PMHA | PRIVATE MENTAL HEALTH ALLIANCE

REPORT AND RESOLUTIONS OF THE SECOND PMHA MEETING

HELD ON

FRIDAY, 6 JULY APRIL 2007

AT

RANZCP HEADQUARTERS
309 LA TROBE STREET
MELBOURNE
VICTORIA

Glossary of Acronyms and Terms
Used in this Report

ACHS	Australian Council on Health care Standards
ACSQHC	Australian Commission on Safety and Quality in Health Care
AG	Australian Government
AHIA	Australian Health Insurance Association
AHMAC	Australian Health Ministers Advisory Council
AMA	Australian Medical Association
APHA	Australian Private Hospitals Association
CDMS	PMHA–Centralised Data Management Service
DoHA	Australian Government Department of Health and Ageing
Health Insurer(s)	Private Health Insurer(s) that pay benefits for psychiatric care
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
Network	Private Mental Health Consumer Carer Network (Australia)
PMHA	Private Mental Health Alliance
PMHA–CDMS MC	PMHA–CDMS Management Committee
RANZCP	The Royal Australian and New Zealand College of Psychiatrists
SPGPPS	Strategic Planning Group for Private Psychiatric Services
SQPWG	Safety and Quality Partnership Working Group of the MHSC

1. OPENING AND WELCOME

The Second Meeting of the Private Mental Health Alliance (PMHA) (the Meeting) was held at the Headquarters of the Royal Australian and New Zealand College of Psychiatrists (RANZCP) at 309 La Trobe Street, Melbourne on Friday, 6 July 2007. The Meeting opened at 9:30 AM and the Secretary reported that the PMHA Independent Chair, Mr Phillip Plummer, would be unable to physically attend the Meeting, due to an unfortunate mistake with travel arrangements. The Secretary arranged for Mr Plummer to participate by speaker phone and Co–chair the meeting with the Deputy Chair, Ms Moira Munro.

The following representatives participated in the Meeting.

1.	Mr Philip Plummer	Independent Chair (by speaker phone)
2.	Ms Moira Munro	Deputy Chair
3.	Ms Janne McMahon	Consumer Representative
4.	Ms Ruth Carson	Carer Representative
5.	Dr Maria Tomasic	RANZCP
6.	Ms Sharon Brownie	RANZCP (until 10:00 AM)
7.	Dr Martin Nothling	AMA
8.	Dr Bill Pring	AMA
9.	Ms Carole Turnbull	APHA (representing all participating Hospitals)
10.	Ms Helen Eriksson	AHIA (representing all participating Health Insurers)
11.	Ms Deborah Stephenson	AHIA (representing all participating Health Insurers)
12.	Mr Peter Callanan	DoHA Private Health Insurance Branch
13.	Mr Allen Morris–Yates	CDMS Director
14.	Phillip Taylor	PMHA Director (Secretary)

1.1 Apologies

1.	Ms Therese Merten	DoHA Mental Health Reform Branch

2. PMHA INAUGURAL MEETING REPORT

Resolved (unanimous)

That the PMHA adopts the Report of the Inaugural Meeting of the Private Mental Health Alliance, held on 20 April 2007 in Melbourne, as a true and accurate record of proceedings, and requests that the Report be made available on the PMHA website.

Action: PMHA Director

3. PROGRESS REPORT ON ACTIONS ARISING FROM THE INAUGURAL PMHA MEETING

The Meeting noted and updated the following table of progress on actions arising from the Inaugural PMHA Meeting.

	AGENDA ITEMS INAUGURAL PMHA	ACTION OFFICER (S)	STATUS
	Report on the Inaugural PMHA Meeting		
➢	Draft and circulate Report of Meeting for comment	PMHA Director	Done
➢	Revise Report based on comments received and prepare final	PMHA Director	Done
➢	Agenda Item 2nd PMHA Meeting	PMHA Director	Done
2	Report on the 46th (Final) SPGPPS Meeting		
➢	Post Report on the PMHA website	PMHA Director	Done
4	PMHA Finance Committee (PMHA–FC)		
➢	Surplus 2006 CDMS & NN budgets to be carried forward to CDMS & Network for 2007	PMHA Director	Done
➢	Co–ordinate arrangements for 1st PMHA–FC Meeting for 1st Quarter 2007	PMHA Director	Done
➢	Agenda Item 2nd PMHA Meeting	PMHA Director	Done
6	PMHA–CDMS Management Committee (PMHA–CDMS MC) Report		
➢	Presentation on Risk Man for 2nd PMHA Meeting	Ms Munro	Done
➢	Health Insurers & Government to advise on reallocation of budget for CDMS Office Space	Health Insurers/AG	Done
➢	Agenda Item 2nd PMHA Meeting	PMHA Director	Done
7.6	Private Mental Health Consumer Carer Network		
➢	Supervise financial support for the Network.	PMHA Director	*Ongoing*
➢	Arrange for the AMA to provide a cash fund in Adelaide of $2,000 from the Network budget for Ms McMahon to access and control for the day–to–day costs associated with Network activities	PMHA Director	Done
➢	Print and distribute a hard copy of the agenda and papers for meetings of the Network.	PMHA Director	*Ongoing*
➢	Maintain the database of Network member's contact.	PMHA Director	*Ongoing*
➢	Distribute bulk postal and electronic mailings as required from that database.	PMHA Director	*Ongoing*
➢	Maintain the Network channel on the PMHA website.	PMHA Director	*Ongoing*
➢	Provide advice on the agenda papers, minutes and follow–up actions for Network meetings, and on the Network submissions and discussion papers.	PMHA Director	*Ongoing*
➢	Ensure that Network Members make their travel and accommodation arrangements directly with the AMA Travel Service.	PMHA Director	*Ongoing*
7.9	PMHA Operating Guidelines and Work Plan		
➢	Co–ordinate first meeting of the PMHA Guidelines Review Working Group	PMHA Director	Done
➢	CDMS Director to provide 1hr presentation to next PMHA Meeting	CDMS Director	Done
➢	Organise meeting between PMHA and All Parties Group for November 2007	PMHA Director	Done
8	Private Mental Health Consumer Carer Network (Australia) Report		
➢	Agenda Item 2nd PMHA Meeting	PMHA Director	*Done*
9	Mental Health Standing Committee		
➢	PMHA Deputy Chair to attend 18 May 2007 MHSC Meeting	PMHA Deputy Chair	*Done*
➢	MHSC to clarify circulation of MHSC Draft Minutes to PMHA	MHSC	*Done*
➢	Agenda Item 2nd PMHA Meeting	PMHA Director	*Done*
10.1	Australian Council on Healthcare Standards (ACHS)		
➢	PMHA Chair to write to ACHS concerning suicide discussion paper	PMHA Chair	Done
10.2	Promoting PMHA		
➢	Prepare and circulate generic text for PMHA Member organisations to use	PMHA Director/Mr Lovelock	Done
➢	Prepare material on the PMHA–CDM for inclusion in the RANZCP Journal	CDMS Director/Dr Pring	*Pending*
➢	Forward material on the private sector to PMHA Chair	PMHA	*Pending*
11	Next Meeting		
➢	Organise 2nd PMHA Meeting for 6 July @ RANZCP Headquarters VIC	PMHA Director	Done
➢	Prepare and circulate Agenda and Papers for 2nd PMHA Meeting	PMHA Director	Done

The Secretary reported that there were no outstanding matters that were not included under appropriate agenda items for this Meeting.

4. PMHA FINANCE COMMITTEE REPORT

The Chair of the PMHA Finance Committee, Dr Martin Nothling, reported that the Committee held its first meeting via teleconference on 5 June 2007. That meeting endorsed the financial position of the PMHA, its Centralised Data Management Service (CDMS), and the Private Mental Health Consumer Carer Network (the Network) as at 30 April 2007.

Resolved (unanimous)

That the PMHA adopts the Report of the Inaugural Meeting of the PMHA Finance Committee Meeting, held via teleconference on 5 June 2007.

5. PMHA–CDMS MANAGEMENT COMMITTEE REPORT

The Meeting noted that a copy of the *Report of the Inaugural Meeting of the PMHA–CDMS Management Committee* had been circulated with the agenda and papers for this Meeting.

Resolved (unanimous)

That the PMHA adopts the Report of the Inaugural Meeting of the PMHA Centralised Data Management Service Management Committee, held on 19 April 2007 in Melbourne.

The Meeting noted that the Second PMHA–CDMS Management Committee meeting was held in Melbourne on 5 July 2007. The Chair of the Management Committee, Dr Bill Pring, provided the following verbal report on relevant matters considered at that meeting and invited other members of the Management Committee to provide additional comment where necessary.

5.1 Mental Health Safety and Quality Partnership Working Group (SQPWG)

The last meeting of the SQPWG was held on 30 March 2007 in Melbourne. The next meeting will be held on 20 July 2007 in Brisbane. Some of the current issues relevant to the private sector that are on the agenda for the 20 July Meeting include the following.

- *National Standards for Mental Health Services.* The review of the National Standards for Mental Health Services (Standards) being undertaken by the Australian Council on Healthcare Standard (ACHS) is well underway and the Steering Committee for the review has met on several occasions. The structure of the Standards is being revised, for example to separate consumer issues from carer issues. Work on the Standards is being progressed by breaking down domain responsibility for action by smaller groups. The ACHS has developed a communication and consultation strategy around this process and jurisdictions can access this resource via the internet.
- *Reducing Adverse Medication Events*. The Reducing Adverse Medication Events Working Group held its first meeting on 24 April 2007. The Working Group is using existing national medication adverse event reporting mechanisms and

strategies in an effort to improve the situation specifically in the mental health area. An early draft report will be considered at the next meeting of the Working Group, which Dr Pring will circulate to PMHA, given its relevance to the private sector.

5.2 Outcome Measures in Private Psychiatry

At the request of its consumer representative and Chair of the Private Mental Health Consumer Carer Network (Australia) (the Network), Ms Janne McMahon, the CDMS-MC considered her proposal that the Network develop and manage a project, with the assistance of the Chair Dr Bill Pring, that would involve a small group of psychiatrists in office-based practice trialling, as part of the care plans for their patients, the use of the clinician rated (HoNOS) and the consumer rated (MHQ-14) outcome measures. The Project would assess both the value of the use of the measures for psychiatrists and the value for consumers of the discussion of the results obtained from the measures. The Project would be jointly led by the Network (on behalf of consumers and carers) and Dr Bill Pring on behalf of psychiatrists, with the involvement of Hospitals, Health Insurers and the CDMS. It was thought that such a Project had the potential to increase the relevance of the current outcome measures directly for both consumers and for psychiatrists, as well further develop what can be delivered from the CDMS. The RANZCP has expressed some preliminary interest in the Project.

5.3 Australian Commission for Safety and Quality in Health Care (ACSQHC)

The CDMS-MC has noted the national efforts of ACSQHC to improve the safety and quality of health care provision in Australia. ACSQHC is looking at many important areas that have direct relevance to the private sector. CDMS-MC believes it may be helpful for the PMHA to understand what ACSQHC is doing and recommended that the Chair of ACSQHC, Mr Bill Beerwoth, be invited to an appropriate PMHA meeting.

Resolved (unanimous)

That the PMHA requests the Chairman of the Australian Commission on Safety and Quality in Health Care (ACSQHC), Mr Bill Beerworth, be invited to attend and address the Third PMHA Meeting on the work of ACSQHC.

Action: PMHA Independent Chair/PMHA Director

5.4 Hospital Risk Management Systems

Ms Munro provided a presentation on Hospital risk management systems with particular reference to the *Riskman Medical Incident Database*. Ms Munro explained that the following is expected of *any* risk management system by external bodies, such as the ACHS, government agencies and Health Insurers.

- Risk management reflects the organisation's strategic and quality plans and is addressed in all corporate and clinical activities undertaken.
- Strategies for managing risk are clearly articulated.
- There is management and staff understanding of risk and quality as well as a proactive approach.
- Quantitative and qualitative data are analysed and used to drive changes.

- That risk and quality should work together. The risk management system reduces the likelihood of processes going wrong and minimises potential adverse events. The quality improvement system shows action taken to improve the effectiveness of processes and interventions.

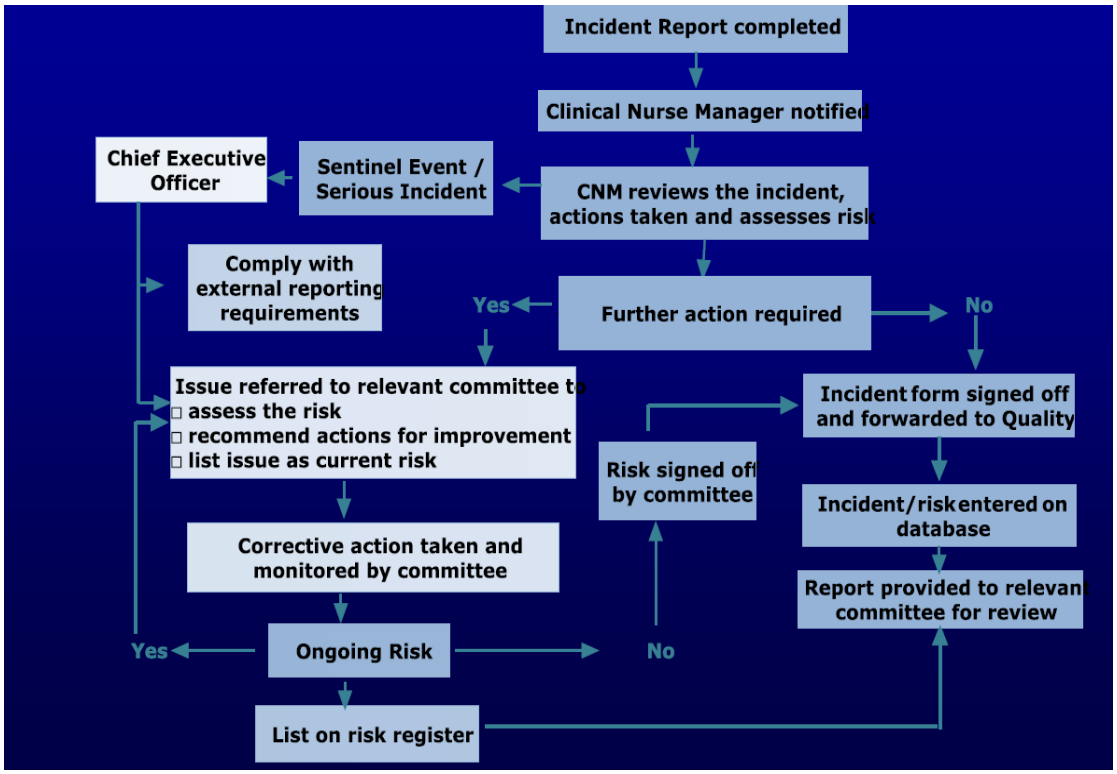
The *elements* of sound risk management system include:

- clearly articulated policies and procedures;
- staff training in the organisations procedures as well as in risk and quality management systems;
- a clear understanding of the current requirements and guidelines in clinical care;
- a clearly articulated accountability for risk management; and
- a clear and simple system for identifying, reporting, resolving, controlling and following–up identified risks.

The *identification* of clinical risk may be reported, or identified, in the following ways.

- Staff reports via risk reporting and notification systems.
- Review of clinical indicators, or stated performance indicators.
- Review of the incident or accident data.
- Review of patient feedback and complaints data.
- Auditing programs.
- Benchmarking reports.

A typical *process* for incident reporting in a Hospital is set out below.



Ms Munro explained that the *Riskman Medical Incident Database* includes discrete screens for data collection for Incidents and Accidents, Risk Registration and for Feedback including complaints, compliments, and correspondence. Each area has a reporting system. Incidents can be tagged to an identified risk, or to a complaint, integrating all information relevant to that event. The Risk Screen will assess the likelihood of a risk and prompt the user to re–rate the severity, based on the number of incidents that have been associated with that risk.

Several sample reports produced from the *Riskman Medical Incident Database* were noted.

- Risk with associated Incidents
- Auditing Program for Medical Documentation
- Risk Review Schedule
- Clinical Indicators Comparison
- Medication Incidents

In summary, risk information is vital to an organisation and may be reported to Health Departments, Chief Psychiatrists, Quality and Sentinel Event Units, Chief Medical Officers, Health Insurers, and accreditation bodies. The benefits of a risk management system to a Hospital include a reduction in adverse events, improved reputation, cost benefits, and external recognition, such as reduced insurance premiums, and successful Hospital accreditation and Hospital licensing reviews.

The Meeting thanked Ms Munro for her Powerpoint presentation and the Secretary circulated a copies to the PMHA via email from the Meeting.

6. PMHA WORK PLAN 2007–2008

The PMHA Work Plan was considered and updated by the Meeting.

6.1 Guidelines Review Working Group (GRWG) Report

Under the *PMHA Priorities and Work Plan for 2007–2008*, the PMHA is required to undertake annual review of the *Guidelines for Determining Benefits for Health Insurance Purposes for Private Hospital Based Mental Health Care* (Guidelines). The last meeting of the PMHA established GRWG to initiate that review.

Ms Munro reported that the GRWG met on 18 June 2007 via teleconference to undertake the review the Guidelines. A copy of the self–explanatory report of that Meeting was noted. Ms Munro explained that GRWG considered the Guidelines in relation to the reform of the mental health care system taking place around Australia and the significant revisions that were made to the Guidelines at the end of 2006. GRWG agreed that a re–draft of the 2006 Guidelines should be undertaken in early 2008, after the impact of the reforms are better understood. In the interim, GRWG made some minor amendments to the 2006 Guidelines to acknowledge the current reforms, and to reflect the restructure of the Strategic Planning Group for Private Psychiatric Services (SPGPPS) into the PMHA.

The Meeting noted that Dr Pring has agreed to approach the AMA and the RANZCP concerning the possibility of their working together with Health Insurers to develop a position statement on the responsibilities of psychiatrists in relation to the ongoing clinical review and assessment process for admitted patients during episodes of overnight, same day and outreach care. GRWG agreed that the position statement should be directed toward ensuring the least restrictive level of care is provided.

GRWG has noted that new guidelines for Electro Convulsive Therapy (ECT) have been implemented in Western Australia. These, however, are very much state–based and there has been no change in The Royal Australian and New Zealand College of Psychiatrists' Guidelines on the Administration of ECT to date.

Ms Munro reported that the 2006 Guidelines are now with the Australian Government and will be promulgated shortly.

Resolved (unanimous)

That the PMHA adopts the Report of the Inaugural Meeting of the PMHA Guidelines Review Working Group held via teleconference on 18 June 2007.

6.2 Review of CDMS Reports

Under the *PMHA Priorities and Work Plan for 2007–2008*, the PMHA is required to undertake a review of the CDMS Reports. As a first step toward the 2007 review, the CDMS Director, Mr Morris–Yates, provided a presentation to the Meeting on the current reports provided by the CDMS.

In opening the presentation, Mr Morris–Yates explained the history of the development of the *National Model for the Collection and Analysis of a Minimum Data Set with Outcome Measures for Private, Hospital–based, Psychiatric Services* (National Model), and the PMHA's CDMS. Essentially, the National Model and the CDMS seek to assist Hospitals and Payers to answer key questions concerning the provision of mental health services in the private hospital setting. Those questions are: who receives what services, from whom, at what cost and with what effect. Mr Morris–Yates then explained the following in detail.

- The tasks in the development of the National Model.
- Why Hospitals and Payers agreed to the implementation of the National Model.
- The National Model's reporting framework.
- The model for episode–based analysis.
- The outcome measures protocol – defining both an *Episode of care* and the end of an *Episode of care*.
- Additional data that is collected and what is done with that data.
- The clinician rated measure - the HoNOS and HoNOS 65+.
- The patient self–assessments measure – the MHQ–14.
- Standard Quarterly Reports (SQRs) produced by the CDMS.

- Examples of:
  - a statistical report from the CDMS Hospital Standardised Measures Data Base (HSMdb);
  - an SQR for a Hospital; and
  - an SQR for a payer.
- Overall completion rates for the required clinical measures.
- Association between Hospitals completion rates for HoNOS and MHQ–14.

In summary, Mr Morris–Yates explained that the use of the National Model has enabled Hospitals and Health Insurers to determine whether resources are being used efficiently and appropriately, and whether care is being provided effectively. Specifically the data collected provides information on the following.

- Service utilization.
- Demographic profile.
- Principal diagnoses.
- Clinical status at admission (HoNOS item profiles).
- Self–assessed mental health at admission and at discharge, compared with the general population.
- Effect size of change from admission to discharge for both self-assessed and clinician rated measures.

CDMS XML Files

Ms Munro provided a short presentation on the graphical and tabular reports the Perth Clinic is producing internally using the CDMS XML Files. The CDMS now routinely provides these Files to Hospitals and Health Insurers. Previously, generating such reports was a painstaking and time consuming task. The provision of the XML Files enables the same graphs and tables to be produced in minutes. The XML Files avoid transcription errors and can be easily added to the Perth Clinic's other data and aggregated very quickly. Control Charts can now also be easily produced, which can quickly show whether variations are statistically significant. Ms Munro commended Mr Morris–Yates for responding to the needs of Hospitals and producing the XML Files.

The Road Ahead

Mr Morris–Yates reported that, in previous discussion with Hospitals and Health Insurers, several issues had been raised in relation to the further development of the CDMS Reports.

Firstly, interest had been expressed in developing some summary statistics at a higher level of aggregation that are Casemix adjusted to deal with the issue that there are differences in the Casemix of Hospitals. Secondly, the way ambulatory care is currently analysed is not working and needs to be substantially reconfigured. PMHA will need to look at the specification for the reconfiguration and agree on the way it should be done. Thirdly, there are concerns that the current simple focus on episodes of care does not provide a complete picture of the continuum of care provided to

individual persons. Augmenting the existing report model with additional information based on the individual person as the unit of analysis is a substantial task. In the longer term, Mr Morris–Yates would also like to simplify the current CDMS Standard Quarterly Reports so that they contain more graphical summaries, with the detail contained in XML Files. Finally, providing the CDMS data on the PMHA website would also be useful, but there are serious policy issues related to authentication of users that would need to be addressed.

The Meeting thanked Mr Morris Yates for his presentation.

6.3 All Parties Meeting

The Secretary reported that a consensus date had emerged that will enable a meeting between the representatives of the All Parties Group and the PMHA to be held as follows.

All Parties and PMHA Meeting
10:00 AM to 3:00 PM
Friday, 9 November 2007
3rd Floor Conference Rooms
AMA House
42 Macquarie Street
BARTON ACT 2600

The purpose of the meeting will be to discuss:

- the conditions under which the future work programs and budgets are to be developed for PMHA, its CDMS and the Network; and

- to flag areas of concern that Parties to the *AMA Agreement for Services 2007–2008* want addressed in the development of the future work program and budgets for PMHA, CDMS and the Network.

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

The Chair of the Network, Ms Janne McMahon, reported that the next meeting of the Network will be held on 12/14 August 2007, which marks the fourth year that the Network has been meeting formally. Ms McMahon reported verbally on the following matters.

7.1 Indentifying the Carer Project

On behalf of the Network, DoHA and the AMA are conducting an Identifying the Carer Project (ICP) with funding from DoHA. The Meeting noted that the contract between the AMA and DoHA had now been signed. The AMA has employed the following staff, as specified in the contract, to conduct the ICP.

Ms McMahon	ICP Project Manager
Mrs Judy Hardy	ICP Project Officer
Mrs Ruth Carson	ICP Project Assistant

ICP workshops and meetings with consumers, carers, service providers and other relevant organisations in both the public and private sectors have now been conducted in

most jurisdictions. The Internet based international literature search and the review of the Australian mental health legislation has been completed. ICP will be completed before the end of the year.

7.2 Representation on other bodies

Mrs Ruth Carson is currently the private sector representative on, and Co–chair for, the National Consumer Carer Forum. The Network is also represented on the Mental Health Council of Australia (MHCA). MHCA is currently developing a mentoring program, which will involve a rare opportunity for five consumers and five carers to attend a conference in Toronto, Canada. A letter of support for the Network's Tasmanian consumer representative to participate has been sent to the MHCA.

7.3 Review of the National Mental Health Services

Ms McMahon, as Network Chair, is participating with other private sector representatives in the Steering Committee overseeing the review of the National Standards for Mental Health Services (Standards). The first draft of the revised Standards should be released shortly for comment. They are intended to be generic across the public, private, NGO and private practice. There are ten Standards including a new separate carer standard, which is indicative of the impact the Network is having on increasing the recognition for carers. The PMHA thanked Ms McMahon for her hard work in this area and it was agreed that an urgent teleconference of the PMHA should be convened when the Standards are released. Mr Paul Mackey and Ms Chriss Gee should be invited to participate.

Resolved (unanimous)

That the PMHA requests an urgent teleconference of the PMHA be convened to provide feedback on the first draft of the revised National Standards for Mental Health Services, after their release. Mr Paul Mackey and Ms Chriss Gee should be invited to participate in the teleconference.

Action: PMHA Director

7.4 Book Launch

The manuscript, *To Dance Across the Heavens*, prepared by Ms Alvina Hill, the Network State Coordinator for New South Wales, will be published in August 2007. The book launch will to be held on Monday, 6 August 2007 at the Adelaide Clinic in South Australia at no cost to the Network. A wide range of relevant Network and PMHA stakeholders have accepted invitations to attend the launch.

7.5 Children of Parents with a Mental Illness

In response to a question, Ms McMahon indicated that the Network would explore increasing its linkages with the Australian Government initiative Children of Parents with Mental Illness (COPMI).

8. MENTAL HEALTH STANDING COMMITTEE (MHSC) REPORT

Ms Munro reported she had attended the MHSC meeting held in Melbourne on Friday, 18 May, in the absence of the PMHA Independent Chair overseas. A copy of

the draft report of that meeting was noted. Ms Munro provided the following verbal report on relevant matters considered at that meeting.

8.1 ACHS

MHSC discussed the ACHS approach to addressing the issue of suicide risk assessment, particularly in relation to recent surveys addressing "hanging points" and the lack of consistency of ACHS surveyors approach to this issue. MHSC noted that the private hospital sector had encountered similar issues and the primary concern in relation to this matter was that there was no specifically endorsed standard on the issue. MHSC noted that there had been a discussion paper on hanging points, which had **not** been ratified by the ACHS Board and had subsequently been withdrawn. In this context, MHSC queried the basis for these surveys, particularly where it resulted in requests for remedial action with significant cost to the health system. MHSC agreed to refer the matter to the Chair SQPWG, Dr Peggy Brown, for clarification from the ACHS Chair, emphasising the need for systematised standards that balanced therapeutic versus safety considerations.

8.2 MHSC Minutes

MHSC has agreed that MHSC minutes should be available to members of the PMHA for information, but should not be for wider circulation.

8.3 Next MHSC Meeting

The Chair of the MHSC, Dr Ruth Vine, has extended an invitation for a PMHA observer to accompany the PMHA Independent Chair to the next meeting of the MHSC to be held on Friday, 14 September 2007 in Melbourne. It was agreed that, in the absence of the PMHA Deputy Chair oversees, the PMHA Director would accompany the PMHA Independent Chair to the 14 September MHSC meeting.

8.4 MHSC OOS Paper #2 Evaluation of the National Mental Health Plan 2003–2008

The Secretary reported that MHSC had circulated an Out–of–Session (OOS) Paper to its Members requesting that they:

- agree to amendments proposed to the summative evaluation process of the *National Mental Health Plan 2003–2008*;
- note the itinerary for the consultations being undertaken by the international evaluators; and
- if interested, to nominate to participate in the drafting group.

MHSC Members have been asked to respond by 18 July 2007, so that the MHSC Secretariat can collate responses and provide advice to the Australian Government by 19 July.

PMHA considered a copy of the OOS Paper #2, which had been circulated with the agenda and papers for this Meeting. The Meeting expressed strong concern over the lack of any defined consultation with the private sector in the evaluation process. It was agreed that the PMHA would not endorse the evaluation unless this situation was corrected. The meeting agreed that the PMHA should also express an interest in nominating for a position on the drafting group.

Resolved (unanimous)

That the PMHA requests that the PMHA Independent Chair advise the Mental Health Standing Committee that the private sector will not endorse the summative evaluation process of the National Mental Health Plan 2003–2008, unless a proper consultation process is defined for the private sector and for the Private Mental Health Consumer Carer Network (Australia). PMHA also requests that MHSC be advised that the private sector is also interested in nominating for a position on the drafting group.

Action: PMHA Independent Chair

8.5 MHSC OOS Paper #3 Monitoring Report 2005–2006

The Secretary reported that on 2 July 2007 the MHSC Secretariat circulated to its Members OOS Paper #3 concerning the *Monitoring Report 2005–2006 for the Implementation Plan for the National Mental Health Plan 2003–2008* (Monitoring Report), for their consideration and response by close of business on Friday, 13 July 2007. OOS Paper #3 asks MHSC Members to ***endorse*** the Monitoring Report and to ***agree*** to seek the endorsement of the Health Policy Priorities Principal Committee (HPPPC) and its agreement to refer the Monitoring Report to the Australian Health Ministers' Conference (AHMC) through the Australian Health Ministers' Advisory Council (AHMAC) processes. The Meeting agreed to endorse the Paper and agree to refer the Monitoring Report on, as described above, with one minor amendment to page 28.

Resolved (unanimous)

That the PMHA requests that the PMHA Independent Chair advise the Mental Health Standing Committee that the PMHA endorses the Monitoring Report 2005–2006 for the Implementation Plan for the National Mental Health Plan 2003–2008 (Monitoring Report) and agrees that the MHSC should seek the endorsement of the Health Policy Priorities Principal Committee (HPPPC) and its agreement to refer the Monitoring Report to the Australian Health Ministers' Conference (AHMC) through the Australian Health Ministers' Advisory Council (AHMAC) processes.

Action: PMHA Independent Chair

8.6 Revised National Mental Health Policy (Policy)

The Secretary reported that the draft revised Policy was circulated on 7 June 2007 to the members of the National Mental Health Policy Steering Committee (Steering Committee) for consideration and comment. The revised Policy was prepared by a Drafting Group, building on the discussion and Framework that was agreed at the first meeting of the Steering Committee, held in Melbourne on 27 March 2007. The PMHA noted that the revised Policy will be the subject of discussion at the next Steering Committee meeting, scheduled for Tuesday, 10 July 2007 at the Melbourne Hilton Airport Hotel. The PMHA Independent Chair will attend that meeting. To assist in preparing for the meeting, a copy of the revised Policy was circulated to PMHA Members on 7 June 2007 with a request that Members consult with their constituencies and bring their views to this Meeting of the PMHA. The revised Policy was then considered and discussed at length. Dr Maria Tomasic tabled a copy of the RANZCP response, which had been forwarded separately to the Chair of the Steering Committee. The Meeting then worked through the comments received making **final agreed** amendments to the revised Policy using Track Changes.

Resolved (unanimous)

That the PMHA Independent Chair advise the 10 July 2007 meeting of the National Mental Health Policy Revision Steering Committee that the PMHA endorses the revised version of the National Mental Health Policy, on the proviso that the Policy includes the amendments suggested by the PMHA.

Action: PMHA Chair

9 OTHER BUSINESS

9.1 PMHA Website

The Secretary provided a brief demonstration of the new website for the PMHA, its CDMS and Network. The PMHA Director will manage the PMHA and Network sub-sites, and the CDMS Director will manage the CDMS sub–site.

10. NEXT MEETING AND CLOSE

The PMHA amended the time the start and finish time of its next meeting, which will be held as follows.

Third PMHA Meeting
9:00 AM to 2:00 PM
Friday, 26 October 2007
RANZCP Headquarters
309 La Trobe Street
Melbourne

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

Mr Philip Plummer	Ms Moira Munro	Mr Phillip Taylor
Independent Chair	Deputy Chair	Secretary