PMHA | PRIVATE MENTAL HEALTH ALLIANCE

Australian Medical Association

•

Australian Private Hospitals Association

•

Australian Health Insurance Association

•

Australian Government Department of Health and Ageing

•

Private Mental Health Consumer Carer Network (Australia)

•

Beyondblue: the national depression initiative

•

Address all communications to:

PMHA Director
4th Floor
AMA House
Macquarie Street
BARTON ACT 2600

PO Box 6090
KINGSTON ACT 2604

P: 02 6270 5400
F: 02 6273 5337

E: ptaylor@pmha.com.au
W: www.pmha.com.au

Our Newsletter

Third Edition August 2009

From the Independent Chair

Mental Health Nurse Incentive Program

Better Access Initiative

PMHA–CDMS

Mental Health Standing Committee

Stakeholder Round–Up

How to contact representatives

Our Newsletter provides a brief summary of some of the issues being progressed by our Private Mental Health Alliance, and its Centralised Data Management Service (CDMS). As such it is intended to stimulate discussion and debate concerning the delivery of mental health services in the private sector.

Our Newsletter does not necessarily represent the views of participating organisations, unless otherwise stated.

Further information on the PMHA and its CDMS can be obtained from the PMHA Website at www.pmha.com.au.

From the Independent Chair

Philip Plummer

This Edition of *Our Newsletter* coincides with Prime Minister Kevin Rudd's recent release of the National Health and Hospitals Reform Commission's final report. This comprehensive report and its 123 recommendations carry a range of implications for the private sector and we welcome the Commission's commitment to improve mental health services in Australia. It will take some time to fully consider the report, so this Edition is focussed on some of the reforms that are already changing what we can do in the private sector under the *COAG National Action Plan on Mental Health 2006–2011* and the *Broader Health Cover* initiative.

Mental Health Nurse Incentive Program

This Program has proven to be very useful for those private hospitals, psychiatrists, GPs and nurses involved, despite some problems with the rules which govern the Program. In this Edition, we look at the capacity of the Program to produce positive outcomes in both the private practice and hospital–based settings.

Better Access Initiative

Under this Initiative, the Australian Government is improving access to a wider range of health professionals in the private sector including psychiatrists, GPs, psychologists, mental health nurses, occupational therapists and social workers. Our CCMWG Chair, Phillip Taylor, discusses the Initiative and some of the responses from a range of private sector stakeholders.

Guidelines for Determining Benefits

I would like to thank those of our readers who have submitted comments as part of our review of the *Guidelines for Determining Benefits for Health Insurance Purposes for Private Patient Hospital–based Mental Health Care* for the Australian Government. With your help, we are attempting to expand the Guidelines to encompass more than private hospital–based treatment and care. This is a substantial task, but we hope to have a revised version for the sector before the end of this year.

PMHA Centralised Data Management Service (PMHA–CDMS)

In this Edition, we provide an overview of the services provided by the PMHA–CDMS and a listing of all the Hospitals that are currently participating. At the time of publication, all private hospitals with psychiatric beds across Australia were on board. This is a substantial achievement for the private sector and we warmly welcome the 15 private facilities that recently subscribed to the PMHA and its CDMS.

Mental Health Standing Committee (MHSC)

The MHSC reports to the Australian Health Ministers' Conference through the Australian Health Ministers' Advisory Council and the Health Policy Priorities Principal Committee. I was unable to attend the last meeting of the MHSC in Sydney on 15 May 2009, so our PMHA Deputy Chair, Moira Munro, went along in my place. Moira provides a full report on that meeting in this Edition.

AMA Agreement for Services 2009–2011

After much negotiation, the alliance partners recently signed a new funding agreement to support the activities of PMHA, its CDMS and the Private Mental Health Consumer Carer Network Australia (Network). The Agreement lasts from 1 July 2009 to 30 June 2011. We would like to thank our committed and long standing partners.

- Australian Medical Association
- Australian Private Hospitals Association
- Australian Health Insurance Association
- Australian Government
- Beyondblue Limited

Under the new agreement, the AMA will continue to provide infrastructure support and coordination for our activities from the offices of the Federal AMA in Canberra. Those support arrangements include my role as PMHA Chair operating out of Adelaide, the PMHA Director, Phillip Taylor, located in Canberra, the Director for the PMHA's CDMS, Allen Morris–Yates, who works from Adelaide, and the Network's Independent Chair, Janne McMahon OAM, who is also Adelaide–based.

Obituary Bronwen van der Wal

It is my sad duty to advise that Ms Bronwen van der Wal passed away on Saturday, 18 April 2009 after losing her battle with an aggressive form of bone cancer. Many readers will remember Bronwen worked with Phillip Taylor and Allen Morris-Yates as the Administrative Officer for the PMHA's antecedent the Strategic Planning Group for Private Psychiatric Services (SPGPPS) from 2001 until 2006. Condolences were sent to her family on behalf of all those who knew her.

Mental Health Nurse Incentive Program (MHNIP)

Translating MHNIP into a working model and producing positive outcomes in private practice

Anne Palmer and Dr Enno Taemets

The concept of the Mental Health Nurse Incentive Program (MHNIP) is based on a coordinated and collaborative approach to care. It allows for private psychiatrists, GPs, Divisions of General Practice, and Aboriginal and Torres Strait Islander Primary Health Care Services to apply to Medicare Australia for an Eligible Organisation Identification Number (EOIN). This then allows the organisation to employ or engage a Credentialed Mental Health Nurse to provide services to patients with a severe mental disorder who would benefit from receiving services under this initiative.

Dr Enno Taemets, a private psychiatrist based in Brisbane, was keen to participate in this initiative and received his EOIN late September 2007. The decision was made by the writers that engagement of, rather than employment, would best serve the needs of the mental health nurse and the private psychiatry practice. Referrals to the mental health nurse commenced from October 2007.

Developing a framework was an essential guide to best practice. This provided structure and clear guidelines for the provision of care for patients. The framework also provided role clarity between the psychiatrist and the mental health nurse and other health care providers. Further, the frameworks provided for continuity of care through implementation of weekly clinical meetings and the offer of three monthly case reviews with the psychiatrist, mental health nurse, patients and their significant others.

A further decision was made by the writers, that service provision by the mental health nurse would be conducted primarily in an individual's home (dependent on risk assessment). The rationale being that this intervention would provide a more accurate assessment and greater understanding of the individual's problems, concerns, issues and lifestyle. It also allowed for greater engagement with families and subsequently treatment was in situ.

Patients referred under the MHNIP have complex needs. Between October 2007 and January 2009 there were 37 referrals. The following tables highlight information available for the 37 individuals on entry to the program.

Table 1 (Information supplied by individuals and Belmont Private Hospital Brisbane)

Number of Admissions to a Mental Health Hospital	Percentage of Referrals
1 – 5	57%
6 – 10	10%
10+ (3 patients in this group had each over 40 admissions)	20%
0	13%

Table 2 (This data was collected through risk assessment tools aggression/suicide and through HoNOS. The average HoNOS sore on admission was 23)

Reported symptoms	Percentage
Anxiety/stress/behavioural problems	100%
Cognitive problems	97%
Problems with ADLs and/or occupation	94%
Depressive symptoms	81%
Previous suicide attempts	64%
Anger/agitation	56%
Engaged in self harming behaviours	33%
Hallucinations/delusions/paranoid ideation	30%

Table 3 (As reported by the patients at time of admission to the program)

Employment Status	Percentage
Unemployed	70%
Retired	16%
Sick leave from work	11%
Paid employment	3%

From the onset the writers were interested in whether the MHNIP would have an impact on the following.

- The level of symptoms experienced by individuals.
- Percentage of families involved in the treatment and care of the individual.
- Collaboration and coordination of care.
- Levels of hospitalisation.
- Health Care Dollar.

The data collected during the fifteen months produced the following outcomes.

- On entry to the MHNIP the average admission HoNOS score was 23. For the patients discharged during the time the data was collected (15pts) the average discharge HoNOS score was 6 clearly indicating a large decrease in level of symptoms.

- Data from all the 37 referrals indicate that 72% of families had involvement in the treatment and care of the individual. The other 28% was because either the patient did not consent, or in a very small percentage, the family decided not to be involved.

- With regard to coordination and collaboration, it was established that during the period of the study there were over forty different agencies, organisations or professional bodies with whom we liaised or referred patients.

- There were only a small number of patients (15) for which data could be produced that reflects their episodes of hospitalisation 12mths prior to entry and 12mths after entry into the MHNIP. All the admissions were to Belmont Private Hospital Brisbane. Prior to entry to the MHNIP admissions (including day patient admissions) totalled 230. Twelve months post entry to the MHNIP the admissions had decreased to 138. This decrease is not only significant for the patient from a quality of life perspective but it is very significant from a Health Care Dollar perspective. In this example the savings to the private health insurers for those 15 patients amounted to **$307,655** which is on average a saving $20,510 per patient.

Department of Health and Ageing (DoHA) released data showing that in the first 12 months of the operation of the MHNIP there were 2500 patients treated. Hypothesizing a conservative figure of only 25% of these patients having the same decrease in their hospitalisation as outlined above, this would equate to a potential saving of nearly **$13,000,000** in admission costs.

This could have significance for future funding arrangements as the MHNIP provides an opportunity to be creative in the way service is delivered by a private psychiatry practice. Apart from the measured outcomes there are some other perceived benefits for the practice as outlined below.

- Supports continuum of care

- Has enabled patients to access support of a psychological and practical level that would not have been available to them previously

- Provides closer monitoring of severely ill patients that outpatient practice would not have been able to provide

- More up to date information on patient, rather than awaiting information at next appointment

- Patient information is further enhanced by objective observations in their homes. Subjective opinions can at times be biased.

- Increased emotional support for patients. There is a sense in the patient of being cared for by the practice and their response to treatment is enhanced.

In conclusion, data collected supports that the benefits to patients/significant others, private psychiatry practices, health insurers and governments is significant. The above savings and benefits outlined offer significant impetus for the continuation and broader rollout of the MHNIP. According to figures from DoHA only a small percentage of the EOIN's allocated belong to a private psychiatry practice. It is envisaged that by demonstrating the benefits it may encourage other private psychiatry practices to enrol in this program.

Should further information be required, either on the data collected or on the establishment of the MHNIP in a private psychiatry practice, please send e–mail to:

palmcoop@aapt.net.au

The writers would like to acknowledge and thank Belmont Private Hospital's Executive Team and staff who have not only supported this initiative but for their willingness to correlate and share admission data and the associated impact on funding.

We would also like to acknowledge the support and encouragement from the Australian College of Mental Health Nurses in the writing of this article and also to Dr Wendy McIntosh for her assistance in the formulation of this article.

Anne Palmer is a Credentialed Mental Health Nurse and Dr Enno Taemets is a psychiatrist in private practice.

Mental Health Nurse Incentive Program

The Private Hospital Experience

Ms Carol Turnbull

The Australian Government's Mental Health Nurse Incentive Program (MHNIP) commenced in July 2007. There was much interest in the program from private psychiatrists, who were keen to refer patients to the program, but were not eager to employ their own nurses, or to outlay money for the resources required to participate in the program.

Pilot Program

In August 2007, the Commonwealth Department of Health and Ageing agreed to pilot a number of private hospitals to participate in the program.

All private psychiatrists participating in the pilot program were to be credentialed with that private hospital and a formal agreement between the hospital and the private psychiatrist was signed.

The MHNIP was not a substitution for acute hospital services and targeted outpatient treatment for patients with severe mental illness and complex needs. It could be delivered in the community at home, or as outpatient clinic reviews.

South Australia

In South Australia (SA), The Adelaide Clinic has had 16 referring psychiatrists with a total of 38 patients being treated by one full time Mental Health Nurse. This Nurse is an experienced and credentialed Mental Health Nurse, previously holding a Level 3 position within the hospital. Of the 38 referrals, 29 remain active to date.

We have an extensive Community Mental Health Service and were able to utilise Hospital offices and resources to meet the demand and costs involved with this project. A car, phone, policies, paperwork and Human Resource costs had to be considered.

Interestingly, 53% of the referred patients have private health cover, with 47% being public patients. This may indicate a gap in the public services and/or a preparedness for private psychiatrists to see public patients as outpatients.
In SA, the private psychiatric hospitals in Adelaide service the whole of State. Referrals for the MHNIP service have indicated a referral source from the whole of the metropolitan area.

Results

Diagnostically, the majority of referrals (60%) have a primary diagnosis of Schizophrenia, or Major Depression. Bipolar Affective Disorder, Post Traumatic Stress Disorder and Obsessive Compulsive disorder made up the remainder.

The Health of the Nation Outcome Scale (HoNOS) scores on entry to MHNIP averaged 17, which is in keeping with an outpatient in the community with complex needs.

Analysis of the number of admissions pre (2 years) and post the commencement of the MHNIP showed:

- a decrease of 40% in the number of MHNIP patients requiring admission;
- a decrease of 53% in the number of admissions; and
- a decrease of 27% in the number of days per admission.

Feedback

The feedback from the referring psychiatrists has been very positive with appreciation for the assistance with helping with their difficult patients and for freeing up some of their time.

Carole is the General Manager for Ramsay Health Care (South Australia) Mental Health Services. Carole is a member of the APHA Psychiatry Committee and represents private hospitals with psychiatric beds on the PMHA.

Better Access Initiative

Phillip Taylor

The Better Access Initiative (Initiative) is one of a number of programs implemented under the COAG National Action Plan on Mental Health 2006–2011. The Initiative focuses on improving access by integrating and improving the mental health care system across Australia. A total of $1,197 million in funding is allocated to integrating and improving the care system, and the Initiative represents the most significant component, accounting for $753.8 million.

Under the Initiative, the Australian Government is able to offer MBS payments to a wider range of health professionals including psychiatrists, GPs, psychologists, mental health nurses, occupational therapists and social workers. These payments are for provision of specific mental health services including the development of a mental health plan (GPs) or assessment, evidence–based therapy and focussed psychological strategies.

The reforms to the MBS are intended to:

- allow private psychiatrists to see more new patients and refer on those patients who could be more effectively treated by appropriately trained psychologists and GPs;
- encourage more GPs to participate in early intervention, assessment and management of people with a mental illness; and
- increase access to appropriately trained psychologists and allied health professionals on referral from a GP with appropriate training.

The PMHA participated in the stakeholder consultation component of the evaluation of this Initiative recently conducted by KPMG for the Australian Government. Some of the key issues that were raised with KPMG are set out below.

Consumers and their carers

Consumers and carers reported that the impact of the Initiative had been very positive. High prevalence disorders are much better treated in the community and there has been an increase in destigmatisation, which is likely to continue. At the time of the KPMG evaluation, there were two concerns. Firstly, the differences between what registered psychologists and clinical psychologists were able to treat. Secondly, Group Therapy can add value to treatment, but there are difficulties involved in coordinating such programs for the level of remuneration available under the Initiative.

Psychiatrists

Psychiatrists felt that the Initiative is having very little impact on their practice. They believe this is because the range of services psychologists are providing do not fall within the range of patients seen by psychiatrists. This is partly due to the MBS rebate for psychologists being irrespective of services they actually provide. A rebate based on complexity would better enable psychologists to take up the much more complex patients. There is also limited interaction between psychologists and psychiatrists in comparison to the level of interaction that is occurring between psychologists and GPs. Comments on the Initiative from GPs will, therefore, be very different to those of psychiatrists.

General Practitioners

Feedback from GPs is showing that the initiative has improved accessibility for the majority of patients who need access to psychologists at an affordable rate. Accessibility, however, is becoming more difficult as the surplus of appointments with available psychologists is filled and their waiting lists grow. GPs are also finding it hard to locate child and adolescent psychologists. More GP's are being encouraged to manage patients with mental health problems as they know they can obtain support from a skilled and knowledgeable workforce. The Initiative is allowing psychologists, occupational therapists, social worker's and GPs to improve interdisciplinary communication and collaboration.

Private Hospitals

Private psychiatric hospitals raised concerns over those occasions when people who have not been managed well end up having a crisis because they do not fit the treatment model. The psychiatrist is then called in to undertake the management of a person in crisis. The focus needs to be on the appropriateness of care. There is also a great expectation on private and public hospitals to measure what they are providing for their patients and demonstrate the outcomes of care that are being achieved. There appears to be nothing in the Initiative that will address this issue in an ongoing manner.

Health Insurers

While their stake in this Initiative is limited, private health insurers generally support better access to these clinical services, as they deliver better outcomes for patients in the long term and prevent unnecessary hospitalisation.

Phillip chairs the PMHA's Collaborative Care Models Working Group

PMHA–CDMS

Allen Morris–Yates

The PMHA's Centralised Data Management Service (CDMS) was setup by the Strategic Planning Group for Private Psychiatric Services under the auspices of the AMA in June 2001. The CDMS is jointly funded by participating private hospitals with psychiatric beds (Hospitals), private health insurers (Health Insurers), and the Australian Government under an Agreement with the AMA.

Under this Agreement, the CDMS assists participating Hospitals with the implementation of the *National Model for the Collection and Analysis of a Minimum Data Set with Outcome Measures* (National Model), and provides Hospitals and Health Insurers with a data management service that routinely prepares and distributes standard reports regarding the quality, effectiveness and efficiency of private hospital–based psychiatric services.

Under the National Model, Hospitals collect two measures of patients' clinical status, the HoNOS and MHQ–14, at key points in the clinical path — at Admission and Discharge from episodes of care, and where episodes are of extended duration, at Review every 91 days. That information is linked with administrative and clinical data already recorded by hospitals under the Hospitals' Casemix Protocol (HCP), and submitted on a quarterly basis to the CDMS in a personally de–identified format for analysis. On the basis of that data, the CDMS prepares and distributes Standard Quarterly Reports to participating Hospitals and Payers. The CDMS provides material support to Hospitals in their ongoing implementation of the National Model through the provision of Guides and References Manuals for Hospital staff, Training Resources, and the Hospitals Standardised Measures database application (HSMdb).

The CDMS is managed as core business of the PMHA. This enables clinicians, private health insurers, private hospitals, consumers and carers, and the Australian Government to be actively engaged in the management of the service.

All private hospitals with psychiatric beds across Australia are now participating in the PMHA and its CDMS, as listed opposite.

Allen is the Director of the PMHA's CDMS

Hospitals Participating in PMHA and its CDMS	
NSW	1. Albury Wodonga Private Hospital 2. Brisbane Waters Private Hospital 3. Campbelltown Private Hospital 4. Dudley Private Hospital 5. Lingard Private Hospital 6. Mayo Private Hospital 7. Mosman Private Hospital 8. The Northside Clinic 9. Northside Cremorne Clinic 10. Northside West Clinic 11. St John of God Hospital Burwood 12. St John of God Hospital Richmond 13. South Pacific Private 14. The Sydney Clinic 15. Sydney South West Private Hospital 16. Wandene Private Hospital 17. Warners Bay Private Hospital 18. Wesley Private Hospital Ashfield
ACT	19. Calvary Private Hospital
VIC	20. The Albert Road Clinic 21. Delmont Private Hospital 22. Essendon Private Hospital 23. The Geelong Clinic 24. The Melbourne Clinic 25. Malvern Private Hospital 26. Mitcham Private Hospital 27. North Eastern Rehabilitation Centre 28. Northpark Private Hospital 29. St John of God Hospital Warrnambool 30. St John of God Pinelodge Clinic 31. Vaucluse Hospital 32. The Victorian Addiction Centre 33. The Victoria Clinic
QLD	34. Belmont Private Hospital 35. Brisbane Private Hospital 36. Greenslopes Private Hospital 37. New Farm Clinic 38. The Palm Beach Currumbin Clinic 39. Pine Rivers Private Hospital 40. St Andrews Private Hospital Toowoomba 41. The Sunshine Coast Private Hospital 42. Toowong Private Hospital
SA	43. The Adelaide Clinic 44. Fullarton Private Hospital 45. Kahlyn Day Centre
WA	46. Hollywood Private Hospital 47. Joondalup Health Campus 48. The Marian Centre 49. Niola Private Hospital 50. Perth Clinic 51. Sentiens Clinic
TAS	52. The Hobart Clinic 53. St Helens Private Hospital

Mental Health Standing Committee

Moira Munro

Readers may recall, that the forerunner to the Mental Health Standing Committee (MHSC), was the National Mental Health Working Group, which was established by the Australian Health Ministers' Advisory Council (AHMAC) in 1991. The Working Group oversaw the implementation of the National Mental Health Strategy and provided a forum for cross–jurisdictional information exchange. The Group also provided advice to the then Australian Government Minister for Health and Aged Care on expenditure of mental health national project funding.

Following a review of subcommittees of AHMAC in 2006, the Working Group was revised and restructured as a subcommittee of the Health Policy Priorities Principal Committee (HPPPC) and retitled the *Mental Health Standing Committee*. The MHSC now reports to the Australian Health Ministers' Conference through AHMAC and the HPPPC. It last met on 15 May 2009 in Sydney.

A National Mental Health Report Card for Australia

The Chair of the National Advisory Council on Mental Health (NACMH), Adjunct Professor John Mendoza, tabled a copy of the paper titled, *A National Mental Health Report Card for Australia*, and delivered a presentation on this proposed report card for mental health. MHSC members have sought feedback from their stakeholders on the paper, which is currently being collated by the Commonwealth on behalf of the MHSC. The paper has also been considered by the Mental Health Information Strategy Sub–committee of the MHSC and the Fourth National Mental Health Plan Working Group.

Fourth National Mental Health Plan

One of the key issues under discussion was the need for further consultation on the development of the draft *Fourth National Mental Health Plan 2009–2014*. An online survey was conducted between 6 June and 3 July 2009. The Fourth Plan drafters are incorporating comments into a revised Plan. Out–of–session endorsement of the Fourth Plan by the HPPC and AHMAC will be sought prior to submission to the Australian Health Ministers' Conference for consideration in September 2009. Dr Bill Pring, Carol Turnbull and I have been representing the PMHA on the Reference Group that is overseeing this important work and we continue to lobby strongly to ensure the private sector role is integral to the Plan.

COAG Action Plan on Mental Health 2006–2011: Annual Progress Reports

MHSC has endorsed the content of the 2007–08 Annual Report on the *COAG Action Plan on Mental Health 2006–2011*. It will now go to the HPPPC for clearance out–of–session. These Annual Reports serve as the key accountability instrument for the Action Plan. They summarise progress in the Plan's implementation and available data on outcomes, but do not include the broad statistical data contained in the Australian Government's *National Mental Health Report* (NMHR), or the Australian Institute of Health and Welfare's (AHIW) report, *Mental Health Services in Australia*, (MHSIA).

Preliminary discussions have taken place between AIHW and the Australian Government concerning the future direction of the MHSIA publication for 2007–08 with the intention of reducing duplication between MHSIA and the National Mental Health Report. It is expected that ***MHSIA*** will become the primary source document for most data with the NMHR becoming the policy analysis document for the whole mental health system.

Seclusion and Restraint

MHSC has recognised the work of its Safety and Quality Partnership Sub-committee and acknowledged the efforts of its Chair, Dr Peggy Brown, in developing and implementing the Beacon project and the reported success of the project as a vehicle of change.

National Standards for Mental Health Services

The revised National Standards for Mental Health Services are close to completion now that the further consultation process has concluded on 31 July. The preface to the Standards has been revised and an implementation strategy has been drafted. A project officer, Ms Kathryn Sequoia, has been appointed by ACT Health to facilitate this work. A National Standards Implementation Steering Committee has been established and held its first teleconference on 13 July 2009. The PMHA is represented on the Steering Committee by Ms Carol Turnbull and I am participating in the Working Group looking at the implementation of the Standards in private hospitals.

Next Meeting

The next meeting of MHSC will be held on 18 September in Canberra.

Moira is the Deputy Chair of the PMHA and CEO of Perth Clinic, an acute private psychiatric hospital in Perth.

Stakeholder Round–Up

This section of *Our Newsletter* provides a brief snapshot on some of our stakeholders recent activities.

Australian Medical Association

Since the last Edition of this Newsletter, the AMA has further expanded its consultative AMA Psychiatrist Group (AMAPG) to now include the following representatives.

Dr Choong–Siew Yong	Dr Gary Galambos
Dr David Alcorn	Dr Thomas Paterson
Professor Jeffrey Looi	Dr Martin Nothling
Professor Paul Skerritt	Dr Yvonne White

AMAPG is currently looking at the feasibility of developing a mental health report card focussed on:

(1) bed capacity;
(2) workforce capacity;
(3) payment systems; and
(4) insurance coverage.

The AMA is also looking at establishing an E–mail newsletter for AMA psychiatrist members.

Australian Private Hospitals Association

The Australian Private Hospitals Association (APHA) recently published articles in the April 2009 edition of its newsletter *PH Private Hospitals* on both the work of the PMHA and its CDMS. The newsletter was extremely well received and was devoted to *Private Mental Health and Solving the Puzzle for Patients*. Copies can be obtained by contacting the APHA's Public Affairs Manager and Editor, Ms Lisa Ramshaw on 02 6273 9000.

Australian Health Insurance Association

The National Health and Hospital Reform Commission's (NHHRC's) commitment to improving mental health services in Australia is welcomed by the AHIA. The NHHRC's Final Report calls for better care for people with serious mental illness by improving access to treatment. The report recommends an expansion of sub-acute services in the community and proposes that all acute mental health services have a 'rapid response outreach team', available 24 hours a day, which can provide intensive community treatment and support, as an alternative to hospital-based treatment.

The Private Health Insurance Industry has long been an advocate of funding care outside the hospital door and is actively developing and expanding Broader Health Cover programs for its members. One example is the Mental Health Disease Management Program, a pilot program which aims to enhance disease self management for participants with mental illness, improve health care processes for participants and practitioners and reduce acute psychiatric hospital admissions. The program is delivered telephonically by psychiatric care nurses and psychologists and is undergoing clinical evaluation.

The Private Health Insurance Industry funds 70% of same day mental health treatment and is committed to working with providers to develop alternatives to hospital-based treatment and improve health outcomes for members.

Private Mental Health Consumer Carer Network (Australia)

The Private Mental Health Consumer Carer Network (Australia) [Network] continues to advocate on behalf of private mental health consumers and their carers on a range of issues and in a number of national forums, including the PMHA. Recent work has included the following.

- *Increase Medicare Compliance Audit Initiative.* The Network's submission was directed at importance of the privacy and confidentiality of psychiatrists records in the therapeutic process.
- *4th National Mental Health Plan 2009–2014 Forum, Melbourne, 1 May 2009.* The Network has commented on the need for the Plan to address the number of consumers referred to the NGO sector, prevention and early intervention in relation to primary, secondary and tertiary education, the data collected by the PMHA's CDMS, and the issues around private hospitals being accredited against the National Standards for Mental Health Services.
- *Seclusion and Restraint Forum, Sydney, 6/7 May 2009.* Network representatives attended the Forum and are undertaking a rage of activity concerning the relevance of seclusion and restraint to the private sector.
- *RANZCP Clinical Practice Guidelines for Agoraphobia and Panic Disorder* have been referred to the Network for comment and the Network is participating in the Continuing Medical Education program of the College.

A State–based Coordinator has been appointed for Queensland and the Hobart Clinic is helping to find an appropriate State–based coordinator for Tasmania. A State–based committee is being established in the ACT and our Network Administrative Officer, Terri Burgess, is supporting these Committees.

A Network representative has also been appointed to the South Australian Mental Health Consumer Reference Group to represent the private sector perspective.

Australian Government

The National Advisory Committee on Mental Health (NACMH) is working on preparing a draft National Mental Health Report Card, which is the first paper in a series to be prepared by NACMH to propose a framework for a new system of accountability for mental health in Australia. NACMH agreed for the Report Card to be circulated for comment to the members of the Mental Health Standing Committee (MHSC).

MHSC has also sought advice from its Mental Health Information Strategy Sub–committee (MHISS) on the feasibility, cost and development time for the proposed indicators as well as the alignment of the proposed indicators with the draft *Fourth National Mental Health Plan 2009–2014*.

PMHA has been able to participate directly in providing commentary on the Report Card on behalf of the private sector in its capacity as a member of both the MHSC and MHISS.

How to Contact Representatives

NOMINATING ORGANISATION	PMHA REPRESENTATIVES AND THEIR CONTACT DETAILS	
PMHA PRIVATE MENTAL HEALTH ALLIANCE	Mr Philip Plummer (Independent Chair) C/– PO Box 377 KENT TOWN SA 5071	P: 08 8130 2000 F: 08 8363 1980 M 0438090130 E: pplummer@hlbsa.com.au
Private Mental Health Consumer Carer Network (Australia) engage, empower, enable choice in private mental health	Ms Janne McMahon (Consumers) PO Box 542 Marden SA 5070	P: 08 8336 2378 F: 02 6273 5337 E: jmcmahon@senet.com.au
	Mrs Ruth Carson (Carers) PO Box 32 FOSTER VIC 3960	P: 03 5682 1303 F: No Fax E: r.carson@dcsi.net.au
AMA	Dr Choong–Siew Young PO Box W84 WAREEMBA NSW 2046	P: 02 9881 8888 F: 02 9881 8899 E: csyong1@mac.com
	Dr Bill Pring Delmont Consulting Rooms 300 Warrigul Road GLEN IRIS VIC 3146	P: 03 9808 5552 F: 03 9805 7372 E: bpring@ozemail.com.au
Australian Private Hospitals Association	Ms Moira Munro (Deputy Chair) Chief Executive Officer Perth Clinic 29 Havelock Street WEST PERTH WA 6005	P: 08 9488 2970 F: 08 9488 2977 E: moiram@perthclinic.com.au
	Ms Carol Turnbull Chief Executive Officer Ramsay Healthcare SA 33 – 36 Park Terrace GILBERTON SA 5081	P: 08 8269 8100 F: 08 8269 7307 E: turnbullc@ramsayhealth.com.au
AHIA Australian Health Insurance Association	Mr Greg Kovacs General Manager (Projects & Committees) Australian Health Insurance Association Unit 17G, Level1 2 King Street DEAKIN ACT 2600	P: 02 6202 1000 F: 02 6202 1001 E: greg@ahia.org.au
	Ms Helen Eriksson Senior Hospital Negotiations Manager Hospitals Contribution Fund of Australia GPO Box 4242 SYDNEY NSW 2001	P: 02 9290 0178 F: 02 9299 7001 E: heriksson@hcf.com.au
Australian Government Department of Health and Ageing	Ms Robyn Milthorpe Acting Director Monitoring and Evaluation Section Mental Health Reform Branch Department of Health and Ageing Mail Drop 23, GPO Box 9848 CANBERRA CITY ACT 2601	P: 02 6289 8374 F: 02 6289 8788 E: robyn.milthorpe@health.gov.au
	Mr Peter Callanan Director, Private Health Services Branch Department of Health and Ageing Mail Drop 86, GPO Box 9848 CANBERRA ACT 2611	P: 02 6289 9840 F: 02 6289 9888 E: peter.callanan@health.gov.au