PMHA PRIVATE MENTAL HEALTH ALLIANCE NEWSLETTER

Fifth Edition April 2010

Australian Medical Association

Australian Private Hospitals Association

Australian Health Insurance Association

Australian Government

Private Mental Health Consumer Carer Network (Australia)

beyondblue – the national depression initiative

- **From the Chair**
- **Update on Funding of Private Mental Health Services**
- **PMHA Quality Improvement Project**
- **National Standards for Mental Health Services**
- **Consumer Perceptions of Care**
- **Stakeholder Round–Up**
- **Fact Sheet**
- **How to Contact Representatives**

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The PMHA 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.

The PMHA 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 Chair

Philip Plummer

This Edition coincides with release of our discussion paper on funding for private mental health services, which has been prepared by the PMHA Collaborative Care Models Working Group. A copy of the Paper is being circulated via email to all our readers with this Newsletter. Further copies of the Discussion Paper will be made available on our website at:

http://www.pmha.com.au/node/13#attachments

Department of Veterans' Affairs (DVA)

DVA have accepted my invitation to formally participate on the PMHA with our other representatives for the Australian Government, Ms Robyn Milthorpe and Mr Peter Callanan. The current DVA representative is Mr Wayne Penniall, who is the National Manager for DVA's Community Care Policy.

Australian Health Insurance Association (AHIA)

The AHIA representation on the PMHA recently changed with the appointment of Andrea Selleck, who succeeds Greg Kovacs as the incoming Chair of the AHIA Mental Health Committee. We thank Greg for supporting the work of the PMHA and wish him well in his continuing role with the AHIA.

Progress Report 2008–09

In December last year, we provided readers with a copy of the Progress Report on the activities of the PMHA, our Centralised Data Management Service (PMHA–CDMS), and the Private Mental Health Consumer Carer Network (Australia). The Report covered Financial Year 1 July 2008 to 30 June 2009. The Report can be obtained from our website at:

http://www.pmha.com.au/node/91#attachments

PMHA Quality Improvement Project

I am pleased to announce that the PMHA has endorsed the undertaking of a Quality Improvement Project, which should commence later this year. The project seeks to improve mental health outcomes for consumers within the context of the mental health services that are provided by private hospital–based psychiatric services (Hospitals) and psychiatrists in private practice.

The *PMHA Quality Improvement Project* will be focused on four areas.

1. Consumer Perceptions of Care Measure.
2. Outcome Measures in Private Psychiatry Practice.
3. Internet Access to the PMHA's CDMS.
4. Borderline Personality Disorder

I provide some further details later in this Edition.

National Standards for Mental Health Services

The revised National Standards for Mental Health Services were completed in 2009. An implementation strategy has been undertaken by the Australian Government's National Standards Implementation Steering Committee and its Work Groups. The PMHA is participating in this process and our representative on the Steering Committee, Carol Turnbull, provides further details in this Edition.

Consumer Perceptions of Care (CPoC) Pilot Study

The final report for the PMHA and the Australian Government Department of Health and Ageing on the CPoC Pilot Study has been completed. Our Director of the PMHA's Centralised Data Management Service, Allen Morris–Yates, provides a summary of the Study and its findings in this Edition. The more detailed final report can be obtained from the PMHA website at:

http://www.pmha.com.au/cdms/documents

National Service Planning Framework

We are participating in the development of this Framework consistent with action 16 of the Fourth National Mental Health Plan, namely:

> *Develop a national service planning framework that establishes targets for the mix and level of the full range of mental health services, backed by innovative funding models.*

The Commonwealth Department of Health and Ageing has engaged a consultant, Ms Amanda Price, to undertake a scoping study. Amanda attended our 26 February PMHA Meeting to gather information from Members on current service planning models and perceived challenges to be overcome in achieving a national approach to mental health service planning.

Philip is the Independent Chair of the PMHA, based in Adelaide.

Funding of Private Mental Health Services

Phillip Taylor

The Discussion Paper being circulated with this Newsletter provides an update on the funding of mental health services in the private sector and some of the recent reforms that have had an impact on those services. The Paper was developed by the PMHA's Collaborative Care Models Working Group. Through the Working Group, the PMHA has been able to better engage with all the major stakeholders that now comprise the private mental health sector. The current representation on the CCMWG includes representatives from the following organisations.

- Australian Medical Association
- The Royal Australian and New Zealand College of Psychiatrists
- Australian Psychological Society
- Australian College of Mental Health Nurses
- Australian Private Hospitals Association
- Australian Association of Social Workers
- Australian Association of Occupational Therapists
- Private Mental Health Consumer Carer Network (Australia)
- Australian Health Insurance Association
- Australian Government Department of Health and Ageing
- Australian Government Department of Veterans' Affairs

One of the first tasks the CCMWG undertook for the PMHA was a review of the *Options for Funding Service Delivery for Private Psychiatric Services: Discussion Paper*, developed by its antecedent the Strategic Planning Group for Private Psychiatric Services (SPGPPS) in 2006. Several of the options originally canvassed in the very early drafts of that paper have now been implemented and a wide range of reforms have also taken place between 2006 and the end of 2009.

This next Discussion Paper is again intended to inform and stimulate debate concerning the current delivery of mental health services in the private sector. In its development, the Working Group reflected on the last twenty years of history of major inquiries, reports and developments in mental health and focussed the Paper onto the following areas.

Private sector mental health services in Australia, looks at the essential role the sector plays in the overall provision of mental health services.

Consumers and their carers discusses the issues that are important to consumers and carers and what they looking for in the provision of mental health services in the private sector.

Office–based mental health services describes what constitutes office–based practice and the role played by each type of office–based practitioner working in the private mental health sector including psychiatrists, GPs, psychologists, mental health nurses, occupational therapists and social workers.

Private hospital–based mental health care gives an overview of size and scope of the mental health services provided by private hospitals and what they are doing about measuring and documenting their outcomes.

Options for office and community–based mental health care, sets out funding options for models that are largely related to office–based and community–based mental health care in the private sector.

Options for hospital–based mental health care deals with the funding options for hospital–based mental health care in the private sector and describes the following models in some detail.

1. Programme–Based Per–Diem Payment Model
2. Enhanced programme–based per–diem payment model
3. Casemix–Based Per–Diem Payment Model
4. Casemix–Based Episodic Payment Model
5. Prospective Case Payment Model

Our readers should note, that the views and ideas expressed in the Discussion Paper do not necessarily represent the views of all participating organisations. While the Discussion Paper explores innovative models of service delivery, these are by no means fully developed, or endorsed by all participating organisations. Copies of the Discussion Paper are available from the PMHA website at:

http://www.pmha.com.au/node/13#attachments

Phillip is the Chair of the PMHA's Collaborative Care Models Working Group.

PMHA Quality Improvement Project

Philip Plummer

In 2009, an anonymous offer of financial support was made toward work that the PMHA might undertake to improve mental health outcomes for consumers within the context of the mental health services that are provided by private hospital–based psychiatric services (Hospitals) and psychiatrists in private practice. The intention is for the funding available to be used to help achieve that goal by making better use of the mechanism of the PMHA and its Centralised Data Management Service (CDMS). The funding will be $250,000 that will be available before June 2010.

In welcoming this anonymous offer, the PMHA developed a Project Brief for a *PMHA Quality Improvement Project* (or PQI Project) that contains a suite of the following four complementary activities to be undertaken within the context of the available funding.

Implementation of Consumer Perceptions of Care Measure

This first activity involves the implementation of a standardised measure of CPoC in all private hospital–based psychiatric services across Australia. This is the component missing from our outcomes data that is currently collected and reported by the PMHA's CDMS, under the PMHA's *National Model for the Collection and Analysis of a Minimum Data Set with Outcome Measures*. Collection of this measure will be a critical part of the quality assurance processes that operate in private hospitals to improve patient care.

This is new ground for any health service in Australia and will take considerable time and input to ensure that the collection and reporting process is robust and meaningful. While the full implementation of the CPoC measure will add a much stronger consumer perspective to assist Hospitals quality improvement cycle, it will be approached with care, and in three stages.

Outcome Measures in Private Psychiatry Practice

Work on this second activity would see the establishment of a research network of psychiatrists using outcome measures within the context of their private psychiatry practice. This would be an important first step toward demonstrating how outcomes data can be used in private psychiatry practice to better involve consumers and improve outcomes of care.

Internet Access to the PMHA's CDMS

This third activity involves a scoping exercise to determine the requirements for a model Agreement that would enable appropriate and secure internet–based access for participating stakeholders to the data currently held by the PMHA's CDMS. Internet–based access would not only streamline the provision of CDMS Standard Quarterly Reports, but also greatly enhance the capacity of the CDMS data to be used for clinical purposes to improve patient care.

Borderline Personality Disorder

This activity involves preliminary work to scope what models of care are currently being used for people with a diagnosis of BPD. This would include information such as diagnosis of BPD, number of people being treated, types of treatment being used, involvement of other health professionals, and any difficulties that might have been encountered. This exercise will provide information on what can currently be expected at each stage of the clinical care pathway and help to determine what might be required for the more in–depth work that would be necessary to establish a consistent approach for treatment.

Program of work

Detailed work programs for each of these activities have been developed based on achieving demonstrable improvements in the quality and effectiveness of mental health service provision in private sector.

Project Management

The PMHA has formed a Steering Committee to oversee the Project and its four Work Programs. At present, the PQI Steering Committee is working on:

(a) the specific deliverables and timelines for each Work Program for the Project, and

(b) the core responsibilities of the Senior Research Officer to be employed by the AMA to conduct the Project.

Future articles will be provided in the PMHA Newsletter to keep the sector updated on progress with this promising Project.

National Standards for Mental Health Services

Carol Turnbull

The National Standards for Mental Health Services were first introduced in 1996 to assist in the development and implementation of appropriate practices and guide continuous quality improvement in mental health service. Since that time service provision in the community has increased and there has been a substantial expansion of the non–government and private sectors, with a much greater emphasis on the role of the primary care sector in mental health. In response to these changes, a consultative review of the Standards has been completed and the revised National Standards for Mental Health Services (NSMHS(R) or Standards) are now focussed on:

- how services are delivered;
- whether they comply with policy directions;
- whether they meet expected standards of communication and consent; and
- whether they have procedures and practices in place to monitor and govern particular areas – especially those which may be associated with risk to the consumer, or which involve coercive interventions.

The Standards have been developed to be applied across the broad range of mental health services including bed–based and community, clinical and non–government sectors, the private sector; and primary care and general practice. They cover:

Standard 1: Rights and responsibilities

Standard 2: Safety

Standard 3: Consumer and carer participation

Standard 5: Promotion and prevention

Standard 6: Consumers

Standard 7: Carers

Standard 8: Governance, leadership and management

Standard 9: Integration

Standard 10: Delivery of care, which includes standards for supporting recovery, access, entry, assessment and review, treatment and support, exit and re–entry.

It is anticipated that the Standards will also include principles for recovery oriented mental health practice.

Implementation

The *Mental Health Standing Committee* (MHSC) that reports to the Australian Health Ministers' Conference through AHMAC and its Health Policy Priorities Principal Committee (HPPPC) has delegated the implementation of the Standards to its Safety and Quality Partnership Group or SQPS.

National Standards Implementation Steering Committee (NSISC)

Under the auspice of SQPS, a National Standards Implementation Steering Committee was established in 2009 to oversee the significant work required to prepare for implementation of the Standards. The role of the Steering Committee is to guide the implementation process. The functions and membership of the Steering Committee are set out below.

- Develop and implement a work plan to guide implementation of the NSMHS(R), including establishing working groups as necessary to develop guidelines for implementation of the Standards across the range of service sectors and the development of a transition plan from the 1996 Standards to NSMHS(R).
- Coordinate the work of all working groups and communication across groups. Ensure that the four service area working groups' implementation guidelines address the needs and recommendations of the Indigenous, CALD and ATOD groups.
- Review each working group's implementation guidelines and recommendations and provide feedback and advice.
- Provide advice in relation to options for monitoring and reporting on implementation of NSMHS(R).
- Provide advice in relation to processes and timelines for updating and future review of NSMHS(R).
- Develop a communication strategy to promote the Standards generally to the mental health sector, primary care, professional colleges, and other bodies.

- Report to the Safety and Quality Partnership Subcommittee (SQPS) three times a year on progress of implementation of the work plan.

NSISC Members	Representative
Chairperson	Professor Allan Fels, Dean, The Australia & New Zealand School of Government.
Deputy Chair & ACT	Dr Peggy Brown (Chair SQPS), Director of Mental Health ACT
Australian Government	Robyn Milthorpe, Department of Health and Ageing
Mental Health Council of Australia	Sebastian Rosenberg, Deputy CEO
Consumer	Allison Kokany
Carer	Judy Bentley
Queensland	Dr Aaron Groves, Director of Mental Health, Queensland Health
New South Wales	John Allan, Chief Psychiatrist, NSW Health
Victoria	Paul Smith, A/g Executive Director, Department of Human Services, Victoria
South Australia	Margaret Honeyman, Department of Health, South Australia
Western Australia	Dr Steve Patchett, Executive Director, Health Department of Western Australia
Tasmania	Prof Mark Oakley Browne, Department of Health & Human Services, Tasmania
Northern Territory	Ms Bronwyn Hendry, Director, Department of Health and Community Services
NGO Sector	Jenna Bateman Community Mental Health Australia
Prior Experience & Involvement	Vivienne Miller, TheMHS Conference Director
Prior Experience & Involvement	Dr Peter McGeorge
ACSQHC	Mr Bill Lawrence
PMHA	Carol Turnbull, CEO, Ramsay Healthcare SA
MHPA Representative	Kim Ryan, Chief Executive Offficer, Australian College of Mental Health Nurses

Standards Implementation Working Groups

To assist in the implementation preparation work, the NSISC established the following Implementation Working Groups, that are chaired by members of the SQPS.

1. Public Mental Health Services & Private Hospitals
   Chair: *Mark Oakley Browne*
   Deputy Chair: *Christine Gee*

2. Private Office–based Mental Health Services
   Chair: *Tony Fowke*
   Deputy Chair: *RANZCP TBA*

3. Non Government Organisations
   Chair: *Jenna Bateman*
   Deputy Chair: *Kim Koop*

4. Indigenous Implementation
   Chair: *John Allan*

5. Culturally and Linguistically Diverse (CALD)
   Chair: *Associate Prof. Mohan Gilhotra*
   Deputy Chair: *Maria Cassaniti*

6. Alcohol, Tobacco and Other Drugs (ATOD)
   Chair: *Dr Ruth Vine*
   Deputy Chair: *Deepika Shabnum Ratnaike*

These working groups are in the process of developing three service sector *Implementation Guides* to go with the revised Standards with the expertise groups providing strong input and recommendations from their areas into each Implementation Guide. The information is being shared across all working groups with the Chairs reporting on progress monthly to the NSISC.

While that work has been going on, the NSISC has been focusing on such issues as Monitoring and Reporting of the Standards, transitioning from the 1996 Standards, and promotion and marketing.

Copies of the final version of the Implementation Guides and recommendations will be considered by SQPS.

The revised Standards will be publically released in mid 2010.

Carol is the PMHA representative on the NSISC.

Dr Bill Pring, Moira Munro, Janne McMahon and Ruth Carson are also participating on some of the NSISC Working Groups for the PMHA.

Consumer Perceptions of Care

Allen Morris–Yates

Information regarding consumers' perceptions of care (CPoC) is of great interest to all stakeholders concerned with the assurance of service quality and effectiveness and is a critical component of an effective quality improvement process. In the private sector the *National Model for the Collection and Analysis of a Minimum Data Set with Outcome Measures* (hereafter, National Model) has been implemented by all private–hospital based psychiatric services.

Under the National Model standardised measures of Consumers' clinical status are collected at key occasions in the clinical path: admission and discharge from episodes of overnight inpatient care, and both home and hospital–based ambulatory care. Analyses of changes from one occasion to the next enable consumer outcomes throughout the clinical path to be evaluated.

Our hypothesis was that this nationally consistent approach to the collection of data for outcome measurement could provide a framework within which a standardised measure of CPoC might also be collected and reported. In order to test that hypothesis we undertook a pilot study of the collection and reporting process as a whole.

Governance and funding

The conduct of the pilot study was overseen by the PMHA-CDMS's Management Committee. The Australian Government Department of Health and Ageing provided direct funding for the project. Indirect costs of the study and its' final report were borne equally by the PMHA-CDMS's three financial stakeholders: the Australian Private Hospitals Association, the Australian Health Insurance Association, and the Australian Government Department of Health and Ageing.

The survey instrument

Use was made of the Consumer Surveys developed in the United States of America under the auspices of the Mental Health Statistics Improvement Program (MHSIP) and the National Research Institute (NRI) of the National Association of State Mental Health Program Directors (NASMHPD). The MHSIP Consumer Surveys include versions suitable for use in all service settings. The original development process for the Surveys included a high level of consumer and care involvement and consultation. During preparation of the study proposal, seventy private sector consumers and carers reviewed the surveys and found them to be largely acceptable for use in Australia.

Findings

Eight private hospitals with psychiatric beds participated in the study. Over the course of the study a total of 731 Surveys were received by the research team. The *Offered Survey Response Rate* was 40% for Overnight Inpatient Services and 23% for Ambulatory Care Services. Comparison of the rates between participating Hospitals showed significant variability: that for Overnight Inpatient Services ranged from 20% to 82%; for Ambulatory care services it ranged from 2% to 60%.

The principal objective of this study was to test the feasibility and utility of implementing the routine collection and reporting of information on consumer perceptions of care. The results clearly indicate that for private hospitals the implementation of a routine collection based on the administration of the surveys by administrative staff is feasible and very likely to be useful.

There was general agreement that the collection process should be based on a standard set of questions collected across all private hospitals with psychiatric beds. There was also general agreement that the MHSIP Surveys were a good, though certainly not perfect, starting point for the development of that standard set of questions.

Regardless of whether reports are based on a routine or snapshot collection, substantial work needs to be undertaken on the development of the methods of analysis and presentation of the information. During the study it became very clear that the information requirements of quality assurance processes are different to those of quality improvement processes. In particular, information presented to external stakeholders for quality assurance purposes needs to tell a balanced story. In that context, methods of presentation that emphasise problems are likely to be misleading and disheartening.

Copies of the detailed report are available from the PMHA website at:

http://www.pmha.com.au/cdms/documents

Allen is the Director of the PMHA's Centralised Data Management Service and was the Principal Investigator for the Pilot Study.

Stakeholder Round–Up

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

Australian Medical Association (AMA)

The second electronic edition of the AMA *Psychiatrists' Newsletter* will be released this month to all those psychiatrists across Australia that have email addresses. The second edition includes further analysis of the National Health and Hospitals Reform Commission's report and articles on National Registration, the impact of the Better Access initiative, the use of MBS Item for Case Conferencing, and the extension of training places in the private sector for psychiatry trainees.

Private Mental Health Consumer Carer Network (Australia)

The National Committee (NC) of the Network met last on 18/19 February 2009 in Melbourne. Some of the key highlights of the meeting included the following.

- The appointment of the Deputy Chair with a legal background, Ms Kim Werner.
- Endorsement of a set of operating guidelines for the NC.
- Network policies on smoking, consent, and a media protocol have been endorsed. Policies on privacy and confidentiality, and health information sharing are in the pipeline.
- The Network has been successful in having a psychiatrist appointed to the Pharmaceutical Benefits Advisory Committee.
- The Network has been involved with the RANZCP project on Chronic Disease Self–Management. The views of NC Members concerning the terms Chronic, Disease, and Recovery have been recorded electronically and will be included with other training materials being developed by RANZCP for psychiatrists.

Australian Private Hospitals Association (APHA)

The Psychiatric Committee of APHA held its first meeting for the year in March. Chaired by Christine Gee, the Committee comprises representatives of APHA's psychiatric hospitals and consumer representative Janne Mc Mahon of the Network. APHA's priorities for the psych area for 2010 include the following.

- Continuing to support PMHA and our representatives.
- Focus on workforce issues, both through PMHA and through engagement with the new National Health Workforce Agency.
- Playing a leading role in the implementation of the national safety and quality standards and mental health standards.
- Working closely with APHA's Safety and Quality Taskforce on the next phase APHA's pilot of national safety and quality indicators, with particular focus on those indicators most relevant to psychiatry.
- Involving APHA member hospitals as appropriate in the PMHA Quality Improvement Project.

Australian Health Insurance Association (AHIA)

Andrea Selleck was recently elected as the new Chair of our AHIA Mental Health Committee. Membership now includes:

Andrea Selleck – Chair	AHRG
Helen Eriksson	HCF
Kath McCollim	AHM
Greg Kovacs	AHIA
Allister Cutbush	BUPA Australia
David Macqueen	MPL
Paul Hersey	HBF
Jo Pedgrift	NIB
Bozica Rendulic	AHSA

Andrea joins Helen Eriksson on the PMHA, so that we ensure a continuity of knowledge.

Australian Government

On 4 September 2009, the Australian Health Ministers' Conference (AHMC) endorsed the *Fourth National Mental Health Plan: an agenda for collaborative government action in mental health 2009–2014* (the Plan). The Plan is available on the www.mentalhealth.gov.au website. The Mental Health Standing Committee (MHSC) is currently developing an implementation strategy to guide implementation of the 34 actions in the Plan for consideration by the Australian Health Ministers Conference (AHMC) in mid 2010.

To progress the whole of government aspects of the Plan, AHMC agreed to establish a Cross–Sectoral Working Group (CSWG). The CSWG will provide the opportunity to establish ongoing relationships with other sectors to promote further adoption of mental health reform by relevant Ministerial Advisory Councils including housing, education, corrective services, disability, ageing and Aboriginal and Torres Strait Islander health. The Department is currently supporting establishment of the CSWG through the provision of interim secretariat support and the CSWG is expected to hold its first meeting in the first half of 2010 to inform the whole of government approach implementation of the Plan.

The Mental Health Information Subcommittee (MHISS) is currently undertaking work to revise the 2nd Edition of the National Mental Health Information Priorities document to stock take progress since 2005 and align it with priorities identified under the *Fourth National Mental Health Plan*. In addition, work is proceeding to review the Key Performance Indicators for Australian Public Mental Health Services.

Fact Sheet

In Australia, private sector mental health services include, but are not limited to, the range of mental health care and services provided by psychiatrists in private practice, and those inpatient and day only services provided by private hospitals, for which private health insurers pay benefits. Private sector services also include services provided in general hospital settings and services provided by general practitioners, psychologists, mental health nurses, and other allied health professionals**.**

The private sector plays an essential role in the overall provision of mental health services in Australia. Data from the PMHA's Centralised Data Management Service (PMHA–CDMS) has shown that for the 2007–08 Financial Year, private hospitals participating in the CDMS admitted 19,213 patients for psychiatric care. The demographic and diagnostic profiles of those patients are shown in Figures 1 and 2.[1]

Figure 1 Demographic profile (Age group by Sex) of patients admitted to participating private hospitals

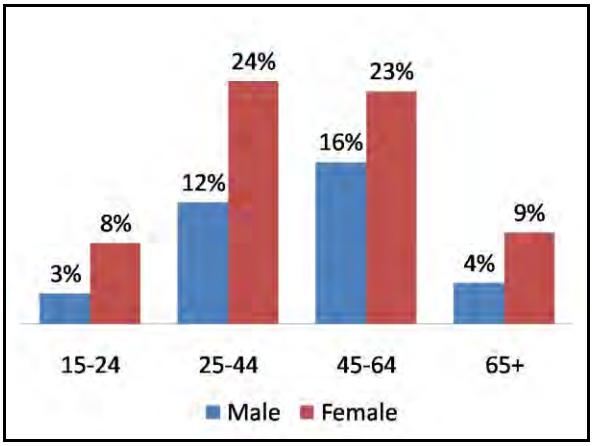
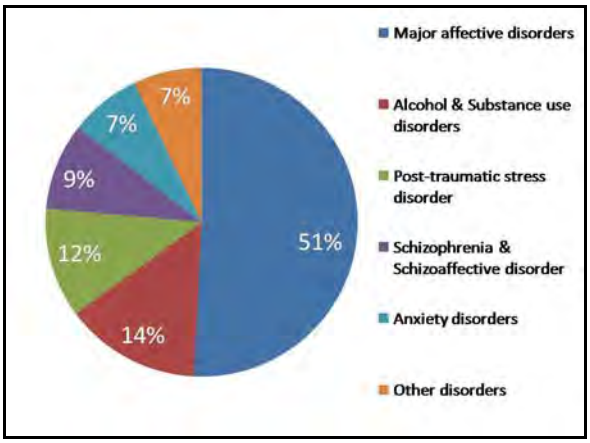
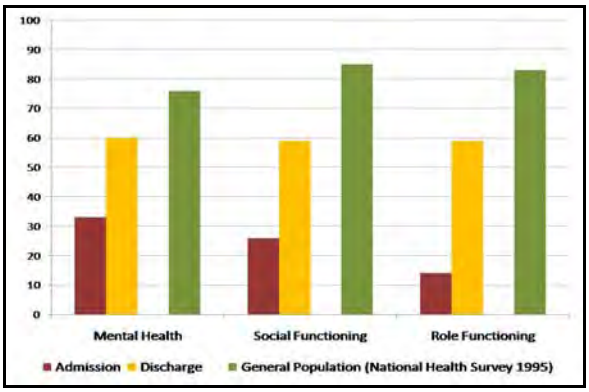


Figure 2: Diagnostic profile for separations from overnight inpatient care.



To give further context to these results, Figure 3[2] provides a comparison of patients' self–reported clinical status at admission and discharge against the data for the general population derived from the Australian Bureau of Statistics' National Health Survey conducted in 1995. Patients reported mental health, social and role functioning at Admission are worse than 95% of the general population. By discharge they have improved greatly, but are still not as well on average as the general population.

Figure 3: Comparison of patients' self–reported clinical status at admission and Discharge with that of the General Population.



The available comparisons of the demographic and diagnostic profiles indicate that generally different groups of people are receiving mental health care in each sector.[3]

In 2009, the evidence base available in mental health is still extremely limited in providing information about applied mental health treatments. The emphasis in research remains focused on drug treatments and short–term treatments. Many mental illnesses are long term and involve comorbid illnesses. In many cases, these have not been sufficiently studied because research populations have been chosen to exclude those suffering comorbidity.

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1 Annual Statistical Report from the PMHA's Centralised Data Management Service regarding the services provided by participating Private Hospitals with Psychiatric Beds and Private Psychiatric Day Hospitals Annual Statistical Report for 2007–08, p 21.

2 Ibid., p 7.

3 Refer to the relevant sections of the Australian Institute of Health and Welfare (AIHW) 2009 Report on Mental Health Services in Australia 2006–07. Mental Health series no. 11. Cat no. HSE 74. Canberra AHIW.

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