PMHA | PRIVATE MENTAL HEALTH ALLIANCE

REPORT AND RESOLUTIONS OF THE FIFTH PMHA MEETING

HELD ON FRIDAY, 6 JUNE 2008

AT AMA HOUSE 42 MACQUARIES STREET BARTON ACT

Glossary of Acronyms and Terms used in this Report

ACHS	Australian Council on Healthcare 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
ARAFMI	Association of Relatives and Friends of the Mentally Ill
PMHA-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
MHSC	Mental Health Standing Committee of the AHMAC Health Priorities Principal Committee
MHISS	Mental Health Information Strategy Sub–committee of the MHSC
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
SQPS	Safety and Quality Partnership Sub–committee of the MHSC
US	United States

1. OPENING AND WELCOME

The Chair, of the Private Mental Health Alliance (PMHA), Mr Philip Plummer, opened the Fifth (5th) Meeting of the PMHA (the Meeting) at 9:00 AM on Friday, 6 June 2008. The Meeting was held at the offices of the Federal AMA in Canberra. The following representatives were in attendance.

1.	Mr Philip Plummer	Chair
2.	Ms Janne McMahon	PMHA Consumer Representative
3.	Ms Ruth Carson	PMHA Carer Representative
4.	Dr Martin Nothling	AMA
5.	Dr Bill Pring	AMA
6.	Dr Choong-Siew Yong	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 Therese Merten	DoHA Mental Health Reform Branch
12.	Mr Allen Morris–Yates	PMHA–CDMS Director
13.	Phillip Taylor	PMHA Director (Secretary)

Apologies

1.	Dr Maria Tomasic	RANZCP
2.	Ms Sharon Brownie	RANZCP
3.	Mr Peter Callanan	DoHA Private Health Insurance Branch

The Chair reported that, in consequence to recent changes to Office Bearers of AMA, Dr Choong–Siew Yong had succeeded Dr Martin Nothling as an AMA representative on the PMHA.

Resolved (unanimous)

The PMHA extends its appreciation to Dr Martin Nothling for supporting the work of the Private Mental Health Alliance, and its antecedent the Strategic Planning Group for Private Psychiatric Services (SPGPPS), as a representative of the Australian Medical Association for the past six years.

2. PMHA MEETING REPORTS

Resolved (Mr Groves/Ms Turnbull)

1. *That the PMHA adopts the Report of the Fourth 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

2. *That the PMHA adopts the Report of the PMHA Workshop, held on 27 March 2008 in Canberra, as a true and accurate record of proceedings.*

3. PROGRESS REPORT ON ACTIONS ARISING

The Meeting updated the following Composite Table of Progress on actions arising from the 4th PMHA Meeting and PMHA Workshop.

COMPOSITE TABLE OF PROGRESS – FEBRUARY TO MAY 2008	RESPONSIBILITY	STATUS
Reports on PMHA Meetings		
Post Report of 3rd PMHA Meeting held on 26 October 2008 on PMHA Website	PMHA Director	Done
Draft and circulate for comment the Report of 4th PMHA Meeting held on 29 February 2008	PMHA Director	Done
Draft and circulate for comment the Report on the PMHA Workshop held on 27 March 2008	PMHA Director	Done
Revise Reports on the 4th PMHA Meeting and PMHA Workshop and prepare finals	PMHA Director	Done
Agenda Item 5th PMHA Meeting	PMHA Director	Done
PMHA Finance Committee Report		
Dissolve PMHA Finance Committee	PMHA	Done
Include an agenda item at PMHA meetings to enable adoption of AMA Income and Expenditure Statement	PMHA Director	Done
Agenda Item 5th PMHA Meeting	PMHA Director	Done
PMHA–CDMS Management Committee Report		
PMHA–CDMS Director to meet with the AHIA Mental Health Committee	PMHA Director	Done
PMHA to write to DoHA reinforcing PMHA submission on HCP	PMHA Chair	Rescinded
PMHA–CDMS Management Committee to meet on the same day as PMHA Meetings	PMHA Director	Done
Agenda Item 5th PMHA Meeting	PMHA Director	Done
Private Mental Health Consumer Carer Network (Australia)		
PMHA Members to discuss implementation of ICP recommendations with constituencies	PMHA	Done
PMHA to raise with DoHA its intentions concerning the ICP	PMHA Chair	*Pending*
Agenda Item 5th PMHA Meeting	PMHA Director	Done
PMHA, its CDMS and the Network Beyond 2008		
PMHA Members to discuss RANZCP withdrawal with constituencies	PMHA	Done
Organise PMHA Teleconference for week before Easter 2008	PMHA Director	Done
Convert and re–organise 27 March 2008 All Parties PMHA Meeting into PMHA Workshop	PMHA Director	Done
Revise proposed budgets to move forward without RANZCP for 3 years from 1 July 2008	PMHA	Done
Revise and finalise Work Plan for PMHA	PMHA	Done
Revise Communication Plan	PMHA	Done
PMHA Legal Counsel to commence drafting new AMA Agreement for Services 2008–11	PMHA Legal Counsel	Done
PMHA Legal Counsel to advise on clause concerning research work	PMHA Legal Counsel	*Pending*
Agenda Item 5th PMHA Meeting	PMHA Director	Done
Other Business		
Write to AHIA Mental Health Committee concerning McKesson's Model	Dr Tomasic	*Pending*
Prepare Presentation on HCF Helping Hands Program for 5th PMHA Meeting	Ms Eriksson	Done
Agenda Item 5th PMHA Meeting	PMHA Director	Done
Next PMHA Meeting		
Organise PMHA Teleconference for 17 March and PMHA Workshop for 27 March 2008	PMHA Director	Done
Organise 5th PMHA Meeting for 6 June 2008 @ AMA Headquarters Canberra	PMHA Director	Done
Prepare and circulate Agenda and Papers for 5th PMHA Meeting	PMHA Director	Done

The PMHA Director, Mr Phillip Taylor, reported that the following matters were outstanding and not addressed under agenda items for this Meeting.

3.1 Final Report and Recommendations of the Indentifying the Carer Project (ICP)

The Meeting noted that at the 4th PMHA Meeting, held on 29 February 2008 in Melbourne, had considered the *Final Report and Recommendations of the Identifying the Carer Project*. PMHA Members were asked to discuss with their respective constituencies how the recommendations arising from the report might best be progressed. The PMHA also requested that the Chair write to the Australian Government as to its intentions in relation to the ICR Recommendations.

Ms Therese Merten reported that, at present, DoHA is unable to confirm what actions the Australian Government intends to take with regard to the ICP Recommendations.

Ms Moira Munro reported that the APHA Psychiatry Sub–committee had agreed that the Final Report and its Recommendations would be very useful for private hospitals. The Sub–committee will advise private hospitals that the ICP Recommendations should be implemented. The Sub–committee also agreed to recommend that PMHA should write to DoHA concerning the implementation of the ICP Recommendations.

In response to a question, Mr Taylor clarified that all contractual obligations under the ICP Agreement between the AMA and the Australian Government had been met by the successful completion of ICP and the publication of its Final Report and Recommendations. Contractual obligations do not encompass implementation of ICP Recommendations.

After an open and frank discussion of the role of the PMHA in progressing the ICP the following was agreed.

Resolved (unanimous)

That the PMHA Chair write to the Chair of the Australian Government's Mental Health Standing Committee (MHSC) and highly recommend that the Report and Recommendations of the Identifying the Carer Project be included on the agenda for the next MHSC meeting for the consideration of its members.

Action: PMHA Chair/PMHA Director

Ms Janne McMahon indicated that this would also assist with negotiations on behalf of the Private Mental Health Consumer Carer Network (Australia), concerning the implementation of the ICP Recommendations.

3.2 AMA Agreement for Services

Mr Taylor reported that Ms Jane Ferry at DLA Philips Fox had completed the drafting of an *AMA Agreement for Services 2008-2009* to support the activities of the PMHA, its CDMS and the Network beyond 30 June 2008. The draft Agreement has been circulated to the Parties for comment by 10 June 2008.

Mr Taylor indicated that he would attempt to follow–up with Ms Ferry the outstanding matter as to whether the Agreement needs to include a clause that would

provide "in principle" agreement between the Parties for the facilitation of research work being undertaken, particularly in relation to the PMHA's CDMS.

4. PMHA FINANCE COMMITTEE FINAL REPORT

The Chair reported that the PMHA has dissolved its Finance Committee in order to streamline the workload of PMHA and reduce costs. For this and any future PMHA Meetings, a brief agenda item will be included to facilitate the adoption of AMA Statements of Income and Expenditure for PMHA, its CDMS and the Network.

The Meeting then adopted the *Report of the Fourth and Final Meeting of the Finance Committee*, held on 11 March 2008, via teleconference.

Copies of the AMA Statements of Income and Expenditure for the PMHA, its CDMS and the Network for the period 1 July 2007 to 30 April 2008 were tabled. The Meeting adopted the Statements, as set out in Appendix A of this report.

Resolved *(unanimous)*

1. *That the PMHA adopts the Report of the Fourth and Final Meeting of the PMHA Finance Committee Meeting, held via teleconference on 11 March 2008.*

2. *The PMHA notes and approves the Statements of Income and Expenditure for the PMHA, its CDMS, and the Private Mental Health Consumer Carer Network (Australia) (the Network), prepared by the Australian Medical Association, for the period 1 July 2007 until 30 April 2008.*

5. PMHA–CDMS MANAGEMENT COMMITTEE REPORT

The Chair reported that, in an attempt to further streamline the PMHA workload and costs, the PMHA had today trialed the conduct of a face–to–face meeting of the PMHA–CDMS Management Committee being held from 8:30 AM until 10:30 AM immediately prior to this PMHA Meeting (11:00 AM until 4:30 PM).

The Meeting noted that copies of the reports of the fourth face–to–face meeting of the Management Committee, held on 28 February, and the monthly teleconferences of the Committee held on 31 March and 5 May 2008, had been circulated with the agenda and papers for this meeting.

Resolved (unanimous)

That the PMHA adopts the following reports en bloc.

1. *Report of the Fourth Face–to–Face Meeting of the PMHA–CDMS Management Committee held on 25 October 2007 in Melbourne.*
2. *Report of the Third Monthly Teleconference of the PMHA–CDMS Management Committee held on 31 March 2008.*
3. *Report of the Fourth Monthly Teleconference of the PMHA–CDMS Management Committee held on 5 May 2008.*

The Chair then invited the Chair of the Management Committee, Dr Bill Pring, to report verbally on any matters arising from these meetings, and the meeting of the Management Committee held between 8:30 AM and 10:30 AM this morning.

Dr Pring reported on the following.

5.1 Training

The previous reliance on the PMHA–CDMS Director for individual Hospital–based training is no longer a sustainable option, beyond the training provided to Hospitals when they initially subscribe to the PMHA's CDMS. The Management Committee has, therefore, approved the use of the 2007–2008 CDMS budget currently allocated to training workshops to purchase the software necessary to develop CD and web–based training materials. Additionally, combined Adelaide–based national workshops for participating Hospitals have been suggested. The PMHA–CDMS Director would be able to participate in such workshops with minimal impact on both costs and time.

5.2 Purchase of New Server

The Management Committee has recommended that the AMA carry forward from the 2007–2008 PMHA–CDMS Budget the funds allocated for the purchase of a new Server into the 2008–2009 PMHA–CDMS budget.

5.3 PMHA–CDMS Work Plan Financial Year 2008–2009

The Management Committee has endorsed the schedule of work to be undertaken by the PMHA–CDMS for the period 1 July 2008 to 30 June 2009. Some of the features of the Work Plan include the following.

- A revised edition 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) will be prepared and published that meets stakeholder requirements.

- The Consumer Perceptions of Care (CPoC) Pilot Study Reports for the Australian Government and the Australian Private Hospitals Association will be completed within the context of the Work Plan. Queensland Health will be advised that the PMHA–CDMS Director is unable to undertake any further work on the CPoC beyond the final report provided for Queensland Health. Additional project work for the PMHA's CDMS is not to be undertaken in future without the express approval of the Management Committee and full endorsement of the PMHA.

- An Annual (Financial Year) Report from the CDMS will be prepared on private hospital–based psychiatric services in 2006–2007. The content of the Report is being discussed by Management Committee. The PMHA–CDMS Director then presented and discussed the material assembled to that date for the Report highlighting in detail some of the substantive statistics on the following.

  - Who is the population being seen.

- Who received services in terms of their demographic characteristics.

- What services are provided and why.

- What are the outcomes of service provision.

- Who pays for services and what is the cost of services.

The PMHA–CDMS Director explained that the Report would provide a useful statistically rich source document for stakeholders.

The Meeting noted it was anticipated that a draft of the Report would be available to the Management Committee prior to the next meeting of the PMHA.

5.4 Mental Health Information Strategy Sub–Committee (MHISS) Safety and Quality Partnership Sub–Committee (SQPS)

The Meeting considered a recommendation that, as sub–committees of the Mental Health Standing Committee (MHSC), the MHISS and SQPS Reports could be presented at PMHA meetings as part of the MHSC Report. It was agreed to test this approach today to see whether this was feasible, given the time constraints involved.

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

The Meeting noted a copy of the *Report of the 16th Meeting of the Network*, held on 25–26 February 2008, which had been circulated with the agenda and papers for this meeting.

There were no questions regarding the Report of the 16th Meeting of the Network.

6.1 Coalition

Ms McMahon fully briefed the Meeting on the background and responses to the recent formation of a Coalition between the Network and the National Mental Health Consumer Carer Forum, Mental Health Carers ARAFMI Australia. The Coalition is calling for the establishment of a task force to look at the most appropriate way in which to treat people who are the adult survivors of childhood sexual abuse, trauma and neglect.

The Coalition submission to Senator Claire Moore, Chair, Senate Community Affairs Committee has been provided to the APHA, RANZCP and AMA with the request that these organisations join the Coalition's call. The APHA has agreed to provide a letter of support for the Coalition. The RANZCP and the AMA are yet to respond.

Ms McMahon then briefed the Meeting on the informal discussions she had with Senator Moore this morning and the useful suggestions Senator Moore had made to assist the Coalition.

Mrs Ruth Carson gave an example of an experience that highlighted the problems associated with the use of diagnosis of Borderline Personality Disorder.

The Meeting then discussed with Ms McMahon how the Coalition's call might be enhanced and strengthened.

The AMA indicated it was supportive of the intent of the Coalition's call, particularly when traumatic experiences are very difficult for anyone to listen to and therefore tend to be down played in the community. Some cautions need to be taken into account, however, and these have been summarised below.

1. Borderline Personality Disorder

The diagnosis of *Borderline Personality Disorder* (BPD) is controversial and should not be automatically associated with *Child Sexual Abuse* (CSA). It is often used in a pejorative way by mental health professionals and as justification for denying services to patients. The reality is that patients suffer a range of mental illnesses and conditions that may be related to a background of CSA but not necessarily in a *causal* relationship. These include mood disorders, post traumatic stress Disorder and attachment disorders. Patients with a diagnosis of BPD do suffer more from other mental illnesses such as depression, anxiety and physical complaints. Their utilisation of health and psychiatric services is high, and impairment and disability is high. There is a higher risk of psychological problems in the children of patients with BPD

2. Child Sexual Abuse

There is no doubt that patients who suffer from psychiatric disorders related to CSA are underserved by medical and psychological services in Australia. This is especially so for adults, who have less access to public mental health services and may not have the financial resources to access private services. While there are some specific services for children who are victims of CSA funded by child protection agencies, such as PANOC (Physical and Emotional Abuse and Neglect of Children) in New South Wales, these services need to be provided in all Australian States and Territories. Services aimed at preventing family breakdown are also needed.

3. Taskforce Proposal

The proposals for a taskforce and the concentration of effort on a specific and controversial diagnosis may prove problematic. It may be a wiser approach to call, as a matter of policy, for more attention being directed to helping adults who have psychological disorders related to a background of CSA, in recognition of the relative lack of access to services. This is related to the labour–intensive and emotionally draining nature of treatment such as psychotherapy, which currently has the best evidence base, and the stigma many mental health professionals attach to the various associated diagnoses, especially BPD.

Two different mechanisms may well be required. One focussed on treatment and care of victims of CSA, and the other concentrating on the lack of access to treatment and services for people with personality disorders.

Ms McMahon thanked the Meeting for its comments.

In closing, Ms McMahon indicated that the date and time of the next face–to–face Network meeting is yet to be determined.

7 PMHA WORK PLAN 2008–2009

The Chair reminded members that this would be the last meeting of the PMHA under the current *AMA Agreement for Services 2007–2008*, which expires on 30 June 2008. On that basis, the Meeting reviewed the agreed PMHA Priorities and Work Plan for the Financial Year 2008–2009 (Work Plan). The following matters were discussed.

7.1 Collaborative Care Models Working Group

Under the Work Plan the PMHA is to establish a Collaborative Care Models Working Group (CCMWG) to assist the private sector in responding to the *Broader Health Cover* initiative and the reforms taking place under the *COAG National Action Plan on Mental Health 2006–2011*. It is intended that CCMWG will look at workforce issues and where further innovations in funding and service delivery might be possible in the new environment, particularly in relation to models of service delivery outside of the hospital–based setting. The Working Group will also take account of the previous work detailed in the discussion paper on *Options for Funding Service Delivery for Private Psychiatric Services*.

The Meeting confirmed that the CCMWG will be the key PMHA sub–group that other relevant professional groups will be invited to join. The PMHA Director reported that both the Australian Psychological Society and the Australian and New Zealand College of Mental Health Nurses have already agreed to participate, and the Royal Australian and New Zealand College of Psychiatrists have expressed an interest. The PMHA has invited the Royal Australian College of General Practitioners to participate, but a response has not yet been received.

After discussion, it was agreed that the first step in the development the CCMWG would be for representatives of the current PMHA financial stakeholders to meet before the next PMHA meeting to discuss in more detail the terms of reference and work program of the CCMWG. Some preliminary suggestions for issues that need to be addressed included the following.

- Mental Health Nurse Incentive Program
- Referrals to psychologists
- Hospital–in–the–Home (HITH) services versus Outreach Services (Outreach).

  The continuing confusion over the interpretation of HITH and Outreach from 1 July 2008 was briefly discussed within the context of hospital and provider responsibilities, as set out in the table below.

HOSPITAL RESPONSIBILITIES		PROVIDER RESPONSIBILITIES	
Hospital Treatment		General Treatment	
HITH	Outreach	Hospital Substitute	General Treatment
HCP–1		Psychologists and Mental Health Nurses	

The Meeting considered that the issues involved would need to be considered in the first instance by the AHIA and the APHA.

- A co–ordinated strategy to manage people with chronic illnesses

After further discussion, the following way forward was agreed.

Resolved (unanimous)

That the PMHA directs that the following members meet on Thursday, 25 September 2008, at AMA House in Canberra, to discuss in more detail the primary objectives, structure and role of the PMHA Collaborative Care Models Working Group.

- *AMA* — *Dr Choong–Siew Yong*
- *AHIA* — *Ms Helen Eriksson (To be confirmed)*
- *APHA* — *Ms Carole Turnbull*
- *DoHA* — *Mr Peter Callanan (To be confirmed)*
- *Consumers* — *Ms Janne McMahon*
- *Carers* — *Mrs Ruth Carson*

In the interim, all PMHA members are asked to consult with their constituencies and forward any matters they would like included on the agenda for the 25 September meeting to the PMHA Director by Friday, 29 August 2008.

Action: PMHA Director/PMHA Members

8 COAG INITIATIVES

The Meeting noted a copy of the *COAG National Action Plan on Mental Health 2006–2011* and the progress report from DoHA on the range of the initiatives being implemented under the Plan.

The PMHA Director reported that the PMHA consumer representative, Ms Janne McMahon, had requested that the following matters also be included for discussion under this agenda item.

a) The uptake of the *Better Access* Medicare Benefits Schedule (MBS) Items relating to clinical psychologists and registered psychologists, as well as any effect upon the health fund ancilliary table item for psychologists.

b) The uptake of the *Better Access* MBS Item changes to the existing MBS Item number for private psychiatrists in relation to consultations with carers.

c) Email correspondence from a psychiatrist concerning the impact COAG reforms are having on their practice.

The Meeting noted some of the difficult questions being asked of consumers that relate to the Australian Government's interest in whether the changes with the MBS Items are leading to new cases that would not have been seen before now being:

(a) seen by a psychiatrist; and

(b) referred to a psychological services.

Questions are being asked about the new Items and whether they are proving valuable. Ms Therese Merten briefed the meeting on the current evaluation being undertaken by DoHA concerning the Items. Ms Eriksson reported Health Insurers will also be examining the impact the Items are having on their members.

The PMHA Director reported that the next meeting of the COAG Stakeholder Reference Group had been cancelled and will be rescheduled.

Dr Nothling reported on c) above. The Meeting did not believe that this was a universal problem, particularly when the evidence indicates that referrals to psychiatrists are increasing. After discussion, Ms McMahon agreed to respond to the psychiatrist concerned and advise that this matter should be raised with the relevant professional bodies in their state.

9 HCF PRESENTATION

The Chair invited Ms Helen Eriksson to provide a brief presentation on the HCF *Helping Hands* program, which is summarised below.

Mr Erikson indicated that this program is intended to complement a person's treatment plan and involves staff from McKesson Asia Pacific Pty Ltd (McKesson) calling patients to offer telephone–based case management and support once they have been discharged from hospital.

Participation in the *Helping Hands* program is voluntary and the service is designed to work together with the care provided to participants by their GP or psychiatrist to assist in their recovery. The goal of the program is for HCF members to get better and stay better.

McKesson is a healthcare organisation delivering telephone–based health services to government departments and private health organisations that was founded by two psychiatrists, Dr Matthew Cullen and Dr Andrew Wilson, in 1995. McKesson believe that:

> *…although face–to–face consultations with doctor and other trained health professionals are essential, online or telephone interactions can increase the frequency, timeliness and overall access to services.*
>
> *...chronic disease management programs can be effectively delivered across large populations, including those in regional and remote areas.*

McKesson employ health professionals, including nurses, social workers and psychologists, to provide health advice programs for state and national governments, Area Health Services and District Health Boards, health insurers and other private healthcare providers. Services include telephone triage (health information, advice and referral), mental health triage and case management, and chronic disease management. Using specialised health call centre software, McKesson clinical staff take close to one million calls per year from the community.

The HCF mental health member support service is a telephone–based case management program. Members are linked with an experienced mental health case manager such as a nurse or psychologist who provide regular telephone support – dependent on member needs. Initial assessment and determination of what kind of help may be of benefit. Calls may involve talking about how HCF members are feeling, or more practical advice such as help with identifying trigger factors and with developing coping mechanisms. Access to a 24–hour mental health crisis telephone service (feedback is provided to the member's case manager).

Helping Hands is no longer recruiting, but the program for members still participating has been extended. Preliminary assessment shows modest savings, reduced admission numbers, and change in hospitalisation stay status (a greater overnight stay reduction compared with same day). Currently, the program is being rigorously assessed by School of Psychiatry, UNSW and it is anticipated continuation and expansion of the program will occur.

Discussion

In response to several questions, Ms Eriksson explained the reasons that HCF have adopted this approach and it was noted that Ms Eriksson should be able to advise the next PMHA meeting if the evaluation will be able to be made public.

Ms Turnbull and Ms Munro indicated that Hospitals were supportive of such models, but concerned over the lack of acknowledgement. Most Hospitals have been doing this labour intensive work for a long time with no recognition or reimbursement. Ms Eriksson felt McKesson's model had been used because of its capacity to provide a *guarantee of service*. If, under the recent legislative changes, Health Funds and Hospitals could work together to deliver such programs with a *guarantee of service*, then that would be of benefit to everyone involved, because Hospitals already have an ongoing therapeutic relationship with the patient.

Dr Nothling reported on the concerns of the AMA and RANZCP over the evidence base for the McKesson model. Dr Nothling quoted a recent article from the New York Times concerning a three year experiment conducted to see if the US Medicare system could prevent expensive hospital visits for people with chronic conditions like congestive heart failure and diabetes. Eight outside companies were paid about 360 million dollars to try to improve the health of such patients. Medicare is still trying to determine whether the companies were able to keep people healthier. Preliminary data indicates the US Government is unlikely to save money. The article goes on to point out that experts believe that Medicare and the companies were too optimistic about how easy it would be to prevent costly complications and hospital visits by patients who are very sick. Medicare has not finished studying

how well patients do under the program and whether the patients are satisfied with the support. However, three of the original companies eventually dropped out. The program has failed to meet the US Government's original financial target, which was an overall saving of 5% to Medicare, after factoring in company fees and the patient medical bills. The article concludes that this particular form of disease management is not looking promising.

Dr Nothling indicated that the AMA and the RANZCP believed the approach taken by McKesson had resulted in intervention in the doctor–patient relationship and the hospital–patient relationship. Mr Groves extended an invitation for the RANZCP to meet with the AHIA and discuss their concerns further. Dr Nothling responded that the RANZCP is going to provide a Report for the AMA. Ms Belinda Highmore at the Federal AMA will be coordinating this matter.

Ms McMahon indicated that Consumer and Carers supported the McKesson type model of care as an important additional complementary service to what is already being provided for chronic disease management in mental health.

Dr Pring felt that, in hindsight, it was a pity that the PMHA had not been involved in the original negotiations. Dr Pring also thought that a model involving Hospitals would be able to better manage the medico–legal risks involved.

Dr Choong–Siew Yong felt the results of the evaluation would be useful, if they could be released.

Mrs Carson expressed some concerns over such models only being associated with Hospitals, because many private psychiatric patients do not have access to private hospitals, particularly in rural and remote areas of Australia. Ms Munro and Ms Eriksson reported that while many patients do have to travel to the larger cities to gain access to a private psychiatric hospital, after discharge they would be able to access the same telephone–based support.

The Chair thanked Ms Eriksson for the presentation.

10 MENTAL HEALTH STANDING COMMITTEE (MHSC) REPORT

The MHSC reports to the Australian Health Ministers' Conference (AHMC) through the Australian Health Ministers' Advisory Council (AHMAC) and the Health Policy Priorities Principal Committee (HPPPC).

The Meeting noted a copy of the draft report of the MHSC meeting held in Melbourne Friday, 22 February 2008, together with a copy of the draft agenda for the MHSC Meeting held on Friday, 30 May 2008, which had been circulated with the agenda and papers. The PMHA Independent Chair, Mr Phillip Plummer and PMHA Deputy Chair, Ms Moira Munro, attended the 30 May meeting. Copies of the draft minutes of that meeting were tabled.

In opening this Agenda Item, Mr Plummer requested that PMHA Members ensure that they read and consider all MHSC related papers in advance of MHSC meetings and advise the PMHA Executive of any issues of significance to their constituency or to the private sector more generally, that need to be raised with the MHSC.

10.1 MHSC Executive Officers

Mr Plummer reported the MHSC Executive is now constituted as follows.

1. Dr Aaron Groves Chair, MHSC
2. Dr Peggy Brown Deputy Chair, MHSC
3. Mr Nathan Smyth DoHA representative
4. Mr Derek Wright South Australia
5. Ms Gill Callister Victoria

10.2 Nationally Agreed Building and Design Guidelines

Ms Munro reported that Dr Peggy Brown had provided MHSC with a background to the current Australian Health Facility Guidelines for a range of health facilities including mental health services and outlined the process for review of existing guidelines and development of additional guidelines. This included the role of Health Capital Asset Managers, a consortium auspiced by the Centre for Health Assets Australasia (CHAA). Dr Brown had reported that the proposed process for review of mental health guidelines was to bring together relevant players to examine the background and context for the guidelines. The MHSC has agreed that it is in the interest of all jurisdictions and the private sector to be engaged in this process.

10.3 Homelessness: A new approach

Mr Tony Nicholson, Executive Director, Brotherhood of St Lawrence, Chair the Australian Government's Homelessness Expert Steering Group, was unable to attend and present to the MHSC on the work being undertaken by the Expert Steering Group in developing the Green Paper on Homelessness. In the absence of the opportunity to discuss mental health related issues with Mr Nicholson, it was agreed that the MHSC Chair would write to Mr Nicholson and highlight specific issues regarding homelessness and mental health.

10.4 Establishment of a National Comorbidity Collaboration

At the 21 February 2008 meeting of the Intergovernmental Committee on Drugs (IGCD), members agreed to establish a National Comorbidity Collaboration (NCC). This was also discussed at the 22 February meeting of the MHSC where the proposal was supported and it was agreed that in the first instance the NCC should be a senior government officials' only forum, with consideration to broaden the group following initial jurisdictional work. Progress of this matter has been slow and scheduling an initial meeting of senior government officials to progress the NCC was now proposed for July 2008, with key issues to be resolved including finalisation of terms of reference. The Drug Strategy Branch of DoHA is scheduling an initial meeting to progress establishment of NCC.

Ms Carole Turnbull felt the private sector should be involved in this group.

10.5 Mental Health Nurse Incentive Program (MHNIP)

Ms Munro discussed the MHNIP and expressed concern as to what happens at the end of the MHNIP pilots currently underway in private hospitals. Ms Munro indicated that feedback on the pilots has been extremely positive and that there was an expectation that funding would be available at the end of the pilots to enable the services to be continued and expanded. After discussion, Ms Merten agreed to raise this matter with Ms Fran Barry and Mr Nathan Smyth on behalf of PMHA.

10.6 Next MHSC Meeting

MHSC agreed that, given the likely outcomes from the July meeting of AHMC, the next meeting of MHSC scheduled for Friday, 12 September 2008 at the Melbourne Hilton Airport, be re–scheduled for 8 August 2008. Mr Plummer and Ms Munro reported that they would both be able to attend an 8 August meeting.

11 MENTAL HEALTH INFORMATION STRATEGY SUB–COMMITTEE (MHISS)

Ms Munro reported on the following matters.

11.1 Mental Health Intervention Classification (MHIC) Project.

The Australian Institute of Health and Welfare (AIHW) has been commission by DoHA to develop and recommend options for the future progression of a national mental health intervention data collection with a particular focus on implementation and data collection issues. AIHW have presented current options on the national project to the MHISS and looked at the possible options for next stages. MHISS has agreed in–principle to the idea of progressing the mental health intervention data collection as a pilot in a limited number of jurisdictions, should further funding be available.

11.2 National Mental Health Report 2007

The APHA and the AMA have individually expressed disappointment in the lack of involvement of the private sector in the drafting of the chapter on private sector services in the recently released National Mental Health Report 2007.

Resolved (unanimous)

That the PMHA Chair write to Mr Nathan Smyth and request that the PMHA have input into the drafting of future chapters for the National Mental Health report on the private sector services.

Action: PMHA Chair/PMHA Director

12 MENTAL HEALTH SAFETY AND QUALITY PARTNERSHIP SUB–COMMITTEE (SQPS)

SQPS last meeting was held on Friday, 14 March 2008 in Adelaide. The next meeting of the SQPS is scheduled for 20 June 2008 in Melbourne. Dr Pring will attend.

13 NEXT MEETING

Under this Agenda Item, the Chair foreshadowed the PMHA Director being on sick leave in July and August after a hip replacement surgery.

It was agreed that the next (6th) face–to–face meeting of the PMHA would be held on Friday, 10 October 2008 with the 7th meeting being held on Friday, 29 January 2009. Both meetings will be held at AMA House in Canberra.

14. CLOSE

There being no further business, the Chair closed the Meeting at 4:30 PM.

Mr Philip Plummer
Independent Chair

Mr Phillip Taylor
PMHA Director
Secretary

PMHA INCOME (Stakeholder Contributions)	**Contribution**		
Australian Medical Association	51,284		
The Royal Australian & New Zealand College of Psychiatrists	51,284		
Australian Private Hospitals Association	51,284		
Australian Health Insurance Association	51,284		
Australian Government Department of Health and Ageing	59,284		
Transfer of PMHA balance from 1 January 2007 to 30 June 2007	*9,033*		
Total	**273,453**		
PMHA EXPENDITURE	**Budget**	**Actual**	**Variance**
Staffing	177,236	139,563	37,637
Equipment and Other Infrastructure	5,572	2,429	3,143
Recurrent Office Infrastructure	27,732	15,597	12,135
Meetings of PMHA Face–to–Face	12,887	16,766	–3,879
Working Groups	2,860	903	1,957
Other Meetings (MHSC & SQPWG)	6,824	6,358	466
Total before AMA Administration charge	233,111	181,617	51,494
AMA Administration Charge of 10%	23,311	23,311	0
Total	**256,422**	**204,928**	**51,494**
Total PMHA Funds Remaining		***68,525***	

PMHA–CDMS INCOME (Stakeholder Contributions)	**Contribution**		
Australian Private Hospitals Association	67,372		
Australian Health Insurance Association	67,372		
Australian Government Department of Health and Ageing	67,372		
Transfer CDMS Balance From 1 January 2007 to 30 June 2007	*22,252*		
Total	**224,368**		
PMHA–CDMS EXPENDITURE	**Budget**	**Actual**	**Variance**
Staffing	101,857	82,582	19,275
Infrastructure	42,321	11,144	31,177
Recurrent and Other Expenses	15,830	14,606	1,224
Attendance at PMHA and other stakeholder's meetings	12,754	8,439	4,315
Workshops	10,979	2,651	8,328
Total before AMA Administration charge	183,741	119,423	64,318
AMA Administration Charge of 10%	18,374	18,374	0
Total	**202,115**	**137,797**	**64,318**
Total CDMS Funds Remaining		***86,571***	

NETWORK INCOME (Stakeholder Contributions)	**Contribution**		
Australian Medical Association	8,936		
The Royal Australian & New Zealand College of Psychiatrists	8,936		
Australian Private Hospitals Association	8,936		
Australian Health Insurance Association	8,936		
Australian Government Department of Health and Ageing	8,936		
Beyondblue	8,936		
Transfer of Network Balance from 1 January 2007 to 30 June 2007	*2,729*		
Transfer of ICP Funds	*6,704*		
Transfer to Janne McMahon Petty Cash Advance for Network from June 07	*2,000*		
Total	**65,049**		
NETWORK EXPENDITURE	**Budget**	**Actual**	**Variance**
Staffing	14,298	12,046	2,252
Face–to–Face Meetings of The Network	35,408	36,351	–943
Attendance of Network Representative at Other Meetings	3,909	5,694	–1,785
Total	**53,615**	**54,091**	**–476**
Total Network Funds Remaining		***10,958***	