STRATEGIC PLANNING GROUP FOR

SPGPPS

PRIVATE PSYCHIATRIC SERVICES

THIRTY FIFTH MEETING AND PLANNING DAY

KINGSFORD ROOM
STAMFORD SYDNEY AIRPORT HOTEL
CORNER ROBEY AND O'RIORDAN STREETS

MASCOT NSW

FRIDAY, 12 MARCH 2004

REPORT OF MEETING AND PLANNING DAY

Glossary of Acronyms and Terms used regularly in this Report

AHMC	Australian Health Ministers Council
APHA	Australian Private Hospitals Association
AMA	Australian Medical Association
BOIMHC	Better Outcomes In Mental Health Care
CDMS	Centralised Data Management Service
COAG	Council of Australian Governments
DVA	Australian Government Department of Veterans' Affairs
GP(s)	General Practitioner(s)
Health Fund(s)	Private Health Insurance Fund(s) that pay benefits for psychiatric care
Hospital(s)	Private Hospital(s) with psychiatric beds
IIMHL	International Institute of Mental Health Leaders
IMWG	SPGPPS Innovative Models Working Group
ISC	AHMAC NMHWG Information Strategy Committee
MCAJ	Ministerial Council on the Administration of Justice
MHCA	Mental Health Council of Australia
MHPC	Mental Health Privacy Coalition
NCCF	MHCA National Consumer and Carer Forum
NDTWG	AHMAC NMHWG National Disasters and Terrorism Working Group
NMHWG	AHMAC National Mental Health Working Group
PPWP	National Mental Health Promotion and Prevention Working Party
RACGP	The Royal Australian College of General Practitioners
RANZCP	The Royal Australian and New Zealand College of Psychiatrists
SPGPPS	Strategic Planning Group for Private Psychiatric Services

The Thirty–Fifth (35th) Meeting and Planning Day of the SPGPPS was held on Friday, 12 March 2004 at the Stamford Sydney Airport Hotel in Sydney.

1. OPENING/WELCOME/APOLOGIES/PROXIES/GUESTS

The Chair of the SPGPPS, Dr Yvonne White, opened the meeting at 9:00 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	
3.	Ms Sharon Brownie	(Observer)

Australian Medical Association (AMA)

4.	Dr Martin Nothling	
5.	Dr Bill Pring	(Observer)

Australian Government(AG)

6.	Mr Peter Callanan	Department of Health and Ageing, Private Health Insurance
7.	Mr Dermot Casey	Department of Health and Ageing, Health Priorities & Suicide Prevention
8.	Mr David Morton	Department of Veterans' Affairs (DVA)

Consumer Representative

9.	Ms Janne McMahon (Chair)	National Network of Private Psychiatric Sector Consumers and Carers

Carer Representative

10. Ms Ruth Carson

Royal Australian College of General Practitioners (RACGP)

11. Dr Brian Kable

Private Hospitals with Psychiatric Beds (Hospitals)

12.	Ms Moira Munro	SPGPPS Deputy Chair
13.	Ms Sue Williams	

Private Health Insurers (Health Funds)

14.	Mrs Judy Hardy	
15.	Mr Brian Osborne	

SPGPPS Secretariat

16.	Mr Phillip Taylor	SPGPPS Executive Officer

Planning Day Facilitator

17.	Dr Jonathan Phillips	Chair SPGPPS Forum

1.1. APOLOGIES

1.	Mr Allen Morris–Yates	SPGPPS Principal Information Officer

In approving the draft agenda, it was agreed that the verbal report of the Chair on the 5 March meeting of the AHMAC National Mental Health Working Group would be brought forward and considered prior to the commencement of proceedings for the Planning Day (see Agenda Item 5 below).

2. REPORT OF THE 34TH MEETING OF THE SPGPPS

The meeting approved the draft report of the 34th Meeting of the SPGPPS held on 28 November 2003 in Canberra.

RESOLVED (unanimously)

1. *That the SPGPPS approves, as a true and accurate record, the report of the 34th Meeting of the SPGPPS held on 28 November 2003 in Canberra.*
2. *That the SPGPPS directs that the Report of the 34th Meeting of the SPGPPS be made available on the SPGPPS website at: www. spgpps.com.*

3. PROGRESS REPORT ON ACTIONS ARISING FROM THE 34TH MEETING AND OUT– OF–SESSION DECISIONS

The SPGPPS noted and updated the following Progress Report on Actions Arising from the 34th Meeting of the SPGPPS and discussed any out–of–session decisions.

	Agenda Items	ACTION OFFICER(S)	STATUS
	Report on the 34th SPGPPS Meeting		
➢	Draft & circulate report of 34th Meeting for comment	Secretariat	Done
➢	Revise Report based on comments received & prepare final	Secretariat	Done
➢	Agenda Item 35th SPGPPS Meeting & Panning Day	Secretariat	Done
1.3	Report on the 33rd Meeting of the SPGPPS		
➢	Post Report on the SPGPPS website	Secretariat	Done
2.1	Future of SPGPPS		
➢	Prepare final AMA Agreement for Services 2004–2006	Ms Ferry/Secretariat	Done
➢	Co–ordinate Parties to sign the Agreement before 24 Dec 2003	Secretariat	Done
➢	Parties to receive signed Agreement & invoices for 2004 by 24 Dec 2003	Secretariat	Done
➢	Co–ordinate Letters of Appointment for Secretariat staff by 24 Dec 2003.	Mr Taylor/AMA	Done
➢	Revise SPGPPS Operating Guidelines	Ms Ferry/Secretariat	*Pending*
➢	Agenda Item 36th SPGPPS Meeting	Secretariat	*Pending*
2.3	National Network of Private Psychiatric Sector Consumers & Carers		
➢	Agenda Item 36th SPGPPS Meeting	Secretariat	*Pending*
2.4	SPGPPS Finance Committee (FC) Report		
➢	Refer CDMS overspend options 2 & 3 to next meeting of the FC	Secretariat	Done
➢	AMA to provide quarterly reports on SPGPPS/CDMS/NN to FC in 2004	Secretariat	Done
➢	Arrange FC Meeting for April 2004	Secretariat	*Pending*
➢	Agenda Item 36th SPGPPS Meeting	Secretariat	*Pending*
3.1.2	NF 2002 Goal 2: Uptake of Innovative Services		
➢	Agenda Item 35th SPGPPS Meeting & Planning Day	Secretariat	Done
3.1.3	NF 2002 Goal 3: Access to Private Mental Health Services		
➢	RANZCP to survey psychiatrists	RANZCP	Done
➢	Agenda Item 35th SPGPPS Meeting & Planning Day	Secretariat	Done
3.1.4	NF 2002 Goal 4: Workforce		
➢	Agenda Item 35th SPGPPS Meeting & Planning Day	Secretariat	Done
3.1.5	NF 2002 Goal 5: Quality, Availability & Utilisation of Information		
➢	Dr Pring to prepare framework to guide ISWG discussions	Dr Pring/Mr Morris–Yates	Done
➢	Convene first meeting of ISWG in February 2004	Secretariat	Done
➢	Dr Pring to attend Safety and Quality Partnership meeting 11 December 2003	Dr Pring	Done
➢	Agenda Item 35th SPGPPS Meeting & Planning Day	Secretariat	Done
3.2	Guidelines for Determining Benefits Review		
➢	Revise Guidelines as amended by 34th SPGPPS Meeting	Secretariat	Done
➢	Ms Munro to circulate to APHA Psychiatric Sub–committee for approval.	Ms Munro	Done
➢	Secretariat to obtain SPGPPS endorsement via email after APHA approval.	Secretariat	Done
➢	AG to circulate after SPGPPS endorsement.	Australian Government	Done
3.3	Privacy Kit for Private Sector Mental Health Service Providers		
➢	Make any final amendments to Kit based on October 2003 meeting with OFPC	Ms Burton/Dr Pring/Mr Taylor	Done
➢	Circulate to MHPC for consideration via teleconference	Secretariat	Done
➢	Submit final version to OFPC in February 2004	Secretariat	Done
➢	Revise based on comments received	Secretariat	Done
3.4	Substance Abuse and Dependency (SDWG)		
➢	Invite Ms Fiona Shand to attend 36th SPGPPS Meeting	Mr Morton/Secretariat	Done
➢	Obtain a copy of the NDARC schedule of Guidelines Workshops	Secretariat	*Pending*
➢	Construct profile of current practices from CDMS	Mr Morris–Yates/SDWG	*Pending*
➢	Letter to RANZCP	Mr Morton/Secretariat	Done
➢	Agenda Item 36th SPGPPS Meeting		*Pending*
6	Next Meeting and Close		
	Make arrangements for SPGPPS Meetings & Teleconferences for 2004.	Secretariat	Done

The meeting requested that the Chair write to the Australian Council on Healthcare Standards (ACHS) requesting an update on progress with the agreements reached at the meeting held between representatives of the SPGPPS and ACHS on 17 November 2003.

RESOLVED

That the SPGPPS requests the Chair write to the Australian Council on Healthcare Standards (ACHS) requesting an update on progress with the agreements reached at the 17 November 2003, concerning requirements for in–depth reviews against the National Standards for Mental Health Services.

Mr Peter Calllanan reported that the current agencies that are approved to accredit against Private Sector Quality Criteria are as follows.

1. Australian Council on HealthCare Standards (ACHS)
2. Benchmark Certification (ISO)
3. SAI Global (ISO)
4. Australiasian Auditing and Certification Services (ISO)

4. FINANCIAL AND OPERATIONAL MATTERS

4.1 SPGPPS DRAFT ANNUAL PROGRESS REPORT

The meeting then considered the activity of the SPGPPS, its CDMS and the National Network during 2003, as outlined through the *SPGPPS Annual Progress Report: 2 February 2003 – 31 December 2003*. The Chair explained that this is the third and final Progress Report, as required under the original *AMA Agreement for Services*, which supported the operation of the SPGPPS from 2 February 2001 until 1 February 2004. This Agreement was replaced by a new overarching *AMA Agreement for Services 2004–2006*, which took effect on 1 January 2004. The new Agreement will support the activities of the SPGPPS, its CDMS and the National Network for a period of three calendar years, from 1 January 2004 until 31 December 2006. The meeting noted that approximately $10,000 in unbudgeted legal costs had been incurred with the drafting of the new AMA Agreement. To cover that expenditure, the SPGPPS agreed to postpone its annual 2004 Forum until 2005, and utilise the rest of this year to plan for that Forum.

Following minor amendment, the meeting endorsed the Progress Report and commended the SPGPPS Executive Officer, Mr Phillip Taylor, and SPGPPS Information Officer, Mr Allen Morris–Yates on the quality and comprehensiveness of the Report. There was consensus that the Report was an important source document for the Planning Day and for promulgating the work of the SPGPPS, CDMS and National Network. The meeting agreed the Report should be forwarded to the signatories to the new AMA Agreement and posted on the SPGPPS website.

RESOLVED

1. *That the SPGPPS endorses the SPGPPS Annual Progress Report: 2 February 2003 – 31 December 2003, prepared by the SPGPPS Secretariat, and requests that the final version of the Report be forwarded to the signatories to the AMA Agreement for Services 2004–2006.*

2. *That the SPGPPS thanks the staff of the SPGPPS Secretariat for preparing a high quality and comprehensive SPGPPS Annual Progress Report: 2 February 2003 – 31 December 2003.*

3. *That the SPGPPS directs that the SPGPPS Annual Progress Report: 2 February 2003 – 31 December 2003 be made available on the SPGPPS website at: www. spgpps.com.*

5. AHMAC NATIONAL MENTAL HEALTH WORKING GROUP (NMHWG) REPORT

The SPGPPS representative on the NMHWG, Dr Yvonne White, reported on the following agenda items from the meeting of the NMHWG held on 5 March 2004 in Adelaide.

Item 1.7 Report from AHMAC October 2003

Dr White reported that, in relation to the National Health Reform Agenda, Health Ministers had confirmed eleven main areas of focus and agreed to ten priority actions for the period up to June 2004 as follows.

Eleven Main Areas of Focus **(**As agreed by AHMC in late 2002)

1. Hospital interface issues
2. Improved transition between acute services and aged care
3. Improving access to elective surgery
4. Continuum of care– chronic disease
5. Cancer care
6. Mental health
7. Pharmaceuticals
8. Information management and information technology
9. Safety and quality
10. Workforce
11. Aboriginal and Torres Strait Islander peoples

Mental health is not one of the *Short Term Priority Areas of Action*. Dr White reported that the NMHWG meeting had been expressed serious concerns over this omission.

Item 2. Options for a New National Mental Health Policy

The NMHWG has considered three available options to progress the development of a new National Mental Health Policy. Option 1 involved using the current National Mental Health Policy, in its current form, as the policy basis for ongoing mental health reform in Australia. Option 2 would see the drafting of a new National Mental Health Policy for endorsement by the Council of Australian Governments (COAG). Option 3 would involve drafting a new National Mental Health Policy for endorsement by Health Ministers, with a requirement that each jurisdiction ensure formal mechanisms are established with relevant government and non–government agencies to implement the Policy. Dr White indicated that the NMHWG has agreed to established a small drafting group to further develop Option 3. The drafting group will be comprised of Professor Harvey Whiteford, Mr Dermot Casey and Dr Ruth Vine.

Item 3. Implementation of the National Mental Health Plan 2003 – 2008

The NMHWG has agreed to develop a framework for implementation of the National Mental Health Plan 2003–2008 referring back to the original 32 key areas. Jurisdictions will be asked to add their implementation plans under the priorities with National and State responsibilities to be identified clearly. Dr Jonathan Phillips explained that this process of

prioritisation was necessary as it would not be possible to achieve all the outcomes identified in the Plan.

Item 4. Australian Mental Health Nurse Workforce Supply, Recruitment and Retention

The NMHWG has endorsed the final draft of the report titled, *Australian Mental Health Nurse Supply, Recruitment And Retention.* A copy of this Report will be forwarded to the SPGPPS, when available.

Item 5. Workforce and Work Place Redesign

The NMHWG has established a Drafting Group comprising Australian Capital Territory, Tasmania, South Australia and New South Wales. The Drafting Group will refine a paper prepared by the ACT and develop a suggested way forward, taking into consideration the report, *Australian Mental Health Nurse Supply, Recruitment And Retention*.

Item 6. Safety and Quality Partnership Group

The NMHWG has endorsed the continued development of a National Action Plan to address safety issues in mental health. Dr White explained that the Plan will be informed by the National Health Performance Framework and will fit within the domains described by this Framework and the outcomes of the *National Mental Health Plan 2003–2008*. The Plan will articulate the priority safety issues in mental health. They are likely to include:

1. Medication errors
2. Seclusion
3. Restraint
4. Suicide assessment and management
5. Deliberate self–harm
6. Personal Safety of families and staff
7. Clinical governance
8. Transport of people in involuntary care

Dr White indicated that prioritisation of these, and other issues, is currently taking place via national consultation process with all stakeholders. An electronic copy of the self–explanatory correspondence and survey from the Chair of the S&Q Partnership Group, Dr Aaron Groves, has been circulated to the SPGPPS. Dr White encouraged SPGPPS stakeholder groups to consult with their constituencies and forward completed survey forms directly to, the Development Officer who is drafting the National Action Plan, Mr John Titmus.

Item 7. Information Strategy Committee (ISC) Report

The NMHWG has endorsed the revised terms of reference for its ISC and the work program for the 2004 calendar year and noted that the proposed timetable for publication of the *National Mental Health Report* over the next two years is as follows.

Report Title	Years Covered	Type	Publication Date
National Mental Health Report 2003	2000–01	Mini report	April 2004
National Mental Health Report 2004	2001–02	Full report	September 2004
National Mental Health Report 2005	2002–03	Mini report	July 2005
National Mental Health Report 2006	2003–04	Full report	July 2006

Dr White reported that Mr Dermot Casey had advised the NMHWG that, under the new Australian Health Care Agreements, States and Territories would no longer be required to provide regular reports. It would be up to jurisdictions to decide if they wished to continue with the reporting.

Dr White reported that the National Key Performance Indicator Framework for Mental Health Services will be forwarded to NMHWG for endorsement out–of–session.

Item 8. Report from the National Consumer And Carer Forum (NCCF)

The NMHWG considered the new *NCCF Terms of Reference* developed by the NCCF, its proposed projects for 2004 and the revised funding submission for future funding of the NCCF. Dr White reported that, while *Project 1: Implementation of the National Consumer and Carer Participation Policy* and *Project 3 Development of a New Consumer and Carer Participation Model* were endorsed for funding, it was agreed that further work needed to be done on *Project 2: Development of a Consumer and Carer version of the Consensus Statement: Diabetes, Psychotic disorders and Antipsychotic Therapy*, and *Project 4: Annual monitoring of implementation of the National Mental Health Plan 2003–2008*.

Item 9. National Mental Health Promotion and Prevention Working Party (PPWP)

The NMHWG considered the preliminary discussion paper, *Early Intervention* for mental disorders and discussed how it could be implemented in all jurisdictions and there will be another discussion paper released shortly on relapse prevention.

Item 10. Consideration of Jurisdictional Comments on the *Framework for the Implementation National Mental Health Plan 2003–2008 in Multicultural Australia*

The NMHWG has endorsed the Framework and asked Mr Dermot Casey to write to the NSW Transcultural Mental Health Service requesting that they lead the implementation of the National Mental Heath Plan 2003–2008 in multicultural Australia.

Item 12. Forensic Expert Reference Group

Dr White reported that the *National Statement Of Principles For Forensic Mental Health* (the Principles) have been endorsed by the NMHWG and the corrective services administrators from all States and Territories. The Principles have been forwarded to the Secretariat of the newly established Ministerial Council on the Administration of Justice (MCAJ)) and to AHMAC for endorsement out–of–session. Following endorsement from the MCAJ and AHMAC the Principles will be forwarded to the Australian Health Ministers Council (AHMC) for endorsement out–of–session. The NMHWG has thanked the Forensic Expert Reference Group for progressing the forensic mental health agenda and established a smaller, time–limited Forensic Management Group. Dr White indicated that this Group will oversee any further forensic mental health activities, including monitoring the take–up of the principles by State and Territory forensic mental health services.

Item 13. Report of Progress: National Co–Morbidity Taskforce

The NMHWG noted the report from the Taskforce in relation to current issues and discussed the appointment of a new representative and co–chair to the Taskforce.

Item 15. International Institute of Mental Health Leaders (IIMHL)

The NMHWG is discussing State and Territory participation in the IIMHL exchange program prior to making a decision for Australia to join the Institute.

Mr Dermot Casey explained that the IIMHL was launched in June 2003 with founding members of Great Britain, USA and New Zealand. The main purpose of the Institute is to build leadership between Chief Executive Officers and General Managers of mental health services through international exchanges and peer relationships, focusing on best management practice and evidence based clinical practice. The exchange program of the IIMHL comprises two days of site visits and two days of workshop activity that brings together the host sites and international visitors. It is targeted at the Chief Executive Officers of Mental Health Services and national leaders in policy development. The next exchange program is to be held in New Zealand (and if possible Australia) in May 2004 and the Committee is seeking 30–40 placements from Australia. Jurisdictions sponsoring participants to visit overseas within the program are required to meet travel and accommodation costs. There are no costs associated with the site visits.

Dr White indicated that the SPGPPS Secretariat would circulate a copy of this NMHWG Item to the SPGPPS for information.

Item 17. National Disasters and Terrorism Working Group (NDTWG) –Update

The NMHWG has agreed "in principle" to develop, through a face–to–face meeting of the NDTWG or through ongoing work, the following.

- An agreed template and framework for response which gives consistency while allowing States and Territories, in collaboration with the Commonwealth, to respond as to their own formats.
- Identified capacity, for example, numbers who could respond
- Manual and training for evidence based practice.
- Capacity for mobilisation in an agreed response process.

Dr White reported that each jurisdiction has been asked to nominate a high level member who will be responsible for these developments and will have jurisdictional support.

Item 18. 2. Report from the Mental Health Council of Australia (MHCA)

The NMHWG noted in relation to the MHCA Report:

- the release of the depression report and the need for broader community education on the signs, symptoms and treatment of depression in young people;
- the launch of the MHCA website;
- re–signing of the Memorandum of Understanding between the mental health service stakeholders and the insurance industry; and
- consensus statement on comorbidity – diabetes/schizophrenia.

Dr White reported that anyone experiencing problems with obtaining health insurance because of their mental illness should advise the MHCA and the Australian Health Insurance Association. Dr Brian Kable reported on a two issues that have been brought to the attention of the RACGP. The first involves a GP with an ongoing, but stable, mental disorder who has been unable to obtain income protection insurance. The second arises from some insurance underwriters insisting that patients give them the right to access their Medicare data otherwise they will not consider their proposal for any lifestyle, disability or income protection insurance. Dr Kable felt that these were serious issues not only for the RACGP, but the SPGPPS and the *Better Outcomes in Mental Health Care* initiative. A brief discussion followed and it was acknowledged that this matter should be included on the agenda for discussion at the next appropriate meeting of the SPGPPS.

Item 19.2. Program of Research – Innovative Models of Care and Reduction of the Burden of Mental Illness

The NMHWG noted progress in the research program into the burden of mental illness and innovative models of care and the membership and terms of reference for the advisory committee established to oversee the program of research. Dr Bill Pring reported there had been a couple of meetings of the Advisory Committee and reported on two particularly interesting projects. The first is looking at mental illness in the workplace and studying early intervention strategies and how they may contribute to cost benefits for the employer. The second involves a new report that looks at how much evidence–based practice is being practiced in Australia and what the potential benefits might be of promulgating greater evidence based practice in Australian clinical settings.

6. SPGPPS PLANNING DAY

Dr White then introduced the facilitator for the SPGPPS Planning Day, Dr Jonathan Phillips. In opening his address, Dr Phillips noted that several source documents had been circulated in preparation for the Planning Day under the following Agenda Items.

3.1 *SPGPPS Strategic Plan 2000 – 2003*
3.2 National Forum 2002 Agreed Goals
3.3 *National Mental Health Plan 2003–2008*

It was further noted that SPGPPS stakeholders had submitted brief summaries of the issues they wished to be considered as part of the Planning Day. It was noted that the summaries had been circulated with the agenda and papers for the Planning Day under Agenda Item *3.4 SPGPPS Stakeholder Perspectives* as follows.

3.4.1. Consumers and Carers
3.4.2. Hospitals
3.4.3. Health Funds
3.4.4. Psychiatrists
3.4.5. General Practitioners
3.4.6. Government

A copy of Agenda Items 3.4.1 to 3.4.6 have been incorporated into this report and appear at Appendix 1, which commences on **Page 14**.

Dr Phillips then invited a full and frank *in camera* discussion of stakeholders views expressed in these Agenda Items. In doing so, Dr Phillips asked that stakeholders focus on:

- progress to date against the agreed goals of the 2002 SPGPPS Forum;
- how to consolidate current SPGPPS reform activities in the private sector;
- the better integration of SPGPPS activites across health and other related sectors; and
- the co–morbidity of mental and physical illnesses and substance abuse.

In order to facilitate and document this discussion, a matrix was used to assess, against the 2002 SPGPPS Forum Goals, what has been achieved, what next steps might be necessary, and what gaps are evident. Mr David Morton and Ms Sue Williams assisted Dr Phillips with this process and the results are set out in the table on the following page.

SPGPPS AGREED GOALS	Enhance Consumer and Carer participation in the design, delivery and evaluation of private sector mental health services, so that Consumer and Carer participation becomes the driving force in all elements of change.	Enable private sector mental health services to provide comprehensive care by encouraging the uptake of innovative services that have been shown to be effective and feasible.	Improve access to private sector mental health services by strengthening linkages and improving the co–ordination of care between GPs, Psychiatrists and Private Hospitals	Seek to ensure that private sector mental health services are supported by a high quality workforce.	Improve the quality, availability and utilisation of information regarding private sector mental health services
PROGRESS TO DATE	Establishment of the National Network, and its State and Territory Committees, has improved participation for private sector Consumers and Carers.	Little progress in the uptake of of innovative models of service delivery, despite development of a set of *General Principles and Recommendations* by the SPGPPS IMWG to encourage the uptake of such models.	Development of Referral Directories will enhance co–ordination of care between general practitioners, psychiatrists and hospitals. Supporting Better Outcome in Mental Health (BOIMH) initiative.	Limited progress, due to the size and complexity of the workforce problems. Outside of scope of SPGPPS Training changes have been introduced by RANZCP	CDMS has resulted in significant improvements in the availablitiy and utilisation of imformation for Hospitals and Health Funds.
NEXT STEPS	Further development of the National Network to improve and Consumer and Carer engagement.	Develop uptake of innovative funding models	Translate Better Outcome in Mental Health (BOIMH) into policy	Consumer and Carer facilitators of health professionals training	Make CDMS data more useful at the local level.
GAPS	Communicate to psychiatric profession the existence of the National Network How to work with consumers and, in particular, their carers Impact of stigma Consumers and carers to be active participants in the development of different models of funding and care	Review SPGPPS Innovative Models Working Group Substance abuse Improve communication to better promote the work of the SPGPPS, CDMS, and the National Network.	Workforce development Co–morbidity has not progressed Chronic disease focus Improve access to the public sector community services Linkage between public and private sectors Improve GP/Psychiatrist interface (plus holistic care) Rural and Remote Services		Promotion of SPGPPS Improve utilisation of CDMS data and imformation. Review SPGPPS representation on other groups and how decisions are made concerning representation. Quality of services has not been addressed. Translate CDMS data for education and training.

During the development of the matrix, a consensus emerged that the SPGPPS was a strategic alliance that brings together diverse stakeholders to identify and agree on issues that are directed at improving mental health services in the private sector. SPGPPS stakeholders come to the table seeking not only to better inform their own policy processes, but to reach agreement on actions that will improve practice and better integrate care across sectors.

The key issues that were discussed during the development of the matrix are summarised below.

1) Innovative models of service delivery and their development and uptake in the private sector.
2) Communication strategies for the SPGPPS both external and internal.
3) Workforce, including education and training.
4) Public and private sector integration.
5) Co–morbidity of mental illness and physical illness.
6) Comorbidity of mental illness and substance abuse and dependency.
7) The quality and safety of mental health services provided in the private sector.
8) Access to psychiatric beds for people with private health insurance.
9) Strategic alliances with other groups.

6.1. PRIORITIES FOR 2004–2006 AND SPGPPS WORK PROGRAM

Dr Phillips then asked the meeting to focus on what the SPGPPS could realistically do in relation to these issues, given their dimensions and the limited resources available to the SPGPPS. It was agreed that, while the SPGPPS had some capacity to influence the workforce debate, it was beyond the scope of the SPGPPS to solve the current workforce problems. There was consensus, however, that the SPGPPS should continue to closely monitor developments and participate in this debate through its role on the AHMAC National Mental Health Working Group. The meeting then agreed that in consolidating its current work program the SPGPPS needed to concentrate on the following priorities.

1) Innovative Models of Service Delivery

Review the SPGPPS Innovative Models Working Group terms of reference to ensure it has the capacity to properly explore the funding models for service delivery that exists and address the barriers to their uptake in the private sector.

2) Communication Strategies

Promulgate the value of the SPGPPS to the private sector and improve the understanding of what the SPGPPS does through better communication strategies including the following.

a) Re–develop the SPGPPS website, spgpps.com, to promote the work of the SPGPPS, its CMDS and the National Network.

b) Utilise CDMS, and other data on private sector services, to demonstrate what the SPGPPS is doing.

c) Consider an appropriate name change for the SPGPPS.

d) Agree on the audience the SPGPPS wants to communicate with, why and when.

e) Stakeholders to participate more actively in the development of the SPGPPS agendas.

3) Public Private Sector Integration

Explore the current barriers to better integration between the private and public sector and identify what the private sector might be able offer to address those barriers for submission to the AHMAC National Mental Health Working Group.

4) Co–morbidity

Dr Bill Pring to prepare a paper for the SPGPPS on co–morbidity that scopes the dimensions of this issue and acknowledges current work underway, particularly in relation to the National Co–morbidity Taskforce.

The SPGPPS Substance Abuse and Dependency Working Group reconvene to review its membership and further progress its recommendations concerning the treatment and care of substance abuse and dependency in the private sector, following the National Drug and Alcohol Research Centre's presentation, on the *Guidelines for the Treatment of Alcohol Problems*, to the 36th meeting of the SPGPPS.

5) Quality of Services

The SPGPPS to continue to participate in existing structures and committees, particularly the AHMAC National Mental Health Working Group's, Information Strategy Committee, the Safety and Quality Partnership Group and its Operational Group.

6) Access to Psychiatric Beds

The SPGPPS to debate the issue of access to psychiatric beds in the private sector for people with private health insurance, particularly for those people living in rural and remote areas of Australia, and those who have been detained against their will.

7) Strategic Alliances

SPGPPS to consider what strategic partnerships and alliances it wishes to establish with other groups and ensure that appropriate linkages are established with those groups.

7. NEXT MEETING

The next meeting of the SPGPPS will be held on Friday, 11 June at The New Farm Clinic, 22 Sargent Street, New Farm, Brisbane. The meeting will commence at 10:00 AM and conclude at 4:00 PM.

8. CLOSE

Dr White thanked Dr Phillips for facilitating the Planning Day and closed the Meeting at 4:30 PM.

Dr Yvonne White — Chair

Mr Phillip Taylor — Secretary

AGENDA ITEM 3.4: SPGPPS STAKEHOLDERS PERSPECTIVES

3.4.1. CONSUMERS AND CARERS

1. Consolidation

Consolidate work undertaken to improve consumer and carer participation in the private sector by:

- the development of payment guidelines for consumer and their carers;
- reducing stigma and the invasion of patient privacy by lobbying for review of privacy laws, particularly in relation to the way the media can report mental health matters;
- education about mental illness at all levels including university undergraduate courses and particularly in primary and high schools supporting the MIA and Mindmatters initiatives;
- familiarising consumers and their carers with the National Standards for Mental Health Services and the work of the SPGPPS Centralised Data Management Service;
- ensuring that consumers and their carers are active participants in the development of different funding models and mechanisms that promote and support continuity and comprehensive care across all settings.

2. Integration

Improve integration of services available to consumers and their carers by:

- increasing liaison with Community Health Services in the public sector;
- improving the GP–Psychiatrist interface;
- addressing the provision and geographic distribution of mental health services in rural and remote areas of Australia; and
- including indigenous and multicultural mental health issues.

3. Comorbidity

1. Better Psychiatrist/GP's liaison to reduce the burden of physical ill health associated with chronic and psychotic related mental illness or disorders.
2. Treatment of the whole person, more inclusive of carers.
3. Holistic care that involves consumers and their carers in treatment plans.
4. Recognition of the impact on the family and significant others when consumers return to their usual setting, particularly in relation to the lack of financial and other *supports for their carers.*

AGENDA ITEM 3.4: SPGPPS STAKEHOLDERS PERSPECTIVES (continued)

3.4.2. HOSPITALS

1. A continued, central focus on the further development of the Centralised Data Management System (CDMS)

Private hospitals believe that it is in the interests of all stakeholders for the SPGPPS to focus on the further development and refinement of the CDMS. Several areas have been identified by hospitals, which will be the subject of further discussion with Mr Morris Yates. Some of these refinements may have resource implications and it is appropriate for the SPGPPS to discuss how various refinements may be prioritised and progressed within the current budget for the CDMS.

2. The development of Guidelines for the appropriate use of data generated by the CDMS

The Agreement signed between stakeholders and the Australian Medical Association sets out, in Section 7.4, the conditions governing access to data generated by the CDMS. However, the Agreement is silent on the conditions under which such data may be used.

Private hospitals believe that data arising from the CDMS has been used inappropriately by some health funds on at least several occasions. This behaviour appears to be increasing and includes the use of CDMS data in the contract negotiation process. Hospitals believe that much CDMS data is not yet robust enough to be used in such a manner.

Hospitals have not agreed to these inappropriate uses of CDMS data and will seek the inclusion in the Agreement of guidelines that explicitly exclude inappropriate uses of CDMS data.

3. Representational issues

There are 2 issues regarding representation that private hospitals wish to raise. The SPGPPS is increasingly, and appropriately, perceived as the peak body representing mental health services in the private sector. As a result, the SPGPPS has been invited to nominate representatives on several national committees and working parties. Private hospitals do not believe that adequate consideration has been given to date as to how all stakeholder perspectives can be represented in these important forums.

In addition, much of the work of the SPGPPS is undertaken by various internal working groups. Private hospitals believe that these working groups should be able, where necessary, to co–opt expertise from beyond the SPGPPS. In the case of private hospitals, the appropriate body is the APHA Psychiatry subcommittee.

AGENDA ITEM 3.4: SPGPPS STAKEHOLDERS PERSPECTIVES (continued)

3.4.3. HEALTH FUNDS

1. The Committee agreed with what I believe was the consensus of views expressed during the 10 February 2003 teleconference that one of the key objectives should be to consolidate and further build upon the work achieved to date. Specifically, this should include:
   a) Continuing, as a priority, to explore the development and uptake of innovative funding models.
   b) Further developing and demonstrating high standards within the private mental health sector.
   c) Continued support for and development of the CDMS.
2. To undertake a comparison of models of drug and alcohol care and treatment, including some agreement as to in what circumstances different models may indicated as most efficacious, and an appropriate objective measure.
3. The Committee supported the approach of considering co–morbidities and mental health problems from a chronic disease perspective.

AGENDA ITEM 3.4: SPGPPS STAKEHOLDERS PERSPECTIVES (continued)

3.4.4. PSYCHIATRISTS

The perspectives on key issues, prepared for the 35th SPGPPS Meeting and Planning Day by psychiatrists, were related to the objectives the *SPGPPS Strategic Plan 2000–2003* and are set out below

Strategic Vision 1

Continue to explore methods to promote the Network of Private Psychiatric Sector Consumers and Carers amongst psychiatrists and their patients.

Develop guidelines for psychiatrists to work with consumer and carer groups to ensure a better partnership between these groups.

Develop guidelines for psychiatrists to work with carers and understand the way in which Privacy Legislation limits/promotes this.

Strategic Vision 2

Develop better partnership between the public and private sector to ensure better patient care. In particular, exploring ways in which private sector patients can access rehabilitation services and allied professional services.

Strategic Vision 3

Continue to educate psychiatrists and trainees about stigma and ensure that their attitudes and behaviours toward people with mental health problems are appropriate.

Strategic Vision 4

To continue to work together with General Practitioner groups to ensure increased access and better outcomes for people with mental health problems in the community. This includes a new MBS item for collaborative care consultation, referral directories in each State, providing peer and educational support, setting up GP liaison committees as part of each RANZCP Branch Committees, appointments of mental health liaison officers in GP Divisions and developing guidelines on shared care.

To work together with GPs to ensure appropriate physical health care for people suffering from mental health problems.

Strategic Vision 5

To ensure the dissemination of the analysis of the data collected from private hospital admissions to psychiatrists.

To promote and educate psychiatrists and trainees on Evidence Based Clinical Care Pathways (CCPs) and Clinical Practice Guidelines (CPGs).

AGENDA ITEM 3.4: SPGPPS STAKEHOLDERS PERSPECTIVES (continued)

3.4.6. AUSTRALIAN GOVERNMENT

1. AGDHA Health Priorities and Suicide Prevention Branch

The Planning Day will ideally enable the SPGPPS to identify and prioritise key issues for inclusion in the Workplan. Such a Workplan will be of most use it if clearly articulates a small number of priorities, the outcomes of which are achievable within the time–span of the current Agreement. The SPGPSS Workplan should also sit comfortably within the context of current and planned reform of mental health service delivery in Australia (eg public and private) and within the broader context of health services reform more generally.

Issues that the Australian Government would like to have opportunity to discuss with members include:

Consolidation

With the endorsement by all Australian Health Ministers of the National Mental Health Plan 2003–2008 the mental health reform agenda moves into its second decade. While much has been achieved under the first and Second National Mental Health Plans, much remains to be done to consolidate reform activity. The Workplan should identify key areas for continued investment (eg consumer outcomes measurement) and, where appropriate, new or increased investment in reform areas previously identified (eg implementation of service and workforce standards).

Integration

In recognition of the need to progress mental health services in the broader health context the SPGPPS should consider how its activities may help bridge the gaps and progress reform of private psychiatric services:

- across health and other related sectors.
- across primary, secondary and tertiary setting.

Chronic diseases approach

In recognition of the nature of many mental illnesses and of recent disease management and policy approaches to diseases that recur across the lifespan, it is timely for the SPGPPS to consider the utility of a chronic disease approach. This would carry implications for service delivery models that take a lifespan approach (where appropriate) and support self–management models.

Comorbidity

In keeping with current Government policy and with current knowledge, members may wish to consider the issue of comorbidity from the perspectives of:

- comorbidity of mental illness and physical illness;
- comorbidity of mental illness and substance misuse and abuse.

AGENDA ITEM 3.4: SPGPPS STAKEHOLDERS PERSPECTIVES (continued)

AUSTRALIAN GOVERNMENT (continued)

2. AGDHA Private Health Insurance Branch

Most of the suggestions discussed below were outlined by Dr Bill Pring in his recent paper for the Information Strategy Working Group (ISWG). The Private Health Insurance Branch (PHIB) has provided some additional views for consideration.

New Name

PHIB agrees that SPGPPS should have a new name. This would need to be short and catchy, while simultaneously reflecting the objectives for the SPGPPS. Some initial suggestions include: Private Psychiatric Alliance, Private Mental Health Services or Better Private Psychiatric Services.

Rejuvenation of SPGPPS Group

Dr Pring suggested in his paper the possibility of extra value for stakeholders, although what form this might take is yet to be discussed. That said, any review could begin with the by–line on the strategic plan – *strengthening the focus on private sector mental health services*, which is quite general and does not really indicate the activities of the SPPGGPS as well as it could. The PHIB would like to see something a bit more definitive here, along the lines of – *our aim is consistently high–quality private mental health services* or *striving for excellence in the delivery of private psychiatric care.*

While the PHIB believes that the SPGPPS could be clearer in its enunciation of its objectives and achievements, the Branch holds the overall view that SPGPPS has been productive and worthwhile.

Research using CDMS

This seems the logical next step and could initially focus on extending CDMS beyond providing clinical evidence to establishing the research base that demonstrates the value of Australian private psychiatric services, that is research that would focus on effectiveness.

Website enhancement

This would need to be in line with any re–juvenation of the name and objectives of the SPGPPS. Some thoughts on the existing website, which could be incorporated into a future one include:

- putting CDMS as the first point of interest rather than committee reports, publications etc.
- explaining that CMDS provides hospitals and their staff with vital information in the management of private psychiatric patients (rather than the current technical language…T*he role of the CDMS is to support the implementation of the National Model for the Collection….).*
- having SPGPPS News as a stand alone item (that is, separate from publications).
- the inclusion of the private patients' hospital charter on the website.
- **Miscellaneous**

Finally, the PHIB supports the suggestion made by the RACGP that SPGPPS should also be promoting the role of GPs in private mental health care.

AGENDA ITEM 3.4: SPGPPS STAKEHOLDERS PERSPECTIVES (continued)

3.4.5. GENERAL PRACTITIONERS

- Maintenance of support for the Better Outcomes in Mental Health Initiative. We need to see the initiative translated into long–term policy and not just an initiative.
- Support for the General Practice Mental Health Standards Collaboration in fostering better standards for GP mental health care delivery and promoting innovative courses for GPs.
- Fostering distance education for GPs in remote and rural areas to gain level II qualifications. This will involve private psychiatrists input.
- Setting up of long–term closer liaison with psychiatrists for consultation, reciprocal referral, upskilling, small group learning, shared care
- Translation of CDMS into material for informing curriculum development at undergraduate, registrar and post vocational training level.
- Taking a proactive approach to promoting the large amount of private psychiatric work that GPs do.