STRATEGIC PLANNING GROUP FOR

SPGPPS

PRIVATE PSYCHIATRIC SERVICES

THIRTIETH MEETING

THE ALBERT ROAD CLINIC
31–33 ALBERT ROAD
SOUTH MELBOURNE

THURSDAY, 5 DECEMBER 2002

REPORT OF MEETING

Glossary of Acronyms and Terms used in this Report

ACSQHC	Australian Council on Safety and Quality in Health Care
AHIA	Australian Health Insurance Association
AHMAC	Australian Health Ministers' Advisory Council
APHA	Australian Private Hospitals Association
AMA	Australian Medical Association
CCPs	Clinical Care Pathways
CDHA	Commonwealth Department of Health and Ageing
CDMS	Centralised Data Management Service
CPGs	Clinical Practice Guidelines
DVA	Commonwealth Department of Veterans' Affairs
Health Fund(s)	Private Health Insurance Fund that pay benefits for psychiatric care
Hospital(s)	Private Hospital with psychiatric beds
MHCA	Mental Health Council of Australia
MHPC	Mental Health Privacy Coalition
NCCF	AHMAC National Consumer and Carer Forum
NICS	National Institute of Clinical Studies
NMHWG	AHMAC National Mental Health Working Group
NNPP	National Network of Private Psychiatrists
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
SQC	Safety and Quality Committee of the AHMAC NMHWG
QIC	RANZCP Quality Improvement Committee

The Thirtieth (30^{th}) Meeting of the SPGPPS was held on Thursday, 5 December at the Albert Road Clinic in Melbourne.

1. PROCEDURAL MATTERS

1.1 OPENING/WELCOME/APOLOGIES/PROXIES/GUESTS

The Chair of the SPGPPS, Dr Yvonne White, opened the meeting at 10:00 AM. The following representatives were in attendance.

The Royal Australian and New Zealand College of Psychiatrists (RANZCP)
1. Dr Yvonne White Chair SPGPPS
2. Dr Jo Lammersma

Australian Medical Association (AMA)
3. Dr Martin Nothling
4. Bill Pring (0bserver) Chair, SPGPPS Data Collection and Analysis Project

Commonwealth Department of Health and Ageing (CDHA)
5. Mr Peter Callanan Private Health Industry Branch
6. Mr Dermot Casey Mental health and Special Programs Branch

Commonwealth Department of Veteran Affairs (DVA)
7. Mr David Morton

Private Hospitals with Psychiatric Beds (Hospitals)
8. Ms Sue Feeney
9. Ms Moira Munro

Private Health Insurers (Health Funds)
10. Mrs Judy Hardy
11. Ms Laurel Mitchell

SPGPPS Secretariat
12. Mr Phillip Taylor Executive Officer
13. Mr Allen Morris Yates Principal Information Officer

Apologies
1. Mr Craig Patterson Royal Australian and New Zealand College of Psychiatrists
2. Dr Brian Kable Royal Australian College of General Practitioners

1.2 REPORT OF THE 29TH MEETING OF THE SPGPPS

The SPGPPS considered and approved the draft report of its 29th Meeting held on 27 September 2002, in Perth.

RESOLVED (Mrs Hardy/Mr McGrath)

1. *That the SPGPPS approve, as a true and accurate record, the report of the 29th Meeting of the SPGPPS held in Perth on 27 September 2002.*
2. *That the SPGPPS directs that the Report of the 29th Meeting of the SPGPPS be made available on the SPGPPS Website at: www. spgpps.com.*

1.3 PROGRESS REPORT ON ACTIONS ARISING FROM THE 29TH MEETING AND OUT–OF–SESSION DECISIONS

The SPGPPS noted the following Progress Report on Actions Arising from the 29th Meeting of the SPGPPS and discussed any out–of–session decisions**.**

	AGENDA ITEMS	ACTION OFFICER(S)	STATUS
	Report on the 29th Meeting of the SPGPPS		
➢	Draft and circulate report for comment	Secretariat	Done
➢	Revise Report based on comments received & prepare final	Secretariat	Done
1.2	**Report on the 28th Meeting of the SPGPPS**		
➢	Post Report on the SPGPPS website	Secretariat	Done
1.3.1	**Mental Health Privacy Coalition**		
➢	Coordinate 2nd MHPC Workshop for 1 November	Secretariat	Done
➢	Prepare Agenda and Material for Workshop	AMA/Secretariat	Done
1.3.2	**REVIEW OF THE REGULATORY FRAMEWORK FOR HEALTH FUNDS**		
➢	Draft Position Statement in response to Review	Taylor/Feeney/Patterson	Done
➢	Consider draft Statement at 5 November SPGPPS teleconference	SPGPPS	Done
2.2.1	**SPGPPS Data Collection and Analysis Project**		
➢	Organise signing of the Contract Variation to the AMA Agreement	Secretariat	Done
➢	Amend hospital enrolment procedure	SPGPPS Executive	Done
➢	5 November Teleconference to consider revised procedure	SPGPPS	Done
2.2.2	CDHAC, APHA, AHIA consider progress reports & revised budget	CDHA/AHIA/APHA	***Pending***
➢	Agenda Item 30th SPGPPS Meeting	Secretariat	Done
2.3	**SPGPPS National Forum 2002**		
➢	Defer to outcomes to SPGPPS Strategy Day 28 September 2002	Secretariat	Done
2.4	**Network of Private Psychiatric Sector Consumers & Carers**		
➢	Revise proposal for Network	Secretariat	Done
➢	Agenda Item 30the SPGPPS Meeting.	Secretariat	Done
2.5	**Correspondence from IAP**		
➢	Letter to IAP	Secretariat	Done
3.1	**National Network of Private Psychiatrists**		
➢	Standing Item on SPGPPS Agenda	Secretariat	Done
3.2	**Mid–Term Review of the 2nd NMHP**		
➢	Circulate face–to–face consultation dates	Secretariat	Done
➢	Forward any further comments to Secretariat by end of October	Stakeholders	Done
3.3	**Mental Health Needs Expenditure in Australia**		
➢	Draft comments on the report for circulation to SPGPPS	Taylor/Pring	***Pending***
3.4	**AHMAC National Mental Health Working Group (NMHWG)**		
➢	Circulate minutes when available	Secretariat	Done
➢	Co–ordinate conjoint Dinner with NMHWG Secretariat	Secretariat	Done
➢	Prepare SPGPPS agenda item for 6 December NMHWG Meeting	Secretariat	Done
3.5	**Safety and Quality in Mental Health**		
➢	Attend face–to–face meeting in Melbourne 25 October	Secretariat	Cancelled
➢	Agenda Item 30th SPGPPS Meeting	Secretariat	Done
3.6	**Health Care in Focus**		
➢	Circulate copies of CD to SPGPPS and Hospital CEOs	Secretariat	Done

1.3.1 Review of the Regulatory Framework for Private Health Insurance Funds

The Chair reported that, the 5 November 2002 Teleconference of the SPGPPS considered a copy of the preliminary draft version of the *Position Statement on the Regulatory Arrangements for Private Health Insurance Funds in Australia*, prepared by the Secretariat at the request of the SPGPPS. To expedite consideration of this Statement by Health Funds and Hospitals, a courtesy copy was forwarded to the members of the Health Fund Psychiatric

Care Liaison Group (HFPCLG) and the Australian Hospitals Association (APHA) Psychiatric Sub–committee. Stakeholders were asked to forward their suggestions and amendments to the Secretariat by 22 November 2002.

Mr Taylor reported that, to date, no comments had been received. The 30th Meeting was asked to consider the revised version and whether or not the statement could be supported by a coalition of relevant SPGPPS stakeholders.

A copy of the Position Statement was tabled and discussed.

Health Funds

Health Funds reported that they are firmly in agreement that the issues in the Position Statement need to be resolved between individual members, the Hospital and the individual Health Fund. Health Funds structure their businesses as they choose, as long as they operate within regulations and the law. The focus should be on disclosure at the time of purchase of the product. There is nothing illegal about Health Funds placing limits on products and premiums are normally based on the behaviour of 95% of Health Fund member activity. HFPCLG has suggested that if individuals or Hospitals continue to have problems with Health Funds that are functioning within the law, then they should approach the CDHAC with a view to having the current legislative arrangements changed.

Health Funds reported that those representatives present at the recent HFPCLG meeting had never received any specific complaints from individuals that could be investigated. They therefore objected to the implication in the Position Statement, which suggests Health Funds behave in a specific manner.

Mrs Hardy indicated that Health Funds were unable to endorse the Position Statement and expressed concern that if the Position Statement was released as a coalition paper, then the average citizen who reads the document is likely to believe that these comments apply to all Health Funds. This belief could potentially impact on levels of Health Fund membership, which in turn will impact on members using private hospitals.

HFPCLG felt that, if the SPGPPS focuses on this level of detail regarding funding, then it would be important to examine clinical practices that occur in some Hospitals. These practices are of major concern to some Health Funds, however, because of current legislation the Funds still have to pay the Hospitals.

Mrs Hardy indicated Exclusion Tables can exist legally and Health Funds reinforced that they are purchasers and that members have a choice of preferred services, just like there are preferred products within a Health Fund.

Hospitals

Hospitals felt that the Position Statement was too focussed on specific detail and needed to address the importance of the preservation of psychiatric care in the private sector. The issues that are documented in the Position Statement, however, are very important as they impact on consumers and their carers, psychiatrists, and on Hospitals from a commercial point of view.

Psychiatrists

The RANZCP and the AMA felt it was important the issues raised in the Position Statement are openly debated and that the Position Statement was a good beginning toward the development of a discussion paper on this issue.

Consumers and Carers

Consumers and Carers felt that the current arrangements deter consumers from making complaints about these types of issues. Mr McGrath indicated that, for example, the Mental Health Council of Australia (MHCA) is currently working on a complaint over a $50 co–

payment and that the response of the Health Insurance provider concerned was less than satisfactory. Mr McGrath felt it was important not to generalise and Ms McMahon felt it was important to ascertain whether the Health Insurance Ombudsman had received any complaints on the sort of issues raised in the Position Statement.

CDHAC

The CDHAC indicated that, while the Commonwealth had noted the issues raised in the Position Statement, the SPGPPS needed to decide how it wished to progress this matter.

Summary

Following an "in camera" discussion, the SPGPPS agreed that the Position Statement, in its current form, could not be supported by the whole SPGPPS, nor by a coalition of stakeholders. It was agreed that the Position Statement should be revised as a discussion document to help inform further debate on the issues involved. It was further agreed that the SPGPPS working group looking at innovative models should undertake this work.

RESOLVED

That the SPGPPS requests that the Draft Position Statement on the Regulatory Arrangements for Private Health Insurance Funds in Australia, be referred to the recently established SPGPPS working group on innovative models, for further development as a discussion paper. This working group has been asked to look at ways to overcome constraints to future uptake of a range of innovative models.

1.3.2 Mental Health Privacy Coalition (MHPC)

Earlier this year representatives of the MHPC met with the Federal Privacy Commissioner, Mr Malcolm Crompton, and considered the impact on the mental health sector of the Privacy Amendment (Private Sector) Act 2000. Mr Crompton was keen to participate with the Coalition in an educative process of the kind undertaken by the AMA and the Pharmacy Guild.

The Chair reported that, the MHPC met on 27 June 2002 in Canberra and agreed that a privacy kit could provide guidance on the development of privacy policies to suit the needs of mental health service providers and their patients. There are, however, some concerns that will require changes to the law and the MHPC agreed to identify the changes it believes should be sought when the legislation is reviewed in 2004. The MHPC subsequently asked the AMA to develop a draft kit for its approval.

Dr Bill Pring reported that the second meeting of the MHPC was held on 1 November 2002 in Canberra to:

- examine the concept and content of the preliminary draft of the *Privacy Kit for Mental Health Service Providers* developed by the AMA;
- consider the costs involved with the printing and distribution of Kit; and
- discuss further problems that require legislative change.

The SPGPPS noted a copy of the draft report of that meeting and the draft Kit prepared by the AMA. Mr Taylor reported that the AMA Legal Counsel, Ms Pam Burton, is currently revising the Kit, which will be circulated for final comment to the MHPC shortly. Ms Burton would also welcome any comments from this meeting of the SPGPPS.

RESOLVED

1. *That the SPGPPS notes the draft report of the Second Meeting of the Mental Health Privacy Coalition held in Canberra on 1 November 2002.*

2. *That the SPGPPS notes the draft Privacy kit for mental health service providers in the private sector prepared by the Australian Medical Association, for and in consultation with, the Mental Health Privacy Coalition.*

3. *That the SPGPPS requests Members forward any comments they might wish to make on draft Privacy kit for mental health service providers in the private sector to the SPGPPS Secretariat.*

2. FINANCIAL AND OPERATIONAL MATTERS

2.1 SPGPPS PROGRESS REPORT 2002–2003

The Chair indicated that, in accordance with the *AMA Agreement for Services* between the AMA, RANZCP, CDHA, APHA (on behalf of participating private hospitals with psychiatric beds), and the AHIA (on behalf of participating health insurance funds), the SPGPPS is required to produce a yearly progress report, which includes the following.

- Progress with the implementation of strategic initiatives and any projects.
- Progress with any other major SPGPPS activities.
- Audited Financial Statements.
- Recommendations on funding for Year 3.
- Any revisions to the funding formula for stakeholder contributions.
- A revised Schedule of Services and Deliverables for Year 3.

A copy of the first draft of the *SPGPPS Progress Report 2002–2003* was then considered together with a copy of its *Income and Expenditure Statement* as at 31 October 2002. The SPGPPS acknowledged that it will not be possible for the Secretariat to properly finalise the Progress Report until the end of Year 2 (2002) of operation of the SPGPPS.

The SPGPPS Executive Officer, Mr Phillip Taylor, explained that the budget for Years 1 (2001), 2 (2002) and 3 (2003) of the operation of the National SPGPPS Secretariat were originally developed in the second half of 2000, prior to the implementation of the Goods and Services Tax and without a complete understanding of the extent of the support that would be required for the SPGPPS as its role continued to evolve.

The SPGPPS noted that overall expenditure in Year 1 of operation of the SPGPPS National Secretariat was down by $22,602, with that saving carried forward to Year 2. Mr Taylor indicated that expenditure to date indicates that there will be no savings at the end of Year 2 and possibly a small shortfall. The major differences in Year 2 expenditure compared to Year 1 were related to unbudgeted SPGPPS activity including:

- Strategic Planning Day 1
- Strategic Planning Day 2
- AHMAC NMHWG Meetings
- National Consumer and Carer Forum
- NNPPSCC Meetings
- Mental Health Privacy Coalition Meetings
- Other Meetings/Conferences
- Legal advice associated with the review of leadership options for the SPGPPS

Mr Taylor reported that there would also be approximately $6000 in unbudgeted legal costs for Year 3 associated with determining the future organisational and funding arrangements for the operation the SPGPPS National Secretariat and the Centralised Data Management Service (CDMS) beyond Year 3 of the current AMA Agreement. This determination must include decisions as to whether or not the SPGPPS is to continue when the current AMA

Agreement expires on 1 February 2004. If it is decided that the SPGPPS should continue, then the following must also be determined in 2003.

- In what form, under what funding and contractual arrangements, and for what term is the National Secretariat to operate.
- Is the SPGPPS's CDMS to continue, and if so, in what form and under what funding and contractual arrangements should that Service operate. The SPGPPS noted that, under current contractual arrangements, the CDMS cannot operate independently of the SPGPPS National Secretariat.

The SPGPPS acknowledged that this determination must be reached in good time to enable appropriate contractual arrangements to be formalised and signed by 31 January 2004. Allowing three months for the preparation and execution of the required contracts, final agreement on the form of the arrangements needs to be achieved no later than 31 October 2003.

Mr Taylor indicated that, if it is decided that the SPGPPS should not continue, then the SPGPPS must also determine by 31 October 2003, what arrangements and procedures are to be undertaken to ensure that SPGPPS National Secretariat and the CDMS are closed by the 31 January 2004.

A discussion of expenditure to date followed. It was acknowledged that the demand for SPGPPS representation on key national groups had expanded substantially over the past twelve months. While the meeting endorsed the work undertaken by the SPGPPS in Year 2 (2002) it was agreed that the SPGPPS should work strictly within the context of its existing budget for Year 3 (2003). Funding should be reallocated where necessary to compensate for any shortfall at the end of Year 2 and the foreshadowed legal costs in Year 3. It was also agreed not to hold the SPGPPS National Forum in 2003, but rather to concentrate on progressing the issues arising from the SPGPPS 2002 National Forum and the 2002 SPGPPS Strategic Planning Days.

RESOLVED

1. *That SPGPPS endorses the operation of the SPGPPS National Secretariat as detailed in the draft SPGPPS Progress Report 2002–2003, and requests that the SPGPPS operate strictly within the context of the agreed budget arrangements for Year 3 (2003). Funding should be re–allocated, where necessary, to compensate for any shortfall in expenditure at the end of Year 2 and to cover the legal costs foreshadowed for Year 3.*
2. *That the SPGPPS directs that the planned SPGPPS National Forum for 2003 be postponed to enable the SPGPPS to concentrate on progressing the issues arising from the SPGPPS 2002 National Forum and the 2002 SPGPPS Strategic Planning Days.*
3. *That the SPGPPS notes the Draft SPGPPS Progress Report 2002–2003, prepared by the SPGPPS Secretariat, and requests that a copy of the **draft** report be forwarded to the signatories to the AMA Agreement for Services with invoices for Year 3 of the operation of the SPGPPS at the end of December 2002. The SPGPPS requests that this be done to give the Parties to the AMA Agreement enough time to process their payments before the commencement of Year 3, on **1 February 2003**.*

Mr Taylor reported that, in February 2003, the chartered accountants Duesburys would conduct an audit of the revenue and expenditure for the SPGPPS for the period 1 February 2002 to 31 January 2003. A copy of Duesbury's letter of acquittal and the final Statement of Expenditure and Income for that period will then appear at Attachment 1 in the final version of the Progress Report. A copy of the final version of the Progress Report will then be forwarded to the Parties to the AMA Agreement upon completion of Duesburys audit.

2.2 SPGPPS DATA COLLECTION AND ANALYSIS PROJECT

2.2.1 Update on Progress

The Chair invited the SPGPPS Information Officer, Mr Allen Morris–Yates to report on progress with the implementation of the *National Model for the Collection and Analysis of a Minimum Data Set with Outcome Measures for Private Hospital–based Psychiatric Services* (National Model). In doing so, Mr Morris Yates tabled and explained several de–identified sample data reports from the CDMS. There was consensus that the outcome measures appear to be behaving the way that they are expected to, and are providing important data for both Hospitals and Health Funds. The length of Standard Reports for Health Funds was noted (400+ pages for some Health Funds) and Mr Morris–Yates indicated that electronic reports would be one solution to this problem in the longer term.

Health Funds reported that Mr Morris Yates had provided a similar presentation to the recent HFPCLG meeting. The SPGPPS noted that HFPCLG found the presentation and Standard Reports exceptionally beneficial and had congratulated Allen on the production of such detailed and valuable Reports.

Several questions were then raised as to the capacity of the current collection to provide benchmark data on specific issues. Mr Morris–Yates explained that the Report, titled *Planned, Actual and Proposed Progress with implementation of the SPGPPS National Model – September 2002,* contained a detailed work plan geared toward providing increasingly sophisticated reports. Mr Morris–Yates suggested that this should be an iterative process and that the SPGPPS may wish to re–convene the SPGPPS Data Collection Project Working Group to facilitate that process.

The SPGPPS congratulated Mr Morris–Yates on the quality of the reports and it was noted that a National Report would be produced at the end of the second quarter of 2003.

2.2.2 Planned, Actual and Proposed Progress with implementation of the SPGPPS National Model – September 2002

The Chair indicated that the 29th Meeting of the SPGPPS had requested that its Health Fund, Hospitals and Commonwealth Representatives advise this Meeting on how they wished to proceed in relation to the revised funding arrangements for Year 3 of operation of the CDMS as detailed in the report, titled *Planned, Actual and Proposed Progress with implementation of the SPGPPS National Model – September 2002*.

A copy of this Report had been circulated with the agenda and papers to assist with discussion of this item.

The CDHA requested that some costs, such as salaries and accommodation, needed to be further clarified. The SPGPPS Secretariat agreed to clarify the accommodation costs and to provide appropriate written advice to the Parties from the AMA on determination of the Information Officer's salary. Subject to these comments, the Commonwealth indicated that it would continue to support its one–third contribution toward the operation of the CDMS.

Hospitals suggested that the principle focus of work should now be the development of the Standard Reports for Hospitals and Health Funds, that no further face–to–face visits with currently participating Hospitals would be required. Hospitals requested that the budget be reviewed to reduce expenditure wherever possible.

Hospitals also considered that some of the priorities in the *Way Forward* were not relevant to Hospitals. For example, while the expansion of the National Model to include a capacity to provide Treating Psychiatrists with aggregate statistical information in respect of their patients' hospital stays, was an issue relevant to the RANZCP, it was not a priority for Hospitals. The Chair indicated that it was the Hospitals and Health Funds that had originally

suggested psychiatrists needed to be involved because their decisions about length of stay and types of treatment carry cost implications for Hospitals and Health Funds.

Hospitals and Health Funds agreed that, subject to these comments, they would continue to support their one–third shares of the contribution toward the operation of the CDMS.

The SPGPPS requested that Mr Allen Morris–Yates revise the budget based on the deliberations of this Meeting to reduce costs of implementation of the National Model, wherever possible.

Resolved

1. *That the SPGPPS endorses "in principle" the ongoing operation of the SPGPPS Centralised Data Management Service (CDMS).*
2. *That the SPGPPS requests that the report titled, Planned, Actual and Proposed Progress with implementation of the SPGPPS National Model – September 2002, be revised to reduce costs, wherever possible.*
3. *That the SPGPPS requests the AMA provide written advice with regards to the revised SPGPPS Information Officer's remuneration for Year 3 of operation of the CDMS, before the 31st meeting of the SPGGPS.*

2.3 NATIONAL NETWORK OF PRIVATE PSYCHIATRIC SECTOR CONSUMERS AND CARERS *(NETWORK)*

The 29th Meeting of the SPGPPS requested that the Secretariat prepare a proposal to support expansion of the *National Network of Private Psychiatric Sector Consumer and Carers* (NNPPSCC or National Network) to be jointly funded by the AMA, RANZCP, AHIA, APHA, CDHA, DVA and beyond blue. Ms Janne McMahon, Dr Jo Lammersma, Mrs Judy Hardy and Ms Moira Munro assisted with this task. This proposal was prepared to facilitate further discussion of the structure and funding requirements for expansion of the National Network under the auspice of the SPGPPS.

The SPGPPS then noted and considered a copy of the draft proposal titled, *Improving Consumer and Carer Participation in Private Sector Mental Health Services.*

Ms Janne McMahon and Mr John McGarth spoke in support of the Proposal and commended it to the group.

The Commonwealth indicated that it would reserve its position concerning the Proposal, pending further consultation.

Hospitals reported that they were supportive of the Proposal.

Health Funds supported the proposal "in principle" and suggested that the funding for the National Network should be built into the annual funding for the SPGPPS. This would enable the AHIA and the APHA to receive one funding request each year rather than continuously seeking additional funding when projects arise.

RESOLVED

1. *That the SPGPPS endorses "in principle" the proposal prepared by the SPGPPS Secretariat titled, Improving Consumer and Carer Participation in Private Sector Mental Health Services, with the Commonwealth Department of Health and Ageing reserving its position, pending further consultation.*
2. *That the SPGPPS requests that the following organisations consider the proposal, titled Improving Consumer and Carer Participation in Private Sector Mental Health Services, and advise the 31st Meeting of the SPGPPS whether they wish to contribute to the funding for the National Network of Private Psychiatric Sector Consumer and Carers.*

    - *Australian Medical Association*

- *The Royal Australian and New Zealand College of Psychiatrists*
- *Australian Health Insurance Association*
- *Australian Private Hospitals Association*
- *Commonwealth Department of Health and Ageing*
- *Commonwealth Department of Veterans Affair's*
- *Beyond blue*

The Chair asked the respective SPGPPS representatives of these organisations to brief their constituencies concerning the Proposal. SPGPPS consumer and carer representatives were asked to brief the Executive Officer of beyondblue, Professor Ian Hickie, concerning the Proposal.

2.4 SPGPPS MEETINGS AND NATIONAL FORUM DATES 2003

The SPGPPS considered and agreed on appropriate dates for four face–to–face meetings of the SPGPPS in 2003.

RESOLVED

That the SPGPPS adopts the following schedule of SPGPPS meetings dates for 2003.

MEETING AND DATE	TIME	LOCATION	VENUE
31st SPGPPS Meeting Thursday, 13 March	Start:: 10 AM Finish: 4 PM	Sydney	RANZCP *NSW Branch* Upstairs Board Room Maddison House 761 Darling Street Rozelle NSW Ph: 02 9810 7963 Fax: 02 9810 5073
32nd SPGPPS Meeting Friday, 20 June 2003	Start:: 10 AM Finish: 4 PM	Melbourne	RANZCP *Headquarters* 309 La Trobe Street Melbourne Victoria Ph: 03 9640 0646 Fax: 03 9642 5652
33rd SPGPPS Meeting Friday, 12 September 2003	Start:: 10 AM Finish: 4 PM	Adelaide	Adelaide Hilton 233 Victoria Parade Adelaide South Australia Ph: 08 8217 2000 Fax: 08 8217 2001
34th SPGPPS Meeting Friday, 28 November 2003	Start:: 10 AM Finish: 4 PM	Canberra	AMA House 3rd Floor Conference Rooms 42 Macquarie Street Barton ACT Ph: 02 6270 4000 Fax: 02 6270 5499

3. DISCUSSION ITEMS

3.1 2ND STRATEGY DAY AND MATTERS ARISING

The SPGPPS then considered and approved the final draft report of the *2nd SPGPPS Strategic Planning Day*, which was held at the Perth Clinic, on Saturday, 28 September 2002.

RESOLVED

That the SPGPPS approves the Report of the 2nd Strategic Planning Group for Private Psychiatric Services Strategic Planning Day, held on 28 September 2002 in Perth, as a true and accurate record of proceedings.

The Chair reported that the Strategic Planning Day examined the five Agreed Stakeholder Goals arising from the SPGPPS National Forum 2002 and determined the role of the SPGPPS, and its stakeholders, in progressing these. Progress with the five Agreed

Stakeholder Goals and other matters arising from the Strategic Planning Day, were then considered.

3.1.1 NATIONAL SPGPPS FORUM 2002 AGREED STAKEHOLDER GOAL 1

The Chair reported that, to progress *Agreed Stakeholder Goal 1*, the 2nd SPGPPS Strategic Planning Day decided to support the establishment of the *National Network of Private Psychiatric Sector Consumers and Carers* (hereafter the National Network). Since that time, the SPGPPS has participated in the development of a proposal geared toward improving consumer and carer participation in private sector mental health services, as detailed under item 2.3 above.

It was noted that, the Strategic Planning Day also agreed to identify current best practice in SPGPPS stakeholder groups in relation to consumer and carer participation. The SPGPPS Secretariat was asked to develop a draft Template, by December 2003, to assist stakeholders with this task. The Strategic Planning Day agreed that the SPGPPS should then be able to better understand the issues stakeholders face with consumer and carer participation. This information would also provide the National Network with invaluable information at an early stage of its development. The Strategic Planning Day asked that this work be completed by March 2003.

A copy of the draft Template was then considered and it was felt that this approach was too problematic given the diverse range of stakeholders involved. It was agreed that it would be wiser for the representatives of each SPGPPS stakeholder organisation to prepare a half–page summary on what is happening at present in relation to consumer and carer participation. The Chair asked that the half page summaries be forwarded to the SPGPPS Secretariat so that an appropriate agenda item can be prepared for the 31st Meeting of the SPGPPS.

> **RESOLVED**
>
> *The SPGPPS requests that SPGPPS Members and Observer prepare a half–page summary concerning what their stakeholder organisation is doing in relation to consumer and carer participation.*

3.1.2 NATIONAL SPGPPS FORUM 2002 AGREED STAKEHOLDER GOAL 2

The Chair reported that, to progress Agreed Stakeholder Goal 2, the Strategic Planning Day agreed to establish a working group comprised as follows

Health Funds	Mrs Judy Hardy (Chair)
DVA	Mr David Morton
Hospitals	Ms Sue Feeney
AMA	Dr Bill Pring
CDHA	Ms Julie Marr
CDHA	Ms Nicole Taylor
RANZCP	Mr Craig Patterson

The Strategic Planning Day asked the working group to report back to the SPGPPS, by March 2003, on ways to overcome constraints to future uptake of a range of innovative models. The SPGPPS will then be able to determine how best to take these results forward.

The Chair reminded those present that this Meeting had requested that the *Position Statement on the Regulatory Arrangements for Private Health Insurance Funds in Australia*, be referred to this working group for further development as a discussion paper (see item 1.3.1 above).

Mrs Hardy indicated that the HFPCLG had considered Health Fund representation on this group and agreed that Mr Bruce Houghton should Chair the group in her place. The SPGPPS endorsed the suggested change.

Given the contingencies of the Christmas/New Year holiday period the SPGPPS Secretariat was asked to organise for this working group to meet via teleconference in late January 2003.

RESOLVED

That the SPGPPS requests that its Secretariat co–ordinate the first meeting of the SPGPPS Working Group on Innovative Models working group for early January 2003.

3.1.3 NATIONAL SPGPPS FORUM 2002 AGREED STAKEHOLDER GOAL 3

The Chair reported that to progress Agreed Stakeholder Goal 3, the Strategic Planning Day agreed to develop a shared understanding of effective arrangements in strengthened coordination of care, particularly in relation to issues the RANZCP is involved in. The SPGPPS is to be the forum for discussion and the RANZCP will keep the SPGPPS informed of developments through a Standing Item on the SPGPPS agenda (see Agenda Item 4.4).

The Strategic Planning Day also agreed to identify key areas where SPGPPS has a common view and ensure ways to bring the Executives of the key stakeholders together to shape the agenda. As a first step toward achieving this, it was agreed that the Chair, Dr Yvonne White and the Secretariat should develop a protocol to follow when it is necessary to bring a coalition of players together. A copy of the draft Protocol was then considered and noted.

The Chair reported that, the Strategic Planning Day also agreed to identify extent and nature of difficulties in access to after hours care access, across the whole system and, in particular, for new patients. To progress this, Hospitals agreed to survey the CEOs of private hospitals with psychiatric beds and the RANZCP agreed to survey psychiatrists. Hospitals and the RANZCP reported that there had not been an opportunity to undertake their respective surveys to date. This issue will be progressed in the New Year and it is anticipated that data will be available for the 31st meeting of the SPGPPS. It was agreed that the objective of these surveys should be to attempt to answer the following questions.

1. Is there a problem with GPs obtaining access to psychiatrists after hours?
2. Is there is a problem with psychiatrists obtaining access to after hours care, for existing patients?
3. Is there is a problem with psychiatrists obtaining access to after hours care for new patients?
4. Where access problems do exist, what is the specific nature of the problem?
5. Where access problems do exist, are there any mechanisms in place to deal with such problems?
6. Is there a problem getting access to community follow–up teams?

Mr Taylor then reported that, since the Strategic Planning Day, it was brought to the Secretariat attention that the Private Health Access Taskforce (PHAT) is also working on the issue of refusal of access, and examining the feasibility of establishing an electronic record in the private hospital booking system, detailing the events surrounding specific cases of refused admission.

A copy of the summary of the 9 July 2002 meeting of PHAT was noted, together with a copy of the PHAT discussion paper on this issue.

Mr Taylor reported that Mr Patrick Tobin from the Federal AMA Medical Practice Department is an Observer on PHAT for the AMA. The SPGPPS noted that Mr Tobin had referred the concerns of the SPGPPS to the Chair of the PHAT Dr Robyn Mason. Mr Taylor reported that the PHAT met on 4 December 2002 and that the outcome of discussions would be known shortly. Mr Callanan agreed to follow–up the outcome of the PHAT meeting.

RESOLVED

That the SPGPPS requests Hospital and RANZCP representatives to undertake the necessary steps to obtain data on the extent and nature of difficulties in access to after hours care and report back to the 31st meeting of the SPGPPS on their findings. The Secretariat is asked to assist these stakeholders where possible.

3.1.4 NATIONAL SPGPPS FORUM 2002 AGREED STAKEHOLDER GOAL 4

To progress Agreed Stakeholder Goal 4, the Strategic Planning Day agreed to establish a link with the Commonwealth Department of Health and Ageing, Health and Industry Investment Division to ascertain what is being done to support the specialist workforce across the mental health area.

Mr Taylor reported that the SPGPPS Secretariat had contacted the Division and invited its First Assistant Secretary, Mr Bob Wells to attend and address the first meeting of the SPGPPS in 2003.

The Strategic Planning Day also agreed that SPGPPS stakeholders needed to identify current problems in the consistency and quality of state–based licensing arrangements and to identify a minimum set of requirements to take forward to the March 2003 meeting of the AHMAC National Mental Health Working Group.

The Chair reported that, to progress this matter, it was agreed that a working group, comprising Hospitals (Ms Moira Munro), Health Funds (Mrs Judy Hardy) and Consumers (Ms Janne McMahon), should be convened by the RANZCP and report back to the SPGPPS by March 2003. It was noted that, since the Strategic Planning Day, the SPGPPS Secretariat had provided an overview of the differences that currently exist between each State and Territory with regard to Licensing Arrangements. The SPGPPS noted that, the Strategy Day further agreed that the RANZCP should develop a proposal to take to the Australian Council for Safety & Quality in Health Care (ACSQHC) and/or the National Institute of Clinical Studies (NICS) to identify how best to use evidence to get changes in practice.

The RANZCP reported that there would now be a substantial delay with progress on this issue, due to the untimely death of Dr Margaret Tobin, in October 2002. Dr Tobin had been responsible, on behalf of the RANZCP Quality Improvement Committee and the AHMAC NMHWG Safety and Quality Committee, for taking this matter forward in partnership with the SPGPPS, and ACSQHC. Mr Taylor reported that the AHMAC NMHWG was also looking at how this area would now be progressed. The SPGPPS noted that a Project Brief had been developed by the AHMAC NMHWG to progress the safety and quality agenda and that this Brief would be considered under Agenda Item 4.6 (see below).

3.1.5 NATIONAL SPGPPS FORUM 2002 AGREED STAKEHOLDER GOAL 5

The Chair reported that, to progress Agreed Stakeholder Goal 5, the Strategic Planning Day agreed to form a working group to liaise with the RANZCP to develop a strategy that will eventually enable practitioners to use local data linked to evidence (data analysis and alignment) and ultimately, enable benchmarking across settings.

It was also agreed that a basic information infrastructure should be developed to support evidence–based practice in hospital settings. This should include a description of work currently being undertaken by the SPGPPS Information Officer, Mr Allen Morris–Yates.

The Chair reported that this was a long–term issue and needed to be followed up by the RANZCP in the new year.

3.1.6 SPGPPS NATIONAL FORUM 2003

The Chair reported that the Strategic Planning Day had also considered the SPGPPS National Forum 2002 and the feedback received from Delegates. The SPGPPS noted that the Strategic Planning Day put forward the following range of suggestions for the SPGPPS National Forum 2003.

- Build in more time for networking and promote the SPGPPS more strongly, in particular, the profile of the Executive Officer needs to be addressed.
- Explore the style of the conference with a range of speakers/electives and demonstrate the track record of achievement.
- Provide opportunities for specific subgroups, for example consumers and carers, to meet together, and facilitate a meeting place for particular groups.
- Bring diverse groups together but ensure task and timing provide sufficient opportunity to explore views.
- Explore stronger input by SPGPPS into THEMES and other conferences.
- Provide a catalyst for provocative debate.
- Look at most appropriate conference timing.

A discussion followed and there was strong consensus that the SPGPPS needed to concentrate on progressing the issues that had been agreed at both the 2001 and 2002 National Forums. It was felt that the SPGPPS should concentrate on putting processes in place to take those issues forward over the next twelve to eighteen months, rather than holding another Forum. It was, therefore, decided not to hold the SPGPPS National Forum in 2003, but rather to concentrate on progressing the issues arising from the SPGPPS 2001/2002 National Forums and the 2002 SPGPPS Strategic Planning Days.

Under this Agenda Item, the Chair reported that Eli Lily had declined providing sponsorship for the printing and distribution of the post–Forum publication titled, *SPGPPS National Forum 2002, Innovative Models of Service Delivery and Funding for Private Sector Mental Health Services, Edited Forum Proceedings.* Given the costs involved, it was agreed not to produce a hard copy of the publication, but rather to circulate an electronic version and post a copy of the publication on the SPGPPS website.

RESOLVED

1. *That the SPGPPS directs that the National SPGPPS Forum for 2003 not proceed and that the SPGPPS concentrate its efforts on progressing the issues arising from the SPGPPS 2002/2003 National Forums and the 2002 SPGPPS Strategic Planning Days.*
2. *That the SPGPPS requests that the Secretariat finalise the publication titled, SPGPPS National Forum 2002, Innovative Models of Service Delivery and Funding for Private Sector Mental Health Services, Edited Forum Proceedings, and provide it in electronic format to those listed on the SPGPPS database.*

4. STANDING ITEMS

4.1 PRIVATE HOSPITALS

The Chair reported that, the 5 November, 2002 Teleconference of the SPGPPS had agreed that a Standing Item for issues of concern to private hospitals with psychiatric beds be placed on the agenda for future face–to–face meetings of the SPGPPS.

Hospital representatives indicated they had nothing further to report beyond the discussions of the Items already on the agenda.

4.2 PRIVATE HEALTH INSURANCE FUNDS

The Chair reported that, the 5 November, 2002 Teleconference of the SPGPPS had agreed that provision should be made for a Standing Item on private health insurance issues on the agenda for face–to–face meetings of the SPGPPS.

Health Fund representatives indicated they had nothing further to report beyond the discussion of the Items already on the agenda.

4.3 RANZCP

The Chair reported that, the 2nd SPGPPS Strategic Planning Day had agreed that provision should be made for a standing item to be included on the agenda for all future face–to–face meetings of the SPGPPS to enable the RANZCP to report on current issues, including the work of the RANZCP National Practice Network.

RANZCP representatives indicated there was nothing further to report beyond the discussions of the Items already on the agenda.

4.4 RACGP

The Chair reported on the recent meeting held on 18 November 2002 between the SPGPPS Executive, the Executive Director of the RANZCP, Mr Craig Patterson and President of the RACGP, Professor Michael Kidd. The purpose of the meeting was to discuss the improving the consistency of input of GPs into the SPGPPS process and ways to enhance this.

At that meeting, Professor Kidd indicated that the RACGP was in financial difficulty and was unable to guarantee that Dr Brain Kable would be able to attend every meeting of the SPGPPS in 2003. Professor Kidd indicated, however, that where Dr Kable was unable to attend SPGPPS meeting, the RACGP would endeavour to provide an appropriate locally–based representative for the meeting. Mr Taylor reported that the RACGP had been unable to do this for this meeting of the SPGPPS. The SPGPPS noted that there would be a standing item on this and all future meetings of the SPGPPS for the RACGP. Mr Taylor indicated that a courtesy copy of the SPGPPS agenda and papers are now routinely circulated to Professor Kidd and the Executive Officer of the RACGP.

Under this agenda item, there was a brief discussion of the CMBS Items for mental health and the apparent reluctance of some GPs to use these items because of the access requirements involved. The CDHAC reported that the Commonwealth had not received any complaints. Mr McGrath reported that the MHCA was seeking a meeting with the Federal President of the AMA concerning the AMA approach to this issue and the need for education of the professions, particularly the RACGP, on the use of the Items. The RANZCP supported the position of the MHCA on this issue and indicated that the Health Insurance Commission uptake figures indicate that GPs are using the Items.

The AMA acknowledged the comments of the Meeting and indicated that a lot or work needed to be done in this area. The AMA reinforced, however, that some GPs are reluctant to use a range of CMBS Items because of the difficulties involved in accessing them.

The Chair reported that, as there was no RACGP representative able to attend this Meeting, there would be no formal response from the RACGP.

4.5 CDHA

The Chair reported that, at the 5 November 2002 Teleconference of the SPGPPS it was agreed that a standing item for issues of concern to CDHA be placed on the agenda for future face–to–face meetings of the SPGPPS.

The CDHA reported on the recent re–organisation of the Department. The SPGPPS noted the following changes.

- The Private Health Industry Branch has been dissolved and a Hospitals Branch and Private Health Insurance Branch have been created in its place, both under the new Acute Care Division of CDHA.
- The Mental Health and Special Projects Branch takes up a new position in the Health Service Improvement Division of the CDHA.

A short discussion of the rationale for these changes followed.

Mr John McGrath then reported on the recent outcome of the MHCA Annual General Meeting at which Mr Keith Wilson was elected as the new Chair of the MHCA and Ms Sue Feeney was re–appointed as Deputy Chair. Mr John Lawrence, representing the National Health Alliance, was elected a Secretary Treasurer and Mrs Judy Hardy and Ms Helen Connor from the National Consumer and Carer Network were elected to the five person MHCA Executive. Mr Wilson is from Western Australia (WA) and is the Chair of the WA Association for Mental Health, and sits on the Board of Carers WA and the Board of the St John of God Hospitals in WA. He is also a former WA Health Minister.

4.6 AHMAC NATIONAL MENTAL HEALTH WORKING GROUP (NMHWG)

Earlier this year, the Chair of the SPGPPS was appointed to represent the SPGPPS on the NMHWG. The Executive Officer was subsequently invited to attend NMHWG meetings as an Observer.

The SPGPPS then considered a copy of the agenda for the next NMHWG, to be held on Friday, 6 December 2002 in Melbourne back–to–back with this meeting of the SPGPPS.

Under this Agenda Item, Mr Taylor and Mr Allen Morris–Yates reported on the recent teleconference between representatives from the SPGPPS, NMHWG Safety and Quality Committee (SQC), the RANZCP Quality Improvement Committee (QIC), and the Australian Council for Safety and Quality in Health Care (ACSQHC). The purpose of the teleconference was to consider how the safety and quality agenda might now be progressed following the recent death of Dr Margaret Tobin. The teleconference confirmed the need for more background work to be undertaken and Mr Morris–Yates and Mr Taylor were asked to prepare a Project Brief for consideration by the NMHWG, ACSQHC, QIC and the SPGPPS.

A copy of the self–explanatory Project Brief was then tabled and discussed and the following resolution was passed.

RESOLVED

That the SPGPPS supports the development of a strategy to progress the issue of safety and quality in mental health that achieves the following in both the private, and the public sectors.

1. *An accurate and balanced reflection of the concerns of consumers and carers relating to safety and quality in mental health.*
2. *Better understanding of any gap between safety and quality in mental health versus the mainstream health system.*
3. *Identification of linkages between current developments in data collection and the utilisation of that data at the local level for improvement of safety and quality.*
4. *Development of recommendations for future national activities.*

The SPGPPS acknowledged that resources to enable the completion of these four tasks need to be identified and the SPGPPS supported the need for funding to obtain further advice on how to

take the safety and quality agenda forward. The SPGPPS noted that this initial work would take from three to six months. The Chair agreed to take the resolution of the SPGPPS to the 6 December 2002 meeting of the NMHWG.

5. INFORMATION ITEMS

The following Information Items were noted en bloc and then updated, where appropriate, by the Meeting.

5.1 CLINICAL PRACTICE GUIDELINES (CPGS)

In late 1998, the CDHA and the New Zealand Health Funding Authority provided funding for the RANZCP to develop a series of evidence–based CPGs for clinicians and for consumers on Schizophrenia, Anorexia Nervosa, Deliberate Self Harm, Major Depression (in adults), Bipolar Disorder, and Panic Disorder and Agoraphobia.

This initiative was intended to result in a set of user friendly and accessible CPGs that could be used as a resource for clinical decision–making. The series would replace an earlier and now outdated *Treatment Outline* series.

The CPGs were originally being developed through a decentralised development process with six separate writing teams. A national Steering and Implementation Committee, was convened by the RANZCP, to oversee the CPG development process and the dissemination/implementation planning. The Steering Committee was comprised of representatives from consumers and carers, the CDHA, the SPGPPS, non–government consumer informatics, and medical education and implementation expertise.

There have been significant problems with the CPGs Project and following extensive consultation with the CDHA, the College has agreed to fulfil the requirements of the original Grant Agreement and, in addition, will gain acceptance of the CPGs by College Council and the College Quality Subcommittee. Further, it has been agreed that the College will work to have the CPGs incorporated in the RANZCP quality assurance mechanisms as statements of best practice. In June 2002, the CDHA and the RANZCP varied the Grant Agreement for the CPGs Project. This Agreement now requires:

- extension of the project timeframe to end November 2002;
- provision by the Commonwealth of small additional funding, bringing total funding to $494,520;
- delivery by the RANZCP of a suite of CPGs (practitioner and consumer versions), as previously agreed, in the areas of major depression, schizophrenia, bipolar disorder, anorexia nervosa and panic disorder/agoraphobia;
- acceptance of these CPGs by the RANZCP Quality Committee and by the RANZCP General Council;
- publication of the suite of completed CPGs in the RANZCP Journal and in *Australian Psychiatry;*
- placement of the suite of completed CPGs on the RANZCP website;
- anticipated incorporation of the Guidelines in RANZCP quality assurance processes/mechanisms, as advised by the Quality Committee; and
- Commonwealth access to all CPG material.

At present, the CPGs are undergoing editorial review with a view to publishing summary versions of the CPGs in *Australasian Psychiatry* in December 2002. Comprehensive versions of the CPGs will be published in the *Australian and New Zealand Journal of Psychiatry* and

will be available on the RANZCP website. It is anticipated that the editorial review process will be completed by November 2002. Information on the CPGs for the treatment of self harm has appeared in the 27 August 2002 edition of the *Bulletin*, and *Australian Doctor* has interviewed Professor McGorry about the CPGs for the treatment of schizophrenia.

5.2 CLINICAL CARE PATHWAYS (CCPS)

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) scoping exercise to explore the potential use of Clinical Care Pathways (CCPs) in psychiatry and mental health services was completed in 1998. A project report was provided to the Commonwealth Department of Health and Ageing (CDHA).

The report highlighted the lack of experience and information in applying CCPs across community care in mental health and identified that most work to date had focused on diagnostic related groups, particular events such as Electro–convulsive Therapy, or events within a CCP such as assessment or admission. The report, however, did conclude that CCPs could promote quality patient care by incorporating standards and Clinical Practice Guidelines and by providing a mechanism whereby care can be monitored on the basis of outcomes.

In 2002, the University of Qld Department of Psychiatry was commissioned by the CDHA to update this Report. In June 2002, a project officer conducted a scan of activity in the CCPs area within mental health.

The scan showed a more widespread interest in CCPs, although research in Australia was still limited. Whilst CCPs development has progressed significantly within other medical departments, psychiatry has been less active in this area. The report concluded that CCPs could improve patient care but psychiatrist's awareness of CCPs and their role in care management within mental health needs to be improved.

In March 2002, the Commonwealth provided the RANZCP with $10,000 (GST inclusive) for the printing, dissemination and consultation in relation to the Discussion Paper *Clinical Pathways in Mental Health*.

In October 2002, the RANZCP indicated that they were in the process of publishing the report and preparing for distribution to stakeholders. As of 8 November 2002, the Commonwealth had not received confirmation from the RANZCP that this process has been completed.

5.3 NATIONAL MENTAL HEALTH SERVICE INTEGRATION PROJECTS

The aim of these Projects is to establish and document approaches to integrating private psychiatric services and public sector mental health services. The purpose is to create and test a more flexible integrated framework within which mental health care can be delivered, and to optimise outcomes for consumers. The Projects are expected to achieve improvements in the quality, appropriateness, and efficiency of mental health service delivery by:

- assisting greater involvement of private psychiatrists in public sector mental health services;
- providing continuity of care for private psychiatrists' patients who require hospitalisation; and
- improving linkages with primary care, especially general practitioners.

Three projects, one in Victoria and two in New South Wales, are in a Live Phase, as set out below. The University of Wollongong's *Centre for Health Service Development* is providing technical advice and support to all projects.

- ***Victoria***

  The Public and Private Partnerships Project of inner East Melbourne is a joint initiative of St Vincent's Mental Health Services and the Melbourne Clinic. The project commenced in September 2000 after completing a lengthy 2–year planning phase. The evaluation team for this project is headed by Ms Jenni Livingston from the Centre for Health Program Evaluation, University of Melbourne.

- ***New South Wales***

  Two projects commenced the Live Phase on 1 July 2001.

  1. Far West Area Health Service – the project has involved extensive consultation with consumers and carers, Indigenous Australian groups, as well as other stakeholders, and offers the opportunity to trial various ways of improving psychiatric services in a remote rural setting.
  2. Illawarra Area Health Service – the project proposes an integrated mental health network that will: facilitate improved access for consumers across a range of services; provide private psychiatrists in the region with an opportunity to better target their skills in an innovative way; and provide multi–disciplinary support for local general practitioners in their role as primary carers. Rather than being a discrete demonstration project, all aspects of mental health service provision, related projects and services in the region have been considered in the development of this proposal.

     The evaluation team for the two New South Wales projects is headed by Dr Natasha Posner from the Social Policy Research Centre at the University of New South Wales.

- ***Queensland***

  A Queensland project, auspiced by the Toowong Private Hospital and Royal Brisbane Hospital, is not proceeding to a Live Phase.

6. OTHER BUSINESS

6.1 CHILDREN OF PARENTS WITH A MENTAL ILLNESS

The SPGPPS Secretariat reported that the Chair of the Australian Infant, Child, Adolescent and Family Mental Health Association (AICAFMHA) is seeking feedback from the SPGPPS Members regarding the progression of the *Children of Parents With A Mental Illness* (COPMI) initiative. This initiative aims to promote better health outcomes for the children of parents who have a mental illness. The SPGPPS noted that the 46 page Discussion Document titled, *Principles and National Practice Guidelines Children of Parents With A Mental Illness,* can be downloaded from the AICAFMH website at http://www.aicafmha.net.au

The Green Paper identified in the Discussion Document will be ready for further discussion in early 2003. The national Principles and Guidelines document for services and people working with children of parents with a mental illness is currently still in it's developmental stage. AICAFMH view this as a timely opportunity to gain feedback from SPGPPS regarding the progression of the project's aim to promote better health outcomes for these children.

It was noted that the Royal College of Psychiatrists (UK) is due to release a document entitled *Patients as Parents* in the very near future that includes practice guidelines for psychiatrists working across specific adult diagnostic categories to assist them to act positively to:

- help their patients who are parents meet the needs of their children and ensure their safety;

- ensure that suffering in child or parent does not go undetected or untreated by being aware that psychiatric disorder in parents and children occurs more often than by chance and that there are important bi–directional influences and interactions; and
- promote good practice by helping to ameliorate the adverse consequences of psychiatric disorder for both parents and children and facilitate earlier intervention and mental health promotion for all family members.

These aims complement the COPMI project well and AICAFMH would like to facilitate similar practice by psychiatrists in Australia. They are especially interested in facilitating improved continuity of care between the public and private sectors, not only for the benefit of the consumer, but also for the benefit of their family members and have noted that a similar recommendation arose from the SPGPPS 2001 National Forum.

AICAFMH have, therefore, invited the SPGPPS to join them (and any others the SPGPPS may be able to suggest) to work towards improved service and continuity of care for patients who are parents and for their children. The SPGPPS has been asked to advise AICAFMH whether the SPGPPS would be willing to work with AICAFMH in this endeavour and how SPGPPS might see this occurring. AICAFMH have also offered to provide a presentation to the SPGPPS next year, if appropriate.

The SPGPPS agreed to invite a representative from AICAFMH to provide a presentation on COPMI at the 31st Meeting of the SPGPPS.

RESOLVED

That the SPGPPS requests the Chair invite the Mr Philip Robinson, Chairman of the Australian Infant, Child, Adolescent and Family Mental Health Association to provide a brief presentation for the 31st Meeting of the SPGPPS on the Children of Parents With A Mental Illness (COPMI) initiative.

6. CLOSE

It was noted that the next face–to–face meeting of the SPGPPS would be held on Thursday, 13 March 2003 in Sydney.

Mr Taylor reported that the Secretariat will be closed from 24 December 2003 and will re–open on Monday, 13 January. Mr Taylor will be on leave until Wednesday, 22 January.

The meeting closed at 4:00 PM.

Dr Yvonne White
Chair

Mr Phillip Taylor
Secretary