STRATEGIC PLANNING GROUP FOR

SPGPPS

PRIVATE PSYCHIATRIC SERVICES

REPORT OF THE
FORTY SECOND (42ND)
MEETING

HELD ON
FRIDAY, 2 DECEMBER 2005
AT
AMA HOUSE
42 MACQUARIE STREET
BARTON
AUSTRALIAN CAPITAL TERRITORY

Glossary of Acronyms and Terms used repeatedly in this Report

AHIA	Australian Health Insurance Association
AHMAC	Australian Health Ministers Advisory Council
AMA	Australian Medical Association
APHA	Australian Private Hospitals Association
BOiMHC	Better Outcomes In Mental Health Care
CDMS	SPGPPS Centralised Data Management Service
CPoC	Consumer Perceptions of Care measure
DoHA	Australian Government Department of Health and Ageing
GP(s)	General Practitioner(s)
HCP	Hospital Casemix Protocol
Health Fund(s)	Private Health Insurance Fund(s) that pay benefits for psychiatric care
Hospital(s)	Private Hospital(s) with psychiatric beds
IMWG	SPGPPS Innovative Models Working Group
ISC	AHMAC NMHWG Information Strategy Committee
ISWG	SPGPPS Information Strategy Working Group
MBS	Medical Benefits Schedule
NMHWAC	AHMAC National Mental Health Workforce Advisory Committee
NMHWG	AHMAC National Mental Health Working Group
PPHG	Promoting Private Health Group
RACGP	The Royal Australian College of General Practitioners
RANZCP	The Royal Australian and New Zealand College of Psychiatrists
SADI	South Australian Division of General Practice Incorporated (SADI)
SDWG	SPGPPS Substance Abuse and Dependency Working Group
SPGPPS	Strategic Planning Group for Private Psychiatric Services

1. PROCEDURAL MATTERS

1.1 Opening and Welcome

Dr Yvonne White opened the meeting at 9:30 AM. The following representatives were in attendance.

The Royal Australian and New Zealand College of Psychiatrists (RANZCP)

1. Dr Yvonne White — SPGPPS Chair
2. Dr Jo Lammersma — Chair Mothers and Baby Working Group

Australian Medical Association (AMA)

3. Dr Bill Pring — Observer, Chair SPGPPS Information Strategy Working Group

Royal Australian College of General Practitioners (RACGP)

4. Dr Brian Kable

Consumer Representative

5. Ms Janne McMahon — Chair, National Network of Private Psychiatric Sector Consumers and Carers

Carer Representative

6. Mrs Ruth Carson

Private hospitals with psychiatric beds (Hospitals)

7. Ms Moira Munro — SPGPPS Deputy Chair
8. Ms Carole Turnbull — Hospital Representative

Private health insurance funds that pay benefits for psychiatric care (Health Funds)

9. Mr Brian Osborne
10. Mrs Judy Hardy

Australian Government

11. Ms Suzy Saw — Department of Health and Ageing (DoHA) Priorities and Suicide Prevention Branch
12. Ms Maria Jolly — DoHA Priorities and Suicide Prevention Branch.

SPGPPS Secretariat

13. Mr Phillip Taylor — SPGPPS Executive Officer, Chair SPGPPS Innovative Models Working Group
14. Mr Allen Morris–Yates — SPGPPS Principal Information Officer

Invited Guests

15. Ms Deborah Stephenson — BUPA

1.1.1 Apologies

1. Mr Peter Callanan — DoHA Private Health Insurance Branch
2. Dr Martin Nothling — Chair, SPGPPS Finance Committee
3. Mr Maurie O'Connor — Australian Government Department of Veterans' Affairs (DVA)
4. Ms Sharon Brownie — RANZCP
5. Ms Bronwen van der Wal — SPGPPS Administrative Officer

1.2. Report of the 41st SPGPPS Meeting

The Meeting approved the *Report of the 41ST SPGPPS Meeting* held on 7 October 2005 in Melbourne.

> ***RESOLVED (UNANIMOUS)***
> *That the Strategic Planning Group For Private Psychiatric Services (SPGPPS) approves and adopts the Report of the 41st SPGPPS Meeting, held on 7 October 2005 in Melbourne, as a true and accurate record of proceedings, and directs that the Report be made available on the SPGPPS website.*

1.3. Progress Report on Actions Arising from the 41st SPGPPS Meeting

The SPGPPS noted and updated the following Table of Progress on Actions Arising from the 41st SPGPPS Meeting.

	Agenda Items	Action Officer (s)	Status
	Report on the 41st SPGPPS Meeting		
➢	Draft and circulate Report of 41st SPGPPS Meeting for comment	Secretariat	Done
➢	Revise Report based on comments received and prepare final	Secretariat	Done
➢	Agenda Item 42nd SPGPPS Meeting	Secretariat	Done
1.2	**Report on the 40th SPGPPS Meeting**		
➢	Post Report on the SPGPPS website @ spgpps.com.au	Secretariat	Done
1.3.1	**House of Representatives Standing Committee Inquiry into Health Financing**		
➢	Advise Committee of SPGPPS concerns and provide SPGPPS material	Dr White	Done
➢	Advise Mr Russell Schneider of actions taken	Dr White	Done
2.1	**SPGPPS Finance Committee (FC)**		
➢	Agenda Item 42nd SPGPPS Meeting	Secretariat	Done
3.1.2	**IMWG Interim Draft Discussion Paper and Comments Received**		
➢	IMWG to further develop Discussion Paper based on comments received	IMWG	***Pending***
➢	IMWG to develop recommendations on principles for implementation of options	IMWG	***Pending***
➢	Agenda Item 42nd SPGPPS Meeting	Secretariat	Done
3.2	**Information Strategy Working Group (ISWG) Report**		
➢	Advise SPGPPS of outcome of 'Key Person' insurance discussion with the AMA	Dr Pring	***Pending***
➢	Agenda Item 42nd SPGPPS Meeting	Secretariat	Done
3.3	**Substance Abuse and Dependency Working Group (SDWG) Report**		
➢	SDWG to notify RACGP working party on the work of SDWG	Secretariat	Done
➢	Involve RANZCP Chapter of Addiction Medicine when appropriate	Secretariat	***Pending***
➢	Agenda Item 42nd SPGPPS Meeting	Secretariat	Done
3.3	**National Network Report**		
➢	Agenda Item 42nd SPGPPS Meeting	Secretariat	Done
4.1.1	**Monitoring the Implementation Plan for the National Mental Health Plan 2003–2008**		
➢	Confirm 24 October 2005 Meeting with Dr Sherbon	Secretariat	Done
➢	Forward comments on the Implementation Plan to Secretariat asap	SPGPPS	Done
➢	Organise pre–meeting teleconference for Friday, 21 October 2005.	Secretariat	Done
4.1.2	**Establishment of NMHWG Workforce Advisory Committee**		
➢	Forward comments on Productivity Commission's (PC) recommendations by 28 October	SPGPPS	Done
➢	Prepare submission on PC recommendations on workforce based on comments received	Secretariat/Chair	Done
4.1.3	**National Practice Standards for the Mental Health Workforce Implementation Group**		
➢	Try to obtain copy of NPSIG Implementation Plan for circulation to SPGPPS	Secretariat/Chair	Done
4.1.4	**Next NMHWG Meeting**		
➢	Request private sector consumer be appointed to group overseeing the review of NSMHS	Dr White	Done
➢	Agenda Item 42nd SPGPPS Meeting	Secretariat	Done
4.2	**Hospitals' Report**		
➢	Forward any comments on Review of Clinical Indicators to Ms Munro	SPGPPS	Done
4.3.1	**Psychiatrists Report**		
	Working group to develop guidelines on mothers, babies and psychiatric inpatient treatment.	Secretariat	Done
	Organise first meeting of working group	Secretariat	Done
6	**Next Meeting (Back–to–Back with 9th ISWG Meeting)**		
➢	Organise 9th SPGPPS ISWG Meeting for 1 December @ AMA Headquarters	Secretariat	Done
➢	Organise SPGPPS Dinner for 7:30 PM 1 December 2005 @ Ottoman	Secretariat	Done
➢	Organise 42nd SPGPPS Meeting for2 December 2005 @ AMA Headquarters	Secretariat	Done
➢	Prepare and circulate Agenda and Papers for 9th ISWG/42nd SPGPPS	Secretariat	Done

1.3.1 Review of Australian Council on Healthcare Standards Mental Health Clinical Indicators

Ms Munro reported that she had received and forwarded comments on the Review of the Australian Council on Healthcare Standards Mental Health Draft Clinical Indicators. ACHS has referred the indicators to the RANZCP for comment. The APHA Psychiatric Subcommittee is coordinating a response by private mental health facilities.

1.3.2 House of Representatives Standing Committee on Health and Ageing Inquiry into Health Financing

The Chair reported that the Chair of the House of Representatives Standing Committee on Health and Ageing, the Hon Alex Somlyay MP, had been advised in writing that the 41st SPGPPS Meeting felt that the positive achievements of the SPGPPS had not been adequately highlighted at the public hearing held on 21 September 2005 in Canberra. In response, the Standing Committee arranged for the Chair, and the SPGPPS Executive Officer to attend and give evidence at the public hearing held on Wednesday, 23 November 2005 at Parliament House in Canberra. Dr White reported that the 23 November public hearing had been cancelled and would be rescheduled for early in 2006. In the meantime, a copy of the Discussion Paper titled, *SPGPPS Innovative Models Working Group, Discussion Paper: The Assessment of Models of Funding Service Delivery for Private Psychiatric Services*, has been provided to the Standing Committee on the understanding that the Interim Draft is currently undergoing substantial review by the SPGPPS Innovative Models Working Group (see Agenda Item 3.1 below). It was noted that Dr White had written to Mr Russell Schneider to advise of these developments.

Ms McMahon indicated that the National Network had appeared again before the Standing Committee when it met in Adelaide. At that public hearing, Ms McMahon had reinforced the unique contribution the SPGPPS had made in supporting the development of the National Network.

1.3.3 National Practice Standards for the Mental Health Workforce Implementation Group (NPSIG)

At the 41st SPGPPS Meeting, Dr Bill Pring requested whether it would be possible for a copy of the Implementation Plan, produced by NPSIG for the AHMAC National Mental Health Working Group (NMHWG), could be circulated to the SPGPPS for information. Mr Taylor reported that the Chair of the NMHWG, Dr Tony Sherbon, had advised it was too early to circulate the Plan beyond NMHWG members, as the Plan had not yet been accepted by NMHWG. NMHWG has referred the Plan to its National Mental Health Workforce Advisory Group and is awaiting their further advice.

1.3.4 Productivity Commissions Position Paper on Australia's Health Workforce

Mr Taylor reported that a formal response on behalf of non–government SPGPPS stakeholders was made to the draft recommendations detailed in the Australian Government's Productivity Commission *Position Paper on Australia's Health Workforce*.

2. FINANCIAL AND OPERATIONAL MATTERS

2.1 SPGPPS Finance Committee Report

The SPGPPS Finance Committee meets to monitor budgetary expenditure, on a quarterly basis, for the SPGPPS, its CDMS, and the National Network of Private Psychiatric Sector Consumers and Carers (National Network). The 8th Finance Committee Meeting was held on Tuesday, 22 November 2005 via teleconference and a copy of the draft report was noted. In the absence of the Chair of the Finance Committee, Dr Martin Nothling, Dr White invited the Finance Committee Secretary, Mr Taylor to speak to the draft report.

Mr Taylor reported that the Finance Committee had approved the AMA Statement of Income and Expenditure for the Third Quarter of 2005. The SPGPPS noted that the Committee was satisfied with the financial position for the SPGPPS, its CDMS and National Network at the end of the Third Quarter.

Mr Taylor confirmed that the AMA had issued invoices in early November 2005 for stakeholder contributions to support the activity of the SPGPPS, its CDMS and the National Network in the AMA Financial Year of 1 January to 31 December 2006. This was done to avoid the delays with payment to the AMA that has occurred in the past due to the Christmas/New Year holiday period. Stakeholders have been asked to forward their respective contributions by 31 December 2005.

Mr Taylor reported that the 4th Quarter 2005 meeting of the Finance Committee would be held in early March 2006. This is because the AMA will not be able to provide a final Statement of Income and Expenditure for 2005 until after the end of the AMA Financial Year on 31 December 2005. Mr Taylor explained that expenditure in December 2005 will not be accurately calculated until February 2006, after all records of expenditure for December 2005 were received and the AMA Audit of accounts had been completed. The Finance Committee would then be in a position to review and advise the SPGPPS of the funding that would be available for SPGPPS, CDMS and National Network activity in 2006, and any adjustments to the 2006 budgets that may be necessary. Mr Taylor suggested that the SPGPPS might wish to keep this in mind when deciding on the dates of SPGPPS meetings in 2006, particularly the 43rd SPGPPS Meeting (see Agenda Item 2.2 below).

The SPGPPS then considered the report and recommendations of its Finance Committee and passed the following resolutions.

Resolved (unanimously)

1 *That the Strategic Planning Group for Private Psychiatric Services (SPGPPS) adopts the Report of the 7th SPGPPS Finance Committee Meeting held via teleconference on 30 August 2005.*

2 *That the SPGPPS notes the draft Report of the 8th SPGPPS Finance Committee Meeting held via teleconference on 22 November 2005.*

3 *That the SPGPPS notes and approves the Statements of Income and Expenditure prepared by the Australian Medical Association for the SPGPPS, its Centralised Data Management Service, and the National Network for Private Psychiatric Sector Consumers and Carers, as at 30 September 2005.*

4 *The Strategic Planning Group for Private Psychiatric Services (SPGPPS) endorses the recommendation of its Finance Committee for the purchase of appropriate recording equipment and a portable data projector, if sufficient surplus funds are remaining in the 2005 SPGPPS Budget at the end of the 2005 AMA Financial Year.*

Ms Turnbull added that the Finance Committee had agreed that the costs for the recording equipment and the portable data projector would be built into the meeting budgets for SPGPPS, should there be insufficient funds remaining at the end of 2005.

2.2 Meetings of the SPGPPS 2006

The Chair referred the meeting to the Planner for 2006 which had been circulated with the agenda and papers for the meeting. The Planner contained proposed dates for meetings of the SPGPPS and sub–groups thereof, together with relevant meeting dates for other organisations, which SPGPPS representatives would be attending. After discussion, the meeting determined SPGPPS meeting dates for 2006 as set out in the following resolution.

RESOLVED
That the SPGPPS adopts the following schedule of SPGPPS meetings dates for 2006.

Meeting	*Time*	*Date*	*Venue*
43rd SPGPPS	*9:30 AM to 4:00 PM*	*Friday, 24 March 2006*	*Maddison House, 761 Darling Street, Rozelle, NSW*
44th SPGPPS	*9:30 AM to 4:00 PM*	*Friday, 23 June 2006*	*The New Farm Clinic 22 Sargent Street New Farm, QLD*
45th SPGPPS	*9:30 AM to 4:00 PM*	*Friday, 29 September 2006*	*Perth Clinic 22 Havelock Street West Perth, WA*
46th SPGPPS	*9:30 AM to 4:00 PM*	*Friday, 1 December 2006*	*Airport Hilton Hotel, Arrival Drive, Melbourne, VIC*

3. SPGPPS SUB–GROUP REPORTS

3.1 The Innovative Models Working Group (IMWG) Report

The Chair reported that the IMWG is in the process of preparing a Discussion Paper titled, *SPGPPS Innovative Models Working Group, Discussion Paper: The Assessment of Models of Funding Service Delivery for Private Psychiatric Services.* The last SPGPPS meeting considered an Interim Draft and requested that the IMWG reconvene to further develop the Discussion Paper based on comments received. IMWG was also asked to address the development of recommendations on the suggested principles that should underpin the implementation of such models even though this would extend the IMWG timeframe for completion of the Discussion Paper. The Chair then invited the Chair of the IMWG, Mr Phillip Taylor, to report on any further developments.

Mr Taylor reported that the IMWG held its 16th Meeting on Friday, 11 November 2005. SPGPPS noted a copy of the draft report of that meeting and agreed that the IMWG Discussion Paper should be revised and restructured along the following lines.

1. General Introduction

This section should include the historical background of how the exploration of the proposed models has come about. The SPGPPS 2003 *General Principles and Recommendations* should also be included as a small table in this section.

2. Current State of Play

This section should include a description and statistical information on of how the mental health sector is currently structured, particularly in relation to the funding of private hospital–based psychiatric services and office–based psychiatry.

3. Underlying Principles

This section is to include the explanatory orientation for readers and the underlying general principles as they currently appear under section *3. Alternate Models of Funding Hospital–Based Services*.

4. Consumer, Carer and Clinicians Perspectives

This section will address the fundamental expectations of consumers, carers and clinicians.

5. Alternative Options for Funding Private Psychiatric Care

This section will include all the options for alternative models for funding hospital–based and office–based psychiatric care. Under each option a Pros and Cons Table will be included followed by the principles of implementation, which will incorporate any legislative or regulatory reforms that may be necessary.

Mr Taylor reported that the he was in the process of revising the Discussion Paper for the IMWG to consider during Christmas 2005/New Year 2006 holiday period, in preparation for its further development at the 17th IMWG Meeting, to be held on Monday, 6 February 2006 in Adelaide.

Mr Osborne felt the revised structure was an excellent approach and asked that IMWG ensure that the alternative options are presented as examples of possible options. Dr White commended the IMWG on progress with the Paper.

Resolved (unanimous)

1. *That the Strategic Planning Group for Private Psychiatric Services (SPGPPS) adopts the Report of the Fifteenth (15th) Innovative Models Working Group (IMWG) Meeting held on 9 August 2005 in Melbourne.*
2. *That the SPGPPS notes the Draft Report of the 16th IMWG held on 11 November 2005 in Canberra.*

3.1.1 Promoting Private Health Group (PPHG) 26 August 2005 Meeting

Ms Moira Munro reported that PPHG had now taken mental health off their agenda.

3.2 SPGPPS Information Strategy Working Group (ISWG) Report

The 9th ISWG Meeting was held on 1 December 2005 to coincide with this 42nd SPGPPS Meeting in Canberra. The Chair invited the Chair of the ISWG, Dr Bill Pring, to report on that meeting. Dr Pring summarised the main matters discussed as follows.

- To address the problems encountered by the CDMS with late receipt of data from Hospitals, the SPGPPS Information Officer, Mr Allen Morris–Yates, provided participating hospitals with a brief report of the dates their submissions were prepared and sent over the past 12 months. The APHA has also written to all Hospital CEOs concerning these delays. Data submission has improved since then. Mr Morris–Yates explained the voluntary nature of the data submission process.
- The AMA has been advising ISWG on the various options available and costs involved in obtaining "Key Person" insurance for the current SPGPPS Information Officer, Mr Allen Morris–Yates. Premiums range from approximately $1,200 to $7,000 per annum for $715,000 ($500,000 after company tax) cover depending on the type of cover required. The ISWG has been informed that the premiums involved in obtaining a smaller amount of cover to assist with only transitional arrangements, in increments of $50,000 up to $200,000, would be:
    - $185.72 for life cover of $71,430 ($50,000 after 30% company tax);
    - $311.43 for life cover of $142,860 ($100,000 after 30% company tax);
    - $437.14 for life cover of $214,268 ($150,000 after 30% company tax); and
    - $562.86 for life cover of $285,715 ($200,000 after 30% company tax).

  ISWG has recommended purchase of life cover insurance to the value of $100,000 after company tax for the current SPGPPS Information Officer, Mr Allen Morris–Yates. Mr Morris–Yates is also building the costs associated with having another person involved with the CDMS into a business plan for beyond 2006.
- The agreement to enable the Pilot Study of *NRI/MHSIP Inpatient Consumer Survey* to be undertaken from 1 January to 31 December 2006 has been signed by the AMA and is currently with Queensland Health awaiting signature. It will then be forwarded to the DoHA for signature. After all three Parties have signed the agreement, the AMA will advertise for a Research Officer to conduct the Pilot in early 2006. Mr Morris–Yates indicated that he would be formulating a project brief around the issues to be addressed in the development of a Carer Perceptions of Care measure.
- Mr Morris–Yates will commence refresher and advanced training for Hospitals participating in the CDMS in the New Year. The ISWG Chair will write to DoHA requesting that private hospitals with psychiatric beds be invited to attend all public sector training forums on outcome measurement that the Australian Government might convene.
- ISWG is conscious that the NMHWG Information Strategy Committee (ISC) move to re–define admitted inpatient care will have serious implications for the private sector. Ms Munro and Mr Morris–Yates are following this up with the Australian Institute of Health and Welfare.

- Over the past two years the major focus of ISWG has been on issues related to the supervision and management of CDMS. ISWG has, therefore, requested that this meeting of the SPGPPS consider restructuring ISWG to become the management committee for the CDMS constituted by the following representation.

  Dr Bill Pring for Clinicians
  Ms Moira Munro for Hospitals
  Ms Deborah Stephenson for Health Funds
  Mr Peter Callanan for the Australian Government
  Ms Janne McMahon for Consumers
  Mrs Ruth Carson for Carers

Dr Pring then invited other members of the ISWG to raise any other relevant matters.

Ms McMahon raised concern over the wording of the recent article she had prepared for the AMA news magazine *Australian Medicine*. In the article concerned, the wording of the last paragraph had been changed to read as if the private sector suffered from *the same* harrowing situation as the public sector. Ms McMahon reported this was not what was intended, as the private sector is clearly not in the same situation as the public sector.

Ms McMahon expressed concern over two issues related to the CMDS. Firstly, that the SPGPPS Principle Information Officer, (Mr Morris–Yates) was only required to give four weeks notice to terminate his employment with the AMA. Secondly, that the provision of CDMS Standard Quarterly Reports could be delayed for all participating Hospitals in Australia, due to the absence of one staff member in one facility.

In responding to the first issue, Mr Morris–Yates indicated that this situation would be largely resolved in the business plan for beyond 2006 as back up person for the CDMS would be factored in.

In responding to the second issue, Mr Morris–Yates indicated that he had taken a relatively reactive rather than proactive approach over the past two years to these sorts of problems and was always available to assist Hospitals with their data submissions. In future, Mr Morris Yates indicated that he would be taking a much more pro–active role as it was clear that the reactive approach has failed. Ms Turnbull indicated that while Hospital operators are fully aware of their obligations in relation to data submission, there are workforce issues that are impacting on the capacity of Hospitals to meet those obligations over which those Hospitals have very little control. Ms Munro felt the Hospitals are getting better at submitting data.

Resolved (unanimous)

1. *That Strategic Planning Group for Private Psychiatric Services adopts the Report of the Eighth (8th) ISWG Meeting, held on 6 October 2005 in Melbourne.*

2. *That the Strategic Planning Group for Private Psychiatric Services (SPGPPS), endorses the purchase of life cover insurance to the value of $100,000 after company tax for the current SPGPPS Principal Officer, Mr Allen Morris–Yates.*

3. *That the Strategic Planning Group for Private Psychiatric Services (SPGPPS), endorses the restructure of its Information Strategy Working Group to become the SPGPPS Centralised Data Management Service (CDMS) Management Committee constituted by the following representation.*

   Dr Bill Pring for Clinicians
   Ms Moira Munro for Hospitals
   Ms Deborah Stephenson for Health Funds

Mr Peter Callanan for the Australian Government
Ms Janne McMahon for Consumers
Mrs Ruth Carson for Carers

3.2.1 CDMS Presentation

Mr Allen Morris Yates then provided a Power Point presentation on the two major avenues of CDMS investigation he had now completed at the request of SPGPPS. The first related to how data can be analyzed at the patient rather than at the episode level. The second concerned the extent and consequences of co–morbidity of substance abuse and dependency with the other major diagnostic groups seen in patients admitted to private hospitals. In attempting to provide valid answers to the second question for the Substance Abuse and Dependency Working Group it became necessary to also resolve some of the issues raised by the first. For example, Mr Morris–Yates has found a significant sub–group of patients who have multiple admissions with, on different admissions, principal diagnoses of both major affective disorders and substance abuse and dependency. Closer inspection of this sub–group's patterns of service utilisation indicated that they are admitted more often than any other group of patients. An analysis at the episode level could not have revealed this interesting and potentially important sub–group. Mr Morris–Yates explained in detail, however, some of the significant technical issues that need to be resolved in the conduct of patient–level analyses. Resolving those issues should result in a statistically coherent framework within which such analyses can be conducted.

Consequences of co–morbidity of substance abuse and dependency

Mr Morris–Yates then addressed the second question as to the extent and consequences of co–morbidity of substance abuse and dependency with the other major diagnostic groups seen in patients admitted to private hospitals. The statistical breakdown of the diagnostic profiles showed that there is a significant level of comorbidity of substance abuse and dependency with the other major diagnostic groups in patients admitted to private hospitals. While not a large group, these patients are high utilisers of care.

Following discussion of the data presented, Dr White thanked Mr Allen Morris–Yates for presenting the results of his analysis.

3.3 Substance Abuse and Dependency Working Group Report

In the absence of the SDWG Chair, Mr Maurie O'Connor, Dr White invited the SDWG Secretary, Mr Phillip Taylor, to speak to this agenda item. Mr Taylor reported that at the 40th SPGPPS Meeting held on 24 June 2005, Professor John Saunders provided a presentation on *Substance Use Disorders and the Private Hospital Role*. To promote the best practice scenarios outlined in the Professor Saunders presentation SDWG has undertaken the development of an *SPGPPS Position Statement on the Diagnosis and Treatment of Substance Abuse and Dependency in Private Mental Health Services* (Position Statement). Professor Saunders has agreed to the material in the presentation being used and has further agreed to assist with its development. Professor Saunders is willing to revise drafts and participating in appropriate teleconferences of SDWG when he is available.

Mr Taylor reported that SDWG met 8 November 2005 and a copy of the draft report of that meeting had been circulated with the agenda and papers for this 42nd SPGPPS Meeting. Mrs Judy Hardy reported that the meeting had agreed that SDWG would advise SPGPPS that the issues involved in the further development of the Position Statement are more complicated than originally thought. SDWG is, therefore, currently gathering information before taking further steps and will meet at the Adelaide Clinic on Monday, 20 February 2006 to consider that information.

Mrs Hardy reported that SDWG had supported the concept of routine screening and that there were a variety of tools that could be used for that purpose. SDWG would need to look at these before making any recommendations to the SPGPPS on what might be appropriate for use in the private sector. In response to a question from the Chair, Mrs Hardy confirmed that it was still the intention of SDWG to revise, where necessary, the *Guidelines for Determining Benefits for Health Insurance Purposes for Private Patient Hospital–Based Mental Health Care* to include any relevant general guidelines on substance abuse and dependency.

Mr Taylor reported that SDWG had agreed it would be in a better position to involve the RACGP and the RANZCP Chapter of Addiction Medicine, in its deliberations at a later stage.

Mrs Carson and Ms McMahon raised concern of the lack of consumer input for SDWG. It was agreed that the issue of the nomination of an appropriate consumer representative to provide input for SDWG should be referred to the National Network for discussion.

Resolved (unanimous)

1 *That the Strategic Planning Group for Private Psychiatric Services (SPGPPS) adopts the Report of the 3rd SPGPPS Substance Abuse and Dependency Working Group (SDWG) Meeting, held via teleconference on 13 September 2005.*

2 *That the SPGPPS notes the Draft Report of the 4th SDWG Meeting held on 8 November 2005 via teleconference.*

3 *That the Strategic Planning Group for Private Psychiatric Services (SPGPPS) requests the National Network of Private Psychiatric Sector Consumers and Carers to consider appropriate consumer input for the SPGPPS Substance Abuse and Dependency Working Group.*

3.4 SPGPPS Working Group on Mothers, Babies and Psychiatric Inpatient Treatment

The Chair reported that the last meeting of the SPGPPS noted the copy of the Royal Australian and New Zealand College of Psychiatrists Position Statement on Mothers, Babies and Psychiatric Inpatient Treatment, as endorsed by the 20 August 2005 meeting of the RANZCP General Council. The SPGPPS requested the a small working group be established to review the *Guidelines for Determining Benefits for Health Insurance Purposes for Private Patient Hospital–Based Mental Health Care* and determine whether these Guidelines require amendment to incorporate any Guidelines on mothers, babies and psychiatric inpatient treatment based on the RANZCP Statement.

Dr Lammersma advised that the working group is constituted as follows.

1. RANZCP Dr Jo Lammersma (Chair)
2. Hospitals Ms Moira Munro
3. Health Funds Ms Helen Eriksson/Deborah Stephenson
4. Consumer Mrs Ruth Carson

The Working Group first meeting will be held via teleconference at 2:00 PM on Monday, 23 January 2006.

Dr Lammersma reported that the RANZCP Council had recently endorsed a *Perinatal Mental Health Plan Template* and *Guidance on the use of SSRI and Venlafaxine (SNRI) in late Pregnancy* and requested that these be circulate to members of the SPGPPS.

3.5. National Network of Private Psychiatric Sector Consumers and Carers (National Network) Report

The Chair invited the National Network Chair, Ms Janne McMahon, to speak to this Item.

Ms McMahon reported that it had been a very busy year for the National Network. The Network has responded to several governmental inquiries and appeared at their public hearings.

This year, the Network has also put together a package to assist with the establishment and further development of consumer and carer participation at the Hospital level. The package includes the following.

- Recruitment Job Description
- Policy Statement for Consumer and Carer Participation
- Policy Statement on Training and Skills Development

Ms McMahon reported that these documents had been referred to the APHA Psychiatric Sub–committee for consideration. The Network has also developed a Training Needs Analysis Tool that should help to determine how the Network can better assist with this area.

Ms McMahon agreed to provide copies of these documents to the SPGPPS for information.

The SPGPPS noted that the National Network co–ordinator for the ACT had resigned. Ms McMahon reported that, at this stage, the ACT co–ordinator would not be replaced as it has been difficult to obtain a constituency in the ACT due to the small size of the Territory. Dr White reported that she is awaiting a formal request from the Director of Mental Health Services in the ACT, Dr Peggy Brown, for a private sector representative to sit on a committee that will be looking at planning psychiatric services for the ACT for the next few years. Ms McMahon agreed that this may be a better approach for the ACT.

Ms McMahon reported that the February 2006 National Network meeting will be discussing the issue of utilisation of ACHS consumer and carer surveyors for the private sector. Ms Saw reported that further information concerning the current situation and issues involved was required. Ms McMahon spoke briefly about her experiences as a surveyor.

Ms McMahon reported that she recently had an article published in the AMA newsletter Australian Medicine. The Network is also currently seeking funding from Ely Lilly in order to publish a manuscript, prepared by one of the National Network's State co–ordinators, on their experience of living with a mental illness.

The Chair extended the thanks of the SPGPPS to Ms McMahon and Mrs Carson for their ongoing efforts with the development of the National Network.

4 STANDING ITEMS

4.1 AHMAC National Mental Health Working Group (NMHWG)

The SPGPPS Representative on the NMHWG, Dr Yvonne White, reported on the NMHWG Meeting held on Friday, 4 November 2005 in Melbourne. Copies of the self–explanatory draft minutes of that meeting were noted. Dr White reminded those present that the draft minutes are yet to be endorsed by the NMHWG and were not for citation or circulation. The SPGPPS noted the following.

4.1.1 Review of the National Mental Health Policy

A Steering Committee is being established, under the auspice of the NMHWG, to oversight the development and drafting of the revised National Mental Health Policy in 2006. Letters of invitation and acknowledgement have been sent to all Steering Committee members, and nominations of a consumer and a carer representative have been sought from the Mental Health Council of Australia. Professor Harvey Whiteford has accepted the invitation to Chair the Steering Committee and will form the Drafting Group. The Chair will be the principal point of contact for the Australian Government, State and Territory administrations and other stakeholders in relation to the revision of the National Mental Health Policy. Dr White has accepted the NMHWG invitation to represent the SPGPPS on the Steering Committee. Ms Saw reported that the Steering Committee will meet on 22 February 2006 and consultations will begin after that meeting.

4.1.2 Monitoring of the Plan for the National Mental Health Plan 2003–2008

NMHWG, Members have agreed to an annual monitoring process for the *Implementation Plan for the National Mental Health Plan 2003–2008*. At the 15 July NMHWG Meeting, Dr White raised the question of the involvement of the private psychiatric sector, and it was agreed that Dr Tony Sherbon, would meet with a small group to discuss this matter further. That meeting took place in Canberra on 24 October 2005 and the following representatives participated.

1.	Dr Tony Sherbon	Chair NMHWG
2.	Dr Peggy Brown	Chair NMHWG SQP
3.	Ms Alison Grant	Secretary NMHWG
4.	Ms Suzy Saw	Department of Health and Ageing (DoHA) Priorities and Suicide Prevention Branch
5.	Ms Maria Jolly	DoHA Priorities and Suicide Prevention Branch
6.	Dr Yvonne White	Chair SPGPPS
7.	Ms Moira Munro	SPGPPS Deputy Chair and Hospitals Representative (by telephone)
8.	Dr Bill Pring	Chair SPGPPS Information Strategy Working Group (ISWG) (by telephone)
9.	Ms Christine Gee	Chair, APHA Psychiatric Sub Committee (by telephone)
10.	Mr Paul Mackey	APHA, Director Policy and Research
11.	Mr Allen Morris–Yates	SPGPPS Principal Information Officer
12.	Mr Phillip Taylor	SPGPPS Executive Officer

The purpose of the meeting was to identify areas in the private psychiatric sector where relevant activity is currently occurring, or will occur, during the life of the Plan, and to discuss how this could be monitored and included in the annual reporting process to Health Ministers on the implementation of the Plan. The SPGPPS noted the following response from Dr Sherbon.

> Thank you for arranging for a group of SPGPPS and APHA representatives to meet with myself and members of the National Mental Health Working Group (NMHWG) Executive on 24 October 2005, to discuss private sector involvement in the Implementation Plan for the National Mental Health Plan 2003–2008.
>
> NMHWG considers the private psychiatric sector as an integral part of mental health care delivery in Australia and values your contribution on behalf of the sector to National Mental Health Working Group.

The Implementation Plan for the National Mental Health Plan 2003–2008 sets out priorities for national activity by June 2008, recognising that not all areas of work in the National Mental Health Plan 2003–2008 can be progressed with equal priority. All key activities included are part of the current National Mental Health Plan and NMHWG notes that recommendations for new policy initiatives fall outside the monitoring responsibility of the Implementation Plan by NMHWG. NMHWG therefore recommends that a number of your recommendations listed under *Key Area 2.5*, be referred back to the Australian Government as new policy proposals.

In the attached annotated copy of the Implementation Plan, each Key Area includes comments inserted in a text box, including the SPGPPS pre–meeting teleconference notes, the minutes of our meeting on 24 October 2005 and the subsequent NMHWG Executive response.

As a result of our discussions, NMHWG Executive would be pleased to support a number of your recommendations and agrees to:

- *Key Area 1.1:* Support a recommendation for the involvement of the SPGPPS in the dissemination of the Prevention Scorecard – noting that the Scorecard is still subject to further NMHWG discussion;
- *Key Area 1.2:* Invite SPGPPS to participate in the Population Surveillance Workshop – noting that a date has not yet been determined by the Promotion and Prevention Working Party for this workshop;
- *Key Area 1.3:* Review the membership of the Promotion and Prevention Working Party and to consider the involvement of a RANZCP expert in promotion and prevention, as part of this review;
- *Key Area 1.6:* Recommend to the Australian Government Department of Health and Ageing that the private sector be considered a relevant stakeholder in relation to the National Mental Health Youth Foundation;
- *Key Area 1.7:* Write to the Chair of the Older Persons Mental Health Network recommending that RANZCP be considered for membership of the Network;
- *Key Area 2.1:* Review the Terms of Reference of the Emergency Mental Health Access Policy Group and consider the involvement of APHA;
- *Key Area 4.2*: Invite SPGPPS to participate in an Innovations Workshop to consider innovations in mental health service delivery – noting that there is no plan for this to occur during 2005;

NMHWG notes and welcomes private sector involvement in a number of NMHWG subgroups where Key Areas of activity are already progressing, including:

- *Key Area 1.8:* Safety and Quality Partnership Group;
- *Key Area 2.2:* Australian Government Department of Health and Ageing Tolkien 11 project;
- *Key Area 2.5:* Steering Committee for the Review of the National Mental Health Policy;
- *Key Area 3.1:* Information Strategy Group;
- *Key Area 3.3:* Safety and Quality Partnership National Standards for Mental Health Services Subgroup;
- *Key Area 3.6:* National Mental Health Workforce Advisory Committee;

In *Key Area 3.5*, NMHWG notes that the SPGPPS is seeking increased funding to increase activity by enhancing private practice programs. NMHWG considers this funding issue falls outside NMHWG business and recommends that SPGPPS refer such proposals to appropriate funders and key stakeholders.

With regard to identifying and monitoring of the Implementation Plan, NMHWG notes the SPGPPS comment that the private sector is seeking "extra funding for SPGPPS full–time personnel (1–2 people)… in the same way as NMHWG is allocating secretariat support to the task". It should be noted that the NMHWG will increase the NMHWG Secretariat staffing by one person only, for a period of three months annually, to compile the Monitoring Report of the Implementation Plan for Health Ministers. All other tasks are being managed within current staffing allocations. NMHWG would encourage SPGPPS to raise the issue of funding for appropriate staffing numbers with the Australian Government Department of Health and Ageing and other funding contributors to SPGPPS.

With regard to amending the Monitoring Template to reflect specific SPGPPS activity relevant to Key Areas, NMHWG would be pleased to include such activities in the Monitoring Report to Health Ministers and to name the SPGPPS subgroups as appropriate. This would require further input from the SPGPPS to identify the areas of interest. The NMHWG Secretariat would be available to meet with the Executive Officer of the SPGPPS to discuss such amendments.

> Thank you for your interest in discussing private sector involvement in the Implementation Plan for the National Mental Health Plan. I look forward to our continuing cooperation in seeking to improve the mental health care of all Australians.

In response to a question from Mrs Hardy as to whether the meeting had been productive, Ms Saw responded that she felt the meeting had been productive. Certain matters, however, such as SPGPPS requests for funding and more resources could not be pursued through that forum. Ms Saw felt that SPGPPS would need to undertake some planning in order to be able to demonstrate what work it will be undertaking in the future. The current focus on mental health through several inquiries has acknowledged the important role of the private sector and it will be an integral part of any solutions that may be developed.

The meeting then discussed with Ms Saw how it would like to be involved in the reporting Template for the Plan that will be used to report to Health Ministers. Following a long discussion, it was agreed that SPGPPS activity would be incorporated into the Template where and when appropriate.

Dr White reported that the next meeting of the NMHWG will be held on 10 February 2006 and requested that SPGPPS Member and Observers forward any matters they might wish to have included on their agenda to the SPGPPS Secretariat as soon as possible.

4.2 Hospitals Report

4.2.1 The Intentional Self Harm Deaths of Patients on Leave or Absconding from Mental health Facilities Report 1 June 2000 to 30 June 2005

Ms Munro stated that this Report has made some recommendations for Hospitals concerning leave for patients. The APHA Psychiatric Sub–committee will consider the Report and its recommendations next week. It is anticipated that the report will then be widely circulated.

4.2.1 Mainstreaming of Private Sector Outreach Services

Ms Munro reported that the DoHA is seeking comment on the document titled, *Mainstreaming of Private Sector Outreach Services Program Consultation Paper November 2005*, which had been circulated with the agenda and papers for this meeting. Mr Taylor reported that the official deadline for comment of 31 November 2005 had passed and that the SPGPPS and the National Network had not been included on the original address list for the consultation process. In responding to this oversight, however, DoHA has granted an extension for comment until Friday, 9 December. The meeting expressed concern that this apparent oversight had occurred, particularly given the work the SPGPPS and the National Network had been doing in this area.

A brief discussion followed, particularly in relation to the definition of what constitutes *substitution* for inpatient care and the current lack of funding for Outreach Programs.

In responding to the Paper, the meeting strongly supported and endorsed the proposed legislative changes. There was consensus that the changes should operate to effectively streamline private sector outreach services and improve their uptake. In providing its support, the meeting made the following comments.

- The proposed legislative changes, should apply to any new models of outreach care that might be established, such as rural outreach programs.
- The Australian Government should maintain some form of monitoring role concerning the uptake of Outreach Services.
- The SPGPPS and the National Network of Private Psychiatric Sector Consumers and Carers would like to be involved in any further consultation processes.

The meeting discussed the implications for the HCP. Mr Morris–Yates indicated that he would ascertain whether the nature of the substantive problems previously identified by the SPGPPS in their submission to DoHA regarding the identification of Outreach care in the HCP had been acknowledged.

> ***Resolved (unanimous)***
> *That the Strategic Planning Group for Private Psychiatric Services (SPGPPS) requests that the SPGPPS Secretariat draft a response to the document titled, Mainstreaming of Private Sector Outreach Services Program Consultation Paper November 2005, for submission to the Australian Government Department of Health and Ageing by Friday, 9 December 2005.*

In closing, Ms Munro mentioned that the legislative changes pertaining to the issues of *portability* were now in place. It was also noted, that Ms Munro had also received an email concerning the changes being proposed by DoHA to the HCP. The email has been forwarded to Mr Morris–Yates.

4.3 Psychiatrists Report (RANZCP/AMA)

4.3.1 Consultation on the Coverage of the Medical Indemnity (Prudential Supervision And Product Standards) Act 2003

The SPGPPS considered a copy of the self–explanatory correspondence from The Australian Government Treasury to the RANZCP concerning the Treasury Discussion Paper, which was released in November seeking comments on possible amendments to the prudential and product standards of the *Medical Indemnity (Prudential Supervision and Product Standards) Act 2003*.

Dr Lammersma spoke to this item and reported that, while the RANZCP would not be making a formal submission, the College will be liaising closely with the AMA on the possible amendments.

Dr Pring reported that the AMA is treating the Discussion Paper very seriously and has established a review group to report on the Paper by early next year. Dr Pring felt that while the Discussion Paper clearly explains indemnity insurance, it is not clear about what Treasury is proposing. The Paper also refers to the cost to taxpayers of the scheme, but does not identify exactly what those costs are. It is thought that they would be of the order of $600 million a year for the four schemes that are in place. The AMA is concerned over any rolling back of the four schemes unless the Australian Government establishes a *Long Term Care Scheme*, whereby people who are severely injured would not have to battle in court for some form of compensation to cover them for the rest of their life. Dr Pring reported that the AMA would lobby for the four schemes identified in the Discussion Paper to be continued. The AMA position on extension of the schemes to other professions is not yet clear.

Dr Pring reported that the AMA is also represented on another group that is examining approaches toward risk management of the seven major indemnity insurers in Australia, in an effort to establish some unity and similarity of procedures. Dr Pring felt that the reason the SPGPPS should be interested in this area is because of the strong influence indemnity factors have on the medical workforce. Dr Yvonne White briefly advised on some of the different approaches some Australian States are taking toward these matters.

In closing, Dr Pring briefly reported that the AMA had responded to the *Productivity Commission Position Paper on Australia's Health Workforce* and largely opposed its recommendations. The AMA, however, is currently analyzing the implications of *substitution* for the health workforce. Finally, the AMA Federal Secretariat will be putting a major effort into mental health in 2006. Dr Lammersma responded briefly and reported that the RANZCP had recently used a lobby group in order to get a meeting with the Prime Minister to discuss the

College's concern regarding mental health. The same lobby group had assisted the College with several recent submissions.

4.4 General Practitioner Report

Dr Brian Kable reported on moves toward improving the uptake of the Better Outcomes in Mental Health Care Program (BOiMHC). As reported previously, approximately 400 GPs dropped out of BOiMHC when the new MBS Items for chronic disease were implemented, which is about 10% of GPs registered for BOiMHC. Offsetting that, however, has been a large increase in GPs applying to register in BOiMHC.

Dr Kable reported that approval has been given for all vocational training programs to undertake Level 1 training as part of the curriculum. This means it will be routine for GPs to emerge from their GP training having achieved at least Level 1 Training in mental health.

Finally, Dr Kable reported that the uptake of CPD in mental health has been enormous and that has been very encouraging. RACGP has also participated in the role out of the new MBS Psychiatrist Referral Items.

4.5 Health Fund Report

Mr Brian Osborne reported that he would be stepping down as Chair of the AHIA Mental Health Committee at its next meeting. That meeting will determine who will be the next Chair of the Committee and who will replace Mr Osborne on the SPGPPS and its Finance Committee. Brian was thanked by acclamation for his work during his term on the SPGPPS. It was noted that the Secretariat would be advised formally of the changes in due course.

Mr Osborne reported that Dr Michael Armitage has replaced Mr Russell Schneider as the Chief Executive Officer of the AHIA.

Ms McMahon thanked Mr Osborne for his work with the National Network and asked that the next meeting of the AHIA Mental Health Committee consider an appropriate replacement for the Health Fund Representative on the National Network's Expert Advisory Panel.

4.6 Australian Government Report

4.6.1 Youth Mental Health Initiative

Ms Suzy Saw reported that on 22 July Mr Christopher Pyne announced the Australian Government would establish a Youth Mental Health Foundation. The Foundation will have a particular focus on early identification and intervention for young people at risk and for those already showing early signs of mental health problems. It will also administer a local grants program to help coordinate services for young people with mental health problems and disseminate evidence–based education and training resources for general practitioners and other service providers working with young people. The Foundation will improve access for young people with mental health and drug and alcohol problems to appropriate services and ensure better coordination between services. To complement the activities of the Foundation, the Australian Government will extend access to allied health services for young people with mental health conditions by building on the Better Outcomes in Mental Health Care Initiative. Applications to establish and operate the Foundation closed on 10 October 2005 and are currently being assessed. An announcement of the successful applicant is expected to occur in the coming weeks.

4.6.2 Review of the National Standards for Mental Health Services (NSMHS)

Ms Saw reported that this Review would begin in earnest in 2006. Tender process should be finalised before Christmas 2005.

4.6.3 Review of Second Tier, Basic Default Benefits and Gap Cover Arrangements

Mr Taylor reported that Mr Peter Callanan had intended providing progress report on this Review. Mr Callanan was, however, an apology for this meeting.

In closing, Ms Saw reported that she would be stepping down as the DoHA Priorities and Suicide Prevention Branch representative on the SPGPPS and would be replaced by Ms Maria Jolly. The SPGPPS thanked Ms Saw for her work during her term on the SPGPPS.

5. NEXT MEETING

The next (43rd) meeting of the SPGPPS will be held as follows.

43rd SPGPPS Meeting
9:30 AM to 4:00 PM
Friday, 24 March 2006
RANZCP NSW Branch
Maddison House
761 Darling Street
Rozelle
New South Wales

6 CLOSE

There being no further business, the Meeting closed at 3:15 PM.

Dr Yvonne White
SPGPPS Chair

Mr Phillip Taylor
SPGPPS Executive Officer