PMHA | PRIVATE MENTAL HEALTH ALLIANCE

NEWSLETTER

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IN THIS ISSUE

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The PMHA is 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.

From the Chair

Philip Plummer

Launch of New Website **www.pmha.com.au**

With the release of this Newsletter we are launching our new PMHA website.

This new site is tailored specifically to provide timely information on the Australian private mental health Sector. It is modern looking and will be a constantly updated web resource. With just a few clicks you can access up to date information on the PMHA, our Centralised Data Management Service (CDMS), or the Private Mental Health Consumer Carer Network (the Network).

Our new website reflects our strong presence in the Australian mental health sector and visitors can find out about how PMHA, its CDMS and the Network are working together to improve outcomes for people with a mental illness.

Some of the many improvements include:

- a greatly improved user navigation experience that makes it much easier to find the information you're after;
- a new level of security that paves the way for eventual access to the data held by the CDMS for private hospitals and private health insurers;
- a corporate theme that better reflects the interrelationship between the PMHA its CDMS and the Network; and
- greater acknowledgement for core funders who have been supporting our alliance since 1996.

This new website is part of PMHA's commitment toward improving the quality, reliability and utilisation of information on private sector mental health services.

Health Reform 2011

On 2 August, the Commonwealth, State and Territory governments finalised the National Health Reform Agreement, which supersedes the *National Health and Hospitals Network Agreement* and the *Heads of Agreement – National Health Reform*. It sets out the financial and governance arrangements for Australian public hospital services and governance arrangements for primary health care and aged care. On 10 May 2011, the Commonwealth announced the additional funding invested in their National Mental Health Reform Package. Key features included the following.

- A National Mental Health Commission.
- A National Consumer Peak Body.
- An online mental health portal.
- Funding to expand existing primary care programs (with a particular focus on people with a severe and debilitating mental illness).
- Children and youth initiatives.
- 10 year road map to guide future investment.
- A new National Partnership Agreement between the Commonwealth and States/Territories.
- A significant focus on employment and vocational initiatives.

At their August 19 meeting, the Council of Australian Governments (COAG) agreed to the development of a Ten Year Road Map and the National Partnership on Mental Health, but did not offer any definitive direction at this time on any additional initiatives for mental health reform. The Commonwealth intends completing the Road Map before the end of 2011, which should help clarify the future direction for national mental health reform.

PMHA Quality Improvement Project Overview and CPoC Project

Ellie Rosenfeld

Overview

The PMHA's Quality Improvement Project (or QIP as we call it) seeks to improve outcomes for consumers within the context of the mental health services that are provided by private hospitals and psychiatrists in private practice.

The purpose of QIP is to make better use of the mechanism of the PMHA and its Centralised Data Management Service (CDMS). QIP contains a suite of four complementary activities.

- *Consumer Perceptions of Care*
- *Outcomes in Private Psychiatry Practice*
- *Internet Access to the PMHA's CDMS*
- *Borderline Personality Disorder*

In 2010, Work Programs for each of these activities were developed and the PMHA established a small steering committee to act as a reference group and to assist with managing the Project over the course of 2011 and 2012.

QIP commenced at the beginning of 2011.

Implementation of Consumer Perceptions of Care (CPoC) Measure

The objective of this work programme is that an agreed CPoC survey instrument be established for all Australian private psychiatric services participating in the PMHA's Centralised Data Management Service (CDMS).

A standardised instrument affords a comprehensive mechanism for consumers to provide feedback about the quality of the services they receive, both as inpatients, and in day and outreach services. It will also increase the capacity of those services to optimise patient care.

The *National Model for the implementation of the standardised CPoC measure in all private hospital–based psychiatric services across Australia* is currently being finalised.

Pilot Study

Building on the thorough CPoC Pilot Study conducted by CDMS Director, Mr Allen Morris–Yates in eight Australian private hospitals, and on stakeholder feedback garnered during that Pilot Study, a National Model for the implementation of the standardised CPoC measure in all private hospital–based psychiatric services across Australia is being finalised.

The Private Mental Health Consumer Carer Network (PMHCCN) and Australian Private Hospitals Association (APHA) Psychiatry Sub–committee were consulted throughout the process.

A draft CPoC National Model was distributed in June 2011 to members of the APHA Psychiatry Committee, to the PMHCCN and to the QIP Steering Committee members for review. Sincere thanks to all stakeholders, whose insightful responses assisted in further refining the CPoC National Model and CPoC instrument.

The CPoC National Model will be presented by Mr Allen Morris–Yates and PMHA Senior Research Officer Ms Ellie Rosenfeld at the APHA Congress to be held in Sydney from 17 to 19 October 2011.

It is anticipated that Hospitals Standardised Measures database (HSMdb) application of the CDMS will be updated and made available at the end of January 2012 for those Hospitals who wish to begin implementing the Model.

PMHA Quality Improvement Project
Outcomes in Private Psychiatry Practice

Outcomes in Private Psychiatry Practice Project

The goal of this activity is to establish a Private Practice Research Network (PPRN) of private psychiatrists across Australia. Objectives are to conduct a survey of private hospital–based psychiatrists of the full spectrum of the population currently served by the private psychiatry sector; and the Research Network, using a peer review approach, to examine issues involved in the treatment of patients with complex needs for care. Terms of Reference and Enrolment Forms have been written for the PPRN.

Workload Survey

A Workload Survey is in the pipeline after the PMHA QIP Steering Committee has finalised the methodology. It is anticipated that the Workload Survey of psychiatrists will be conducted online, gathering information about respondent characteristics, practice and patient characteristics, modes of treatment and other practitioners involved in patient care.

State Visits and Meetings

The Commonwealth Government provided additional funding to enable Dr Bill Pring and Ms Rosenfeld to visit each major state from July to September 2011, and meet with psychiatrists, to describe the Project, and in particular the PPRN.

These meetings were hosted by Australian Private Hospital Association (APHA) designated hospital Managers or CEOs and their Medical Advisory Committees (MACs) in each state. Managers or CEOs invited other PMHA CDMS participating hospital psychiatrists in their state to these meetings.

The meetings that have taken place are set out in Table 1.

Table 1: State Visits

Host Private Hospital	State	2011 Visits
Perth Clinic	WA	26 July
Adelaide Clinic	SA	27 July
Toowong Private Hospital	QLD	11 August
Northside Clinic in Sydney	NSW	25 August
Albert Road Clinic	VIC	5 September

At these meetings, there was productive discussion about the proposed Workload Study, and a number of psychiatrists have expressed interest in the PPRN.

In April, Dr Pring and I also had a very positive meeting in Melbourne with the resident of the Royal Australian and New Zealand College of Psychiatrists, Dr Maria Tomasic, its CEO Andrew Peters, and the College's Manager of External Relations, Jessica Spiers. The College subsequently supported and promoted QIP on a number of levels. Brochures were distributed at the College Congress in Darwin 29th May to June 2nd, and monthly QIP updates have been included in the College's Psych–E Bulletin.

We would like express our warm appreciation to APHA Psychiatry Sub–committee, the CEO's and their staff for assisting with our hospital–based visits and to the RANZCP for supporting our endeavours.

PMHA Quality Improvement Project
Internet Based Access to PMHA–CDMS

Internet Based Access to the PMHA CDMS

The objectives of the work programme aimed at establishing protocols for internet based access to the PMHA CDMS involve a scoping exercise to specify requirements for the following.

a) Privacy and confidentiality guidelines consistent with the National Model's information access guidelines.

b) Protocols for the protection of intellectual property, in particular for Hospitals contributing data.

c) Protocols for the publication of information derived from CDMS data.

d) Reliable and cost effective systems for granting and revoking authenticated user access.

e) A Model Agreement for internet–based access for each organisation to sign whose staff will be granted access.

This activity was originally intended only to involve 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.

Additional funding from the Commonwealth, however, has enabled the redevelopment of the PMHA website to be progressed over the past six months to a point where the old website has been replaced with the architecture necessary to eventually enable secure access for Hospitals and Health Insurers to CDMS Training Resources and Standard Quarterly Reports.

The new Website has distinctive portals for the PMHA, its CDMS and the Private Mental Health Consumer Carer Network (Australia).

PMHA Quality Improvement Project Borderline Personality Disorder

Borderline Personality Disorder Project

The objective of the Borderline Personality Disorder (BPD) project is to conduct a scoping or mapping exercise in 2012 of what models of care are currently used for the treatment of people with a diagnosis of BPD who are admitted to private hospitals with psychiatric beds, with some questions additionally asked of office–based private psychiatrists.

Ms Rosenfeld is drafting a BPD Discussion Paper describing survey method and instruments for (1) semi–structured telephone interviews with a sub–set of private psychiatric hospital CEOs and General Managers, and (2) an online survey of private hospital based psychiatrists.

The Discussion Paper reviews similar national and international mapping exercises, in consultation with PMHCCN Chair Ms Janne McMahon. It is hoped that this Discussion paper will be available for stakeholder review by the end of September 2011.

This work programme occurs at an exciting time of burgeoning national and international interest in the treatment of, and services for, people with diagnoses of BPD, an area of psychiatric services neglected and stigmatised.

Notions of intractability are challenged, and the provision of group psychotherapy, (dialectical behaviour therapy (DBT) being the most prevalent), is more readily available for consumers.

Approximately 2–4% of the general population have diagnoses of BPD. This may not seem significant depending on the total population of the country in question, however, people with this diagnosis constitute a substantial number of patients receiving inpatient and outpatient psychiatric services, making up about 20% of psychiatric inpatients and 10% of outpatients (Lieb et al, 2004).

The association of BPD with other psychiatric conditions is a complicating factor in making accurate assessments of prevalence; many databases of mental illness enter a primary diagnosis only, or at best primary and secondary.

To use serious depression as an example, the association of Cluster B personality disorders, including BPD, with major depressive disorders and with substance abuse disorders has been clearly identified (Dolan–Sewell, Kreuger and Shea, 2001).

A similar mapping exercise is currently being undertaken in the public sector. The United Kingdom (UK) National Institute for Health and Clinical Excellence (NICE) has published BPD Treatment and Management Guidelines in 2009, and established BPD dedicated services which have been robustly evaluated.

Having a clear description of services available to people in Australian private psychiatric services will be useful in identifying gaps in services for people with diagnoses of BPD, and will align the private sector with national initiatives.

References:

1. Dolan–Sewell R, Kreuger R, Shea M (2001), Co–occurrence with syndrome disorders. In Livesley WJ editor. Handbook of Personality Disorders: Theory, Research and Treatment. NY: Guilford Press; 2001. pp. 84–101.
2. Lieb K, Zanarini M, Schmahl C, Linehan M, Bohus M (2004) Borderline personality disorder. *Lancet*. 2004 Jul 31–Aug 6; 364 (0432): 453–61.

Ellie is the PMHA's Senior Research Officer based in Adelaide

Collaborative Care Models Working Group

Phillip Taylor

In 2008–09, the PMHA expanded its structure to include a *Collaborative Care Models Working Group* constituted by representatives of the following major stakeholder groups that comprise the private mental health sector.

- Australian Medical Association
- Royal Australian and New Zealand College of Psychiatrists
- Australian Private Hospitals Association
- Australian Psychological Society
- Australian College of Mental Health Nurses
- 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

An on–going and open invitation exists for the Royal Australian College of General Practitioners (RACGP) to participate.

National Guidelines for Alternatives to Hospital Treatment

The Working Group is developing industry agreed national guidelines for services in the private sector that substitute for traditional admitted hospital–based care for people with a mental illness for inclusion in the *Guidelines for Determining Benefits for Health Insurance Purposes for Private Mental Health Care 2010 Edition* (Guidelines).

These *Alternatives to Hospital Treatment* are transitional models and constitute a form of substitute service delivery that can improve the quality of health outcomes for some people living with a mental illness in the community. Such acute care services aim to reduce the severity of illness over time, reduce hospital admissions, re–admissions and the length of hospital stay. They include, but are not limited to such models as Hospital–in–the–Home (HITH), Outreach, and Hospital–substitute type services. These services are not a substitute for community–based care and focus on integrating the patient back into the community with the relevant community based supports.

The *Alternatives to Hospital Treatment* guidelines will assist providers, payers, consumers and carers, better understand the nature of these services and the terminology involved and addresses the following areas.

- Legislation
- Funding
- Approaches to service delivery
- Quality and Standards
- Entry and Duty of Care
- Care Plans
- Review
- Discharge
- Governance
- Staffing

The Working Group meets next in October to finalise this new section of the Guidelines prior to their public release.

Phillip is the PMHA Director and Chair of the Working Group.

Stakeholder Round Up

Australian Medical Association (AMA)

The AMA recently executed a new funding contract to support the activities of the *PMHA*, its *Centralised Data Management Service* (CDMS) and the *Private Mental Health Consumer Carer Network (Australia) from 1 July 2011 to 30 June 2013.* This is part of the AMA's ongoing commitment to private mental health sector that was first initiated in 1996.

Australian Private Hospitals Association (APHA)

The APHA will hold its 31st Annual National Congress in Sydney from 16 to 18 October 2011. The theme of this year's congress is *Private Hospitals: Evolution through Innovation*. The Congress will be looking at Safety and Quality, Mental Health, Community Health Innovation, Health Workforce and Communications and Marketing. There will be a session dedicated to mental health, which will include presentations on the Perceptions of Care project, Trans Cranial Magnetic Stimulation and Activity Based Funding in the Private Sector. Further information can be obtained from the conference website at: http://www.apha.consec.com.au

Australian Health Insurance Association (AHIA)

The 2011 Australian Health Insurance Association Annual Conference will be held in Melbourne from 8 to 10 November. The conference represents an unparalleled opportunity to hear from experts in a range of fields such as health funding, regulatory environments, improving health outcomes, and, most importantly, the chance to share insights and ideas with peers in the sector. Further information can be obtained from the conference website at: http://www.ahia2011.com

Australian Government

You will recall from the last Edition of PMHA Newsletter, the increased investment in mental health through the Federal Budget package for 2011–12. Of particular note are the youth initiatives, the establishment of the proposed National Mental Health Commission and the development of the Ten Year Road Map and National Partnership on Mental Health. These items are currently being developed by the Commonwealth with input from other stakeholders, including State and Territory Governments.

Private Mental Health Consumer Carer Network

The Network recently welcomed two new State Coordinators. *Evan Bichara* for Victoria and *Lucy Henry* for Tasmania.

Evan is a community educator, a consumer advocate and researcher with a primary role in Victoria multicultural consumer advocacy. Evan is based at the St Vincent's Hospital under the auspice of the Victorian Transcultural Psychiatry Unit.

Lucy has been involved with the mental health system since 1996 and has been doing consumer advocacy work more intensively since 2006. This includes working with Assisting Wellbeing Ability Recovery and Empowerment (AWARE) Dogs Australia and holding positions on the Board of the Mental Health Council of Tasmania, the Australian Mental Health Consumer Network and the Tasmanian Council of Social Services, Social Policy Council.

Fact Sheet

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 2009–10 Financial Year, private hospitals participating in the CDMS admitted 26,673 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

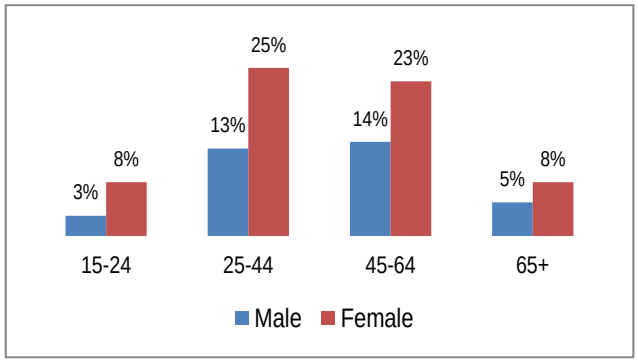


Figure 2: Diagnostic profile (proportion in each of the eight major MHDGs) for Episodes of Overnight Inpatient Care during the Financial Year

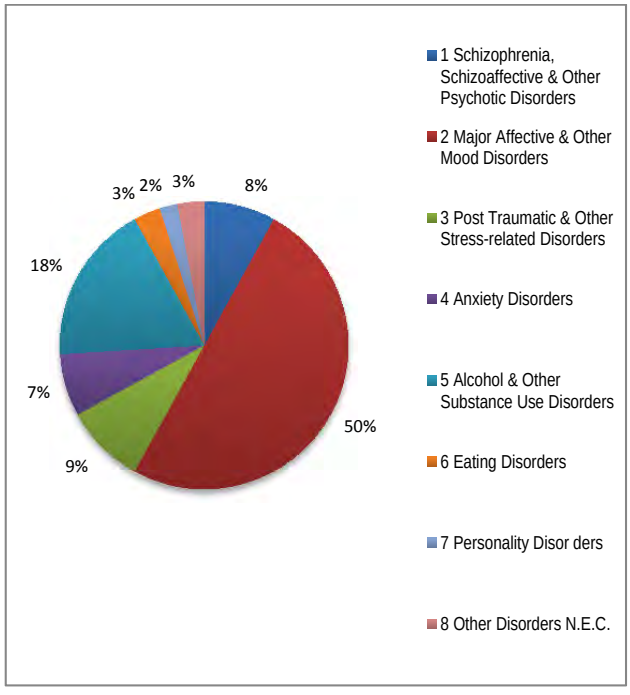
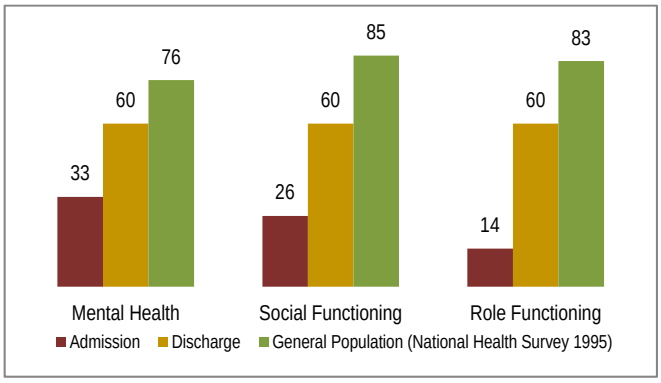


Figure 3 provides a comparison of patients MHQ–14 summary scores at Admission and Discharge with scores on the measure derived from the Australian Bureau of Statistics' National Health Survey conducted in 1995. As can be seen, Patients reported mental health, social and role functioning at Admission are very much worse than that 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.[2]

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.

References

[1] Refer to the 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 2009–10.

[2] Refer to the relevant sections of the Australian Institute of Health and Welfare (AIHW) 2010 Report on Mental Health Services in Australia 2007–08. Health series no. 12. Cat. no. HSE 88. Canberra: AIHW.

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