PMHA | PRIVATE MENTAL HEALTH ALLIANCE

REPORT AND RESOLUTIONS OF THE FOURTH PMHA MEETING

HELD ON FRIDAY, 29 FEBRUARY 2008

AT THE ROYAL AUSTRALIAN AND NEW ZEALAND COLLEGE OF PSYCHIATRISTS 309 LA TROBE STREET MELBOURNE VICTORIA

Glossary of Acronyms and Terms used in this Report

ACHS	Australian Council on Health care Standards
ACSQHC	Australian Council on Safety and Quality in Health Care
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
CPoC	Consumer Perceptions of Care Project
DoHA	Australian Government Department of Health and Ageing
HCP	Hospital Casemix Protocol
Health Fund(s)	Private Health Insurance Fund(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
MHISS	Mental Health Information Strategy Sub–committee of the MHSC
N_N	National Network of Private Psychiatric Sector Consumers and Carers
Network	Private Mental Health Consumer Carer Network (previously N_N)
PHI	DoHA Private Health Insurance Branch
PMHA	Private Mental Health Alliance
PMHA–CDMS MC	PMHA–CDMS Management Committee
RANZCP	The Royal Australian and New Zealand College of Psychiatrists
SQPS	Safety and Quality Partnership Sub–committee of the MHSC

1. OPENING AND WELCOME

The Deputy Chair, of the Private Mental Health Alliance (PMHA), Ms Moira Munro, opened the Fourth (4th) Meeting of the PMHA (the Meeting) at 9:00 AM on Friday, 29 February 2008 and noted apologies from the Chair, Mr Phillip Plummer.

The Meeting was held at the Headquarters of the Royal Australian and New Zealand College of Psychiatrists (RANZCP) in Melbourne.

The following representatives attended the Meeting.

1.	Ms Janne McMahon	PMHA Consumer Representative
2.	Ms Ruth Carson	PMHA Carer Representative
3.	Dr Maria Tomasic	RANZCP
4.	Ms Sharon Brownie	RANZCP
5.	Dr Martin Nothling	AMA
6.	Dr Bill Pring	AMA
7.	Ms Moira Munro	APHA (representing all participating Hospitals)
8.	Ms Carole Turnbull	APHA (representing all participating Hospitals)
9.	Ms Helen Eriksson	AHIA (representing all participating Health Insurers)
10.	Mr Peter Groves	AHIA (representing all participating Health Insurers)
11.	Ms Sara Khalidi	DoHA Private Health Insurance Branch
12.	Ms Therese Merten	DoHA Mental Health Reform Branch
13.	Mr Allen Morris–Yates	PMHA–CDMS Director
14.	Phillip Taylor	PMHA Director (Secretary)

Apologies

The following apologies were noted.

1.	Mr Philip Plummer	PMHA Independent Chair
2.	Mr Peter Callanan	DoHA Private Health Insurance Branch

2. THIRD PMHA MEETING REPORT

The Meeting considered and adopted the draft report of its third meeting.

Resolved (Dr Nothling/Ms Munro)

That the PMHA adopts the Report of the Third Meeting of the Private Mental Health Alliance, held on 29 February 2008 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 THIRD PMHA MEETING

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

AGENDA ITEMS THIRD PMHA MEETING		ACTION OFFICER(S)	STATUS 29/02/2008
	Report on the Third 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 4th PMHA Meeting	PMHA Director	Done
2	Report on the Second PMHA Meeting		
➢	Post Report on the PMHA website @ pmha.com.au	PMHA Director	Done
4	PMHA Finance Committee (FC)		
➢	Agenda Item 4th PMHA Meeting	PMHA Director	Done
5	PMHA–CDMS Management Committee Report		
➢	Raise issues at 9 November 2007 All Parties and PMHA Meeting	PMHA–CDMS Director	Done
➢	Agenda Item 4th PMHA Meeting	PMHA Director	Done
6	Private Mental Health Consumer Carer Network (Australia) Report		
➢	Agenda Item 4th PMHA Meeting	PMHA Director	Done
6.7	Circulate copy of 13/14 August 2007 Network Meeting to PMHA	Network Chair	Done
7	PMHA Work Plan 2007–2008		
➢	Options Paper for 9 November 2007 All Parties and PMHA Meeting	PMHA–CDMS Director	Done
➢	Prepare and circulate agreed agenda & papers for 9 Nov 2007 Meeting	PMHA Director	Done
➢	Co–ordinate all arrangements for 9 November Meeting	PMHA Director	Done
➢	Agenda Item 4th PMHA Meeting	PMHA Director	Done
9	AHMAC National Mental Health Working Group Report		
➢	Agenda Item 4th PMHA Meeting	PMHA Director	Done
9.3	Forward comments on revised National Mental Health Plan to DoHA	PMHA Director	Done
11	Next Meeting		
➢	Organise 4th PMHA Meeting for 29 Feb 2008 @ RANZCP Melbourne	PMHA Director	Done
➢	Prepare and circulate Agenda and Papers for 4th PMHA Meeting	PMHA Director	Done

The PMHA Director indicated that the outcomes of the 9 November 2007 meeting between the Parties to the *AMA Agreement for Services 2007–2008* and the PMHA (hereafter the All Parties PMHA 9 November 2007 Meeting) would be reported on under relevant agenda items at this PMHA meeting.

4. PMHA FINANCE COMMITTEE REPORT

The Chair of the PMHA Finance Committee, Dr Martin Nothling, reported on the third meeting of the Finance Committee held via teleconference on 13 November 2007. The purpose of the meeting was to consider the financial position of the PMHA, its Centralised Data Management Service (PMHA–CDMS), and the Private Mental Health Consumer Carer Network (Australia) (the Network) for the period 1 July to 30 September 2007.

It was noted that the next meeting of the Finance Committee will be held via teleconference on Tuesday, 11 March 2008.

Resolved *(Unanimous)*

That the PMHA notes the Draft Report of the Third Meeting of the PMHA Finance Committee Meeting, held via teleconference on 13 November 2007.

5. PMHA–CDMS MANAGEMENT COMMITTEE REPORT

The PMHA noted that a copy of the report of the third face–to–face meeting of the Management Committee, held on 25 October 2007, had been circulated with the agenda and papers for this meeting.

The PMHA Director reported that the All Parties PMHA 9 November 2007 Meeting had requested that the Management Committee also meet via teleconference on a monthly basis to:

- more actively engage in the management of the PMHA's CDMS; and
- to determine what options are available to resolve the delay with the provision of the CDMS services and deliverables that were scheduled for delivery before 30 June 2008.

In accordance with that request, monthly teleconferences of the Management Committee had been held on 20 December 2007 and 1 February 2008. The PMHA noted that copies of the reports of those teleconferences had also been circulated with the agenda and papers for this meeting.

Resolved (unanimous)

That the PMHA adopts the Report of the Third face–to–face Meeting of the PMHA Centralised Data Management Service Management Committee, held on 25 October 2007 in Melbourne, and duly notes the Reports of the Management Committee's monthly teleconferences held on 20 December 2007 and 1 February 2008.

The Fourth face–to–face meeting of the Management Committee was held on 28 February 2008 back–to–back with this meeting of the PMHA and the Chair of the Management Committee, Dr Bill Pring, then provided the following verbal report on the following matters.

5.1 Procedures for Withdrawal from the PMHA and its CDMS

At the All Parties PMHA 9 November 2007 Meeting, the APHA advised that eight Hospitals had notified that they were no longer participating in the CDMS. This raised the issue of what protocol should be followed by the PMHA when a participating Hospital chooses to discontinue their subscription to the PMHA and its CDMS. The AMA subsequently sought legal advice from DLA Philips Fox. Based on that advice, the Management Committee drafted two *Standard PMHA Letters* for financial and non–financial Hospitals that choose to discontinue their subscription. Both draft Letters were circulated to the PMHA, amended and then endorsed out–of–session. The eight Hospitals that have discontinued their financial subscription were advised that the PMHA–CDMS is unable to accept or process any data submitted, or to provide those Hospitals with standard quarterly reports, revised software or manuals. The Hospitals were further advised that any data submitted to the PMHA–CDMS in respect of any period after 30 June 2007 would be erased upon receipt.

The Management Committee has also revised the original Hospital Enrollment Procedure for the PMHA's CDMS, to be consistent with the legal advice from DLA Philips Fox for consideration and endorsement by this meeting of the PMHA.

Resolved (unanimous)

That the PMHA adopts the Hospital Enrollment and Withdrawal Procedure for the PMHA and its CDMS prepared by the PMHA–CDMS Management Committee.

Mr Groves reported that the issue of having one group of Hospitals withdraw from the PMHA and its CDMS is of great concern to Health Insurers, as it means that the data collection is not as comprehensive as it should be. This concern was shared by other stakeholders. Given the time constraints involved it was agreed that Mr Morris-Yates should meet with the AHIA Mental Health Committee to discuss this matter further.

Resolved (unanimous)

That the PMHA requests that the PMHA-CDMS Director meet with the AHIA Mental Health Committee to discuss the integrity of the PMHA-CDMS Data Collection.

Action: PMHA-CDMS Director

5.2 Hospital Casemix Protocol (HCP)

The All Parties PMHA 9 November 2007 Meeting requested that the PMHA–CDMS Director, together with appropriate representatives from the APHA and AHIA, meet with the Australian Government in an effort to resolve the issues related to coding and the HCP that are critical to the update of the HSMdb software for Hospitals and the re–building of the Data Warehouse.

Since that request was made, DoHA released a Private Health Insurance Circular concerning the consultation on the changes to the HCP that will take effect from 1 July 2008. DoHA was seeking comments by Friday, 22 February 2008. In response,

the PMHA-CDMS Management Committee convened an urgent HCP teleconference on 14 February 2008 between Mr Morris-Yates, Health Funds and Hospital representatives and developed a PMHA submission on the HCP for DoHA.

The submission points out that there does not appear a definition between the difference between the Hospital-in-the-Home service, outreach services and differentiation from what are called General Treatment Services. There is a lot of uncertainty with definitions and it appears that much of the work undertaken has focussed on medical and surgical treatment and has failed to grapple with what it might mean for mental health treatment in the community.

Resolved (unanimous)

That the PMHA requests that the Chair write to Ms Louise Clarke, Assistant Secretary, Healthcare Services and Financing Branch, Department of Health and Ageing reinforcing the concerns outlined in the PMHA submission and requesting that further discussions take place as a matter of urgency and that mental health cases and circumstances be taken into account in HCP 2. A copy of the letter should be forwarded to Mr Nathan Smyth.

Action: PMHA Director/PMHA Chair

5.3 Perth Clinic Presentation

Ms Munro provided a short presentation on a Project that was funded by Medibank Private that utilised touch screen technology to enable patients at Perth Clinic to enter data during their course of treatment. The software makes it possible to track graphically how the patient is progressing and for that to be feedback rapidly to the clinical staff

5.4 Delay with SQRs

There was some slight delay with SQRs recently because of the quality of the data submitted by some Hospitals. This has now been largely resolved.

5.5 Consumer Perceptions of Care Study (CPoC)

The collection phase of CPoC was completed in both the private and the public sectors in 2006 and the following reports were due to be provided by 31 December 2006.

- A draft aggregate report for private hospitals for consideration by the APHA Psychiatry Sub–committee.
- A draft aggregate report for Queensland Health.
- A report for the Australian Government. It is anticipated that this will be the report for release to the public domain, albeit at the discretion of the Australian Government

Consumers, Carers and Hospitals have expressed some frustration over the delay with these reports. At this stage, it is anticipated that these final reports would not be available until the end of 2008, given the current PMHA-CDMS Director's workload.

5.4 Mental Health Safety and Quality Partnership Sub–committee (SQPS)

The first meeting of the SQPS for 2008 will be held on Friday, 14 March in Adelaide to coincide with the SQP's Second National Forum on Seclusion and Restraint, which will also be held in Adelaide on 12/13 March. The PMHA noted that Mr Taylor would attend the SQPS meeting to be held in Adelaide on 14 March 2008.

6. FINAL REPORT AND RECOMMENDATIONS OF THE INDENTIFYING THE CARER PROJECT (ICP)

The PMHA noted a copy of the *Final Report and Recommendations of the Identifying the Carer Project*, as released by DoHA in 2007. After discussion, the PMHA made the following recommendations with regard to implementation of the Recommendations

Resolved (unanimous)

1. *That the Private Mental Health Alliance (PMHA) requests that its Members, discuss the Final Report and Recommendations of the Identifying the Carer Project with their respective constituencies in relation to how the recommendations arising from the report might best be progressed.*

   Action: PMHA Members

2. *That the PMHA requests that the Chair write to the Australian Government as to its intentions in relation to the recommendations of the Indentifying the Carer Project.*

   Action: PMHA Director/PMHA Chair

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

The PMHA noted a copy of the *Report of the 15th Meeting of the Network*, held on 13–14 August 2007, which had been circulated with the agenda and papers for this meeting, together with a copy of the *Final Report and Recommendations of the Identifying the Carer Project*. PMHA noted that the last meeting of the Network was held on 25/26 February 2008 in Melbourne. Ms Janne McMahon, as Independent Chair of the Network, reported verbally on that meeting.

8. FUTURE OF THE PMHA, ITS CDMS AND THE NETWORK

The PMHA Director reported that the PMHA Work Plan 2007–2008 requires the development of a proposed work programs and budgets for PMHA, PMHA–CDMS and the Network for beyond 30 June 2008 to be negotiated with the Parties to the current *Agreement for Services 2007–2008* (AMA, APHA, AHIA, DoHA, RANZCP and beyondblue). The All Parties and PMHA meeting held on 9 November 2007 was convened to assist with that task. That meeting discussed the development of future work programs and budgets and flagged areas of concern that Parties might want addressed their development. A copy of the *Draft Report of the All Parties and PMHA Meeting* was noted. At the direction of that meeting, the following has been undertaken in preparation for the next All Parties and PMHA Meeting, currently scheduled to be held between 10 AM and 12 Noon on Thursday, 27 March 2008 at AMA House in Canberra.

PMHA, PMHA–CDMS and Network Budgets 2008–2011. The PMHA Director and the PMHA–CDMS Director, in consultation with the Network Chair and the AMA, developed highly detailed proposed budgets for all three enterprises for the period 1 July 2008 to 30 June 2011, with as little or no increase in costs beyond CPI.

PMHA, PMHA–CDMS and Network Work Plans 2008–2011. Future work plans for PMHA, its CDMS and the Network were developed in detail for the 2008–2009 Financial Year, under an overarching conceptual framework covering three Financial Years from 1 July 2008 to 30 June 2011.

PMHA Communication Plan 2008–2011. The AMA Media Department worked with the PMHA Director to develop a draft communication plan for the PMHA based on a consumer and carer focus and directed toward promoting the profile of the PMHA.

The PMHA Director reported that copies of the draft Budgets, Work Plans and Communication Plan had been circulated with the agenda and papers for this Meeting to provide the PMHA with an opportunity to make any amendments that might be necessary. It was originally intended that PMHA would then be able to endorse these documents today, prior to their presentation to the 27 March All Parties and PMHA Meeting.

8.1 RANZCP withdrawal from PMHA

The PMHA Director advised the Meeting that on 25 February 2008 correspondence was received from the RANZCP formally notifying of the College's withdrawal from the PMHA in its current form. RANZCP was keen, however, to engage in ongoing discussion as to how best a more inclusive PMHA model could be developed.

The Chair invited the RANZCP representatives present to address the meeting. The RANZCP Honorary Secretary, Dr Maria Tomasic, and the RANZCP Chief Executive Officer, Ms Sharon Brownie, explained how College Council had reached its decision to withdraw.

A frank and open discussion followed and the fundamental concerns of the College were elaborated upon.

- *The current PMHA funding model is a barrier to inclusive discussion across the broader private mental health sector. Key groups, including general practitioners (GPs), psychologists, mental health nurses and others have all expressed a keen interest in engaging in joint discussion of relevance to the private mental health sector, but declined invitations to participate on the basis of the costs involved.*

  It is the RANZCP view that, currently, the funding model for the PMHA is built around the infrastructure costs involved with a key highly trained and experienced person servicing a single product. That product is, therefore, expensive and its costs difficult to defray across a broader range of activity. Within the College, a person of that caliber would be servicing several products, such as the RANZCP's Board of Research, its Board of Practice Standards, and the Ethical Practice Standards Committee. At present, professional organisations like RANZCP are faced with not only funding their representatives to attend meetings of the PMHA, but also justifying the additional funding for infrastructure support. RANZCP,

like the other PMHA funding organisations, value highly the stability and sustainability that the current infrastructure support provides for the PMHA. It is, however, very difficult for other organisations, like the RACGP, to respond to a funding request for a single product organisation, when it only provides for the opportunity to engage in conversations on private mental health. Mental health is only one of many issues that organisations, like the RACGP, will be dealing with.

RANZCP believes that if other organisations are to be approached to join PMHA, then it will also be important to have some strong public relations type statements. Those statements should emphasize the unique nature of the PMHA as a forum where critical conversations on issues crucial to mental health take place. PMHA brings together the key stakeholders that are essential to those conversations.

- *The current model perpetuates exclusivity at a time when increased partnership and collaborative models of care are essential.*

  It is the RANZCP's view that the current PMHA is focused on engaging psychiatrists in discussions that are primarily relevant to private hospitals and private health insurers. In the continually evolving health care context, where for example initiatives, such as the Better Access initiatives and Medicare provisions for psychologists and allied health professionals have been implemented, it is essential that a more inclusive model be implemented capable of dealing with a broader range of mental health issues.

- *The ongoing need for an Independent Chair is questionable.*

  The RANZCP believes that the infrastructure costs involved with the role of an Independent Chair could be reduced by rotating the role of Chair through the participating PMHA organisations. Alternatively, if an inclusive model can be developed that retains the current infrastructure support, then the role of the PMHA Director could be expanded to include that of chairing the group. The PMHA Director is ideally situated in Canberra and the current incumbent has at least 12 years experience in dealing with mental health issues at a national level across the diverse range of stakeholders involved. Aware of the sensitivities involved, the PMHA Director would not only be able to represent the agreed unified position of the PMHA, but also the individual view of any particular PMHA stakeholder organisation.

The Chair thanked the RANZCP representatives for attending the Meeting and assisting with the understanding of the RANZCP's position. Dr Tomasic and Dr Brownie advised that they will be attending the 27 March 2008 meeting of the All Parties and PMHA.

In acknowledging the concerns of the RANZCP, the Meeting agreed that a more inclusive approach for PMHA was desirable. There was consensus that inclusion of GPs and psychologists was desirable. The need to include mental health nurses, and possibly other allied health professionals, such as occupational therapists and social workers, was questioned, given the small numbers reportedly currently working in the private sector. Annual PMHA Forums or one-off meetings were suggested as a possible way of involving smaller groups. In the short amount of time remaining, the Meeting focused on the way forward and considered the models that had arisen from

the discussion with the RANZCP, as well as other models. These models are summarised below.

Model 1: Expanded PMHA Affiliate/Observer Membership

Expand the current PMHA to include GPs, psychologists and possibly mental health nurses and other allied health professionals as affiliates or observers. Under this model, the RANZCP could be asked to continue participation in accordance with the previous three year budget projection for stakeholder contributions. This would enable the AMA to continue to provide the established and stable infrastructure support for the PMHA in its expanded form.

Model 2: Expanded PMHA Full Financial Membership

Invite the GPs, psychologists, and possibly mental health nurses, to join PMHA as equal Financial Members. Under this model the costs of participation per stakeholder would be as follows.

	2008–09	*2009–10*	*2010–11*
Revised projected costs per stakeholder	$33,627	$34,506	$36,014
Previous projected costs per stakeholder	$53,804	$55,210	$57,622
Reduction in contribution for each current PMHA funder	$20,177	$20,704	$21,608

Past experience would indicate that it is extremely doubtful that GP, psychologist, and mental health nurse organisations, would be able to contribute.

Model 3: Expanded PMHA Graduated Financial Membership

Invite the GPs, psychologists and possibly mental health nurses and allied health professionals to join PMHA and provide contributions on graduated scale. Under this model, a fair and equitable formula would have to be developed to determine the basis of the contributions to be made by the new members.

Model 4: Expanded PMHA with a lower level of Secretariat support

Restructure PMHA to include GPs, psychologists, and possibly mental health nurses and allied health professionals. Discontinue the current PMHA Director role and replace that role with that of an Administrative Officer on full-time, part–time, or some other basis. Under this model the AMA, or other host organisation, would need to be reimbursed for the costs associated with the employment of the Administrative Officer and provision of secretariat support.

Model 5: Expanded PMHA with no Secretariat support

Restructure PMHA to include GPs, psychologists and possibly mental health nurses and other allied health professionals. Discontinue the current PMHA Director role and rotate responsibility for each meeting through the stakeholder organisations with all secretariat support provided by the staff of the organisation hosting the meeting. Under this model the cost of the provision of that support would be borne by the host organisation.

Model 6: Expanded PMHA without RANZCP

Continue the operation of the PMHA without the RANZCP for the previously agreed three year period 1 July 2008- 30 June 2011. Draw GP and psychiatrist representation from the AMA. Invite the psychologists and possibly other groups to participate at no cost as affiliates or observers. Under this model, the future nature of the relation between the RANZCP and individual PMHA stakeholder organisations would have to be carefully considered. This model would also require the AMA, AHIA, APHA and DoHA to absorb the projected PMHA infrastructure costs for the RANZCP, as it is extremely doubtful that psychologist and mental health nurse organisations would be able to contribute. The revised costs of participation per stakeholder would be as follows.

	2008–09	*2009–10*	*2010–11*
Revised projected costs per stakeholder	$67,255	$69,012	$72,028
Previous projected costs per stakeholder	$53,804	$55,210	$57,622
Increase in contribution for each current PMHA funder	$13,451	$13,802	$14,406

In closing this Agenda Item, the Chair requested that PMHA Members discuss with their respective constituencies the implications of the withdrawal of the RANZCP from the PMHA, and the best way forward. It was further agreed, that an urgent teleconference of the PMHA be convened in the week prior to 27 March 2008 All Parties and PMHA meeting.

Resolved (unanimous)

1. *That the Private Mental Health Alliance (PMHA) requests that its Members, as a matter of urgency, discuss with their respective constituencies the implications of the withdrawal of the RANZCP from the PMHA and the possible ways forward. PMHA Members are also asked to discuss their concerns with regard to the RANZCP withdrawal with their psychiatrist colleagues.*

Action: PMHA Members

2. That the PMHA requests the PMHA Director organise a teleconference of the PMHA in the week before the 2008 Easter Holiday break.

Action: PMHA Director

8.2 All Parties and PMHA Meeting

The Meeting agreed that the nature of the All Parties and PMHA meeting would be now be different to what had been originally envisaged and should be held between **10:00 AM and 4:00 PM** on Thursday, 27 March 2008 at the offices of the Federal AMA in Canberra. The participants for the 27 March meeting were then noted as yet to be confirmed as follows.

AMA

1.	Mr Francis Sullivan (Chair)	AMA Secretary General
2.	Mr John O'Dea	AMA Director Policy
3.	Dr Martin Nothling	AMA PMHA Representative
4.	Dr Bill Pring	AMA PMHA Representative

RANZCP

5.	Dr Maria Tomasic	RANZCP Honorary Secretary
6.	Ms Sharon Brownie	RANZCP Chief Executive Officer

AHIA

7.	Mr Peter Groves	Chair, AHIA Mental Health Committee
8.	Mr Bruce Houghton	AHIA Mental Health Committee
9.	Ms Helen Eriksson	AHIA Mental Health Committee
10.	Mr Greg Kovacs	AHIA General Manager, Projects & Committees

APHA

11.	Ms Christine Gee	Chair, APHA Psychiatry Sub–committee
12.	Mr Paul Mackey	APHA Director Policy and Research
13.	Ms Moira Munro	APHA Psychiatric Sub–committee
14.	Ms Carole Turnbull	APHA Psychiatric Sub–committee

DoHA

15.	Ms Therese Merten	DoHA Monitoring and Evaluation Branch
16.	Mr Peter Callanan	DoHA Private Health Services Branch

Beyondblue

17.	Ms Leonie Young	Chief Executive Officer

PMHA Independent Chair

18. Mr Philip Plummer

PMHA Consumer Representative

19.	Ms Janne McMahon	Independent Chair, the Network

PMHA Carer Representative

20. Mrs Ruth Carson

PMHA/CDMS Staff

21. Mr Allen Morris–Yates PMHA–CDMS Director
22. Mr Phillip Taylor (Secretary) PMHA Director

Apologies

1. Dr Michael Armitage AHIA Chief Executive Officer
2. Mr Michael Roff APHA Chief Executive Officer

9. MENTAL HEALTH STANDING COMMITTEE (MHSC) REPORT

The Meeting noted a copy of the draft report of the MHSC meeting held in Melbourne Friday, 22 February 2008. The PMHA Independent Chair attended that meeting with the PMHA Director. The following highlights from the meeting were noted.

9.1 Australian Health Care Agreements (AHCA)

The MHSC agreed to advise the HPPC of the concerns raised by the lack of certainty in funding for mental health services in the context of AHCA negotiations, specifically highlighting the loss of momentum on a number of fronts created by funding uncertainty.

9.2 Establishment of a National Comorbidity Collaboration

The MHSC noted the proposal to establish a National Comorbidity Collaboration (NCC) and agreed that, in the first instance, NCC should be a government officials' forum, becoming more inclusive as it becomes established. The Commonwealth will invite jurisdictional representatives to form an NCC, with the first meeting of officials to develop terms of reference and a work plan.

9.3 Revision of the National Mental Health Policy (NMHP)

The revised policy document was endorsed "in-principle" with final comments to be provided by 7 March 2008.

9.4 Evaluation of the National Mental Health Plan 2003–2008

A copy of the draft evaluation report was considered by the Evaluation Steering Group on 23 October 2007 and referred back to the evaluators with recommendation on how the report should be re–focussed. The MHSC noted the revised version of the report and expressed concerns regarding the quality of the work, particularly as feedback previously provided did not appear to have been taken into consideration with many factual errors still remaining in the report. Members also agreed that given its status as an independent evaluation, there be explicit reference that the views in the document were those of the consultants and not necessarily substantiated fact. Furthermore, that as an independent report the MHSC was only required to note the report not endorse it. Members also requested that the report be revised to note that the work was guided by a Reference Group, not contributed to by a Drafting Group as currently designated, and specify the role of this group as a preface to enumerating membership of the group. Furthermore, it was resolved that the report be revised to include a caveat, that the views represented are those of the consultants based on their

interviews and perceptions not those of the Reference Group. Members agreed to provide further comments on factual errors and inconsistencies by no later than 20 March 2008.

9.5 National Mental Health Reform

MHSC has agreed to development of a fourth National Mental Health Plan. It will be primarily a Health Ministers' plan that recognises and takes responsibility for interface areas identified in the COAG National Action Plan as requiring a whole of government approach. The MHSC Secretariat will circulate an invitation for expressions of interest in participating in working group to develop a fourth plan.

9.6 MHSC Work Plan 2008-2009

MHSC agreed to consider issues for its 2008-2009 work plan to allow informed discussion and finalisation of the Plan at the May 2008 meeting.

9.7 New Chairing Arrangements for MHSC

The Chair of the MHSC, Dr Ruth Vine, confirmed that she would be taking an extended leave of absence from the Department of Human Services Victoria and would therefore be resigning as Chair MHSC. Dr Aaron Groves has been appointed as the new MHSC Chair. MHSC will be developing formal business rules to guide these issues in the future. Due to Dr Groves own commitments overseas, Dr Peggy Brown was appointed as an interim Chair to support the MHSC Secretariat in progressing work of the MHSC until formal arrangements are put in place for a Deputy Chair and an Executive.

10. OTHER BUSINESS

The Chair asked each stakeholder group if there were any other matters that they might wish to raise with the Meeting.

10.1 AMA

Dr Nothling reported on the concerns of AMA and the RANZCP with regard to the intention of at least one Health Insurer to progress the model developed by McKessons for counselling sessions after patients had been discharged from private hospitals. The intention is to use an opt out model whereby the patient will be sent a letter after discharge advising that they must notify the Health Insurer concerned if they do not wish to participate in the program. Should the patient ignore the letter, then they are automatically part of the program and their information will be passed to McKessons. This is of particular concern given that the RANZCP Board of Research has previously determined that there is no evidence base for this type of counselling service.

Health Funds agreed that they would take the issue of the opt out process and the concerns over the evidence base to the AHIA Mental Health Standing Committee.

Ms Eriksson felt that the PMHA was invaluable in resolving these sorts of issues, particularly in view of the new legislation and initiatives that are currently underway.

Resolved (unanimous)

That the PMHA requests that the RANZCP write to Chair of the AHIA Mental Health Committee, Mr Peter Groves, regarding the concerns over the opt-out process and evidence base involved in the McKessons model of post discharge counselling prior to the next meeting of the AHIA Mental Health Committee to be held on 9 March 2008.

Action: Dr Maria Tomasic

That the PMHA requests Ms Helen Eriksson, on behalf of HCF, provide a presentation to the next meeting of the PMHA on the McKesson Trial.

Action: Ms Helen Eriksson

10.2 Hospitals

Ms Turnbull then reported on the Mental Health Nurse Incentive Program (NIP). More than 280 centres have been approved. Of those 194 are GP centres and 39 private psychiatrists. The breakdown by state is:

NSW	97
NT	2
QLD	60
VIC	71
SA	26
TAS	8
WA	16

As well, 6 private hospitals have been approved for the trial.

11. PMHA MEETINGS 2008

Following discussion it was agreed that it would not be feasible to schedule another face-to-face meeting of the PMHA until the outcome of the All Parties and PMHA meeting was known.

12. CLOSE

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

Ms Moira Munro
PMHA Deputy Chair

Mr Phillip Taylor
PMHA Director
Secretary