STRATEGIC PLANNING GROUP FOR
SPGPPS
PRIVATE PSYCHIATRIC SERVICES

News

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Editor's Desk

Dr Bill Pring

Already 2003 is shaping up to be an exciting year for the SPGPPS. This editorial concentrates on the most recent developments.

Consumers and Carer Participation

To enhance the participation of consumers and their carers in private sector mental health services, the SPGPPS is supporting the further development of the fledgling National Network of Private Psychiatric Sector Consumers and Carers. The Network will shortly be put on a firmer footing through a memorandum of understanding that will facilitate a funding partnership between the Australian Medical Association (AMA) the Royal Australian and New Zealand College of Psychiatrists (RANZCP), and Beyondblue. Our consumer representative, and Chair of the Network, Ms Janne McMahon, writes about these developments in this issue.

Service Innovation

To progress the uptake of innovative services in the private sector, we have established an *Innovative Models Working Group (IMWG). The IMWG* has met on two occasions since the beginning of this year and recommendations are currently being developed for consideration by the SPGPPS. These recommendations focus on non-inpatient, evidence-based services that are not yet available locally and for which funding outside of existing arrangements does not yet exist. The Chair of the Working Group, Mr Bruce Houghton, updates us on developments in this issue.

Improving Access and Coordination of Services

Both the SPGPPS and its IMWG are looking at ways to improve access to, and coordination of care between, general practitioners, psychiatrists and private hospitals. Our alliance recently conducted a survey of private hospitals with psychiatric beds concerning their experience with access to after hours care. The results of this survey are currently being compiled by the SPGPPS Secretariat. The RANZCP will shortly conduct a similar survey of its Fellows.

The IMWG is also looking at proposals for a State-based referral directory of available specialist psychiatric services, as well as a CMBS item number for case consultations.

Workforce

Workforce issues carry significant implications for the entire mental health sector. We need to ensure that private sector mental health services are supported by a high quality workforce. The SPGPPS has, therefore, established a link with the Commonwealth Governments', Health and Industry Investment Division. Mr Bob Wells is the First Assistant Secretary, of the Division and writes in this edition about the implications of the changing face of our workforce.

Improving the Quality of Services

It has been widely acknowledged that the implementation of the *SPGPPS National Model for the Collection and Analysis of a Data Set with Outcome Measures for Private, Hospital-based, Psychiatric Services* has dramatically improved the quality and availability of information regarding private hospital-based psychiatric care.

Standard Quarterly Reports are now distributed to Hospitals and Health Funds and a National Report is in the pipeline. Work is currently focussed on improving both Hospitals' and Health Funds' Standard Reports to include more detailed aggregate statistics on casemix, length of stay, costs and outcomes.

Thirty-six private hospitals, are participating in the National Model, which means that 95% of our hospital-based industry is now collecting outcome measures – an impressive achievement!

An Information Strategy

The SPGPPS is also about to establish an *Information Strategy Working Group* to examine the development of an information strategy for the private sector mental health services. We need to support our decision making process by continuing to improve the quality, availability and utilization of information on the services we provide in the private sector.

Safety and Quality

I am pleased to advise readers that our Information Officer, Mr Morris-Yates and our Chief Executive Officer, Mr Phillip Taylor, have worked closely with the AHMAC National Mental Health Working Group (NMHWG), and others to develop a Project Brief to progress the safety and quality agenda in mental health. This is being done in a partnership between the NMHWG, SPGPPS, RANZCP QI Committee, Australian Council on Quality and Safety in Health Care (ACSQHC), the Mental Health Council of Australia, and the Commonwealth. A consultant is about to be engaged to undertake the work outlined in the Project Brief with funding from the Commonwealth, RANZCP, and ACSQHC.

Privacy Kit for Mental Health Service Providers

Last month the Mental Health Privacy Coalition (AMA, APHA, RANZCP and MHCA) finalised its *Privacy Kit for Private Sector Mental Health Service Providers*. At present the Kit is with the Federal Privacy Commissioner for comment and further development prior to its release.

Dr Bill Pring
Editor

National Network of Private Psychiatric Sector Consumers and Carers

Ms Janne McMahon

The issue of consumer and carer participation has been raised at each SPGPPS Forum held in the last few years. While there has been varying levels of development within the private hospital sector, very little has been achieved on a national basis.

Issues that have impacted on the rate of development nationally include:

- lack of understanding of what consumer and carer participation actually means in the private sector;
- the development of a model acceptable to all stakeholders;
- lack of established networks to provide representatives for national bodies; and
- the lack of funding to support a national network.

No mechanisms currently exist for people who receive private mental health services from GPs, private psychiatrists, psychologists etc (or their carers) to have input into the policy development process and decisions that impact on the treatment and care they receive.

The challenge is to achieve a level of integration that enables our consumers and their carers, to have input into the planning, delivery and evaluation of those mental health services that are delivered throughout Australia via the private sector.

In October 2002, the SPGPPS Secretariat prepared a proposal to support expansion of the National Network of Private Psychiatric Sector Consumer and Carers (hereafter Network). The proposal titled, *Improving Consumer and Carer Participation in Private Sector Mental Health Services*, was subsequently endorsed "in principle" by the December 2002 Meeting of the SPGPPS with the Commonwealth reserving its position, pending further consultation.

The following organisations were asked to consider the Proposal and advise whether they wish to contribute to the funding to support the Network.

- AMA
- RANZCP
- Australian Health Insurance Association (AHIA)
- Australian Private Hospitals Association (APHA)
- Commonwealth Department of Health and Ageing (CDHA)
- Commonwealth Department of Veterans' Affairs (DVA)
- beyond blue Ltd

The AMA and beyondblue have confirmed they support the Proposal and are prepared to contribute $8000 per year for the next three years. The RANZCP has also confirmed they support the Proposal and they are prepared to contribute $8000 for one year.

CDHA and DVA have declined to contribute on the basis that Commonwealth funding is currently already directed at supporting the Mental Health Council of Australia (MHCA) and the AHMAC National Consumer and Carer Forum (NCCF) and beyondblue. The Network is currently seeking representation on the NCCF.

The AHIA and APHA have deferred their decision regarding funding pending discussion of funding of the Network as part of the SPGPPS future activity beyond 2003. The AHIA favours funding the Network as an integral part of the annual funding for the SPGPPS from 2004 onwards. The APHA has a similar view and both organisations are prepared to revisit the funding request on that basis.

At our last SPGPPS meeting, there was some consensus that this further reinforced the need for one overarching AMA Agreement to cover all the activities of the SPGPPS from 2004 onwards.

In the interim, however, a Memorandum of Understanding (MoU) between the AMA, beyond blue and RANZCP is being drafted to enable the $24,000 available to be used to further develop the Network structure and strengthen its position within the sector. This funding will be used to enable the Network to meet face-to-face, and to provide appropriate private sector consumer and carer input into other national, state and local processes.

The Network will also establish strong linkages with the MHCA, NCCF and the RANZCP National Practice Network of private psychiatrists.

The MoU will allow the SPGPPS Secretariat to support the activities of the Network in 2003.

Ms Janne Mc Mahon *is the SPGPPS Consumer Representative and current Chair of the National Network.*

National Mental Health Plan 2003–2008

Dr Yvonne White and Mr Phillip Taylor

In September 2002, the Australian Health Ministers Advisory Council's (AHMAC) National Mental Health Working Group (NMHWG) and the Australian Health Care Agreement's Improving Mental Health Reference Group formed the National Mental Health Plan Steering Committee to develop the *National Mental Health Plan 2003-2008* and the *National Mental Health Policy 2003*.

The Steering Committee has also overseen the *Evaluation of the Second National Mental Health Plan*, which, it is hoped, will be released by Health Ministers in April.

The 27 February 2003 meeting of AHMAC considered a draft of the National Mental Health Plan 2003-2008 but was uncomfortable with the level of prescription in the draft and requested that a revised version of the Plan and the National Mental Health Policy 2003 be brought back to the 29 May 2003 AHMAC Meeting.

Consultation Process

In considering this response, the 7 March 2003 meeting of the NMHWG felt that it was vitally important for a process of consultation to take place, and that this consultation process should culminate in a National Summit, to be held in Sydney on 2 May 2003.

To achieve this, a new *Consultation Paper on the National Mental Health Plan 2003-2008* was developed and the NMHWG is now seeking feedback on the Consultation Paper from key stakeholders, including community, carers, consumers, Government and non-government providers of mental health services.

The Consultation Paper contains a number of overarching principles for consideration, and highlights the following suggested priority areas.

1. Improving Population Mental Health;
2. Service Responsiveness;
3. Safety and Quality;
4. Innovation and Sustainability; and
5. Accountability.

Respondents to the consultation process are being asked to target their comments to the following.

1. Do the Principles reflect the necessary focus for improving mental health in Australia over the next five years?
2. Are the five suggested Priority Areas the most appropriate?
3. Are the Policy Directions proposed within each of the Priority Areas appropriate.
4. Please comment on the suggested actions.
5. Please comment on any other areas for consideration.

National Summit

The consultation process will culminate in a National Summit, and the development of the revised Plan and Policy.

The Summit will be auspiced by the NMHWG and hosted by the New South Wales Government. It will take the form of a participative workshop involving up to one hundred participants.

A broad range of stakeholders will be involved including, consumers and their carers, and providers of mental health services. It will also include representatives of peak organisations, such as the RANZCP, Australian Division of General Practice, the Australian Psychological Society, and many others, whose members are involved in the care and treatment of people with a mental illness.

Following this process, the revised Plan and Policy will be provided to AHMAC on 29 May 2003 and, hopefully, a final draft presented to Health Ministers in July.

Coordinating a Private Sector Response

We have asked the SPGPPS to discuss the Consultation Paper with their constituencies in preparation for a special teleconference of the SPGPPS prior to the Summit.

The teleconference will take place on Tuesday, 15 April at 7:30 PM. The purpose of the teleconference will be to ensure that we are able to comprehensively represent the views of private sector mental health services at the Summit.

Dr Yvonne White is the current Chair of the SPGPPS and in that capacity represents the SPGPPS on the AHMAC National Mental Health Working Group.

Mr Phillip Taylor is the Executive Officer for the SPGPPS and is an SPGPPS observer on the National Mental Health Working Group.

Uptake of Innovative Models of Service Delivery

Mr Bruce Houghton

All stakeholders that attended the SPGPPS National Forum in 2002 agreed that the provision of comprehensive mental health services in the private sector is contingent on the uptake of innovative models of service delivery that are effective and feasible. Forum delegates generally agreed that current service organisation and funding arrangements do not support optimum clinical practice and therefore optimum outcomes for consumers. There is an urgent need to work together to improve this situation.

Common Goals

Some of our common goals include:

- Clinical practice, which meets guidelines that achieve good outcomes for consumers and their carers.
- Health insurance products and models of service delivery that meet agreed national standards.
- Services that are able to deliver the right mix of clinical intervention for a particular level of patient need, at the right time, in the most appropriate setting, allowing continuity of care between service settings.
- Services that are easy to initiate, administer, monitor and evaluate.
- New models of service, which are commercially viable in the medium to long-term and provide a fair return on investment.

Barriers

There are aspects of funding and service delivery, which currently limit the achievement of these goals. Some of those limitations include legislative barriers, a lack of information on the services that are available, and the diverse range of attitudes and concerns amongst stakeholders.If we are serious about changing the current situation then there will be risks involved. New services will have start up costs and may partially replace services which have historically attracted Health Fund revenue. Innovative services my not always lead to improved outcomes for consumers.

Health Funds also currently have limited control over the utilisation of their products and services and no influence over consumer or clinician behaviour.

Innovative Models Working Group

To progress our common goals, the SPGPPS has established an Innovative Models Working Group (IMWG) comprised of representatives of Health Funds, Private Hospitals, Consumers, the Commonwealth Government, the Australian Medical Association and the Royal Australian and New Zealand College of Psychiatrists.

The IMWG first met on 25 February 2003 and agreed to undertake four key tasks.

1. Review what work has already been done in relation to innovation in service delivery for private sector mental health services and determine what can be learnt from such work.
2. Agree on what other innovation in models of service delivery can be envisaged.
3. Determine what the real obstacles are to achieving innovation in service delivery.
4. Agree on realistic and practical ways to overcoming these obstacle

IMWG Workshop

The IMWG held a workshop in Canberra on 26 March to address these tasks and develop a set of recommendations for the June 2003 meeting of the SPGPPS.

So far we have reached consensus that a decision to proceed with the implementation of an innovative service requires that all stakeholders have been consulted and are in agreement that:

1. the proposed service is required;
2. implementation of the proposed service will result in the improvement, or at the very least maintenance, of the quality of patient care;
3. implementation of the proposed service will lead to an increase, or at the very least maintain, the overall efficiency of service provision.
4. the proposed model of service delivery is based on best available evidence and represents best practice;
5. there is a clear commitment to the maintenance of quality, effectiveness and efficiency; and
6. appropriate mechanisms are established for the ongoing evaluation of the quality, effectiveness and efficiency of the proposed service.

We must also ensure that the uptake of service innovation operates to support the co-ordination of care between general practitioners, psychiatrists and private hospitals.

The IMWG meets again on 11 April via teleconference.

Mr Bruce Houghton is the Health Fund representative on the IMWG and Chairs the group for the SPGPPS.

Workforce

Mr Bob Wells

The Australian health industry has entered a new phase in relation to its workforce, which has implications for the entire sector including the medical, nursing and allied health workforce. Many of the issues impacting on the mental health workforce are a reflection of what is occurring across the entire industry.

Workforce Participation Rates

Available evidence suggests that health professions are no longer vocations that individuals commit to for their entire working life. Increasingly people are gaining a primary qualification in a health profession and then using that qualification to look at other career options that fit more appropriately with their lifestyle choices. The health industry can no longer assume that people who enter medicine and nursing will go on to practice as doctors and nurses for their entire working life. The implications and effects of the *lifestyle* approach have not been accounted for in workforce planning,

The Australian Medical Workforce Advisory Committee (AMWAC) and the Australian Health Workforce Officials Committee (AHWOC) are now attempting to factor into their workforce planning methodologies new participation ratios in two important ways.

Firstly, for those people who do choose to participate in the health industry, what can be expected of what they will contribute in terms, for example, of doctor or nurse years. Secondly, what proportion of graduates will actually go on to practice in a particular profession. At present, there is no database that is able to inform our workforce planning decisions in this area.

Globalisation

The other issue that has caught workforce planners by surprise is that of *globalisation.* While there are features of the Australian health industry that are unique to Australia, by and large anyone who can work as a professional in the Australian health care sector can also work in the US, Canada, the UK and some parts of Europe. This level of geographic mobility has resulted in a highly competitive market in which these countries vie to attract Australia health professionals. Australia can no longer rely, as it has in the past, on recruiting health professionals from other countries.

Australian Health Workforce Officials Committee

This Committee is looking at priority areas of workforce, rather than the discipline specific approach to workforce planning that has been taken in the past. One of the priority areas is mental health and a joint steering group has been established between the AHMAC National Mental Health Working Group and AHWOC for this area.

Key Issues for the Mental Health Sector

Current evidence has shown that the overall number of nurses being trained each year in mental health nursing is less than attrition rates and the numbers of undergraduates staying in the nursing workforce after graduation has declined.

Two recent reports; *The Patient Profession: Time for Action, Report on the Inquiry into Nursing, Senate Community Affairs Reference Committee, June 2002* and the *National Review of Nursing Education: Discussion Paper, Commonwealth Department of Education, Science and Training, September 2002*, addressed the current crisis in terms of the sustainability and the continued viability of the mental health nursing workforce. These reports made recommendations directed toward:

- continued support for university-based nurse education;
- improving the quality of undergraduate and graduate clinical placements;
- increasing the hours devoted to mental health nursing in undergraduate programs;
- improving the nursing career structure; and
- improving wages and family friendly working conditions.

Psychiatrist Training

The National Committee for the Training of Specialists Outside of the Public Hospitals System was established under AHMAC to look at current models of training. Traditionally these models have been structured around large public teaching hospitals and dispersing that training raises a number of issues some of which include:

- accreditation of trainers;
- facilities for training;
- standards and quality; and
- Commonwealth/State funding issues.

The Commonwealth has initiated a number of programs to address specific problems, such as the program that is providing funding for training positions for various specialities in rural areas.

Discussions are also underway with the learned medical colleges concerning similar approaches to dealing with the shortage of specialist services in outer metropolitan areas

Mr Bob Wells is the First Assistant Secretary of the Commonwealth Department of Health and Ageing's, Health and Industry Investment Division.

Children of Parents with a Mental Illness (COPMI) Project

Mr Philip Robinson

COPMI is led by AICAFMHA and funded by the Commonwealth Department of Health and Ageing. COPMI seeks to achieve better mental health outcomes for children of parents with mental illness by achieving the following objectives.

- Development of good practice principles and guidelines for services and people working with children of parents with a mental illness around Australia
- Development of appropriate resource materials in line with the good practice principles and guidelines
- Provision of high quality information to the CDHA to enhance future policy development regarding children of parents with a mental illness and their families.

COPMI Structure

The structure of the Project includes the following.

- A National Consultation group with broad representation (in excess of 200)
- A Reference group of 12
- A Project management group that includes the project partners:
  - Children of Mentally Ill Consumers (COMIC)
  - AUSEINET
  - University of Queensland
- Children of Mentally Ill Consumers (COMIC)
- AUSEINET
- University of Queensland

COPMI Consultation Process

Consultations have been held with a broad range of service providers, consumers and their carers in Australia and there has been an extensive literature review regarding the development of good practice principles and guidelines and associated resource materials.

This work culminated in the development of a Discussion Document, which was released for comment in September 2003. Information and feedback received was subsequently included in a draft *Principles and National Action Guidelines for Services and People Working With Children of Parents With A Mental Illness* (also known as the ***COPMI Green Paper***).

The Commonwealth will shortly release the Green Paper for wide consultation, prior to the development of the final Principles and Action Guidelines, which are targeted for released in 2004.

Generally, there has been widespread positive support for COPMI. There have, however, been some concerns expressed over the need to address the privacy of parents and the variation in child protection legislation between Australian States and Territories. Greater emphasis on family enhancement strategies and education sector strategies has been requested, and the implications for workforce standards, such as the *National Practice Standards for Mental Health Workforce*, will assist this focus.

Resources

Resources being developed include a website, which will contain specific information pages for target groups of workers (eg GPs, Child Protection Workers, Mental Health Service Providers, Education sector) and the media, with links to other relevant sites.

- Promotional materials will advertise the existence of the website and its downloadable information for families. The website will also be a clearing house for information for workers concerning current resource materials and programs. There will also be an international email discussion list for workers and families.

Two booklets are being produced and pilot tested this year. One contains information for people with mental illness (and their partners/support people) who are parents of infants or toddlers, contemplating parenthood, or currently pregnant. The other is for families in which a parent has a mental illness and dependent children over 3 years.

Psychiatrist Involvement

COPMI has a Psychiatrist Subgroup on which the SPGPPS is represented. The aim of this group is to is to enhance psychiatric care and promote good practice by psychiatrists and psychiatric teams nationally regarding services to members of families in which a person with a mental illness also has childcare responsibilities or contact with dependant children.

Regular updates on progress with the Project are posted on the AICAFMHA website at www.aichfmha.net.au.

Mr Philip Robinson is Chair of AICAFMHA Board of Directors and of the COPMI Reference Group

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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*.