STRATEGIC PLANNING GROUP FOR

SPGPPS

PRIVATE PSYCHIATRIC SERVICES

Australian Medical Association

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The Royal Australian and New Zealand College of Psychiatrists

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The Royal Australian College of General Practitioners

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Commonwealth Department of Health and Ageing

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Department of Veteran Affairs

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Australian Health Insurance Association

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Mental Health Consumers and Carers

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Australian Private Hospitals Association

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Australian Health Insurance Association

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News

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Editor's Desk

Dr Bill Pring

SPGPPS National Forum 2002

The SPGPPS National Forum 2002 was held on Friday, 16 August 2002 at the Melbourne Airport Hilton Hotel.

121 delegates from the mental health sector gathered to address the theme of *Innovative Models of Service Delivery and Funding for Private Sector Mental Health Services.* Professor Harvey Whiteford delivered the keynote address and Ms Lynnette Glendinning facilitated proceedings. The outcomes of the day are detailed in this Issue.

SPGPPS Data Collection and Analysis Project

The first *National Report* from the SPGPPS Centralised Data Management Service was submitted to Hospitals in mid August. This first report was limited to analysing data quality as, at this stage, Hospitals are still learning how to reliably collect the data. It is expected that the first Standard Report for Health Funds will be submitted in early November 2002.

Mental Health Privacy Public Interest Determination

At the request of the SPGPPS, the Federal Privacy Commissioner, Mr Malcolm Crompton, convened a conference to discuss the *Temporary Public Interest Determination (TPID) On The Collection By Health Service Providers Of Social And Medical History Information For The Diagnosis, Treatment Or Care Of An Individual*

The conference was held on Friday, 30 August 2002 in Canberra as an informal tribunal process and I have provided details of the SPGPPS presentation later in this Issue.

Mental Health Privacy Kit

The SPGPPS Secretariat will be co-ordinating another Mental Health Privacy Coalition Workshop, on Friday 1 November 2002 at AMA House in Canberra. The Workshop will develop a question and answer style kit for the private sector.

Mental Health Needs and Expenditure in Australia

The aim of the Needs and Expenditure Project was to provide a descriptive profile of public expenditure, in both public and private mental health sectors, relative to the estimated prevalence of mental disorder in the community. This work also drew together information and further analysed some of the valuable sources of data that are available in the mental health area in Australia.

The Report has been endorsed for circulation by the NMHWG, and presents the results of the project including suggestions for the future direction of research. The Commonwealth hopes that the Report will stimulate discussion on mental health needs and costs in Australia.

National Network of Private Psychiatric Sector Consumers and Carers

The first face-to-face meeting of *The Network* was held in Melbourne on 15 August to coincide with the SPGPPS National Forum 2002. Twenty consumers and carers from five States attended the meeting; the vast majority, as representatives of their Private Hospitals' Consumer/Carer Advisory Committees and as Private Hospital Consumer Consultants.

The minutes of the meeting are available from the SPGPPS Secretariat.

National Network of Private Psychiatrists

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) recently established a national network of psychiatrists in private practice. The main function of the network is to encourage discussion and form a consensus view on a range of issues relevant to private psychiatrists. The network consists of a representative from each RANZCP State and Territory Branch Committees and from New Zealand. The SPGPPS and the Australian Medical Association (AMA) have accepted invitations to participate as observer organisations on the group. Dr Jo Lammersma, Mr Craig Patterson, and Miss Gabrielle FitzGerald are coordinating the work of the group.

World Mental Health Day 2002

World Mental Health Day is an initiative of the World Federation for Mental Health (WFMH) and is co-sponsored by the World Health Organisation. WMHD takes place on 10 October each year, and within Australia WMHD coincides with National Mental Health Week. The World Mental Health Day theme set by the WFMH for 2002 and 2003 is "The Effects of Trauma and Violence on Children."

The Minister for Health & Ageing, Senator the Hon Kay Patterson, will officially launch the WMHD event at a national forum at 11am on Thursday 10 October in Melbourne at the Saville on Russell hotel, 222 Russell Street, Melbourne. The full program is detailed in this Issue.

Telepsychiatry

The Commonwealth, RANZCP and the AMA have reached broad agreement on the content of new telepsychiatry Items for the Commonwealth Medicare Benefits Schedule. This Issue contains a brief overview of the Items.

International Mid-term Review of the Second National Mental Health Plan

The Mental Health Council of Australia (MHCA), in conjunction with beyond blue Ltd, has been commissioned by the Government to review the Report of the International Mid-term Review of the Second National Mental Health Plan. Dr Grace Groom of the MHCA and Professor Ian Hickie of beyond blue attended the last meeting of the SPGPPS to discuss the Review process. The issues raised are provided in this Issue.

Dr Bill Pring
Editor

SPGPPS National Forum 2002

Dr Yvonne White

The SPGPPS National Forum 2002 was held on Friday, 16 August 2002 at the Melbourne Airport Hilton Hotel.

In his Keynote Address, Professor Harvey Whiteford, Kratzmann Chair of Psychiatry, the University of Queensland, identified the five common goals to the development of innovative models of service delivery and funding for the private sector.

1. Clinical care of a high standard
2. Products and services that meet agreed national standards
3. Responsive services
4. Services that are easy to initiate, monitor and evaluate.
5. Commercial viability

Barriers

Professor Whiteford pointed out that there are five aspects of current funding arrangements, and related areas, which currently limit the achievement of these goals. Those limitations are:

1. level of remuneration;
2. legislative barriers;
3. conditions applying to private health insurance products;
4. lack of information; and
5. attitudes and concerns amongst stakeholders.

Risks

For each of the five identified goals, practical changes would need to be pursued in both the short term and the longer-term. The following risks are involved with such changes.

1. Increased consumer and carer involvement is costly if it is inefficiently collected, tokenistic, or not used
2. Innovative services do not achieve improved outcomes for consumers.
3. New services can have considerable 'start up' costs.
4. New services will reduce the income of private hospitals.
5. New services, which require additional funding, will be an *add on* not substitution.
6. Funders have limited control over the utilisation of their products/services.
7. Funders have no influence over consumer or clinician behaviour.
8. New service delivery models are not cost-effective.
9. New service delivery models are beyond the scope of insurers to support.
10. Inconsistent funding arrangements between health funds.

Pre-conditions

The following five preconditions were identified as necessary to work together on longer-term innovation.

1. Shared view of objectives.
2. Agreement on product definition and classification.
3. Agreed process to build intelligence about 'value for money'.
4. Technical tools to inform 'value for money' judgements.
5. Acknowledgement of the need to jointly invest in change and to share the risks and benefits.

Forum Outcomes

Delegates met in plenary to define an agreed set of common goals and to determine what is required to achieve those goals in the short term (within 3-12 months) and longer-term (within 3 years).

1. 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.

In the Short-term

- All SPGPPS stakeholder organisations should review their current practice with respect to the involvement of Consumers and Carers in the development and implementation of policy.
- Document standard guidelines and practical *how to's* to assist the establishment of Consumer and Carer advisory committees, including examples of hospital experiences.
- Develop similar guidelines for the establishment of Consumer and Carer advisory committees by other stakeholder
- All SPGPPS stakeholder organisations should work toward the establishment of Consumer and Carer advisory committees.

In the Longer-term

- That the APHA Psychiatric Sub-committee encourage all private psychiatric hospitals to participate locally, at state level and nationally with Consumer and Carer advisory committees including the *National Network of Private Psychiatric Sector Consumers and Carers*.

2. 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.

In the Short-term

- Streamline the current application process for the establishment of Outreach Programs by Private Hospitals.
- Undertake a survey to ascertain why Private Hospitals, and other service providers, have not implemented innovative services that have been shown to be effective and feasible in the private mental health service sector.
- Undertake a review to identify aspects of re-insurance that impede the appropriate funding of innovative services.
- Private Health Insurance Funds, in consultation with SPGPPS stakeholders, to review the impact of product configurations (eg broadly applied co-payments) on the capacity of service providers to provide care in accordance with evidence-based best clinical practice.

In the Longer-term

- All SPGPPS stakeholder organisations should work toward the establishment of Consumer and Carer advisory committees.
- That the APHA Psychiatric Sub-committee encourage all private psychiatric hospitals to participate locally, at state level and nationally with Consumer and Carer advisory committees including the *National Network of Private Psychiatric Sector Consumers and Carers*.

3. Improve access to private sector mental health services by strengthening linkages and improving the co-ordination of care between GPs, Psychiatrists and Private Hospitals.

In the Short-term

- To inform the development of Shared Care arrangements and Consultation-Liaison Psychiatry:
  - ♦ collate and evaluate data collected by Divisions of General Practice on the implementation of shared care arrangements with a view to identifying how those arrangements that have worked might best be implemented in private sector mental health services; and
  - ♦ evaluate the extent to which current and developing CMBS item numbers facilitate or hinder Shared Care and Consultation-Liaison arrangements.
- Expedite the development and implementation of CMBS Item Numbers for Telepsychiatry and Consultation-Liaison Psychiatry.
- Expand the *Practicing Psychiatrist Referral Contact List* for GPs, developed in Victoria, to all jurisdictions.
- Remove barriers (eg after-hours access to psychiatrists) to after-hours admission to Private Hospitals.
- Improve access to urgent assessment by psychiatrists.
- Explore extension of the *Queensland Outback* Model.

In the Longer-term

- Encourage consumer, carer and clinician driven development of better models of Shared Care and Consultation-Liaison Psychiatry.
- A representative group of stakeholders to develop a strategy to improve access to private sector mental health services for people living in regions where access to such services are limited.
- A representative group of stakeholders to review the effect of *selective contracting* on access to private sector mental health services.
- Support the implementation Private Hospital-based 1800 Help Lines to facilitate assessment and treatment.

4. Seek to ensure that private sector mental health services are supported by a high quality workforce.

In the Short-term

- Investigate links to the Commonwealth Nurse Workforce Initiative.

In the Longer-term

- Develop strategies to address the undersupply of mental health nurses in the Private Hospital sector.

5. Improve the quality, availability and utilisation of information regarding private sector mental health services.

In the Short-term

- Establish a working group to initiate the development of an information strategy.

In the Longer-term

- Develop a comprehensive information strategy for private sector mental health services. This strategy should bring together an analysis of the short, medium and longer-term information requirements of all private sector stakeholders with an agreed plan for meeting those requirements. Both the analysis of requirements and the plan should be informed by a full evaluation of the costs, risks, limitations and benefits inherent in the collection and utilisation of that information. The proposed strategy should be both feasible and cost effective. All stakeholder groups should be involved in the development of the strategy.

The outcomes of the Forum will be considered at the SPGPPS Strategy Day to be held in Perth on 28 September 2002.

Dr Yvonne White is Chair of the SPGPPS and chaired the Forum in the absence of Dr Jonathan Phillips.

WORLD MENTAL HEALTH DAY

The Effects of Trauma and Violence on Children

Mental Health Council of Australia (MHCA)

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World Mental Health Day is an initiative of the World Federation for Mental Health (WFMH) and is co-sponsored by the World Health Organisation. WMHD takes place on 10 October each year, and within Australia WMHD coincides with National Mental Health Week. The World Mental Health Day theme set by the WFMH for 2002 and 2003 is *The Effects of Trauma and Violence on Children.*

The Mental Health Council of Australia (MHCA) has been funded by the Commonwealth Department of Health and Ageing to develop a national campaign for World Mental Health Day (WMHD). The national campaign theme is ***Protecting and Promoting the Mental Health of all Children,*** with the national slogan ***Reduce Tears Increase Cheers.***

The *Mental Health of Young People in Australia: The Child and Adolescent Component of the National Survey of Mental Health and Wellbeing* (2000) found that 14% of children and adolescents in Australia may have mental health problems.

The importance of the issue of children's mental health has resulted in the MHCA engaging *beyondblue* the national depression initiative, as a campaign partner to assist in the WMHD national campaign.

The MHCA, in collaboration with member organisations and other supporting agencies, will be co-ordinating 15 community forums to be held in each capital city and in a regional area in each State/Territory. Pfizer Pty Ltd has generously donated funding of up to $1,000 per community forum to assist community forum organisers in the co-ordination of their event.

The Minister for Health and Ageing, Senator the Hon Kay Patterson, will officially launch the WMHD event at the national forum at 11am on Thursday 10 October in Melbourne at the Saville on Russell hotel, 222 Russell Street, Melbourne.

Confirmed guest speakers who will also be presenting at the national forum include;

- Ms Nicola Roxon MP, Shadow Minister for Children and Youth
- A/Professor Harry Minas, Director of Centre for International Mental Health, University of Melbourne
- Professor Matt Sanders, National Director of the Positive Parenting Program, University of Queensland

Program

10:30	**Morning Tea**
11:00	**Welcome and Introduction of Senator, The Hon. Kay Patterson, Commonwealth Minister for Health and Ageing** Mr John McGrath, Chair MHCA
11:05	**Official National Launch** Senator, The Hon Kay Patterson
11:20	**The Importance of Children's Mental Health** Mr Garry McDonald
11:30	**Introduction of Guest Speakers** Professor Ian Hickie, CEO, *beyondblue*
11:35	**The Effects of Trauma & Violence –** *A personal experience* Ms Jennifer Galea
11:45	**Trauma and Violence –** *Impact on Development* Dr Nick Kowalenko
11:55	**Parenting & Child/ Adolescent Mental Health** Professor Matt Sanders
12:15	**Improving the System of Mental Health Care to Better Meet the Needs of Children and Young People in Australia** Dr Leanne Rowe
12:35	**Children in Detention** A/ Professor Harry Minas
12:55	**Preventing Depression in High School Students** Ms Debra Kay & Dr Jane Burns
13:15	**Mindmatters** Ms Maria Marriner
13:30	**Promotion and Prevention** Professor Beverley Raphael
13:45	**Official Close** Ms Nicola Roxon MP
14:00	**Lunch**

For more information on the World Mental Health day campaign please call
Gabrielle Crowe, MHCA (02) 6285 3100.

International Mid-Term Review of the Second National Mental Health Plan

Mr Phillip Taylor

The *International Mid-Term Review of the Second National Mental Health Plan* was conducted by consultants, Professor Virginia Trotter-Betts and Professor Graham Thornicroft and published in November 2001. The Mental Health Council of Australia (MHCA) has been commissioned by the Government, in conjunction with beyond blue Ltd, to conduct a first stage consultation Review.

The SPGPPS informed the MHCA that the private sector was unable to either endorse or support the conclusions of the Review because no significant consultation occurred with the private sector.

The MHCA indicated, however, that a second stage consultation had been approved and would be conducted in October by the MHCA and beyond blue. Private sector input would be sought as part of that process and will be incorporated into the final report. Dr Grace Groom , CEO, MHCA and Professor Ian Hickie, CEO beyond blue, attended the 29th meeting of the SPGPPS to discuss the Review.

Professor Hickie explained that the Commonwealth has recognised the need for wider consultation on the Review for two reasons; firstly, to get more informed feedback and to see how much peoples' experiences match with the Review across the whole mental health sector. Secondly, plans are underway for a 3rd National Mental Health Plan (NMHP) and it is very important to ensure that the various sectors have an opportunity to be included.

Professor Hickie explained that there are two other processes apart from the consultations.

1. The recent MHCA survey, to which there has been a 70% response rate.
2. A second shorter survey has been developed which will be circulated shortly.

From this consultative work a third survey will be developed geared toward scoping options for ways forward so that, as the Commonwealth moves with the States and Territory to develop a 3rd NMHP, options are put to the sector before they are announced. The time frame is about three months for this work to be completed.

SPGPPS Stakeholder Concerns

In discussion with Professor Hickie and Dr Groom, the following issues of concern were raised.

- There was a lack of proper reference to private sector consumers and carers in both the 2nd NMHP and the Review. The Review and the more recent MHCA survey also talked about community-based services that are currently not available in the private sector. Consumers and carers should be involved in the Review at every level.
- The current health legislation does not facilitate the development of community-based services. Little would really change until current regulatory arrangements were reformed to enable innovative services to be appropriately funded and delivered.
- Psychiatrists are unable to access community-based services. The lack of progress with the National Mental Health Integration Projects was cited as an example. Health Funds had been excluded from involvement in these Projects. In the development of government policy related to the provision of mental health services in Australia in the future, it is critically important to assign clearly defined roles, responsibilities and accountabilities to the jurisdictions involved.
- The issue of underserved populations needs to be addressed particularly in relation to improving conditions for psychiatrists and other mental health care workers to practice in areas of undersupply. More appropriate funding for mental health care was required based on population need. Proper integration of public and private sector service provision will be largely contingent on a strong public sector. Incorporation of the diagnosis of serious mental illness into the 1st and 2nd NMHP, despite its good intentions, proved to be a disaster for the public sector. Much of this has meant that there is a lot of cynicism and doubt about whether the Review and 3rd NMHP will actually result in any real change.
- The Review did not properly recognize some of the good work that was currently going on in general practice. This was particularly disappointing given that GPs were the largest group of providers of private mental health care. Professor Hickie indicated that the governance model for the 1st and 2nd NMHP had been too narrow and several important jurisdictions, in particular GPs, had been excluded.

Professor Hickie and Dr Groom indicated that they would welcome further input from the SPGPPS at every stage of the consultation process.

Mr Phillip Taylor is Executive Officer of the SPGPPS

Telepsychiatry

Update

Dr Bill Pring

The Commonwealth Department of Health and Ageing (CDHA) is working with the RANZCP and the AMA to develop new telepsychiatry Items for the Commonwealth Medicare Benefits Schedule (CMBS).

In March 2002, the RANZCP approached the Commonwealth Department of Health and Ageing (CDHA) with a proposal for the development of new CMBS Items for Case Conferencing, Consultation Substitution Item Number (referred consultation via telepsychiatry), and Emergency Psychiatric Item Number (participation in a Consultation-Liaison telepsychiatric session).

On 6 August 2002 the Medicare Benefits Consultative Committee (MBCC), comprising the RANZCP, the AMA, the Health Insurance Commission (HIC) and the CDHA, met to discuss the proposal in detail. The meeting agreed to develop the CMBS telepsychiatry Items further for inclusion in the November 2002 release of the CMBS.

The MBCC agreed in principle:

- to limit the use of telepsychiatry to R1, R2, R3, Rem 1 and Rem 2 areas (previously RRMAs 3 to 7);
- to limit the number of telepsychiatry sessions which can be claimed under the CMBS to 12 per calendar year;
- that a psychiatrist must conduct at least one face-to-face consultation with each client after every fourth telepsychiatry consultation; and
- that a psychiatrist cannot provide services to a patient located within the same statistical local area.

The Commonwealth, HIC, RANZCP and the AMA have worked together to finalise the drafting of Item Descriptors and explanatory notes. The Items will not appear in the 2002 CMBS. They will, however, be effective from 1 November 2002.

The AHMAC NMHWG has also agreed to participate in telepsychiatry pilots. The model will involve the Commonwealth funding the private psychiatrist through the CMBS and the States and Territories allowing the private psychiatrist to utilise their telecommunications infrastructure for the assessment, diagnosis and treatment of consumers with private health insurance in regional, rural and remote areas of Australia. At its 6 September 2002 meeting the NMHWG established a *Telepsychiatry Working Party* to develop the model for the pilots, and their evaluation framework, in anticipation of a 1 November 2002 start date.

The RANZCP is interested, along with the RACGP and the AMA, in being involved in a formal review group with the Commonwealth. The review group will assess the usage of the Item Numbers after six months, twelve months and thereafter annually.

***Dr Bill Pring** is the AMA Observer on the SPGPPS*

Mental Health Privacy

The Temporary Public Interest Determination

Dr Bill Pring

At the request of the SPGPPS, the Federal Privacy Commissioner, Mr Malcolm Crompton, convened a conference to discuss the *Temporary Public Interest Determination (TPID) On The Collection By Health Service Providers Of Social And Medical History Information For The Diagnosis, Treatment Or Care Of An Individual*

The conference was held on Friday, 30 August 2002 in Canberra as an informal tribunal process

The main points of the SPGPPS oral submission are detailed below.

SPGPPS Submission

We understand that it was not intended for privacy legislation to interfere with best practice in the various areas that it affects. In regard to third party information collected at the time of a medical consultation or other health care provider consultation, best practice represents the collection of full and comprehensive biopsychosocial information from the patient. Unless the area of third party information collection during history taking is clarified adequately, there is a danger of best practice health care being adversely affected.

Health care practitioners including doctors are highly conscious of family and community rights, including rights to privacy. We believe that the traditional ethical attention to the privacy and confidentiality of information collected from patients is a significant privacy safeguard already operating in the health care community. Such values cannot be easily produced through legislation; but professional values can be undermined by inappropriate legislative constraints.

We would suggest a clarification of the issues by a separating out of some of the information components referred to in the issues paper. We would suggest that there is a vast difference between actual genetic information determined via genetic testing, compared to information that is collected as hearsay from patients concerning familial illnesses. We believe that these different types of information can be treated differently by the privacy Commissioner, and an indefinite determination could be made concerning family history obtained orally from the patient during history taking, versus a different mode of dealing, with a time of review built in, for information that is specific concerning genetic markers of an individual.

A case was described which demonstrates in practical terms some of the difficulties associated with a bureaucratic approach to the collection of third party information, the type of consideration such information already receives, the safeguards available under the professional relationship, and the potential harm to treatment arising from inappropriate constriction of comprehensive history taking.

There was further discussion about the more difficult issues associated with the revealing of a limited degree of third party information, which has been obtained through oral history taking, and which may be necessary for various reporting purposes. Such reports almost always have medico legal implications, and therefore require accuracy of reporting of the oral information obtained from the patient.

Dr Bill Pring *is the AMA Observer on the SPGPPS.*

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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*.