PMHA | PRIVATE MENTAL HEALTH ALLIANCE

NEWSLETTER

21st edition
December 2015

IN THIS ISSUE

WISHING ALL OUR READERS A VERY MERRY CHRISTMAS AND A HAPPY AND SAFE NEW YEAR

Address all communications to:

PMHA Director
PO Box 3264
Belconnen DC 2617

P: 02 6251 5926
F: 02 6251 9073

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

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

Welcome to the Christmas edition of our newsletter, which comes at the end of a busy and exciting year for the PMHA and its Centralised Data Management Service (CDMS).

Progress Report 2013–15 Launch

The PMHA has endorsed a progress report covering the period 1 July 2013 to 30 June 2015. The Progress Report covers all major PMHA and CDMS activities and those of the Private Mental Health Consumer Carer Network Australia (the Network). The report is a reference for our stakeholders and has informed the development of our work plans going forward. A copy of this comprehensive report is being circulated with this edition and further copies can be obtained from the PMHA website at: www.pmha.com.au.

PMHA Research and Development Working Group

The PMHA's Research and Development Working Group (RDWG) held its second meeting on 15 October in Canberra. RDWG continues to work on the development of its terms of reference and the development of a project brief that seeks to enable hospitals to benchmark with each other at the program level using agreed indicators of effective treatments used in hospital–based care. While that work is underway, we have commissioned Ms Debra Tippett from Minter Ellison Lawyers in Canberra to prepare the first of the following two agreements.

(1) A legal agreement for the governance of access to the CDMS data by external researchers.

(2) A legal agreement that enables the PMHA to partner with other organisations, who may be able to provide funding, for research to be undertaken using CDMS data.

Debra has worked with us before and is a specialist IT contracts lawyer, with expertise in information technology and telecommunications.

Mental Health Reform

In the lead up to the Australian Government's announcements for mental health reform, the PMHA ensured that the private sector was represented at two key Commonwealth stakeholder workshops. The first helped to inform the *Australian Government Response to Contributing Lives, Thriving Communities – Review of Mental Health Programmes and Services*. The second will help to inform the development of the Fifth National Mental Health Plan. There is further information on the workshops in this edition and the Commonwealth Department of Health provides a substantive update on the announced reforms in our Stakeholder Round Up section.

PMHA Patient Experiences of Care Measure (PEx)

Our participating private hospitals with psychiatric beds are doing an excellent job of implementing the PMHA–Pex with thirty facilities having implemented the measure so far. The Director of our CDMS, Allen Morris–Yates, explains further in this edition.

Philip Plummer is the Independent Chair of the PMHA and is based in Adelaide.

MENTAL HEALTH REFORM

Dr Bill Pring

Carol Turnbull

Stakeholder Workshop Canberra

At the beginning of last year, the Australian Government tasked the National Mental Health Commission to review mental health programmes and services across Australia. The Final Report from the Review, *Contributing lives, thriving communities – Report of the National Review of Mental Health Programmes and Services* was released on 16 April this year. The Review presents an aspirational plan for long term reform of the mental health system, across nine strategic directions and twenty five recommendations. The full report can be accessed via the Commission's website at: www.mentalhealthcommission.gov.au

A time–limited Mental Health Reform Expert Reference Group was established to provide advice to the Government on key mental health system implementation issues identified in the Review. In addition, the Commonwealth has facilitated targeted stakeholder workshops with a broad range of stakeholders, including sector and peak organisations.

On behalf of the PMHA, I attended the Commonwealth Department of Health's 6 August Stakeholder Workshop in Canberra. This Workshop was designed to help inform the Commonwealth's response to the Review. The Workshop was structured against a series of panel discussions, providing an opportunity for key mental health organisations to share their views on issues and implementation considerations relating to the key policy directions arising from the Commission's Review including:

- promotion, prevention and early intervention;
- suicide prevention;
- primary mental health care and regional integration; and
- national leadership.

The Workshop was also used to help inform Commonwealth input to the development of the Fifth National Mental Health Plan.

At the workshop, I took the opportunity to emphasise the need for the private sector to be part of the entire planning process for mental health going forward. Other organisations put their individual perspectives and consumers and carers echoed the Commission's identification of the inadequacy of services. The Minister for Health, Aged Care and Sport, The Hon Sussan Ley MP, has now announced the Government's plan for mental health reform, which the Department of Health has outlined in our **Stakeholder Round Up** section.

Bill is a Melbourne–based private psychiatrist who is one of the two representatives of the Australian Medical Association on the PMHA.

Stakeholder Workshop Melbourne

In October, the PMHA accepted an invitation from the Australian Health Ministers Advisory Council's Mental Health, Drug and Alcohol Principal Committee (MHDAPC) to attend the *National Mental Health Plan: reflections on Fourth Plan and opportunities for Fifth Plan workshop* that was held in Melbourne on 15 October. On behalf of the PMHA, I attended what was a productive and useful workshop chaired by Dr Peggy Brown.

The purpose of the workshop was to provide jurisdictional representatives and key stakeholders with the opportunity to reflect on progress and challenges under the Fourth Plan, and opportunities for its successor. The Australian Government, with support from all states and territories, has made a commitment to developing a new National Mental Health Plan. The development of the Fifth Plan is being led by MHDAPC, following a request from the Council of Australian Governments (COAG) Health Ministers.

The key themes discussed at the workshop included:

- reflecting on earlier mental health plans;
- the current policy context including the National Mental Health Commission Review of Mental Health Programmes;
- jurisdictional mental health plans; and
- key priority focus areas for development of the Fifth Plan.

The workshop identified the following areas for inclusion in the Fifth Plan.

1. Regional integration
2. Physical health and avoiding preventable harm
3. Suicide prevention
4. Early intervention
5. Reducing stigma and discrimination
6. Good mental health and wellbeing

Like Bill, I took the opportunity to stress the importance of involving the private sector in the mental health reform process and the development of the Fifth Plan. An MHDAPC Working Group has been established to progress development of the Plan and a Writers Group is working on the Plan under the direction of the MHDAPC Working Group.

Carol is the Chief Executive Officer for Ramsay Health Care in South Australia and represents the Australian Private Hospitals Association on the PMHA

PMHA Patient Experiences of Care Measure Implementation

Allen Morris–Yates

In our last edition, we gave considerable attention to discussing how consumer and carer participation in health planning, delivery and evaluation improves service responsiveness to consumer needs.[1] This can only result in better clinical outcomes for patients and may also help reduce the incidence of adverse events and increase consumer satisfaction with their health care. Consumer participation is sought for two main reasons:

- to use their feedback to monitor and improve services;[2] and
- as a means of demonstrating accountability for performance.[3]

Consumer participation involves encouraging consumers to provide feedback, both positive and negative, about their care. This feedback provides an opportunity to continue to improve the delivery of safe and effective mental health services.

Under the auspice of the 2011–13 PMHA Quality Improvement Project (QIP), a PMHA Patient Experiences of Care Measure (PMHA–PEx) was developed for both overnight inpatient care and ambulatory care. The PMHA's PEx Survey instrument together with PEx related local analysis and reporting functionality were then integrated within the CDMS's Hospitals Standardised Measures database (HSMdb) software, which is provided to participating private hospitals with psychiatric beds (Hospitals) by the CDMS.

Implementation by interested Hospitals coincided with the release of the latest version of the HSMdb in the second half of 2013. In September 2013, Hospitals were provided with the new PEx Survey templates, a detailed PEx Implementation Guide, and the updated HSMdb database application. During 2014, the CDMS began reporting PMHA–PEx statistics back to Hospitals within their Standard Quarterly Reports.

In addition, a new CDMS summary report was developed titled, *Development and implementation of the PMHA's Patient Experiences of Care Survey for private Hospital–based psychiatric services (with selected statistics for the 2014 calendar year)*. This report is available from the PMHA website at https://pmha.com.au/PublicationsResources/Statistics.aspx

As of the most recent period for which data has been submitted, the quarter ending 31 March 2015, the following Hospitals have now implemented the PEx Survey.

Private hospitals that, as of 31 March 2015, have implemented the PMHA's PEx Survey

1. The Adelaide Clinic; Gilberton, SA
2. The Albert Road Clinic; South Melbourne, Vic
3. Belmont Private Hospital; Carina, Qld
4. Calvary Private Hospital; Bruce, ACT
5. Currumbin Clinic; Currumbin, Qld
6. Dudley Private Hospital; Orange, NSW
7. Fullarton Private Hospital; Parkside, SA
8. The Hobart Clinic; Rokeby, Tas
9. Hollywood Private Hospital; Nedlands, WA
10. Kahlyn Day Centre; Magill, SA
11. Maitland Private Hospital; East Maitland, NSW
12. The Marian Centre; Wembley, WA
13. Mayo Private Hospital; Taree, NSW
14. North West Private Hospital; Burnie, Tas
15. Northside Cremorne Clinic; Cremorne, NSW
16. The Northside Clinic; Greenwich, NSW
17. Northside Macarthur Clinic; Campbelltown, NSW
18. Northside West Clinic; Wentworthville, NSW
19. Perth Clinic; West Perth, WA
20. St John of God Hospital Burwood; Burwood, NSW
21. St John of God Pinelodge Clinic; Dandenong, Vic
22. St John of God Hospital Richmond; Richmond, NSW
23. South Pacific Private; Curl Curl, NSW
24. St Vincent's Private; Darlinghurst, NSW
25. The Sydney Clinic; Bronte, NSW
26. Toowong Private Hospital; Toowong, Qld
27. Warners Bay Private Hospital; Warners Bay, NSW
28. Wesley Hospital Ashfield; Ashfield, NSW
29. Wesley Hospital Kogarah; Kogarah, NSW
30. Wyndham Clinic; Werribee, Vic

This is an outstanding achievement that these facilities should be very proud of.

1 Australian Commission on Safety and Quality in Health Care (2011). Patient–centred care: Improving quality and safety through partnerships with patients and consumers. ACSQHC, Sydney.

2 Australian Health Ministers (2010). National Standards for Mental Health Services 2010. Commonwealth of Australia, Canberra.

3 NMHWG Information Strategy Committee Performance Indicator Drafting Group (2005). Key Performance Indicators for Australian Public Mental Health Services. ISC Discussion Paper No 5. Australian Government Department of Health and Ageing, Canberra.

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

Activity Based Funding and Mental Health

Moira Munro

The Independent Hospitals Pricing Authority (IHPA) is developing the Australian Mental Health Care Classification (AMHCC) including a supporting Activity Based Funding Mental Health Care Data Set Specification (ABF MHC DSS). The development of the AMHCC is intended to significantly improve the clinical meaningfulness of mental health classification, leading to an improvement in the cost predictiveness and will support the new models of care being implemented in all states and territories.

To date, the classification development work has been informed by the findings of the University of Queensland Definition and Cost Drivers for Mental Health Services project, qualitative feedback from participants of the Mental Health Costing Study (MHCS) and analysis of the MHCS dataset.

The classification development work has been undertaken with considerable clinical and stakeholder input through IHPA's Mental health Working Group (MHWG) and by way of a public consultation process on the proposed framework that was undertaken in January 2015. The MHWG includes representatives from all jurisdictions, mental health peak bodies, a consumer, a carer and individual experts.

The MHWG and IHPA have considered drafts of the AMHCC and are broadly supportive of the approach taken, noting that this is a first step in a long process to develop and refine the classification informed by national data collection. Both the MHWG and the Pricing Authority also noted that further work would be required on the phase of care definitions and business rules ahead of implementation.

IHPA acknowledges issues that have been raised to date by stakeholders including Mental Health Information Strategy Standing Committee, in particular, cautious use of the MHCS data and the development and inter–rater reliability work that needs to be undertaken in relation to phase of care. It is also acknowledged that further refinement will need to be undertaken in relation to the child and adolescent and older person's branches in the early versions, with a significant longer term project in relation to the residential setting branch.

IHPA has noted the need to collect cost data to further refine the classification with the expectation that changes will be made over future years.

Since our last edition, IHPA has been working through its MHWG and its Mental Health Classification Expert Reference Group (MHCERG) to develop and refine the AMHCC. MHCERG comprises mental health subject matter experts, classification system development experts and data analysis experts.

The final draft AMHCC version 1.0 was released in November for public consultation. Submissions are due by 18 December 2015. Noting the small sample size in some areas of the MHCS data, the public consultation process notes that additional work will be undertaken in 2016 and 2017. This includes:

- targeted consultation with the child and adolescent mental health sector and a clinical review of the child and adolescent classes;
- consideration of a one–off costing study in relation to older persons' community mental health services, noting that some additional data is expected to be captured through the AMHCC pilot;
- consideration of the most appropriate approach for the residential branch of the AMHCC;
- consideration of the most appropriate next steps to inform the broadening of the AMHCC beyond services in scope for Activity Based Funding ;
- consideration of how clinical complexity and comorbidities including significant chronic physical health comorbidities, can best be identified for use in the AMHCC; and
- an inter–rater reliability study on phase of care will be undertaken in 2016.

The draft AMHCC and supporting materials are also being tested through a pilot of the AMHCC at four sites St George Hospital (NSW), West Moreton Hospital and Health Service (Qld), Whyalla Hospital and Health Service (SA) and Tasmanian Health Organisation – North (Tas). Data collection commenced on 1 October 2015 and will be completed on 30 November 2015. Following the pilot and considering responses from the public consultation process, the draft AMHCC will be refined and finalised for implementation for pricing from 1 July 2017.

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

A tool to supplement professional treatment designed for those at risk of suicide

Matthew Jackson

The issue of suicidal behaviour and death by suicide of serving and ex–serving Australian Defence Force (ADF) members is a priority for the Department of Veterans' Affairs (DVA).

E–mental health solutions, such as mobile apps and online interventions, offer innovative mechanisms for delivering care and mental health support. DVA's *Operation Life* suite of online suicide awareness and prevention resources is designed to help clinicians manage at–risk serving and ex–serving (ADF) personnel.

The *Operation Life* mobile app was recently released as a tool to supplement face–to–face treatment for at–risk patients and to complement an individual's Safety Plan. It is a resource for your patient to use between clinical sessions including facilitating access to their personal support network when they experience thoughts of suicide.

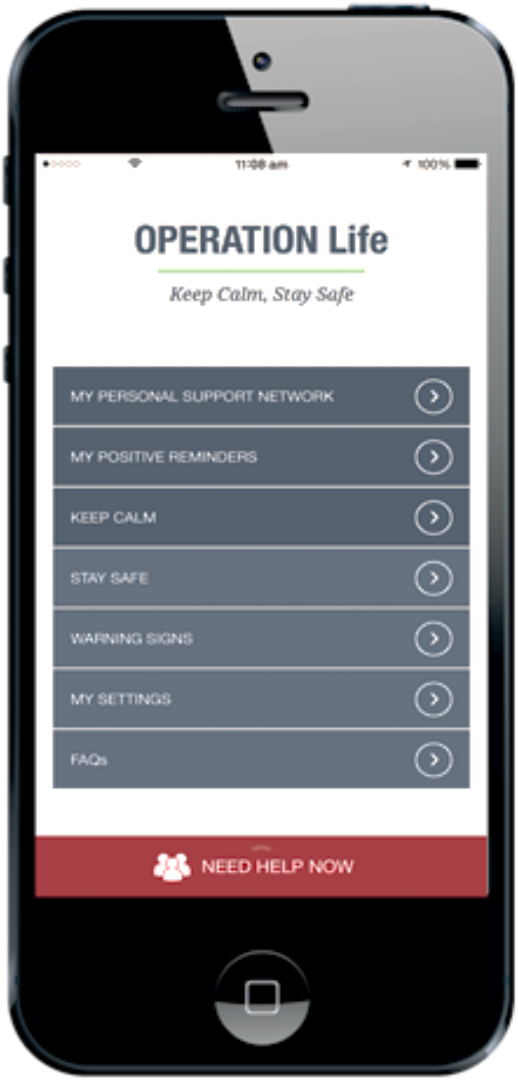
Most people take their mobile devices with them everywhere, so apps are a great way of providing access to support tools 'on the go', whenever and wherever there is a need. In this way, the use of the *Operation Life* app offers an advantage over pencil and paper options.

The *Operation Life* app's core components are informed by best practice clinical interventions for at–risk behaviour. The app also features two cognitive behavioural therapy tools to help users sufficiently self–manage their thoughts – grounding and positive reminders. Other key features of the app include:

- Easy access to emergency and professional support services and personal support contacts;
- Helpful advice to 'Stay Safe' and 'Warning Signs' of immediate risk of suicide; and
- A reminder function to prompt the client to review their 'Personal Settings'.

The *Operation Life* app was developed by DVA in collaboration with the Department of Defence, the Veterans and Veterans Families Counselling Service (VVCS) and mental health practitioners specialising in veteran mental health. Advice was also sought from the Young & Well Cooperative Research Centre.

A 'Clinician's Guide' is available providing a step–by–step guide to set–up and use the app with your patient. The *Operation Life* mobile app is available free from the iOS App Store and Google Play.



Matthew represents the Australian Government Department of Veterans' Affairs on the PMHA.

Stakeholder Round Up

Since our last edition, the AMA made a submission to Medicare Benefits Schedule (MBS) Review Taskforce consultation paper. In brief, the AMA is seeking to have a role in responding to the broader strategic aspects of the review, but definitely understands that the individual specialities and craft groups will have to respond to the individual Review processes. The AMA wants to have and appraisal of the overall framework for the Review. In the submission, the AMA's emphasis is on improving health care for patients and their families. This should be the focus of Review, not the reduction of costs.

The AMA believes the Review process must inform the establishment of a mechanism for ongoing review of MBS Items to ensure the MBS remains up to date. The mechanism must be flexible to facilitate clinical review of services that don't have, or need, a strong evidence base to support their continued funding under the MBS.

While the AMA is not actually 'participating' in the Review in a formal way. It will continue to engage in the Review by commenting on and, where necessary, criticising the process and outcomes. The AMA will continue to discuss these issues with the Minister and others to advocate for better outcomes. To do that for the entire profession, the AMA is engaging with the medical groups to understand their concerns about the individual reviews as they progress against very tight time lines.

Australian Private Hospitals Association

On 17 September 2015, the Australian Private Hospitals Association (APHA) hosted a forum for private psychiatric hospitals which provided a valuable opportunity for hospital CEOs and others to network and hear presentations on the use and importance of data, including PMHA's CDMS. The forum also heard from the Australian Commission on Safety and Quality in Healthcare (ACSQHC) on quality and safety initiatives relevant to psychiatric hospitals.

In October, APHA once again celebrated Mental Health Week, taking the highly successful "Elephant in the Room" campaign into the community to raise awareness of mental health and the role of private hospitals in supporting people living with a mental illness.

Private Healthcare Australia
Better Cover. Better Access. Better Care.

Private Healthcare Australia, has welcomed the Government's public consultation on Private Health Insurance, and the opportunity to improve the value of private health insurance for the consumer. The Commonwealth Department of Health's online survey for consumers, open from mid–November to mid–December 2015, will ensure they have the opportunity to share their views on private health insurance.

The Department is also conducting a series of targeted industry roundtables to identify opportunities to amend unnecessary or inefficient regulation which add costs for consumers; and identify reform options which would enhance the value of private health insurance for consumers.

Private Mental Health Consumer Carer Network (Australia)
engage, empower, enable choice in private mental health

The Private Mental Health Consumer Carer Network (Australia), or *Network* as it is commonly known, was established in 2002 to promote the interests of members of the community who receive treatment and care from private mental health services, and their carers. The activities of the Network are largely facilitated by the Network's Executive and it's National Committee (NC). The NC is currently comprised as follows.

1.	Network Chair	Janne McMahon OAM
2.	Network Deputy Chair	Patrick Hardwick
3.	Network Multicultural Adviser	Evan Bichara
4.	Network Coordinator Qld	Norm Wotherspoon
5.	Network Coordinator NSW	Simone Allan
6.	Network Coordinator ACT	Judy Bentley

Stakeholder Round Up

7.	Network Coordinator Vic	De Backman Hoyle
8.	Network Coordinator SA	Professor Sharon Lawn
9.	Network Coordinator WA	Patrick Hardwick
10.	Network Coordinator Tas	Darren Jiggins
11.	PMHA Observer	Mr Philip Plummer

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.

The Network is managing a National Carer Project to develop a Practical Guide for working with carers of people with a mental illness in Australia. National consultations have been completed and the Project Officer, Mrs Judy Hardy, has developed a rough draft of what the Guide might look like. The chief psychiatrists in each jurisdiction have been very supportive of the Project.

The Chair of the Network, Ms Janne McMahon OAM, has accepted an invitation to participate on an Australian Commission on Safety and Quality in Healthcare's steering committee looking at the Consultation Draft Version 2 of the National Safety and Quality Health Service (NSQHS) Standards. The National Standards for Mental Health Services (NSMHS) will be incorporated into the NSQHS Standards.

Australian Government
Department of Veterans' Affairs

New Social Health Strategy and Action Plan

DVA has released its Social Health Strategy 2015–2023 for the Veteran and Ex–Service Community, which complements the *Veteran Mental Health Strategy 2013–2023*. The Strategy aims to improve the veteran and ex–service community's quality of life, achieved through preventing illness where possible, fostering social connectedness and enhancing health and wellbeing. It includes the following DVA social health programs and initiatives.

- National Indigenous Veterans' Strategy
- Veterans' Health Week
- Men's Health Peer Education
- Day Clubs
- Cooking for One or Two
- Heart Health Program

The Strategy is supported by a two year DVA Veteran Mental and Social Health Action Plan 2015 and 2016, which details the actions the Government is undertaking to improve the mental health and wellbeing of the veteran community.

New contracting arrangements with private hospitals

DVA has contracts in place to 30 June 2016 with private mental health hospitals throughout Australia to provide treatment and care to eligible members of the veteran community. The next contracting round for beyond 30 June 2016 has been released, introducing a simplified approach to contracting for private hospital services (including mental health services). This will ensure veterans continue to receive high quality health services while reducing red tape for providers.

DVA spends more than $850 million a year on private hospital services for its clients. The new, simplified form of contracting will be open all year round to private hospitals that meet key requirements, such as licencing and accreditation. The only negotiation envisaged will be around fees. This change will significantly reduce the administrative burden of previous tender processes.

Arrangements introduced during the 2014 private mental health hospital tender process for mental health day programs are unchanged. Current approved programs will be continue to be purchased beyond 30 June 2016 without the need to submit new proposals. The only requirement will be an assurance by hospitals that the approved program has not changed its content, and reaching agreement on fees.

More information about the invitation to provide private hospital services is available on the Austender website (www.tenders.gov.au).

Trauma Recovery Programs – Posttraumatic Stress Disorder (PTSD)

DVA has purchased Trauma Recovery Programs – PTSD in a number of hospitals across Australia since the mid–1990s. Programs purchased under these arrangements have been previously accredited under quality assurance guidelines. DVA introduced national accreditation standards for these programs in July 2015. Programs will be expected to be accredited against these standards by 1 July 2016 but no later than 30 June 2017. A copy of the standards is available on the DVA mental health portal at https://at–ease.dva.gov.au/professionals/

Stakeholder Round Up

Australian Government
Department of Health

Mental Health Reform

The Australian Government engaged the National Mental Health Commission to undertake a Review of Mental Health Programmes and Services (the Review). The Final Report from the Review, Contributing Lives, Thriving Communities, was released on 16 April 2015.

A time–limited Mental Health Reform Expert Reference Group (ERG) was established to provide advice to the Government on key mental health system implementation issues identified in the Review. Chaired by former beyondblue CEO, Kate Carnell, the ERG has brought together 12 experts with extensive experience in key areas identified for reform.

In addition to the considerations of the ERG, the Department has facilitated a targeted stakeholder consultation process including workshops with a broad range of stakeholders, including sector and peak organisations.

A cross–portfolio response to the Review is being developed and on 26 November 2015 the Minister for Health, Aged Care and Sport, The Hon Sussan Ley MP, announced the Government's plan for mental health reform in response to the Review. The focus of the reforms is primary mental health care services and areas of ongoing Commonwealth responsibility, while the response also encourages partnerships and better integration with other service providers. Work will immediately commence on the following nine key action areas identified in the *Australian Government Response to Contributing Lives, Thriving Communities – Review of Mental Health Programmes and Services*.

Locally planned and commissioned mental health services and a new flexible primary health care funding pool

Primary Health Networks (PHNs) will lead mental health planning and integration at a regional level, in partnership with Local Hospital Networks, non–government organisations, Aboriginal and Torres Strait Islander organisations, National Disability Insurance Scheme (NDIS) providers, and drug and alcohol services.

From 2016, Commonwealth mental health programme funding will be transitioned to Primary Health Networks (PHNs) to form a newly created mental health flexible funding pool.

PHNs will have the flexibility to use this funding to commission regionally delivered primary mental health services suited to local needs within a stepped care model.

Mental health priorities for PHNs will include:

- regional mental health plans to identify needs and gaps, reduce duplication and remove inefficiencies;
- improved links and innovative approaches to support clinical care coordination for people with severe mental illness and complex needs, including new joined up assessment arrangements;
- integrating Aboriginal and Torres Strait Islander mental health and social and emotional wellbeing services and other services at a local level;
- cross sectoral approaches to early intervention for children and young people and commissioning of services to support to a broader group of young people with or at risk of mental illness;
- a regional approach to suicide prevention, including community based activities and integrated post discharge care for people at high risk of suicide; and
- strategies to target services to people in rural and remote areas and other hard to reach and at risk populations.

A new, easy to access digital mental health gateway

Online mental health interventions, including self–help and exchanges with clinicians, have proven benefits. For some people suffering from depression and anxiety, digital services can be as effective as face–to–face sessions.

A new digital mental health gateway will be the first point of service for people looking for information, advice or an online psychological service. It will encourage consumers to use digital interventions, where appropriate.

The gateway will bring together existing evidence based information, advice and digital mental health services. People

Stakeholder Round Up

will be connected to services through a centralised telephone and web portal. Ease of access to crisis support services will be promoted through the gateway.

A 'stepped care' model for primary mental health care

Over a three year period, existing Commonwealth–funded primary mental health care programmes will be redesigned to reflect the different levels of care needed by consumers, moving from a 'one size fits all' approach to a system that optimally meet individual needs – people will get the right care at the right time.

Refocusing efforts to achieve better targeting of service within a stepped care model will involve:

- promoting the new digital mental health gateway as the first point of contact and service for many consumers;
- cost effective, low intensity services for people with mild mental illness, recognising digital services will not be appropriate for some people;
- better targeting of Medicare subsidised psychological services to the needs of people with moderate to severe mental illness;
- in parallel with broader primary health care reforms, developing new funding models to support coordination of care for people with ongoing, severe mental illness and complex needs, including young people with severe illness; and
- stronger support to GPs to enable them to assess and refer people to the best services, especially in relation to people with severe and complex mental illness.

Joined up support for child mental health

Commonwealth programmes in the health and education portfolios will be joined up to create more effective interventions for child mental health from early years to adolescence.

This will be achieved by:

- a single, integrated school based mental health programme to develop awareness of mental health issues, prevent problems and build resilience. This will build on the success of KidsMatter and MindMatters, and be promoted through the Safe Schools Hub;
- improved access for children and young people to telephone and web–based information and advice through the new digital mental health gateway;
- stepped care arrangements for children through PHNs;
- a national workforce support initiative to assist clinical and non–clinical professionals and services who work with children to identify, support and refer children at risk and to promote resilience building. This will include children who have experienced trauma; and
- partnerships at a regional level between clinical and non–clinical support services, including Family Mental Health Support Service providers, supported by the national workforce support initiative.

An integrated and equitable approach to youth mental health

Youth mental health services including headspace will be better integrated with primary care services in each region, through the local PHN. There will also be better integration of mental health and drug and alcohol services for young people.

Early intervention will be provided to a broader group of young people presenting to primary care services who have or are at risk of severe mental illness.

A trial will be held of a new model to better integrate employment and educational support for young people up to 25 years old who have a mental illness.

Through the Department of Social Services, employment specialists will be integrated into youth mental health services to help individuals find work or achieve their education goals.

Integration of Aboriginal and Torres Strait Islander mental health and social and emotional wellbeing services

Access to culturally sensitive mental health services for Aboriginal and Torres Strait Islander people will be increased through better planning, integration and commissioning of services by PHNs.

Stakeholder Round Up

Social and emotional wellbeing support, mental health, suicide prevention and alcohol and other drug services for Indigenous people will be better joined up on the ground, in recognition of the links between these various needs.

Mental health will also be a high priority within the Implementation Plan for the National Aboriginal and Torres Strait Islander Health Plan 2013–2023.

A renewed approach to suicide prevention

A new national suicide prevention strategy will be implemented immediately, with four critical components:

- national leadership and infrastructure, including whole of population activity and crisis support services;
- a systematic and planned regional approach to community based suicide prevention. PHNs will commission regionally appropriate activities, in partnership with LHNs and other local organisations;
- efforts to prevent Aboriginal and Torres Strait Islander suicide will be refocused; and
- working with states and territories, including in the context of the Fifth National Mental Health Plan, to ensure people who have self–harmed or attempted suicide are given effective follow–up after discharge.

Improved services and coordination of care for people with severe and complex mental illness

Better, more coordinated support to people with severe mental illness and complex needs who are being managed with primary care, will be a priority.

Innovative funding models will allow funding to follow the consumer's needs, including young people with complex needs. These models will be implemented over time, in conjunction with primary health care reforms.

The role of mental health nurses will be promoted in coordinating the care for people with severe mental illness and supporting the role of GP as care manager.

Regionally based clinical assessment arrangements for people with severe and complex mental illness will be improved and linked to Local Hospital Network and NDIS assessment and referral processes based on the consumer need.

Mental health providers and consumers will be encouraged to use a single digital health record to improve communication and understanding.

The Government will also continue to work with state and territory governments to ensure the effective transition to the NDIS for people with severe and persistent mental illness and psychosocial disability.

It will periodically review progress of the transition to NDIS to ensure that the scheme provides choice and good support for people with a disability arising from mental illness, while people with severe mental illness who are not eligible for NDIS also receive continued support.

National leadership in mental health reform

In addition to leading reform and system change in the areas outlined above, the Commonwealth will continue to play a leading role in prevention and early intervention initiatives.

It will renew efforts to reduce the stigma associated with mental illness and promote access to services, including support available through the new digital gateway.

It will ensure the mental health needs of particular population groups are serviced, including Aboriginal and Torres Strait Islander people, humanitarian entrants who have experienced trauma, defence personnel and veterans.

It will enhance the evidence base to support national policy and planning for mental health services, including data collection and evaluation, as a key to continuous improvement.

It will support consumer participation, through a new consumer and carer participation framework.

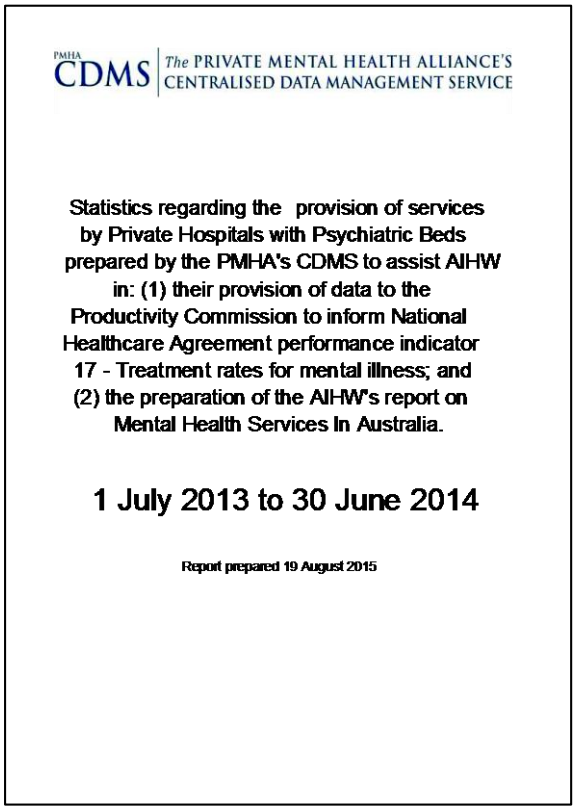
The Australian Government is committed to working with the sector and stakeholders in moving these critical reforms forward and improving the mental health system for all Australians.

Fact Sheet

The Australian Institute of Health and Welfare (AIHW) requests a range of data from the PMHA that services the needs of a range of reports, including the AIHW's report on Mental Health Services in Australia (MHSA) and the National Healthcare Agreement Indicators (NHA).

In previous years, AIHW has separately sought data from the PMHA's CDMS to report for the NHA and then sought data for publication on the MHSA website. In an attempt to streamline this process and reduce the administrative burden, this year AIHW combined these data requests. In relation to the National Healthcare Agreement, the CDMS has provided data with respect to *NHA PI 17—Treatment rates for mental illness* and for MHSA the CDMS provided data on provision of Ambulatory Care in private hospitals with psychiatric beds.

In the past, the statistics provided to AIHW were estimates in which some attempt was made to take into account the fact that data was not available for non–participating hospitals. As of 2011, all private hospitals with psychiatric beds now participate in the CDMS. The CDMS has also recently been able to obtain some previously missing data for the 2013–2014 financial year from the hospitals concerned. Accordingly, the statistics reported for 2013–2014 are based exactly on the data submitted without adjustment for missing data. To facilitate access and interpretation of these raw statistics by other PMHA stakeholders, the raw statistics have been compiled as a report with detailed explanatory notes.


PMHA CDMS The PRIVATE MENTAL HEALTH ALLIANCE'S CENTRALISED DATA MANAGEMENT SERVICE

Statistics regarding the provision of services by Private Hospitals with Psychiatric Beds prepared by the PMHA's CDMS to assist AIHW in: (1) their provision of data to the Productivity Commission to inform National Healthcare Agreement performance indicator 17 - Treatment rates for mental illness; and (2) the preparation of the AIHW's report on Mental Health Services In Australia.

1 July 2013 to 30 June 2014

Report prepared 19 August 2015

Part 1: Data to support the reporting of National Healthcare Agreement performance indicator 17 — Treatment rates for mental illness

Part 1 of the report includes data on the following.

- Number of persons receiving care from private Hospitals with psychiatric beds, stratified by the State or Territory within which the services were provided, for the current and preceding two financial years.
- Age distribution of all persons receiving care from private Hospitals with psychiatric beds, for the current and preceding two financial years.
- Remoteness of the Area of usual residence of all persons receiving care from private Hospitals with psychiatric beds, for the current and preceding two financial years.
- Relative Socio–economic Disadvantage of the Area of usual residence of all persons receiving care from private Hospitals with psychiatric beds, for the current and preceding two financial years.
- Outcomes of episodes of Overnight inpatient care provided in private Hospitals with psychiatric beds, for the current financial year.

Part 2: Data for publication in the AIHW's report on Mental Health Services in Australia.

Part 2 of the Report includes the following statistics.

- Ambulatory care patients, episodes and care days, by state and territory.
- Ambulatory care patients, episodes and care days, by Area of usual residence (State or territory and Locality).
- Ambulatory care patients, by Age and Sex.
- Ambulatory care patients, by Indigenous status.
- Ambulatory care mental health–related episodes, by Principal diagnostic group and Area of usual residence.

The PMHA would like to take this opportunity to sincerely thank Mr Gary Hanson who was instrumental in enabling the CDMS to provide this report to the Institute. Gary is the Unit Head of the AHIW's Mental Health and Palliative Care Unit in Canberra.

PMHA Representatives Contact Details

PMHA | PRIVATE MENTAL HEALTH ALLIANCE	**Mr Philip Plummer** PMHA Independent Chair C/– PO Box 377 KENT TOWN SA 5071	P: 08 8133 5000 F: 08 8431 3502 M: 0438 090 130 E: pplummer@hlbsa.com.au
Private Mental Health Consumer Carer Network (Australia) *engage, empower, enable choice in private mental health*	**Ms Janne McMahon OAM** PO Box 542 Marden SA 5070 **Mr Patrick Hardwick** 24 Lawley Street TUART HILL WA 6060	P: 08 8336 2378 F: 02 6273 5337 E: jmcmahon@senet.com.au M: 041 223 1309 E: patrickhardwick@bigpond.com
AMA	**Associate Professor Jeffrey Looi** Academic Unit of Psychiatry & Addiction Medicine Australian National University Medical School PO Box 11 WODEN ACT 2605 **Dr Bill Pring** Delmont Consulting Rooms 300 Warrigul Road GLEN IRIS VIC 3146	P: 02 6244 3500 F: 02 6244 4964 E: jeffrey.looi@anu.edu.au P: 03 9888 8847 F: 03 9888 8821 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 **Ms Carol Turnbull** Chief Executive Officer Ramsay Healthcare SA 33 – 36 Park Terrace GILBERTON SA 5081	P: 08 9488 2970 F: 08 9488 2977 E: moiram@perthclinic.com.au P: 08 8269 8100 F: 08 8269 7307 E: turnbullc@ramsayhealth.com.au
Private Healthcare Australia Better Cover. Better Access. Better Care.	**Ms Andrea Selleck** Chief Executive Officer Australian Regional Health Group PO Box 2024 TEMPLESTOWE LOWER, VIC 3107 **Ms Helen Eriksson** Senior Hospital Negotiations Manager Hospitals Contribution Fund of Australia GPO Box 4242 SYDNEY NSW 2001	P: 03 9840 7781 F: 03 9840 7781 E: aselleck@arhg.com.au P: 02 9290 0178 F: 02 9299 7001 E: heriksson@hcf.com.au
Australian Government Department of Health	**Ms Jan Williamson** Director, Sector Engagement Section Mental Health Early Intervention Branch Health Services Division Department of Health MDP 601, GPO Box 9848 CANBERRA CITY ACT 2601	P: (02) 6289 8039 E: jan.willianson@health.gov.au
Australian Government Department of Veterans' Affairs	**Mr Matthew Jackson** Director, Mental Health Policy Department of Veterans' Affairs PO Box 9888 CANBERRA ACT 2600	P: (02) 6289 6612 E: matthew.jackson@dva.gov.au