director of the CDMS, Mr Allen Morris–Yates, reported on progress against the CDMS Work Plan for 2013–15.

### 5.1 New Enrolments

Since the last PMHA Meeting, the following new facilities have paid their subscription to participate in the PMHA, its CDMS and the Network.

Calvary Health Care Tasmania (Launceston)
St Luke's Campus
24 Lyttleton Street
Launceston Tasmania
W: http://www.calvarystlukes.org.au

Epworth Rehabilitation
Camberwell
888 Toorak Road
Camberwell VIC 3124
W: www.epworth.org.au

Mr Morris–Yates has provided CDMS onsite training for both facilities.

### 5.2 Revised CDMS Report on participating Hospitals implementation of the PMHA's National Model

Mr Morris–Yates provided a detailed presentation on the revised version of the report titled:

*Report from the PMHA's Centralised Data Management Service regarding participating Hospitals implementation of the PMHA's National Model for the Twelve Month Period ending 31 March 2013, with historical statistics for the Quarters from 1 April 2010.*

The development, preparation and distribution of this Report is undertaken by the PMHA's CDMS to assist PMHA Representatives and other stakeholders in monitoring the implementation and operation of the *PMHA's National Model for the Collection and Analysis of a Minimum Data Set with Outcome Measures for Private, Hospital–based, Psychiatric Services* (hereafter National Model).

The Report includes historical details regarding the total volume of Hospital Casemix Protocol (HCP) and Outcomes Measures Protocol (OMP) data submitted to the PMHA's CDMS by participating Hospitals in respect of the Overnight Inpatient service setting and the Ambulatory Care service setting.

Variance in completion rates and delays with submission of data are for the most part associated with the contingencies of (1) staff changes, (2) computer system problems, and (3) accreditation.

## 5.3 Implementation of the PMHA Patient Experiences of Care Measure (PEx)

Since the last meeting of the PMHA the basic analyses and write–up of the PEx Validation Study data were completed. PEx Survey templates were revised and finalised. The PEx Implementation Guide was written and published. The PEx Implementation Guide and Survey Templates were distributed to all participating hospitals on 28 August 2013. The Meeting noted the PEx Implementation Guide (which includes copies of the PEx Survey Templates) and the text of the email under which they were distributed.

The PEx Survey data entry, data submission and local analysis functions have been built into Hospitals Standardised Measures database (HSMdb) application of the CDMS. The updated version of HSMdb was distributed to participating hospitals on 29 September 2013.

The HSMdb System Users Guide was updated, particularly with reference to the data entry functions for PEx Survey data, and was distributed to all relevant staff members in participating hospitals on 9 October 2013.

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

## 5.4 Preparation and distribution of Standard Quarterly Reports

Preparation of SQRs in respect of the period ending 31 March 2013 was delayed due to the very late submission of data by a significant minority of hospitals and also by work on the preparation and distribution of PEx–related materials. Those SQRs were distributed to Hospitals on 30 Aug 2013 and to Payers on 2 September 2013.

Preparation of SQRs in respect of the period ending 30 June 2013 is underway.

## 5.5 Preparation of statistics for AIHW and Health

Statistics regarding the provision of services by private hospitals with psychiatric beds during the 2011–2012 financial year were prepared and submitted to the Australian Institute of Health and Welfare (AIHW) and the Department of Health in accordance with their requests on 8 October 2013 and 11 October 2013 respectively.

A report regarding participating Hospitals' participation in the PMHA's National Model was also prepared for the 17 October 2013 meeting of the Mental Health Information Strategy Standing Committee (MHISSC).

## 5.6 Redevelopment of HSMdb

The HSMdb database application provided by the CDMS to participating Hospitals provides them with an effective means to record, submit and make local use of the data they collect under the PMHA's National Model. Its use by all but one participating Hospital is one of the reasons for the relative ease most Hospitals have had in implanting the data collection and has also very substantially contributed to the efficiency with which the CDMS has been able to operate.

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

### 5.7 Inclusion of PEx Statistics within Hospitals' SQRs

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

It is expected that the first submissions of significant volumes of PEx data by at least some participating Hospitals will begin with those made in respect of the October–December 2013 quarter, which are due for submission by Friday, 7 March of 2014. It will be helpful for those Hospitals if the SQRs prepared in respect of that period included statistical data suitable for benchmarking in a similar format to that already available to them locally from within HSMdb.

### 5.8 Completion of the report on the Validation of the PEx Surveys

The data gathered in the PEx Validation Study was sufficient to enable a number of important questions about the survey items to be answered. A summary of the results of those initial primary analyses is given in Section 1 of the PEx Implementation Guide. One of the questions asked was did item order have an effect on responses. It was found that it did. Although the observed effects were not large, they were sufficient to require that the sample used in factor analyses of the items be restricted to those surveys having the items arranged in the standard order. That reduced the sample size by two thirds. For surveys offered in the ambulatory care setting this meant that the available sample was too small for effective analysis.

Given the above and the need to ensure that the HSMdb database application upgrade is completed as soon as possible, further work on the statistical analysis of the PEx Survey items will be delayed until after the HSMdb upgrade has been completed. That will enable the final item analyses to be based on the data submitted by the broader range of hospitals now implementing the PEx Surveys in their final form. This will delay the completion and publication of any final report on the Validation of the PEx Surveys.

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

At the beginning of PMHA's QIP, the Commonwealth provided additional funding to enable the architecture for secure internet access for participating private hospitals and private health insurers to the data held by the PMHA's CDMS to be put in place. An agreement is being developed in consultation with the AMA and the PMHA. Both the finalisation of the Agreement and testing of internet-based access for private hospitals and private health insurers are now part of the CDMS Work Plan for FYs 2013–15.

Since the last PMHA Meeting, the AMA Legal Counsel has reviewed the removal of clauses suggested by the last meeting of the QIP Steering Committee held on 7 March 2013 in Canberra. The AMA Legal Counsel advised against removal of these clauses. Mr Morris-Yates felt that this impasse might be best resolved by seeking independent legal advice beyond that which any one PMHA stakeholders might provide.

### 5.10 National Healthcare Agreement performance indicator #17

Mr Morris–Yates spoke to the correspondence from Mr Gary Hanson, Mental Health and Palliative Care Unit, at the AIHW seeking the PMHA's assistance with improving the measurement of the National Healthcare Agreement performance indicator #17: *Treatment rates for mental illness* (formerly NHA indicator #21). This is the 2nd phase of a project begun in 2010, sanctioned by the National Health Information Standards and Statistics Committee (NHISSC) and the Mental Health Information Strategy Standing Committee (MHISSC).

This indicator is currently calculated as the proportion of the population receiving clinical mental health services, covering public, private and Medicare (MBS)/ Department of Veterans Affairs (DVA) subsidised services. Community Mental Health Care (CMHC) client counts at the State/Territory level are used as the measure of those in receipt of public services while patient counts from the PMHA's CDMS are used as the measure of those in receipt of private services. The indicator is calculated both nationally and by State and Territory and disaggregated by 10 year age group, Indigenous status, residential remoteness area and Socio–Economic Indexes for Areas (SEIFA) quintile.

Currently, the counts and calculations are produced separately for these datasets, although there is known to be overlap between them. AIHW has been tasked by MHISSC to carry out data development work to attempt to measure and remove this overlap. The first round of this project linked 2009–10 Medicare data with CMHC data for 3 jurisdictions and found that the combined count would be reduced by around 5% taking into account this overlap. The current proposal is for a 2nd round of linkage, extending the work to linkage of 2010–11 data from CMHC (more than the 3 jurisdictions participating previously), MBS, DVA and PMHAs CDMS.

Ethical approval for this phase of the project has been granted by the Ethics Committees of both AIHW and Health. A Public Interest Certificate (PIC) is to be issued by Health in order for the linking to proceed. AIHW has well developed protocols for data linkage and simultaneous protection of the privacy of individuals. Apart from an established Ethics Committee and project–specific staff undertakings, the AIHW has a dedicated Data Linkage Unit which now has accreditation as a Commonwealth Data Integration Authority. This unit works only with the identifying data items to be used for linkage to produce a linkage key which is then passed to the subject area (in this case the Mental Health and Palliative Care Unit) to be combined with the other analytical data items in analysis files, which do not include the identifying data items. To undertake this work AIHW is requesting provision of a list of PMHA clients in 2010–11 with the following data fields:

- Statistical Linkage Key 581 (specified below) or a hashed version of the SLK, as proposed by Allen Morris–Yates.
- Postcode of client at all hospitalisations in 2010–11 (if different)

The statistical linkage key (SLK581) combines a coded name with date of birth and sex as shown below.

**Figure – Statistical Linkage Key 581**

*The components of the SLK581 are:*

- *second, third and fifth letters of the client's last name*
- *second and third letters of the client's given name*
- *date of birth (8 digits); and*
- *sex of the client (1–male, 2–female).*

For example, FRAN K GALLAGHER, male, born 26th Jan 1960, would have an SLK of: ALARA260119601

The hashed version of this key could be supplied together with the hashing algorithm used. Postcode is also required as it can be used to clarify or check links in the situation where (hashed) SLK581 matching produces ambiguous matches.

The Meeting noted that the AIHW had requested that this information be supplied by 15 November 2013.

### 5.10.1 Discussion

The Meeting discussed this request at length and agreed that, "in principle", the participation of the PMHA's CDMS in this important project should be supported. The Meeting agreed, however, that before PMHA would be able to supply the requested data there are two issues that would need to be addressed.

Firstly, the support of private sector consumers and carers for this work, will be critical so the AIHW request should be referred to National Committee of the Private Mental Health Consumer Carer Network (Australia) (PMHCCN–NC) for endorsement. To facilitate that endorsement, it would be very helpful if AIHW could provide a consumer friendly project brief for the PMHCCN–NC, and for the PMHA's other key stakeholders (principally clinicians), that includes the confidentiality safeguards.

Secondly, for technical reasons, the PMHA's CDMS would not be able to supply the data requested by 15 November 2013. The earliest date on which such data in respect of the 2010–2011 financial year could be supplied is likely to be September 2014. Mr Morris–Yates explained that the reason for this delay is as follows. First, data currently supplied by participating private hospitals to the CDMS does NOT include patients' Names or Dates of Birth.

Second, under the PMHA's National Model, the CDMS could not ever request participating Hospitals to provide such information in anything other than a non–reversible encrypted format. As suggested above, an SHA–256 encrypted version of the SLK–581 together with Postcode could be supplied. To enable Hospitals to supply the requested data in that format, the capacity to compute that encrypted Identifier must

be implemented within the HSMdb software. The next update of HSMdb is scheduled for distribution in April 2014 (at the earliest). Typically it takes participating Hospitals between 2 and 3 months to implement an update. The CDMS will then need to explicitly request all participating Hospitals to re–submit data in respect of the period 1/7/2010 to 30/6/2011.

**RESOLVED (Chair) nem con**

*That the Private Mental Health Alliance (PMHA) requests that the Chair advise Mr Gary Hanson, Mental Health and Palliative Care Unit, at the Australian Institute of Health and Welfare (AIHW) that the PMHA has agreed, "in principle", to the AIHW request for the PMHA's Centralised Data Management Service (CDMS) to participate in the AIHW project to improve the measurement of the National Healthcare Agreement performance indicator #17: Treatment rates for mental illness. The correspondence should also include the following.*

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

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

## 6. PMHA COMMUNICATION

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

Mr Taylor reported that the Fifteenth Edition of the PMHA Newsletter was released in September 2013.

The Meeting then considered the Christmas Edition of the Newsletter and made several suggestions, including an article on Transcranial Magnetic Stimulation that Ms Carol Turnbull kindly agreed to provide.

It was left in the hands of the PMHA Director to develop the Newsletter for PMHA approval out–of–session.

**RESOLVED (Chair) nem con**

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

**Action: PMHA Director/PMHA**

## 7. PRIVATE MENTAL HEALTH CONSUMER CARER NETWORK (AUSTRALIA) REPORT

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

The Meeting noted a copy of the Network's Work Plan for financial years 2013–15 and the first draft of the report of the 28th meeting of the Network's National Committee (NC), held at RANZCP Headquarters in Melbourne on 26/27 August 2013.

The Chair of the Network, Ms Janne McMahon OAM, addressed the Meeting and with great sadness advised of the recent death of Lucy Henry. Lucy had until very recently, been the Network's State Coordinator for Tasmania since June 2011. Ms McMahon attended Lucy's funeral in Tasmania on behalf of the Network. Lucy was a special person with extreme passion, advocating strongly for justice and respect in the mental health system. We are deeply saddened by her loss and she will be greatly missed by her Network colleagues and friends.

Ms McMahon then reported on the following.

### 7.1 Network Governance 2013–15

Associate Professor Sharon Lawn has been appointed as the Network's South Australia Coordinator.

The Network's National Committee (NC) has accepted the resignation of Ms Kim Werner as Deputy Chair of the Network and Network Coordinator for the Australian Capital Territory (ACT). The position for a second Network Deputy Chair has been relinquished and funding for that role be redirected to the new position of Network Governance and Policy Officer. The NC has appointed Ms Werner to that position effective from 27 August 2013. Patrick Hardwick has been confirmed as the sole Deputy Chair for the Network from that date and Kim will remain an member of the Network Executive.

Ms Judy Bentley has been appointed as the Coordinator for the Australian Capital Territory.

The Coordinator positions for New South Wales (NSW) and Tasmania are vacant.

Ms McMahon will be contacting Ms Anne Mortimer and some of the participating private psychiatric hospitals in NSW with a view to conducting some Network State Advisory Forums and recruiting for the NSW Network Coordinator position.

The Network is now providing consumer and carer representation for over 40 bodies.

### 7.2 World Hearing Voices Conference

The Network earmarked monies during 2012/2013 to enable all National Committee members to attend the World Hearing Voices Conference, to be held on 20–22 November, 2013 in Melbourne.

### 7.3 Australian Mental Health Outcomes and Classification Network

Mr Tim Coombs from the Training and Services Development section of the Australian Mental Health Outcomes and Classification Network (AMHOCN) attended the 28th meeting of the Network's NC and provided a presentation on the Carer Experiences of Care Project and the Living in the Community Questionnaire (LCQ).

### 7.4 PMHA Patient Experiences of Care Measure

The NC has endorsed the final versions of the PMHA Patient Experiences of Care Measure (PMHA–PEx) Surveys and their Implementation Guide that were developed under the auspice of the PMHA's QIP.

### 7.5 Health Insurance and Consumers

Ms McMahon briefed the meeting on a number of issues that have been raised by Network Members that relate to the interface between private hospitals and private health insurance funds.

Ms McMahon requested the PMHA consider how it might best support the Network in its efforts to raise awareness about mental health treatment in the private sector and private health insurance and the avenues that need to be followed when issues arise. One suggestion is that an area of the Network's website (www.pmhccn.com.au) could be devoted to these issues with links to other relevant websites. The Network could develop an Information Sheet with a detailed frequently asked questions for posting onto the website. Ms McMahon requested the assistance of the private hospital and health insurer Members of the PMHA to work with her on the development of content for the Information Sheet and website.

**RESOLVED (Chair) nem con**

*That the Private Mental Health Alliance (PMHA) supports the development of the Private Mental Health Consumer Carer Network (Australia) (PMHCCN) website to include an area devoted to raising consumer and carer awareness about mental health treatment in the private sector and private health insurance. An Information Sheet with frequently asked questions will be developed for posting onto the website. PMHA private hospital and health insurer representatives have agreed to assist the Network, with the development of content for the Information Sheet and PMHCCN website.*

**Action: Ms McMahon/PMHA**

## 8 MENTAL HEALTH DRUG AND ALCOHOL PRINCIPLE COMMITTEE

In 2012, a review of Australian Health Ministers Advisory Council (AHMAC) committee and governance structures resulted in the work of the Mental Health Standing Committee (MHSC) being subsumed under the auspice of the new Mental Health/Drug and Alcohol Principal Committee (MHDAPC) of AHMAC. 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. This work is being undertaken in a complex environment which includes oversight of the Fourth National Mental Health Plan, the National Drug Strategy, the mental health, drug and alcohol elements of the

Closing the Gap initiative for Indigenous People and implementation of designated Council of Australian Governments (COAG) Mental Health reform initiatives.

The PMHA is linked to the work of the MHDAPC through the positions it holds on MHDAPC's Mental Health Information Strategy Standing Committee (MHISSC) and its Safety and Quality Partnership Standing Committee (SQPSC). The PMHA is represented on the MHISSC by the PMHA Deputy Chair, Ms Moira Munro and on the SQPS by Dr Bill Pring.

MHDAPC last met on 28 August 2013. Items on the agenda included the following.

- The COAG Roadmap for National Mental Health Reform
- Activity Based Funding of mental health by the Independent Hospital Pricing Authority
- Review of the Fourth National Mental Health Plan
- International Initiative for Mental Health Leadership Project
- Development of web–based reporting of the mental health national key performance indicators
- Third Edition of the National Key Performance Indicators for Australia's Public Mental Health Services

Ms Helen Marx reported that the National Mental Health Report 2013 is due to be publicly release shortly and the 5th COAG National Action Plan on Mental Health Annual Progress Report has been submitted to COAG.

The next MHDAPC meeting will be held via teleconference on 20 November 2013. A face–to–face meeting will be held in February 2014.

## 8.1 MHDAPC: MHISSC Report

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

The Meeting noted the copy of the minutes of the MHISSC meeting held on 6/7 June 2013 in Perth and the agenda of the MHISSC meeting held on 17/18 October 2013 in Canberra. The PMHA Representative on the MHISSC, Ms Moira Munro, attended both meetings. The next meeting of MHISS will be held on 13/14 March 2014 in Canberra. Ms Munro will attend.

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

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

MHISSC has been involved with the development of the *National Key Performance Indicators for Australia's Public Mental Health Services* for some time. A data collection model and data collection tools for web based reporting by the public sector is underway. Mr Gary Hanson at the AIHW is responsible for this work and it may be worthwhile inviting Mr Hanson to an appropriate meeting of the PMHA to discuss the work that is underway.

### 8.1.2 National project – Mental Health Non–Government Organisation (NGO) National Minimum Data Set Project

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

Draft data specifications (metadata) have been developed and endorsed. However, taking into consideration the impact the introduction of the National Disability Insurance Scheme will have on the NGO sector, MHISSC Members decided to defer a decision on the implementation of the data set specifications as an NMDS. The decision on implementation has been deferred by the committee to the next MHISSC meeting, pending ABS Collection on Private Mental Health Establishments.

### 8.1.3 Development of a carer experiences of care (family inclusiveness) measure

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

### 8.1.4 National project – Measuring Consumers' Experiences of Care

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

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

The Australian Mental Health Outcomes and Classification Network (AMHOCN) was commissioned by MHISSC to develop a consumer self–report measure that provides

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

### 8.1.6 Australian Bureau of Statistics (ABS) Private Hospitals Establishments Collection

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

### 8.1.7 NOCC Future Directions (2012 – 2024) Review

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

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

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

## 8.2 MHDAPC: SQPSC Report

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

The Meeting noted a copy of the minutes of the SQPSC meeting held on, 12 July 2013 in Melbourne. The next meeting of the SQPSC will be held on 15 November 2013 in Sydney.

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

### 8.2.1 Seclusion and Restraint Reduction in Mental Health Services

At its meeting on 12 July 2013, AHMAC agreed to the public release of the national and state/territory seclusion data presented at the 2012 national forum and further agreed to the annual release of national and state/territory data presented at national forums via the AIHW website.

The forum data was subsequently released on the AIHW website with the expected initial media interest. The National Mental Health Commission (NMHC) issued a press release welcoming the public release of the data and there have also been some discussion on its use. In general, enquires following the release have been helpful and the response from our partners and other organisations has been very positive. More recent media enquiries are yet to result in published articles.

### 8.2.2 National Seclusion and Restraint Data

The National Seclusion and Restraint Data Working Group (NSRDWG) was formed in April 2013 as a time limited joint subgroup of the SQPSC and the Mental Health Information Strategy Standing Committee (MHISSC). The primary purpose of the NSRDWG is to provide a collaborative forum to establish routine national mental health seclusion and restraint data collections, including a nationally agreed reporting framework.

Recent activity includes a jurisdictional audit of seclusion and physical and mechanical restraint to determine jurisdictional processes in place to capture data. AIHW has reviewed the audit responses and is preparing a report for the working group with the view to identifying opportunities to enhance data reporting as well as informing the options for nationally agreed routine collection and reporting. More recently, states and territories were requested to provide 2012–2013 seclusion data for reporting at the 2013 seclusion and restraint forum. AIHW is facilitating this process and completed workbooks were due on 27 September 2013.

The NSRDWG met on 1 October 2013 to consider the outcome of the jurisdictional seclusion and restraint audit and the next steps. Working Group members agreed to submit a paper to MHISSC for initial discussion and comment regarding the work to date, the purpose of the collection, potential data elements, potential dataset model options and short and long term strategies). A similar paper, incorporating MHISSC comments, will be submitted to SQPSC for consideration when it meets in November.

### 8.2.3 National Restraint Definitions and Principles

The Restraint Working Group continues to focus on the development of a set of guiding principles on restraint, underpinned by trauma informed care processes, with the intention of identifying best practice. The working group plans to revisit an earlier decision not to progress work on developing a national definition for chemical/pharmacological restraint. While acknowledging the difficulties, a review of international and local definitions is planned. The outcome will also inform the 'Pharmacological guidance' principle document.

### 8.2.4 2013 National Seclusion and Restraint Forum

ACT Health is hosting the 2013 Forum in Canberra on 28–29 November. The theme for the Forum is 'Reducing the trauma with least restrictive practice: Why it matters to walk the talk', the key note speaker is Gary Parker and the venue is the Academy of Science. There has been considerable interest in forum and submission of abstracts.

### 8.2.5 Other Initiatives of interest

The NMHC recently commenced a national seclusion and restraint project to look at best practice in reducing and eliminating seclusion and restraint. The project extends beyond the health and hospital system and facilities (such as inpatient units and emergency departments) to include the use of seclusion and restraint in community, custodial and ambulatory settings and by first responders. A multi–disciplinary team of researchers from the University of Melbourne, led by Professor Bernadette McSherry, is undertaking the project. Associate Professor John Allan, in his capacity as the SQPSC Chair, is a member of the project's Core Reference Group. Further information is available at: http://www.socialequity.unimelb.edu.au/seclusion–and–restraint/

### 8.2.6 Recovery Oriented Care (Fourth NMH Plan Action 4)

The *National framework for recovery–oriented mental health services* (the Framework) was endorsed by the Mental Health Drug and Alcohol Principle Committee (MHDAPC) for publication and launch when it met on 12 July 2013. The Framework has been provided to the Standing Council on Health (SCoH) out of session for noting.

Formally launched at The Mental Health Services (TheMHS) Conference in Melbourne on 21 August 2013, the Framework comprises two documents:

- A national framework for recovery–oriented mental health services: Policy and theory
- A national framework for recovery–oriented mental health services: Guide for practitioners and providers.

Two supplementary guides, in pamphlet format, were also developed:

- Practitioner guide provides 'reflective questions' emphasising the fundamental importance of recovery focus for clinicians and mental health service providers in the delivery of quality care
- Consumer and carer guide to inform consumers and carers about what to expect from recovery oriented mental health services and ensure services facilitate their recovery journey.
- The documents are currently available electronically on the Australian Health Ministers Advisory Committee Website (http://www.ahmac.gov.au/site/home.aspx) and will also be available on the Department of Health website (http://www.health.gov.au/mentalhealth).

An implementation plan for the Framework under the AHMAC governance structure is being finalised. States and territories will be responsible for local promotion and dissemination of the Framework.

### 8.2.7 National Standards for Mental Health Services

ACSQHC, in consultation with a working group of representatives from Health and SQPSC, developed an Accreditation Workbook for Mental Health Services. Feedback on the Consultation Draft Accreditation Workbook was generally positive with no

major content changes identified. A further consultation workshop with key stakeholders was not considered necessary. The Workbook has been published on the ACSQHC website.

On behalf of the NMHC, ACSQHC undertook a scoping study on the implementation of the National Standards for Mental Health Services. Phase 2 has been completed and a series of national focus groups were held from mid July through to mid September 2013. The final report, due in November 2013, is expected to include challenges and enablers as well as identifying gaps in respect to safety.

The Standards and Performance Pathways Mental Health Portal, a pilot partnership between the Commonwealth DoH and FaHCSIA, is due to go live later this year. The portal will provide a tool to assist NGO services to prepare for accreditation against the standards. Community Mental Health Australia (CMHA) has agreed to partner with the Commonwealth by hosting the link to the portal on the CMHA website (www.cmha.org.au).

Ms Munro and Ms Turnbull mentioned that the APHA and private hospitals are concerned over the new accreditation requirements that place the onus on facilities to train their doctors in open disclosure and basic life support. Negotiations continue with ACSQHC on this requirement.

### 8.2.8 Reducing Adverse Medication Events

The majority of the Reducing Adverse Medication Events in Mental Health Working Party work plan activities are currently in abeyance awaiting project officer support. However, the following activities continue to be progressed:

- Jurisdictional promotion of the National Titration Chart
- Development of a discussion/background paper on the development of a national database on severe adverse events associated with psychotropic medication that could be referred to appropriate organisations for consideration of taking the work forward.
- Referral of issues raised in a recent literature review of antidepressant use in children and adolescents to the ACSQHC for on forwarding to appropriate agencies for their attention.

Professor Mark Oakley Browne, Chair of the Working Party, has been appointed to the ACSQHC's Medication Expert Advisory Group

### 8.2.9 Safe Air Transport of Mental Health Consumers

The MHDAPC endorsed *Supplementary Safe Transport Principles* to the *National Safe Transport Principles* (2008) on 28 August 2013 with the addition of a caveat which recognised the primacy of safety in the air is the responsibility of the providers and clinicians at the time. The Principles have been amended and circulated to MHDAPC members for agreement to submit the Principles to AHMAC.

### 8.2.10 Mental health workforce safety and quality elements

*National Practice Standards for the Mental Health Workforce*

The revised *National practice standards for the mental health workforce* were endorsed by MHDAPC in July and are currently being typeset prior to publication. An implementation plan is being developed and Victoria continues to liaise with the Commonwealth Department of Health regarding funding arrangements for the implementation and project officer support.

*Mental Health Professional Online Development (MHPOD)*

The rollout of MHPOD continues nationally including the release of 13 new topics. This takes the total number of MHPOD topics to 58, equating to over 100 hours of learning content. A final option under the current contract with Cadre for development the development of 20 hours of new material was considered during a workshop session in August 2013 and recommendations will be considered by SQPSC at its 15 November 2013 meeting.

At its July 2013 meeting, SQPSC discussed the recommendations from the final evaluation report on the MHPOD pilot project in the NGO Sector. Members agreed there were a considerable number of implications associated with the rollout which needed to be considered and the development of an implementation plan, detailing cost estimates and identification of funding source(s), was required prior to providing in–principle support. Victoria is progressing this activity for further consideration by SQPSC.

*SQPSC Workforce Subcommittee*

The MHDAPC endorsed the formation of an SQPSC subcommittee to oversight the safety and quality workforce elements.

### 8.2.11 SQPSC Chair arrangements and Project Officer

Associate Professor John Allan (NSW) was elected as Chair of SQPSC at the March 2013 meeting and Dr Peter Tyllis (SA) was elected Deputy Chair at the July 2013 meeting. Both appointments were ratified by the MHDAPC on 28 August 2013.

The Commonwealth Department of Health continues to work with NSW and the Chair of SQPSC to establish new project officer capability for both the SQPSC work plan and to absorb the former MHWAC workforce elements. SQPSC has been without dedicated project officer support since the end of May 2013.

### 8.2.12 SQPSC Meetings 2014

The final meeting for 2013 is scheduled for 15 November in Sydney. The following tentative meeting dates for 2014 will be discussed at the November meeting:

21 March 2014 – Sydney TBC
11 July 2014 – Melbourne TBC
14 November – Sydney TBC

## 9 ACTIVITY BASED FUNDING AND MENTAL HEALTH

Ms Munro reported that in responding to the concerns of the private hospital sector, the Independent Hospital Pricing Authority (IHPA) recently included a position on its Mental Health Working Group for a representative from the APHA to represent private psychiatric facilities. APHA appointed Ms Munro.

IHPA is currently tendering to engage a suitably qualified consultant (or consortium) to undertake a mental health costing and classification study and to develop the national activity based funding (ABF) mental health classification system. The successful tenderer will be required to develop the first version of the national mental health classification system that is supported by the majority of stakeholders, is suitable for ABF purposes and can be consistently applied within the mental health sector; and between states and territories. The successful tender will be required to deliver the classification system based on clinical practice that builds on the previous investments in developing the system.

This tender is offered as two stages (A and B) which have the following requirements.

Stage A

1. Undertake a live mental health costing and classification study for a 6 month period at a sample of Australian public hospitals, community mental health services and at a minimum three private hospitals. The sample should include a mix of consumer and service locations to ensure robust cost weights may be derived.

2. Deliver an agreed dataset.

Stage B

3. Develop the national ABF mental health classification system, with clinically meaningful and resource homogenous groups.

The consultant will also be required to undertake comprehensive, ongoing stakeholder consultation throughout both stages.

It is anticipated that the costing study phase will provide a costing data set in November 2014. Preparatory classification development should commence in early 2014, with a finalised classification developed and approved by 30 April 2015. A trial of the classification is to run for a period of one year commencing 1 July 2015. This will allow IHPA to price mental health services using the new classification from 1 July 2016.

| **Critical Milestone** | **Required date** |
|---|---|
| Costing data set supplied | 1 November 2014 |
| Data set specification finalised | 1 November 2014 |
| Classification approved | 30 April 2015 |
| Trial commences | 1 July 2015 |

The next meeting of the IHPA Mental Health Working Group will take place after a successful tender has been selected.

## 9 NATIONAL MENTAL HEALTH SERVICE PLANNING FRAMEWORK

The National Mental Health Service Planning Framework (NMHSPF) is one of the key initiatives that was contained in the Fourth national mental health plan (specifically action 16). With funding provided by Health, the NMHSPF project was led by NSW Ministry of Health in partnership with Queensland Health and other jurisdictions. The outcome of the project has been the development of a population based planning model for mental health that better identifies service demand and care packages across the sector in both inpatient and community environments. The NMHSPF will have the following characteristics:

- **Flexible and portable** – The NMHSPF will be flexible to jurisdictional adaptation, and will be presented in a user friendly format. However, some technical aspects cannot be altered or the validity of the product will be compromised.

- **Not all, but many** – To ensure national viability, the NMHSPF will not account for every circumstance or service possibly required by an individual or group, but will allow for more detailed understanding of need for mental health service across a range of service environments.

- **Not who, but what** – The NMHSPF will capture the types of care required, but will not define who is best placed to deliver the care. Decisions about service provision will remain the responsibility of each state/ territory and the Australian Government.

- **Evidence and expertise** – The NMHSPF will identify what services 'should be' provided in a general mental health service system. Contemporary mental health practice, epidemiological data and working with key stakeholders with diverse expertise will underpin the technical, clinical and social support mechanisms that will form the content of the framework.

The project has been supported by the following groups.

(1) Executive Group, made up of senior mental health representatives from all Australian jurisdictions

(2) Modelling Group

(3) Three expert working groups as follows.

- Primary Care / Community / Non Hospital Expert Working Group

- Psychiatric Disability Support, Rehabilitation and Recovery Expert Working Group

- Inpatient/ Hospital Based Service Expert Working Group

Consumers and carers have also been participating as members on the Modelling Group and each of the three expert working groups, and a Consumer and Carer Reference Group.

Ms Munro represents the PMHA on the Inpatient/Hospital Based Service Expert Working Group.

Ms Munro reported that after two years of work the Framework has now been officially released.

Some jurisdictions have given an in kind commitment to implementing the Framework.

## 10. OTHER BUSINESS

There was no other business.

## 11 NEXT MEETING

The Meeting discussed and agreed its schedule of Meetings for 2014 as set out below.

| PMHA Face–to–Face Meetings 2014 | | | |
|---|---|---|---|
| Meeting | Time | Date | Venue |
| 22nd PMHA | 9:00 AM – 2:00 PM | Friday, 7 March 2014 | 3rd Floor Conference Rooms<br>AMA House<br>42 Macquarie Street<br>Barton<br>Australian Capital Territory |
| 23rd PMHA | 9:00 AM – 2:00 PM | Friday, 13 June 2014 | |
| 24th PMHA | 9:00 AM – 2:00 PM | Friday, 7 November 2014 | |

## 12 CLOSE

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

Mr Philip Plummer
PMHA Independent Chair

Mr Phillip Taylor
Secretary