PMHA | PRIVATE MENTAL HEALTH ALLIANCE

NEWSLETTER

19th Edition
May 2015

IN THIS ISSUE

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The PMHA is an alliance of major stakeholders who fund and provide mental health services in the Australian private sector. Originally established in 1996, the Alliance is committed to the provision of high quality mental health care in a private sector environment. PMHA addresses issues related to funding, classification, quality of care, outcome measurement, consumer and carer participation and related matters as they affect the private mental health sector.

The PMHA Newsletter provides a brief summary of some of the issues being progressed by our Private Mental Health Alliance, and it's 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. We welcome any feedback from our readers, which should be sent to: ptaylor@pmha.com.au

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

The PMHA gratefully acknowledges the funding and support provided by the following organisations.

AMA
Australian Private Hospitals Association
Private Healthcare Australia
Australian Government Department of Health

From the Chair

Philip Plummer

In our first edition for 2015, I am pleased to announce that the substantive work involved in drafting and negotiating our next funding agreement has now been largely completed. This new agreement is intended to provide continuity for the activities of the PMHA, our Centralised Data Management Services (CDMS), and the Private Mental Health Consumer Carer Network (the Network) beyond 30 June 2015. As many of our readers know, the PMHA, its CDMS and the Network are all auspiced by the Australian Medical Association (AMA), in a highly collaborative arrangement between the AMA, the Australian Private Hospitals Association, Private Healthcare Australia and the Australian Government. All 63 private psychiatric facilities (Hospitals) and most Payers across Australia, including private health insurers, the Australian Government's Department of Defence and its Department of Veterans' Affairs, are subscribed to these activities.

Work Plans 2015–18

Work Plans for the PMHA, its CDMS and the Network have been developed to guide activity over the course of the next three Financial Years (FYs) from 1 July 2015 to 30 June 2018.

Under the PMHA work plan, we will continue to work on issues related to funding, classification, quality of care, outcome measurement, and consumer and carer participation, as they affect the private mental health sector. A working group will be established to explore how to facilitate research using the CDMS data, with a particular focus on the important contribution the private sector is making in mental health.

We will also be facilitating and encouraging the uptake of internet–based access for all our participating Hospitals and Payers to the secure areas of the PMHA website so they can obtain their Standard Quarterly Reports (SQRs) produced by the PMHA's CDMS in a more efficient and timely manner. The AMA contract to facilitate that access has now been finalised.

The PMHA's CDMS will continue the preparation and provision of SQRs for our participating Hospitals and Payers and the production of Annual Statistical Reports (ASRs) for the private mental health sector. Beyond that, and quite a few other routine tasks, the CDMS work plan includes the development of criteria and indicators to enable the identification of effective clinical programs. More details on the CDMS Work Plan are provided in this edition.

The work plan for the Network carries a busy schedule and includes an exciting National Carer Project. The project will help to consolidate the Network's commitment toward mental health carers. The Network Chair, Janne McMahon, provides more detail in this edition.

Activity Based Funding and Mental Health Costing Study

Since our last edition, the four private hospitals participating in the Independent Hospitals Pricing Authority Mental Health Costing Study have completed the data collection phase of the study. In this edition, our Deputy Chair, Moira Munro, provides an update on this important work and extends our sincere gratitude to these hospitals for the daunting volume of work they undertook to accurately collect the data required.

PMHA Guidelines

After being revised by the PMHA's Collaborative Care Models Working Group, our *Guidelines for Determining Benefits for Health Insurance Purposes for Private Mental Health Care* (Guidelines) have now been endorsed by the PMHA and promulgated by the Commonwealth. These self–explanatory Guidelines are available from the Department of Health website at:

http://www.health.gov.au/internet/main/publishing.nsf/Content/health–phicirculars2015–22

Meeting with the Minster for Health.

On 26 March, the Commonwealth Minister for Health, The Hon. Susan Ley MP and her senior adviser kindly took time out of their busy schedules to meet with the PMHA Executive. The Executive also meet on 12 February with senior officials of the Commonwealth Department of Health. The purpose of these meetings was to provide a briefing on the important work we do in the private mental health sector. The Executive was well received and the importance of our work and its continuity was acknowledged.

Mental Health Reform

Since our last edition, the National Mental Health Commission's Review of Mental Health Programmes and Services has been released and Minister Ley has announced that the Federal Government is working towards the revival of a national approach to improving mental health outcomes and access to support services long–term. We have congratulated the Minister on these developments and welcomed the revival of a COAG Working Group on Mental Health Reform and Expert Reference Group.

Phil Plummer is the Independent Chair of the PMHA and is based in Adelaide

PMHA Centralised Data Management Service Work Plan 2015–18

Allen Morris–Yates

The PMHA's Centralised Data Management Service (CDMS) is dedicated to improving the quality, reliability and utilisation of information on private sector mental health services. Over the next three financial years from 1 July 2015 to 30 June 2018, the PMHA's CDMS will continue to work with private hospitals and health insurers to put in place efficient systems for the routine collection of outcomes data that enables the quality and efficiency of mental health service delivery to be evaluated and reported on in the private sector every quarter. The CDMS Work Plan for FYs 2015–18 is a natural extension of the work that has been undertaken since the inception of the CDMS in 2001 and it includes the following.

CDMS Reports

This involves the preparation of Standard Quarterly Reports (SQRs) for Hospitals and Payers and other reports including Annual Statistical Reports (ASRs), as well as requests for ad–hoc Reports as approved by the PMHA. This work requires:

(1) management of data submissions from Hospitals;

(2) maintenance of the CDMS's Hospital and Payer contacts database;

(3) processing of submitted data; and

(4) preparation and distribution of reports every quarter, over a period of 6 weeks per quarter.

In addition, the CDMS will complete and implement previously agreed changes and enhancements to both Hospitals and Payers SQRs.

The National Model for PMHA's Patient Experiences of Care Measure (PEx) Collection, Analysis and Reporting will also be completed.

Support for Hospitals

This involves the provision of ongoing support to participating private psychiatric facilities (Hospitals) in their implementation of the *PMHA's National Model for the Collection and Analysis of a Minimum Data Set with Outcome Measures* and the local processing and submission of data to the CDMS. The work includes:

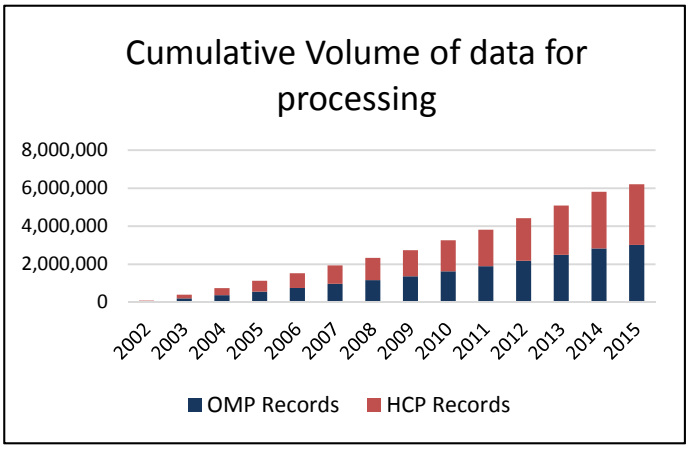
(1) revision and distribution of user guides and other reference materials; and

(2) provision of ad–hoc telephone and email–based support in the implementation of the data collection protocols, installation and use of the HSMdb database application software, and advice regarding the meaning of the information contained in SQRs.

Support for newly enrolled Hospitals will continue to be provided and involves the preparation and distribution of training and reference resources, the provision of on–site training and an initial period of intensive telephone–based support, as required.

Upgrade of HSMdb

The CDMS's Hospitals Standardised Measures database application, commonly known as the HSMdb, which is provided to participating Hospitals by the CDMS will be revised, upgraded and distributed by June 2016. Due to the substantial increase in the volume of data held in individual Hospital's instances of HSMdb, this revision will include the option for Hospitals to use an MS SQL Server based back end database. The table below sets out the increase in the volume of data that being submitted to the CDMS since 2002.



Identification of effective clinical programs

The objective of this work is to develop criteria and indicators to enable the identification of effective clinical programs, that is, of effective models, or types, of hospital–based care. This work will be done in consultation with the PMHA's working group established to facilitate research using the CDMS data. That working group will include Hospital, psychiatrist, consumer and Health Fund representatives, together with an external scientific advisor and the CDMS Director.

One of the first tasks for the PMHA working group will be to develop a project brief that ensures technical issues, such as how patient groups, models or types of care and effectiveness can be defined and what additional data elements, if any, need to be collected. The aim will be to eventually implement the agreed criteria and indicators within the CDMS's analysis and reporting framework.

Allen is the Director of the PMHA's CDMS and is based in Adelaide

Activity Based Funding and Mental Health

Moira Munro

As our regular readers will know, in December 2012 the Independent Hospital Pricing Authority (IHPA) decided that a new mental health classification would be developed for mental health services in Australia for the purposes of Activity Based Funding (ABF). IHPA recognised that the Australian Refined Diagnosis Related Groups (AR–DRGs) was not the ideal classification in the longer term for mental health services, primarily because diagnosis is not as strong a driver of resource utilisation for mental health services, as it is in other acute services.

The development of the Australian Mental Health Care Classification (AMHCC) was foreshadowed in successive Pricing Frameworks and Three Year Data Plans, as well as through the IHPA Jurisdictional Advisory Committee and IHPA's Mental Health Working Group (MHWG).

It is intended that the development of the AMHCC will significantly improve the clinical meaningfulness of the classification leading to an improvement in the cost predictiveness and will support the new models of care being implemented in all states and territories. The steps involved in designing the AMHCC include the following.

1. Definition of services
2. Identification of cost drivers
3. Patient level costing study
4. Development of the classification system and associated infrastructure (data set specifications, grouping software, etc.);
5. Ongoing activity and cost data collection

To date, IHPA has completed steps one and two and step three will be completed in April 2015. Step four is also underway.

Mental Health National Costing Study

On 12 February 2014, IHPA engaged HealthConsult to undertake a Mental Health National Costing Study (MHNCS) to inform the development of the Australian Mental Health Care Classification (AMHCC). The MHNCS was undertaken at a sample of Australian public hospitals, community mental health services and at a minimum of three private hospitals.

The four private hospitals that participated in the MHNCS were:

(1) St John of God Pinelodge in Victoria;
(2) St John of God Richmond in New South Wales;
(3) Toowong Private Hospital in Queensland; and
(4) Perth Clinic in Western Australia.

In order to facilitate participation in the MHNCS, the PMHA advised IHPA that the CDMS HSMdb software could be modified to enable the collection of all components of the Mental Health Costing Study Data Request Specification. Accordingly, an agreement between IHPA and the AMA was executed on 19 August 2014 for IHPA to provide $55,000 funding for the AMA to engage the Director of the CDMS to undertake the following.

- Modify the HSMdb and templates for standard data collection for the Mental Health Costing Study.
- Develop forms and detailed Training Manuals and User Guides for clinical and administrative staff.
- Distribution of the above software and other materials to the private hospitals participating in the Mental Health Costing Study.

All four participating private hospitals completed the data collection phase of the study. During February, the CDMS assisted the hospitals listed above with cleaning the data in preparation for submission and finalised the data extraction functions within HSMdb to enable the data to be forwarded to IHPA in February.

There was a daunting volume of work for staff at all four private hospitals involved in the MHNCS and it is to their credit that the data was collected accurately and submitted on time. The PMHA would like to express its sincere appreciation to the CEOs of the Hospitals listed above and their staff for ensuring the private sector was able to participate in the MHNCS.

Moira is the Deputy Chair of the PMHA, CEO of Perth Clinic and represents the Australian Private Hospitals Association on IHPA's Mental Health Working Group

National Carer Project

Janne McMahon OAM

The Private Mental Health Consumer Carer Network (Australia) [the Network] has approached a number of organisations and a consortium of 5 have partnered to develop a *national **Practical Guide** for working with carers of people with a mental illness in Australia.* The Consortium partners are:

- Mental Health Carers ARAFMI WA Inc.
- MIND Australia
- The Network
- Mental Health Australia
- Mental Health Carers ARAFMI Australia

The chair of the project, Mr Patrick Hardwick, said: *The main aim of this project is to provide practical guidance to assist providers to work with carers in a meaningful, mutually beneficial way in a partnership approach which will enhance outcomes for consumers.*

The primary outcome of this project will enhance practice in engaging, supporting and working with carers in all areas in which mental health care is provided. There will be national consultations undertaken across Australia in the coming months. We will keep you updated on progress and advise when these will take place. Look out for the consultations in your state!

We are very pleased to be managing this project, these are exciting times', said the Chair Ms Janne McMahon who added *'there is a real need for an new, up-to-date guide, which is practical, nationally focussed and current.*

The Network is grateful to the AMA Secretary General, Anne Trimmer (a corporate lawyer), who kindly assisted pro bono with the drafting of some of the final arrangements that needed to be in place to enable the project to proceed.

Stage One – Core Principles
Stage One of the project involves the development of robust nationally consistent core principles on best practice for working with carers of people with a mental illness and psychosocial disability. These core principles will be directed at supporting the range of mental health providers across both the private and public mental health sectors and community managed organisations.

Stage Two – A Guide for Working with Carers
The core principles will then form a strong foundation for Stage Two of the project, which involves the development of a *Practical Guide for Working with Carers of People with a Mental Illness in Australia* (Guide) and a communication and marketing strategy.

Stage Three – Dissemination and uptake
Stage Three involves the dissemination of the guide consistent with the communication and marketing strategy.

Project Governance and Personnel
As Chair of the Network, I will be responsible for managing the Project. Mrs Judy Hardy has been appointed as the Project Officer. A Project Control Group (PCG) is being established comprised of the following representatives who will oversee the Project.

1. Mr Patrick Hardwick (Independent Chair)
2. Ms Debbie Childs ARAFMI WA
3. Jackie Van Voot/Frances Sanders MIND Australia
4. Ms Kylie Wake Mental Health Council of Australia
5. Wendy Groot Mental Health Carers Arafmi Australia
6. Ms Janne McMahon OAM Chair Network

A Guide Development Committee (GDC) will work with the project officer in the development of the guide. The GDC will include the following representatives.

1. Mr Patrick Hardwick Chair, President Arafmi WA
2. Ms Debbie Childs, Executive Director, Arafmi WA
3. Ms Kerry Hawkins, Board Member, ARAFMI WA
4. Ms Kylie Wake, Mental Health Australia
5. Ms Margaret Springgay National Mental Health Consumer Carer Forum (TBC)
6. Ms Jane Henty, Mental Health Carers Arafmi Australia
7. Ms Janne McMahon Network Chair and Executive Officer
8. Ms Frances Sanders MIND Australia
9. Ms Lyn Woolford, President, Carers Australia SA (TBC)
10. Dr Aaron Groves, Chief Psychiatrist, South Australia
12. Ms Gina Smith, Service Provider Private psychiatric hospital sector, Adelaide
13. Dr Caroline Johnson, Royal Australian College of General Practitioners (TBC)
14. Dr Maria Tomasic, Royal Australian and New Zealand College of Psychiatrists
15. Ms Kym Ryan, Australian College of Mental Health Nurses
16. Ms De Backman–Hoyle Carer private sector Carer representative

Our thanks goes to Arafmi WA and MIND Australia for funding this important project and to Anne Trimmer at the AMA for helping us to hit the ground running. There will be regular updates provided in the Network's monthly eNews Alerts and for each edition of the PMHA Newsletter over the course of the project. This is an exciting project for the Network and consolidates our sincere commitment toward mental health carers.

Janne is the Chair of the Network and Project Manager for the National Carer Project.

Neurocognitive markers of affective and psychotic disorders

Laura Greenwood

Understanding the development of bipolar disorder, schizophrenia and schizoaffective disorder

Many people experience a combination of psychotic and mood symptoms that change over time, and often do not fit neatly into the diagnostic categories of 'schizophrenia' or 'bipolar disorder'. Regardless of diagnosis, common treatments for psychotic and mood symptoms do not currently address shared cognitive deficits associated with these conditions.

New evidence for shared genetic vulnerability to schizophrenia and bipolar disorders suggests that common genetic determinants of liability might be associated with shared cognitive deficits in working memory, attention and emotion regulation.

We aim to delineate these shared genetic liabilities, as expressed in cognitive dysfunction, and explore the role of abnormal stress responses in determining the clinical profiles expressed by individuals with ostensibly the same genetic and cognitive vulnerabilities.

Researchers within the University of New South Wales (UNSW) School of Psychiatry and affiliated organisations are nearing the end of a five–year study, funded by the National Health and Medical Research Council.

We require another 50 participants in order to reach the target of 300 participants to volunteer their time and efforts to make the study a success.

Participants are asked to complete a series of questionnaires and tasks on a computer, as well as donate blood for genetic analyses, provide salvia samples in relation to stress–responses, and undergo a functional brain scan.

Participation is divided over two days (approximately seven hours in total). Participants are reimbursed up to $70. Appointment flexibility is also available.

Participants will be contributing to the current understanding of the factors involved in the development of psychotic and mood disorders. This knowledge has the potential to increase the choice and efficacy of treatments according to individual symptom, cognitive, and genetic profiles.

We are seeking people, proficient in English, who:

- have a diagnosis of either bipolar disorder, schizophrenia or schizoaffective disorder and are aged between 18–60 years old;

  OR

- healthy people with no previous history of psychiatric illness (or of psychosis in first degree relatives) and are aged between 35–60 years old.

For more information, please contact:

- Inika Gillis on (02) 8382 1436 or Inika.Gillis@svha.org.au;
- Laura Greenwood on (02) 8382 1406 or laura.greenwood@unsw.edu.au;

UNSW THE UNIVERSITY OF NEW SOUTH WALES

Laura is a Research Assistant in the Research Unit for Schizophrenia Epidemiology at the University of New South Wales School of Psychiatry.

Stakeholder Round Up

Australian Medical Association

At the Federal AMA, we are busy preparing for our 2015 National Conference, which will be held in Brisbane from 29 to 31 May.

The theme is *Medicare – midlife crisis*? Following the Government's decision not to proceed with its plans for a GP co–payment, it is time for a more focused debate about what needs to be done to prepare our health system to meet future needs.

Australia needs a much broader discussion about health, a discussion that reaches every pocket of the health system – and that includes the role and future of Medicare. We want the Government to also provide vision and leadership on public hospital funding, medical workforce, mental health, Indigenous health, aged care, end of life care, and a whole range of public health concerns, including alcohol abuse, obesity, exercise, and illicit drugs.

The AMA National Conference provides a platform for Australia's leading doctors to share their ideas on the way ahead for Australia's health system. Our policy sessions at Conference this year will explore the core areas and ideals that underpin the medical profession and the health system. These include:

- Funding quality general practice – is it time for change?
- Quality public hospital services: funding capacity for performance
- Stewardship and the Doctor's Role
- General Practice Training – Reclaiming Our Future
- Key AMA Public Health advocacy – local and global

You can read more about our National Conference at:

https://ama.com.au/nationalconference

Private Healthcare Australia

In March, Private Healthcare Australia (PHA) ran two national conferences back–to–back. The first conference being the *Claims Leakage and Fraud Forum* was held in Adelaide, at the Convention Centre on 3/4 March 2015. This was directly followed by Private Healthcare Australia's Conference at the same venue. The theme of the Claims Leakage and Fraud Forum was e–Fraud and Analytics and which focused on organized crime, online scams, identity fraud and practical detection methods as well as reporting and prosecuting of offenders.

The 2015 PHA Annual Conference, *Private Health Insurance: The Best Care at the Right Pric*e, was held this year on 4, 5 and 6 March. Key topics included ways in which the industry can promote integrated care to deliver better health outcomes at lower cost; how funds in America utilise Government programs to enhance both their business models and the care they provide; the political environment prevailing at the time; responding to the challenges of a heavily regulated business environment; thought provoking addresses from leading Australian social thinkers; and improving health outcomes.

The conferences demonstrated to both the Government and the Opposition that PHA is focused on reducing the amount of fraud and inappropriate billing and also purchasing improved health outcomes for the more than 13 million Australians who have entrusted us to provide their private health insurance.

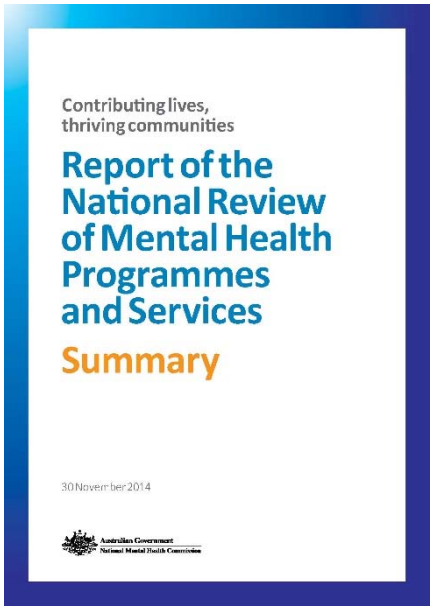
Australian Private Hospitals Association

The 34th National Congress of the Australian Private Hospitals Association (APHA), was held at The Pullman and Mercure Melbourne Albert Park from 22–24 March. The Congress brought together stalwarts of the private health industry, healthcare experts, academics, trade exhibitors and others for the year's premier networking opportunity. The Congress delivered a thought–provoking and informative look into the issues impacting private hospitals in 2015. This year, the program focused on international experiences in healthcare, how to break down generational barriers in the workplace, consumer issues, workforce mental health, e–health innovations and much more. Videos of speaker presentations from the APHA's 34th Congress can be downloaded at

https://www.youtube.com/playlist?list=PL_yYoUiGTQcbpRIVwS0UuLGAh4L-QvcBw

Stakeholder Round Up

Australian Government
Department of Health



At the end of last year the National Mental Health Commission (the Commission) report on the effectiveness of all existing mental health programmes across the government, non–government and private sectors was delivered to the Federal Government. The report was publicly released in April 2015 and will be used to help inform the Government's future decisions on mental health.

Since the release of this report, the Federal Government has announced that it is working towards the revival of a national approach to improving mental health outcomes and access to support services long–term. The Federal Government has been working closely through the Review's 700 plus pages in recent months to develop a considered, and most importantly, unified strategy to ensure the next steps that are taken deliver a genuine national approach.

A consultative and collaborative approach is essential to achieving this and the Government will be reviving a dedicated COAG Working Group on Mental Health Reform to coordinate this important reform the process. The Government wants the mental health sector to also play a direct part in the development of any policies and work hand–in–hand with State and Territory Governments to develop a national approach.

The Government is also currently finalising the revival of an Expert Reference Group (ERG) to inform the entire process, including the development of short, medium and long–term strategies in the following four key areas based on the findings and recommendations presented in the Commission's Review.

- Suicide Prevention
- Promotion, prevention and early intervention of mental health and illness
- The role of primary care in treatment of mental health, including better targeting of services
- National leadership, including regional service integration.

The ERG will also be supported by the following.

- Broad stakeholder workshops to ensure mental services and organisations at the frontline can have direct input into this process.
- A National Disability Insurance Scheme (NDIS) Mental Health Working Group.
- An Aboriginal and Torres Strait Islander Mental Health and Suicide Prevention Advisory Group.
- Setting better access to mental health services as a priority for the Government's new Primary Health Networks.
- An inter–governmental approach to ensure Commonwealth agencies respond to the report's concerns about fragmentation of payments and services and better co–ordinate future systems and policies.

It's also important to acknowledge this is a report to government, not of government. While many recommendations offer positive ideas, others are not conducive to a unified national approach, or require further investigation by experts, which will be coordinated through the COAG and ERG process. Precise timings for the delivery of work will be finalised in consultation with the states and territories. To ensure continuation of service delivery whilst the Government considers the outcomes of the Commission's review, existing grants will be extended for 12 months to 30 June 2016. The Commission's review can be downloaded here:

http://www.mentalhealthcommission.gov.au/our–reports/review–of–mental–health–programmes–and–services.aspx

Stakeholder Round Up

Australian Government Department of Veterans' Affairs

Improving Primary Care Mental Health Treatment for Veterans

Primary care providers are the frontline in efforts to combat mental illness in Australia's veterans and current serving personnel. Research has shown though, that veteran patients are far less likely to open up to their health provider and develop an effective clinical relationship if they feel as though their military experience is poorly understood.

To assist doctors and allied health providers in better understanding the military experience and how this can continue to shape the lives of veterans, even after leaving the Australian Defence Force, the Department of Veterans' Affairs (DVA) has developed a free online training program designed to support General Practitioners in delivering better mental health outcomes for veterans and their families. *Working with Veterans with Mental Health Problems* will facilitate better understanding of the mental health issues faced by veterans, as well as more effective early intervention.

The one hour program was developed specifically for GPs, by Phoenix Australia (formerly the Australian Centre for Posttraumatic Mental Health) and the Royal Australian College of General Practitioners, and is available through the RACGP's online learning management system.

Associate Professor Darryl Wade, clinical psychologist, Director of Education and Training at Phoenix Australia and project manager in charge of developing content for the program, has said "We do know that being in the military carries with it risks to physical, mental and social health, and that there are a significant number of Australian veterans who will develop a mental health problem. We have a duty to ensure that those who have served their country receive the very best mental health care."

Working with Veterans with Mental Health Problems focuses on practical strategies to assist GPs to effectively engage with veterans and provide early and effective treatment for mental health issues and related problems. It comprises a number of different modules, each focussing on a separate aspect of the military experience and veteran mental health. The lessons are reinforced through a number of hypothetical case studies that highlight the different experiences of younger and older veterans, people from different arms of the ADF, as well as experiences of female veterans.

To access this program, go to http://gplearning.racgp.org.au.

Private Mental Health Consumer Carer Network (Australia) (The Network)

Since the last edition, Darren Jiggins has accepted appointment as the Network's Coordinator for Tasmania.

De Backman–Hoyle has accepted appointment as the Network Coordinator for Victoria following the appointment of the previous Victorian Coordinator, Evan Bichara, as the Network's Multicultural Adviser. This brings our full contingent on the Network's National Committee (NC) to the following.

Network Chair	Janne McMahon OAM
Network Deputy Chair	Patrick Hardwick
Network Policy\Governance Officer	Kim Werner
Network Multicultural Adviser	Evan Bichara
Network Coordinator Qld	Norm Wotherspoon
Network Coordinator NSW	Simone Allan
Network Coordinator ACT	Judy Bentley
Network Coordinator Vic	De Backman Hoyle
Network Coordinator SA	Assoc. Prof. Sharon Lawn
Network Coordinator Western Australia	Patrick Hardwick
Network Coordinator Tasmania	Darren Jiggins

The Network's Coordinators facilitate Advisory Forums in their jurisdictions to provide the NC with consumer and carer perspectives on issues of national significance. The Forums also provide an opportunity for State Coordinators to provide feedback on current Network activities.

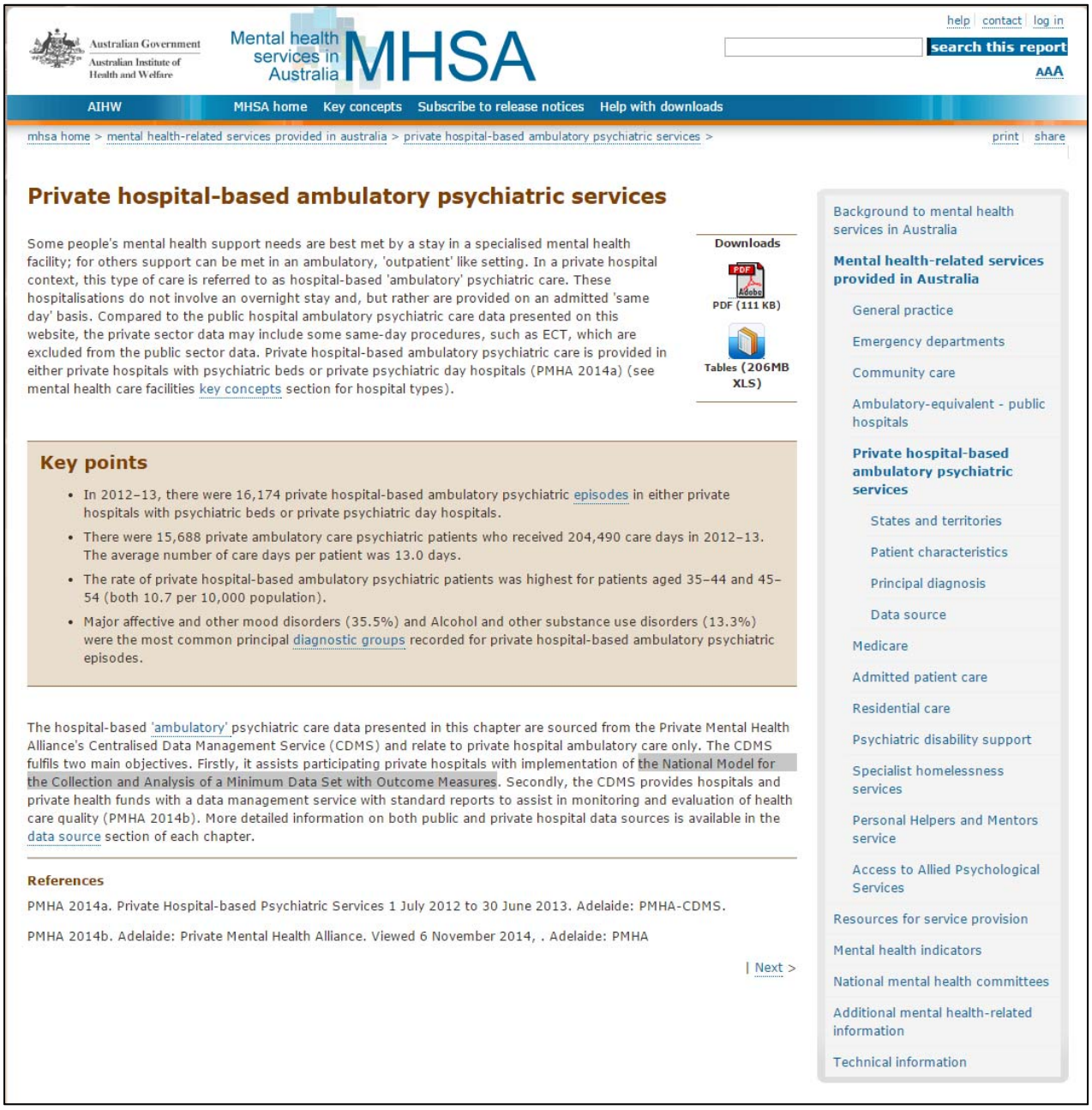
We are currently developing a series of on–line resources for consumer and carer workers/advocates and recently completed an extensive work plan for FYs 2015–18 directed towards creating *Innovation through Partnership*.

You can learn much more about our work at the Network's website at:

www.pmhccn.com.au

Fact Sheet

We have dedicated this fact sheet to advising our readers that the Australian Institute of Health and Welfare (AIHW) has now incorporated statistics from the PMHA's Centralised Data Management Service (CDMS) into the AIHW's report on *Mental health services in Australia* (MHSA) in a chapter devoted to *Private hospital–based ambulatory psychiatric services*. The introduction to the Chapter and its associated downloads appears on the AIHW MHSA website as follows.



Australian Government
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Mental health services in Australia MHSA

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Private hospital-based ambulatory psychiatric services

Some people's mental health support needs are best met by a stay in a specialised mental health facility; for others support can be met in an ambulatory, 'outpatient' like setting. In a private hospital context, this type of care is referred to as hospital-based 'ambulatory' psychiatric care. These hospitalisations do not involve an overnight stay and, but rather are provided on an admitted 'same day' basis. Compared to the public hospital ambulatory psychiatric care data presented on this website, the private sector data may include some same-day procedures, such as ECT, which are excluded from the public sector data. Private hospital-based ambulatory psychiatric care is provided in either private hospitals with psychiatric beds or private psychiatric day hospitals (PMHA 2014a) (see mental health care facilities key concepts section for hospital types).

Downloads
PDF (111 KB)
Tables (206MB XLS)

Key points

- In 2012–13, there were 16,174 private hospital-based ambulatory psychiatric episodes in either private hospitals with psychiatric beds or private psychiatric day hospitals.
- There were 15,688 private ambulatory care psychiatric patients who received 204,490 care days in 2012–13. The average number of care days per patient was 13.0 days.
- The rate of private hospital-based ambulatory psychiatric patients was highest for patients aged 35–44 and 45–54 (both 10.7 per 10,000 population).
- Major affective and other mood disorders (35.5%) and Alcohol and other substance use disorders (13.3%) were the most common principal diagnostic groups recorded for private hospital-based ambulatory psychiatric episodes.

The hospital-based 'ambulatory' psychiatric care data presented in this chapter are sourced from the Private Mental Health Alliance's Centralised Data Management Service (CDMS) and relate to private hospital ambulatory care only. The CDMS fulfils two main objectives. Firstly, it assists participating private hospitals with implementation of the National Model for the Collection and Analysis of a Minimum Data Set with Outcome Measures. Secondly, the CDMS provides hospitals and private health funds with a data management service with standard reports to assist in monitoring and evaluation of health care quality (PMHA 2014b). More detailed information on both public and private hospital data sources is available in the data source section of each chapter.

References

PMHA 2014a. Private Hospital-based Psychiatric Services 1 July 2012 to 30 June 2013. Adelaide: PMHA-CDMS.

PMHA 2014b. Adelaide: Private Mental Health Alliance. Viewed 6 November 2014, . Adelaide: PMHA

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- Background to mental health services in Australia
- **Mental health-related services provided in Australia**
  - General practice
  - Emergency departments
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  - Ambulatory-equivalent - public hospitals
  - **Private hospital-based ambulatory psychiatric services**
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    - Principal diagnosis
    - Data source
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  - Personal Helpers and Mentors service
  - Access to Allied Psychological Services
- Resources for service provision
- Mental health indicators
- National mental health committees
- Additional mental health-related information
- Technical information

You can download the whole chapter here: http://mhsa.aihw.gov.au/services/pmha/

This is a substantive achievement for the private sector made possible by all our participating private Hospitals that collect and submit their data to the CDMS under the *PMHA's National Model for the Collection and Analysis of a Minimum Data Set with Outcome Measures*.

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