STRATEGIC PLANNING GROUP FOR

SPGPPS

PRIVATE PSYCHIATRIC SERVICES

News

Issue 10 | March 2002

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Editor's Desk

Dr Bill Pring

February 1 2002 marked the end of the first year of operation for the SPGPPS Secretariat under the new funding arrangements auspiced by the Australian Medical Association. It was, therefore, timely that the SPGPPS started 2002 with a Strategic Planning Day, which was held on 18 February in Melbourne.

Four issues were confirmed as critical to private sector mental health service delivery over the next 2-3 years.

1. ***Access***
2. ***Alternative funding models***
3. ***Workforce***
4. ***Consumer and carer participation***

Stakeholders indicated that as a *communication forum* for a broad spectrum of interests, the SPGPPS should be multilateral in its thinking, collaborative in its operation and congruent with current health policies governing the mental health and private sectors.

In this Edition, our Executive Officer, Phillip Taylor writes about the Day, and the range of issues considered in more detail.

SPGPPS Annual Progress Report 2001-2002

Also relevant to the end of our first year of operation was the production of the *SPGPPS Annual Progress Report 2001-2002*. The report details the activities of the SPGPPS over the past year (numerous), and contains an audited statement of acquittal. You will be happy to know that the SPGPPS is solvent. The Progress Report will be available on our website www.spgpps.com shortly.

SPGPPS National Forum 2002

On Friday, 16 August 2002, the SPGPPS will convene its 3rd National Forum for all stakeholders involved in the funding and delivery of private sector mental health services. Forum Flyers and registration forms will be distributed at the beginning of May.

The Secretariat has completed an industry-wide consultation process concerning the Forum and the issues that should be addressed. Feedback from this process, last year's Forum, and our recent Strategy Day, have confirmed that the theme for this year's Forum will be:

Innovative Models of Service Delivery and Funding for Private Sector Mental Health Services.

As a participant at last year's Forum succinctly put it, *identifying issues and problems is necessary but lets have some time to look ahead.* This Forum will provide a unique opportunity to do just that.

Community Development Project

The second phase of the Community Development Project is underway with the development of five training modules under the title *Curriculum Development Education Packages*. The modules cover the following topics.

1. Effective Interpersonal Communications (Introduction and Practice)
2. Communication in Formal Groups (Committees and Other Methods)
3. Preparing Yourself/Becoming Assertive
4. Information: Building a Base for Advocacy and Activism
5. Advocacy and Activism.

National workshops based on a 'train the trainer' model were conducted in February in March 2002 to introduce the Curriculum Development Education Packages. This Project is highly relevant to the private sector and the Project consultant, Mrs Judy Hardy, provides us with more detail in this Edition.

SPGPPS Data Collection and Analysis Project

At the end of February 2002, a review of participating Hospitals implementation of the National Model was conducted by telephone. The results are encouraging (see article).

In this Edition, Mr Allen Morris-Yates writes about the forthcoming round of visits to all participating Hospitals. The purpose will be twofold. Allen will explain the processes for the import of HCP data and subsequent submission of both outcomes and HCP data to the CDMS. Secondly, Allen will discuss and document any problems or issues, which may have arisen.

National Practice Standards for the Mental Health Workforce – A Consumer perspective.

Our consumer representative, Ms Janne McMahon, has welcomed the National Practice Standards for the Mental Health Workforce, as they will impact directly on consumers and the care delivered to them.

Janne writes about the Standards and their capacity to correcting the myriad misunderstandings, negative attitudes and stigma. Currently, this adversely affects consumers and their families, and reflects poorly on how the rest of the world views the mental health workforce. At this stage, consumers view the Practice Standards as a very positive step forward.

Safety and Quality in Mental Health

Readers will recall, that an initial meeting was in February 2002 to explore options in relation to the development of a partnership for safety and quality in mental health. Dr Margaret Tobin writes about the outcomes of the meeting and three proposed indicators.

Dr Bill Pring
Editor

SPGPPS Strategy Day 2002

Mr Phillip Taylor

The SPGPPS Strategic Planning Day 2002 was held at the Melbourne Airport Hilton Hotel, on 18 February 2002. The day was ably facilitated by Ms Lynette Glendinning, of P.A.L.M. Management Pty. Ltd., Canberra.

Members of the SPGPPS considered a range of issues pertinent to the *SPGPPS Strategic Plan 2000-2003*. Outcomes of the small group discussions presented in plenary were as follows.

Purpose of the SPGPPS

The SPGPPS is a ***communication forum*** that brings together diverse stakeholders to identify and agree issues critical to the provision of mental health services in the private sector.

Purpose of the SPGPPS Strategic Plan 2000-2003

The Strategic Plan, which sets out the key policy directions for the private sector, is to be used by the stakeholders as a ***guide*** when formulating policy, and wherever possible, taking relevant elements of the Plan forward.

Key issues facing the Private Sector

Four issues were identified as critical to improving private sector mental health service delivery over the next 2-3 years.

- ***Access*** – Access to private sector mental health services needs to be improved. This should be achieved through expansion and better co-ordination of existing services, and exploring alternative modes of service delivery based on the continuum of care model.
- ***Funding Models*** – Alternative models of funding for service delivery need to be developed that support a continuum of care.
- ***Workforce*** – Training of psychiatrists and GPs must be improved and we need to attract and retain mental health nurses in the private sector.
- ***Consumer and Carer Participation*** – The participation of consumers and carers in policy development processes and the provision of services in the private sector must be improved.

What Stakeholders Want from SPGPPS

Stakeholders put forward the following views.

Hospitals

A partnership able to achieve practical outcomes for the private sector, with a strong sense of reciprocal and collaborative responsibility between stakeholders.

Health Funds

A discussion forum that facilitates the delivery of tangible outcomes for the private sector, for example, performance indicators, and legislative change to enable more flexible models of service delivery.

RANZCP

Collaboration and partnership that takes account of the needs of private psychiatrists and community care within the context of a continuum of care model with appropriate public sector links.

Multilateral solution focussed discussion forum to address issues facing the private sector such as access, workforce and funding models.

AMA

Collaborative discussion forum that results in the development of models geared toward improving the quality of the mental health services in the private sector, such as the SPGPPS Data Collection and Analysis Project.

Consumers

A forum to exchange ideas that results in meaningful engagement and ensures effective strategies are developed to address key issues.

Carers

Recognition of the critical importance of the role of the SPGPPS stakeholders in effecting a cultural change through their respective constituencies, in relation to respectful participation of consumers and carers.

Champion the role of carers in their own right as essential *providers* of the unfunded back-up services for consumers. At present this role is performed with very little acknowledgement or support.

Commonwealth Department of Health and Ageing

Congruence with overarching government policies of the day for both the mental health sector and the private health sector in general.

Providing as much legislative and regulatory support as possible for Health Funds and Hospitals.

Commonwealth Department of Veterans' Affairs

Grapple with the issues of service quality and value for money.

Summary

The Strategy Day proved highly successful in uniting stakeholders toward addressing the key issues in the private sector and improving how the SPGPPS functions.

A range of changes have already been made to make the meetings of the SPGPPS run more efficiently and effectively.

There was overwhelming support for the work of the SPGPPS to continue. A copy of the report on the Strategy Day is available on the website: www.spgpps.com.

Phillip Taylor is the Executive Officer of the

SPGPPS

Community Development Project

Continuing

Mrs Judy Hardy and Mr John McGrath

The Community Development Project's (CDP) first major production was *The Kit.* Born out of an initiative of the National Mental Health Strategy to support the advocacy activities of consumers and carers, *The Kit* seeks to increase the knowledge and skills base of the mental health community.

The goal of the Project was to promote advocacy, both self-advocacy to enhance the self-determination of the consumer or carer, and system advocacy to effect change on a broader scale. It is the hope of the Project that these activities will assist consumers and carers to participate in decisions affecting their lives, their services and their own treatment.

The CDP has extended distribution of *The Kit.* There are now approximately 600 kits in 250 free Access Centres where Consumers and Carers can access *The Kit*.

The second phase is being undertaken by the Mental Health Council of Australia (MHCA). The Curriculum Development Education Packages have now been developed based upon information gathered from a first round of national consultations undertaken by the MHCA during February – April 2001. Fifteen locations were visited including all major cities and one regional area in each State/Territory.

Training Modules

Five Training Modules have been developed under the title *Curriculum Development Education Packages*, which cover the following.

1. Effective Interpersonal Communications (Introduction and Practice)
2. Communication in Formal Groups (Committees and Other Methods)
3. Preparing Yourself/Becoming Assertive
4. Information: Building a Base for Advocacy and Activism
5. Advocacy and Activism.

These modules will be available on the MHCA website shortly.

Training Workshops

National workshops are being conducted from 13 February 2002 to the end of March 2002 to introduce the Curriculum Development Education Packages to the widest possible audience**.** The workshops are specifically targeted towards consumers and carers but also include service providers and Government employees.

Workshops were held in Brisbane, Mt Isa, Darwin, Alice Springs, Whyalla, Adelaide, Canberra, Melbourne, Ballarat, Hobart, Launceston, Tamworth and Sydney.

Project Evaluation

The Hunter Institute of Mental Health is currently conducting an independent national survey on behalf of the MHCA relating to the CDP. The Hunter Institute is collecting and assessing data recorded from a random sample of Free Access Centres, Kit owners and State and Territory Mental Health Branches to obtain an evaluation of the level of national community activity and knowledge surrounding the CDP.

Initial reaction to the Curriculum Development Education Packages from participants has been extremely positive, with participants indicating that the manuals are a valuable training tool. However, feedback highlights workshop participants' concerns about the availability of appropriate resources and local infrastructure to allow them to return to their communities and train other individuals using the Curriculum Development Education Packages. Negotiations are currently underway in regards to a third stage of the CDP, which will attempt to address these concerns.

The Private Sector

To date, very few people from the private sector have had the opportunity participate in the workshops. This has been brought to the attention of the SPGPPS, which is looking at ways to utilise this work in the private sector.

At the last meeting, the SPGPPS requested that stakeholders bring the existence of the *Curriculum Development Education Packages* to the attention of their constituency, with a view to the development of mechanisms for the promotion and uptake of the modules to further enhance consumer and carer participation in the delivery of private sector psychiatric services.

Mrs Judy Hardy is the consultant undertaking the CDP Project. Mr John McGrath is the Chair of the MHCA

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SPGPPS Data Collection & Analysis Project

Progress Report

Mr Allen Morris-Yates

As at July 2001, thirty-seven private hospitals with psychiatric beds (Hospitals) had contributed funds to enable themselves to participate in the SPGPPS' National Model.

Telephone Survey

At the end of February 2002, a review of participating Hospitals implementation of the National Model was conducted by telephone. The following table summarises the findings:

Progress with Implementation	At July 2001		At March 2002	
	Of 37 Hospitals	Of 1525 Beds	Of 37 Hospitals	Of 1525 Beds
HoNOS				
In-patient Care	92%	96%	92%	98%
Ambulatory Care	-	-	57%	69%
SF–14–M *				
In-patient Care	54%	63%	73%	78%
Ambulatory Care	-	-	43%	53%
Data Entry				
From Jan 2002	-	-	43%	
From Feb 2002	-	-	51%	

***** Results for July 2001 refer to the collection of any patient self-report measure, not just the SF–14–M.

Training Materials and Other Resources for Hospitals

Hospital Staff Trainer's Manual

The implementation of the new Private Sector Privacy Act made it necessary to change the data submission requirements of the National Model. These changes have now been integrated into the Hospital Staff Trainer's Manual and updated copies of the Manual will be distributed to all participating Hospitals.

As the manual had to be reprinted, the opportunity was taken to also complete other non-essential revisions. These included the addition of further material on the rationale for the collection of outcome measures, identification of several issues clinicians need to be aware when using the selected outcome measures, and correction of a number of minor typographical and formatting errors.

Hospitals Standardised Measures database (HSMdb)

The second release of HSMdb, version 1.1, will be distributed to Hospitals shortly. This second release will include the OMP and HCP data submission functions, revisions to the HCP and Patient data import functions, and a number of simple casemix and outcomes reports for local use.

Visits to Participating Hospitals

A second round of visits to participating Hospitals is planned in accordance with the following schedule for April and May.

Schedule

Date	State	Hospitals
05/4	ACT	Hyson Green at Calvary Private
08/4	QLD	St Vincent's Robina, Palm Beach Currumbin Private
09/4	QLD	New Farm Clinic, Belmont Private Hospital
10/4	QLD	St Andrews Private Hospital Ipswich St Andrews Private Hospital Toowoomba,
11/4	QLD	Toowong Private Hospital, The Wesley Hospital
12/4	QLD	Pioneer Valley Hospital
15/4	NSW	Lingard Private Hospital, South Pacific Private Hospital
16/4	NSW	The Sydney Clinic, Wandene Private Hospital
17/4	NSW	Wesley Private Hospital Wentworth Private Clinic,
18/4	NSW	The Northside Clinic, Evesham Clinic
19/4	NSW	St John of God Burwood, St John of God Richmond
22/4	VIC	Dandenong Pinelodge Clinic, Beleura Private Hospital
23/4	VIC	The Albert Road Clinic, The Geelong Clinic
24/4	VIC	Delmont Private Hospital, Northpark Private Hospital
29/4	TAS	The Hobart Clinic, St Helens Private Hospital
30/4	SA	The Adelaide Clinic, Fullarton Private Hospital, Kahlyn Private Hospital
01/5	WA	Hollywood Private Hospital, Joondalup Private Hospital
02/5	WA	Niola Private Hospital, Perth Clinic
03/05	VIC	The Melbourne Clinic Vaucluse Hospital

Aim of Visits

The purpose of this visit will be twofold. Firstly, I would like to work through, with key Hospital staff, the processes for the import of HCP data, and subsequent submission of both outcomes and HCP data. to the CDMS. Secondly, I would like discuss and document any problems or issues which may have arisen, and review each Hospital's implementation of the National Model.

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National Practice Standards for the Mental Health Workforce

A Consumer Perspective

Ms Janne McMahon

The National Practice Standards for the Mental Health Workforce, (hereafter, *Practice Standards*) were released for comment in late 2001.

The Standards are welcomed by private sector consumers as they impact directly on them and the care delivered to them.

Mental health carries with it a myriad of misunderstandings, negative attitudes and stigma, which not only affects consumers and their families, but can also reflect how the rest of the world views the mental health workforce.

Perceptions

The current perception is that those with mental health problems do not make the most appealing patients. Aggression and abuse are, sadly, a fact that comes with mental illness for some vulnerable individuals, but only some. Mostly, mental health consumers are no more difficult to deal with than others in the wider health system. However, the skills of the workforce in successfully diminishing or avoiding aggressive or abusive situations are vital.

There are other areas of concern to mental health consumers, which do not affect consumers of general health. Mental health consumers are, by the nature of their illnesses, very vulnerable people. The attitudes and competency of those delivering their care are, therefore, paramount.

The step forward is to recognize and promote a positive perception that mental illness and the people that suffer from it need not be feared nor treated in a paternalistic manner, but with dignity and respect for individual worth.

The Practice Standards acknowledge this fact and reflect that attitudes and competence are inextricably linked.

Specific Comments

There are several specific comments that I would like to make about the *Practice Standards*:

- Adoption and implementation of the *Practice Standards* is imperative from the consumer perspective.
- There are many tangible benefits for consumers in the *Practice Standards*. Perhaps, one of the greatest challenges, and the most difficult to evaluate, will be that recognition of a highly skilled specialist mental health workforce that will enhance the attraction to and retention of workers in the mental health field.
- The positive thrust of the *Practice Standards*, particularly in relation to priority areas for mental health consumers namely, knowledge, skills and attitudes, is acknowledged. The focus of the *Practice Standards* is positive, particularly in relation to outcomes.
- There is a formal recognition that people do recover from mental illness. People with a mental illness can achieve mental stability.
- The *Practice Standards* promote a ***human*** approach to service delivery, which is something too often lacking in the workforce
- There is reference throughout the *Practice Standards* to evidence-based treatment, which is reassuring to consumers.
- It is essential that the *Practice Standards* become part of the standards and codes of practice of the noted professions and the undergraduate education modules in their curricula.
- The *Practice Standards* must be used to assist in de-stigmatising and addressing the myths around mental health professional practice.
- It is reassuring that the *Practice Standards* closely reflect the National Standards for Mental Health Services in the delivery of care.

I believe it is essential that the *Practice Standards* are implemented and not left as a wonderful initiative never to be actioned.

These comments were included in the SPGPPS submission on the *Practice Standards*. A copy of the SPGPPS submission can be obtained from the www.spgpps.com.

Janne McMahon is the private sector consumer representative on the SPGPPS and the MHCA and Chair of the SPGPPS Consumer and Carer Participation Working Group.

Safety and Quality in Mental Health

The Way Forward

Dr Margaret Tobin

An initial meeting was held at the RANZCP offices in Melbourne on Friday, 1 February 2002 to explore options in relation to the development of a Partnership for safety and quality in mental health.

Present at that meeting were representatives from the following five key groups in the sector.

- *The Royal Australian and New Zealand College of Psychiatrists Quality Improvement Committee (QI Committee)*
- *Australian Health Ministers', National Mental Health Working Group (NMHWG)*
- *SPGPPS*
- *Mental Health Council of Australia (MHCA)*
- *Australian Council on Safety and Quality in Healthcare (ACSQHC)*

The outcome of the meeting was general agreement that the best way to forward the development of an integrated agenda for safety and quality in mental health would be to foster the widespread systematic use of several critical indicators of safety within public and private sector mental health services.

Indicators of Safety

The meeting proposed the use of three specific indicators.

- Use of seclusion in acute psychiatric inpatient units
- Adverse drug events
- Suicide/attempted suicide

There are numerous reasons why these indicators were chosen.

Seclusion

Seclusion is being used across different sites at varying rates of duration. The negative impact of its use on staff and patients, alike, has been well documented.

The Partnership members believe that the use of seclusion provides an opportunity to review the working practices and clinical governance within acute mental health services in the way that, for example, infection rates are an indicator, which reflects multiple aspects of practice within surgical units. This type of systematic approach to the identification and resolution of the factors that lead to the use of seclusion has been shown to reduce its use and lead to reduced rates of staff injury.

Adverse Drug Events

A consistent finding throughout health care safety literature is that high rates of adverse drug events substantially contribute to adverse outcomes (Wilson et al). There is a lack of published data regarding adverse drug events in the mental health context. However, it can be assumed that the types and rates of occurrence do not differ substantially from data across the broader range of health care services.

Suicide and Attempted Suicide

Suicide and attempted suicide of people receiving mental health care clearly indicates the safety and effectiveness of mental healthcare delivery.

These three indicators were endorsed by the 15 March meeting of the AHMAC National Mental Health Working Group.

Proposed Symposium

The first step in forwarding a safety and quality agenda in mental health is to organize a symposium of identified experts and interested parties to focus on implementing the systematic use of key indicators as a means of improving the safety and quality of services. Wherever possible, existing data sets should be used.

Key outcomes of the symposium would be that participants:

- develop a clear understanding of how to systematically use such data in quality/safety improvement in their own service;
- make a commitment to routine collection and use of these indicators to improve the safety and quality of their own service; and
- advocate for their wider measurement and use across the sector.

Before this symposium can proceed, a large amount of preliminary work need to be done, mainly in the area of what data is currently available and how it can be used. As a first step, the AHMAC NMHWG has supported a scoping

exercise to examine what data is or is not available and an assessment of its quality and comparability.

Dr Margaret Tobin is on the AHMAC National Mental Health Working Group and is the Director of Mental Health in South Australia

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SPGPPS News provides a brief summary of some of the issues being progressed under the auspice of the SPGPPS process. Further information can be obtained from the SPGPPS Website at *www.spgpps.com*.