PMHA PRIVATE MENTAL HEALTH ALLIANCE NEWSLETTER

Fourth Edition November 2009

Wishing all our readers a Merry Christmas and a happy and safe New Year

Australian Medical Association

Australian Private Hospitals Association

Australian Health Insurance Association

Australian Government

Private Mental Health Consumer Carer Network (Australia)

beyondblue – the national depression initiative

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The PMHA Newsletter provides a brief summary of some of the issues being progressed by our Private Mental Health Alliance, and its Centralised Data Management Service (CDMS). As such it is intended to stimulate discussion and debate concerning the delivery of mental health services in the private sector.

The PMHA Newsletter does not necessarily represent the views of participating organisations, unless otherwise stated. Further information on the PMHA and its CDMS can be obtained from the PMHA Website at www.pmha.com.au.

From the Chair

Philip Plummer

This Edition coincides with release of our very first *Annual Statistical Report on Private Hospital–based Psychiatric Services* (Report) from the PMHA's Centralised Data Management Service (PMHA–CDMS). The Report was based on data submitted by the private hospitals with psychiatric beds that participated in the PMHA's CDMS during the 2007–08 Financial Year.

A copy of the Report is being circulated to our readers with this Newsletter. Further copies of the Report will be made available on our Website: http://www.pmha.com.au/cdms/statistics

Any enquiries concerning the Report should be directed to the PMHA–CDMS Director, Mr Allen Morris–Yates at his email address: allen.yates@datasystematics.com.au

The Report will now be produced by the PMHA's CDMS each year, as part of our ongoing commitment toward improving the quality, reliability, and use of information on private sector mental health services.

Department of Veterans Affairs' (DVA)

Our PMHA Director and Australian Government representatives from the Department of Health and Ageing recently met with DVA to discuss matters of mutual interest. Based on the outcome of that meeting, I have formally invited DVA to participate on the PMHA with our other representatives for the Australian Government, Ms Robyn Milthorpe and Mr Peter Callanan.

Work Plans

Since the recent signing of the new funding agreement to support PMHA, its CDMS and the Private Mental Health Consumer Carer Network Australia (Network), we have been concentrating on further developing our work programs for the next few years. Apart from its usual activities, *PMHA* will also be focusing on the following tasks.

- Opening up further discussion and debate on innovative models of service delivery and their funding, including those that are emerging outside of the hospital setting.
- The integration of different types of service delivery between the public and private sectors and models of prevention and promotion.

PMHA will continue to progress this work program through its Collaborative Care Models Working Group. In early 2010, we will release both a discussion paper on funding service delivery for private mental health services, and the revised version of the Guidelines for Determining Benefits for Health Insurance Purposes for Private Patient Hospital–based Mental Health Care.

PMHA's CDMS will be geared toward its usual core tasks, which involve preparation of Standard Quarterly Reports (SQRs) for private hospitals and private health insurers, revision of the National Model's Analysis and Reporting Framework, and the revision of the HSMdb database applications. Additional tasks include:

- contributing data for the *National Healthcare Agreement Performance Indicators 2007–08 Report*;
- completion of the final report for the private sector on the pilot study of NRI/MHSIP Inpatient Consumer Survey; and
- the development of a PMHA–CDMS Disaster Recovery Plan for the AMA.

The Network will address the issue of succession planning. So far, a Deputy Chair with a legal background has been appointed. Operating guidelines, a constitution and position descriptions for personnel are in the pipeline. Position statements on smoking in inpatient units, payment for participation and recruitment are underway, and three pamphlets are being developed on private health insurance, inpatient admission, and private hospitals.

National Hospitals and Hospitals Reform Commission (NHHRC) Report

In our last Newsletter, we touched on Prime Minister Kevin Rudd's recent release of the National Health and Hospitals Reform Commission's final report. This comprehensive report and its 123 recommendations carry a range of implications for the private sector. In this Edition, Drs Choong–Siew Yong and Bill Pring give us some feedback on the discussions they have had with psychiatrists concerning the report.

MHWAC Project

Also in this Edition, our representative on the Mental Health Workforce Advisory Committee (MHWAC), Carol Turnbull, outlines the MHWAC project being undertaken on mental health workforce issues and the consultation process involved.

Philip Plummer is the Independent Chair of the PMHA

Final Report of the National Health and Hospital Reform Commission

Dr Choong–Siew Yong and Dr Bill Pring

Prime Minister Kevin Rudd released the National Health and Hospitals Reform Commission's final report (Report) on Monday, 27 July 2009. This substantial report has 123 recommendations that carry a wide range of implications for how health services are funded and delivered in Australia. Of the 123 recommendations, 12 relate to mental illness (these appear at **Appendix A** of this Newsletter).

We have now discussed the Report on several occasions with our psychiatrist colleagues in each State and Territory. Some of the preliminary views that have emerged from those discussions have been summarised below.

- It would seem that mental health issues, and all the professionals involved in delivering mental health services in the private sector, were designated as peripheral to the general health governance issues in this Report. This will only exacerbate the divide between the public and private sectors.

- While the Report acknowledges the critical role of general practitioners (GPs) in mental health care, there is nothing that might better support psychiatrists in their ability to deliver adequate multidisciplinary care, particularly in the community. For a long time now, Governments have been working to better support GPS, psychologists and other health professionals, but not psychiatrists.

- The Report focuses on the public sector and seems to ignore that the majority of mental health services are now delivered in the private sector.

- The reality of community needs is not adequately addressed by the Report. For example, the number of adolescents between eighteen years of age and their early twenties now contacting private sector mental health services virtually begging for help with depression, drug and alcohol problems, and personality disorders is increasing and has not been addressed.

- The fact that a number of the Reports' recommendations on mental health refer to one diagnostic group is very disappointing.

- Similarly, for recommendation 72, the applicability of the early psychosis model requires more consideration in the context of existing capacity and services.

- Recommendation 78 is a very minimalist response to old age psychiatry issues, which really warrant addressing as much as child and adult mental health issues, especially due to demographic changes with ageing of the Australian population.

Also relevant to the current debate is the recent response to the Report concerning the practical things the AMA wants the Rudd Government to do ***now*** to improve mental health care, which are set out below.

> *While the NHHRC identifies a number of important initiatives to improve care for people with a mental illness through expanded early intervention for young people, more sub–acute care, better links between acute care and community care, including through rapid response teams working from acute care settings in the community, the report is silent on the continuing unmet need for acute care, often required on an inpatient basis for patients with mental illness.*
>
> *There are many patients requiring acute inpatient care during initial diagnosis, stabilisation of their condition, or while they are under clinical supervision during a change in their medication to avoid a relapse in their condition.*
>
> *The Government needs to undertake an analysis of the number of new psychiatric inpatient beds required in the public hospital system as part of the AMA's proposed stocktake on public hospital bed capacity.The additional psychiatric acute care beds identified in the stocktake should be formally agreed with State and Territory Governments, with the establishment and funding of these beds monitored through the proposed Bed Watch monitoring arrangements for public hospital beds.*
>
> *There also needs to be an expanded integration of the role for psychiatrists in the provision of community–based care for people with mental illness. This should include targeted funding for psychiatric nurses and psychologists to be able to work under the supervision of private psychiatrists, linked closely to the current referral system from GPs to private psychiatrists.*

At present, the Australian Government is using the recommendations of the Report as a basis for direct consultation with the health sector and the Australian public. This consultation will be completed before the end 2009 and the Government will also have convened a special COAG meeting with the States and Territories explicitly on health and hospitals reform.

Choong–Siew and Bill represent the AMA on the PMHA

National Mental Health Workforce Strategy and Plan

Ms Carol Turnbull

The Mental Health Workforce Advisory Committee provides advice to the Australian Government's Health Workforce Principal Committee and its Mental Health Standing Committee on mental health workforce related issues. Most recently, MHWAC commissioned the development of a National Mental Health Workforce Strategy and Plan. The contract was awarded to the consultants Siggins Miller. The project will develop a national mental health workforce strategy and plan, linked to other relevant key policy documents.

Project focus and scope

The focus of this Project is health and community mental health service professionals whose primary role involves treatment, care or support to people with a mental illness, in a mental health service or other health service environment.

The scope includes mental health nurses, general registered nurses, medical practitioners, occupational therapists, social workers, psychologists, mental health workers, Aboriginal mental health workers and health workers, consumer workers and carer workers who work in hospitals, health care and community mental health agencies across metropolitan, regional and remote areas of Australia.

It includes health and community mental health service professionals working across the range of service types for example, mental health services for adults, children and adolescents, and aged persons. It also includes staff working in non–government community mental health services; nurses working in the Mental Health Nurse Incentive Program, and psychologists, occupational therapists and social workers providing services under the MBS Better Access Initiative. The forensic mental health workforce is within the scope of the project. General practitioners and people working in the housing and employment sectors are outside the scope of the project.

Objectives

The Project seeks to achieve the following objectives.

1. Review Australian and international literature on mental health workforce that identifies key strengths and challenges, and notes current workforce innovations and reforms.
2. Scope possible changes in treatment and technology that could affect the capacity and capability of the workforce.
3. Identify major workforce capacity building requirements to ensure a sustainable, high quality response to the treatment and prevention of mental illness.
4. Develop a nationally agreed strategy and related set of priority actions for the short, medium and longer term.
5. Support a cross–jurisdictional approach to workforce development for those providing health and community mental health services to people with a mental illness.

How to participate

If you would like to have input into the development of the strategy you can make a written submission or attend one of the State and Territory Forums, which will be held in each capital city as follows.

Date	City	Venue	Sessions
23 November	Brisbane	Quay West Suites 132 Alice Street	2 half day AM/ PM
25 November	Melbourne	The Hotel Windsor 111 Spring Street	2 half day AM / PM
27 November	Hobart	The Henry James Art Hotel 25 Hunter Street	1 half day AM Individual interviews as arranged
1 December	Sydney	Quay Grand Hotel 61 Macquarie Street East Circular Quay	2 half day AM/ PM
3 December	Canberra	Rydges Lakeside 1 London Circuit	1 half day AM Individual interviews as arranged
8 December	Adelaide	Stamford Plaza 150 North Terrace	2 half day AM/ PM
10 December	Perth	Sheraton Hotel, 207 Adelaide Terrace	2 half day AM/ PM
15 December	Darwin	Crowne Plaza 32 Mitchell Street	1 half day AM Individual interviews as arranged

To register for a session, or if you wish to make a written submission, you will need to contact Ms Alex Lewis at:

alexandra.lewis@sigginsmiller.com.au

The RSVP for workshop attendance is Friday, 6 November 2009. The closing date for written submissions is Friday, December 18 2009.

Carole represents the PMHA on MHWAC.

Revising Our National Model

Allen Morris–Yates

Included in the work program for the PMHA's CDMS is the task of revising the *National Model for the Collection and Analysis of a Minimum Data Set with Outcome Measures for Private, Hospital–based Psychiatric Services* (National Model).

The PMHA's CDMS has prepared two papers regarding these revisions, which the PMHA is currently looking at.

The first paper titled, *Revision of the stratification framework used in Hospitals' and Payers' Standard Quarterly Reports*, addresses the stratification scheme used in the PMHA's CDMS Standard Quarterly Reports (SQRs).

The second paper titled, *Reporting Framework, Version 3–0*, details a new version of the framework for the content and layout of SQRs.

Paper 1: Revision of the stratification framework used in Hospitals' and Payers' Standard Quarterly Reports

This Paper discusses changes to the diagnostic classification used in the stratification of statistics in both Hospitals' and Payers' SQRS. The recommendations include the following.

1. Simplification of the classification to remove rarely occurring diagnostic groupings from reports.

2. Renaming of certain major groupings to improve the accuracy with which they identify the diagnoses covered by the group.

3. Inclusion of two clinical co–morbidity groups.

The revised classification would be as follows.

(0) All patients regardless of Principal or Secondary Diagnosis.

(1) Schizophrenia, Schizoaffective and Other Psychotic Disorders.

(2) Major Affective and Other Mood Disorders.

(3) Anxiety Disorders.

(4) Post-Traumatic Stress and Other Adjustment Disorders.

(5) Personality Disorders.

(6) Alcohol or Other Substance Use Disorders.

(7) Eating Disorders.

(8) All Patients with Co–morbid Personality Disorder.

(9) All patients with Co–morbid Alcohol or Other Substance Use Disorder.

So far, Hospitals and Health Insurers do not see any major problems with the revised classification, but some further discussions are underway with the Commonwealth to enable the development of an additional class that identifies patients with co-morbid non-psychiatric illnesses (eg diabetes, heart disease etc).

Paper 2: Reporting Framework Version 3

This Paper details proposed new formats for both Hospitals and Payers SQRs. The objective of the revisions is to substantially improve both the accessibility and content of the SQRs without obscuring the inherent complexity of the problems for which care is provided.

This second Paper also includes a detailed discussion of the issues involved in reporting on Ambulatory Care and proposes a new episode–based model for reporting Ambulatory Care that should meet both Hospitals and Payers needs. This will be a substantial improvement in what Hospitals are currently receiving.

The PMHA has agreed that the process for reviewing and finalising this Paper will involve further discussions with the members of the APHA Psychiatry Committee and the AHIA Mental Health Committee.

A revised version of the discussion paper will then be made available for broader comment by all stakeholders.

Allen is the Director of the PMHA's CDMS

Stakeholder Round–Up

This section of *Our Newsletter* provides a brief snapshot on some of our stakeholders recent activities.

Australian Medical Association

In October, the AMA sent its first electronic edition of its *Psychiatrists' Newsletter* to all those psychiatrists across Australia that have email addresses. The Royal Australian and New Zealand College of Psychiatrists has kindly offered to ensure the Newsletter is also provided to its psychiatry trainees. The first edition included articles on; the National Hospitals and Health Reform Commissions' (NHHRC) Final Report; the AMA Psychiatrists Group (AMAPG); grass roots participation; the AMA report card on mental health; the PMHA and its CDMS; and the Network.

Future newsletters will include further analysis of the NHHRC report and other articles on a wide range of issues including National Registration, the impact of the Better Access Initiative, the use of MBS Item for Case Conferencing, and the extension of training places in the private sector for psychiatry trainees.

Australian Private Hospitals Association

The Australian Private Hospitals Association (APHA) recently welcomed the release of the draft report of the Productivity Commission on the performance of Public and Private Hospitals, but warned that the Federal Government should think twice before diverting resources away from the private hospital sector. This report found that private hospitals are less costly, more efficient, and safer. Workforce costs are lower and hospital stays are shorter. The Commission has highlighted the need for improvements in data collections relating to both cost and quality to improve consistency and allow more valid comparisons. APHA supports the idea of nationally consistent collections, like the PMHA's CDMS, to remove duplication and reduce the regulatory burden on hospitals.

Australian Health Insurance Association

The Australian Health Insurance Association has also responded to the Productivity Commission's Draft Report citing it as further evidence that the Government's proposal to dismantle the 30% Rebate is flawed public policy. The Draft Report supports calls from the vast majority of health and consumer organisations for the Government to continue to support the private health sector and give all Australians the opportunity to choose their health care provider. Not only does the private sector deliver shorter waiting times, shorter lengths of stay and higher productivity, but most importantly it provides a safer health care environment.

Private Mental Health Consumer Carer Network (Australia)

The Network is starting to address succession planning and has appointed a Deputy Chair, Ms Kim Werner, who has a legal background. The Network is also developing Operating Guidelines and Position Descriptions, Position statements on smoking in inpatient units and payment for participation and recruitment, and 3 pamphlets on private health insurance, inpatient admission, and private hospitals.

The Network is currently approaching high profile people who may be interested in becoming Patron's for the Network. There have been ten recent Network submissions including one on suicide. The Network also recently met with Dr Meredith Arcus who is an adviser to the Federal Minister for Health and Ageing. The purpose of the meeting was to discuss further progress with the issue of borderline personality disorder.

Australian Government

On Friday 4 September 2009 the Australian Health Ministers' Conference (AHMC) endorsed the *Fourth National Mental Health Plan: an agenda for collaborative government action in mental health 2009-2014.* This Plan is the product of twelve months of development work auspiced by the Mental Health Standing Committee, including a comprehensive stakeholder consultation process. Endorsement of the Plan represents commitment by all governments to implementation of the following vision for mental health set out in the *National Mental Health Policy 2008*:

> *"… a mental health system that enables recovery, that prevents and detects mental illness early and ensures that all Australians with a mental illness can access effective and appropriate treatment and community support to enable them to participate fully in the community."*

The Plan identifies key actions that will make meaningful progress towards fulfilling the vision of the Policy. While led by Health Ministers, the Plan takes a whole-of-government approach. This approach acknowledges that the best mental health outcomes are achieved through a partnership approach involving sectors other than just health. The Plan has five priority areas for government action in mental health.

(1) Social inclusion and recovery.

(2) Prevention and early intervention.

(3) Service access, coordination and continuity of care.

(4) Quality improvement and innovation.

(5) Accountability - measuring and reporting progress.

The Plan is ambitious in its approach and for the first time includes a robust accountability framework. Each year, governments will report progress on implementation of the Plan to the Council of Australian Governments.

The Plan includes indicators for monitoring change in the way the mental health system is working for people living with mental illness as well as their families and carers. Health Ministers have agreed to develop targets and data sources for each of the indicators in the first twelve months of the Plan.

Effort will now be directed towards identifying Commonwealth priorities for implementation of the relevant actions contained in the Plan. An Implementation Steering Committee formed under the Mental Health Standing Committee will be progressing this work with input from the Commonwealth.

Fact Sheet

The Private Mental Health Sector Defined

In Australia, private sector mental health services include, but are not limited to, the range of mental health care and services provided by psychiatrists in private practice, and those inpatient and day only services provided by private hospitals, for which private health insurers pay benefits.

Private sector services also include services provided in general hospital settings and services provided by general practitioners, psychologists, mental health nurses, and other allied health professionals**.**

- In 2006, it was estimated that 60% of all people with a mental health problem had been seen in the private sector at some time during their illness. This is more likely to be closer to 80% in 2009.
- 9% of the national mental health workforce is employed by the private sector.
- 22% of total psychiatric beds are in the private sector.

The Private Sector's Profile

The diagnostic and demographic profile for episodes of Overnight Inpatient Care during the Financial Year 2007–08 in the private sector were:

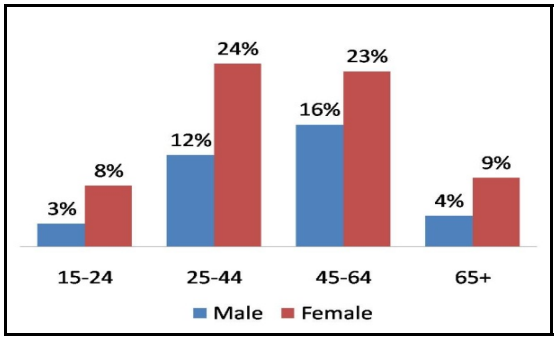
51% Major Affective and Other Mood Disorders

14% Alcohol and Other Substance Use Disorders

12% Post Traumatic and Other Stress–related Disorders

9% Schizophrenia, Schizoaffective and Other Psychotic Disorders

Demographic profile (Age group by Sex) of patients admitted to participating private hospitals



Source: PMHA–CDMS Annual Statistical Report for 2007–08.

Office–Based Practice

According to the data publically available from Medicare Australia's website, the number of claims for consultations by psychiatrists, GPs and psychologists against the MBS Mental Health Items from the 4th Quarter of 2006 to the end of the 2nd Quarter 2009 were as follows.

- 256,721 consulted psychiatrists.
- 3,280,148 consulted GPs.
- 1,744,158 consulted clinical psychologists.
- 3,201,584 consulted registered psychologists.

Derived from the data that is publically available from the Medicare Australia Website: https://www.medicareaustralia.gov.au

Private Health Insurance (PHI)

According to the Private Health Insurance Advisory Council (PHIAC), around 10 million Australians are now covered by private health insurance, which is approximately half of the Australian population.

Private Hospitals with Psychiatric Beds

The PMHA's Centralised Data Management Service collects, processes, analyses and reports on outcomes data submitted by Private Hospitals and Private Health Insurers each quarter.

During the 2007–08 Financial Year there were 25 stand–alone private psychiatric hospitals and 20 psychiatric units located within private general hospitals in operation in Australia. Together these Hospitals had approximately 1,700 psychiatric beds. The hospitals that participated in the PMHA's CDMS during that Financial Year accounted for approximately 72% of all private psychiatric beds. The 33 private Hospitals participating in the CDMS admitted 18,305 patients for psychiatric care. Of those patients, 14,890 had a total of 20,834 separations from overnight inpatient care (excluding brief overnight admissions for sameday procedures) with an average length of stay of 19 days.

- 1700 Beds
- 18,305 People admitted for Psychiatric Care
- 19 Days was the Average Length of Stay

How to Contact Representatives

NOMINATING ORGANISATION	PMHA REPRESENTATIVES AND THEIR CONTACT DETAILS	
PMHA PRIVATE MENTAL HEALTH ALLIANCE	Mr Philip Plummer (Independent Chair) C/– PO Box 377 KENT TOWN SA 5071	P: 08 8130 2000 F: 08 8363 1980 M 0438090130 E: pplummer@hlbsa.com.au
Private Mental Health Consumer Carer Network (Australia) engage, empower, enable choice in private mental health	Ms Janne McMahon (Consumers) PO Box 542 Marden SA 5070	P: 08 8336 2378 F: 02 6273 5337 E: jmcmahon@senet.com.au
	Mrs Ruth Carson (Carers) PO Box 32 FOSTER VIC 3960	P: 03 5682 1303 F: No Fax E: r.carson@dcsi.net.au
AMA	Dr Choong–Siew Young PO Box W84 WAREEMBA NSW 2046	P: 02 9881 8888 F: 02 9881 8899 E: csyong1@mac.com
	Dr Bill Pring Delmont Consulting Rooms 300 Warrigul Road GLEN IRIS VIC 3146	P: 03 9808 5552 F: 03 9805 7372 E: bpring@ozemail.com.au
Australian Private Hospitals Association	Ms Moira Munro (Deputy Chair) Chief Executive Officer Perth Clinic 29 Havelock Street WEST PERTH WA 6005	P: 08 9488 2970 F: 08 9488 2977 E: moiram@perthclinic.com.au
	Ms Carol Turnbull Chief Executive Officer Ramsay Healthcare SA 33 – 36 Park Terrace GILBERTON SA 5081	P: 08 8269 8100 F: 08 8269 7307 E: turnbullc@ramsayhealth.com.au
AHIA Australian Health Insurance Association	Mr Greg Kovacs General Manager (Projects & Committees) Australian Health Insurance Association Unit 17G, Level 1, 2 King Street DEAKIN ACT 2600	P: 02 6202 1000 F: 02 6202 1001 E: greg@ahia.org.au
	Ms Helen Eriksson Senior Hospital Negotiations Manager Hospitals Contribution Fund of Australia GPO Box 4242 SYDNEY NSW 2001	P: 02 9290 0178 F: 02 9299 7001 E: heriksson@hcf.com.au
Australian Government Department of Health and Ageing	Ms Robyn Milthorpe Acting Director Monitoring and Evaluation Section Mental Health Reform Branch Department of Health and Ageing Mail Drop 23, GPO Box 9848 CANBERRA CITY ACT 2601	P: 02 6289 8374 F: 02 6289 8788 E: robyn.milthorpe@health.gov.au
	Mr Peter Callanan Director, Private Health Services Branch Department of Health and Ageing Mail Drop 86, GPO Box 9848 CANBERRA ACT 2611	P: 02 6289 9840 F: 02 6289 9888 E: peter.callanan@health.gov.au

NHHRC RECOMMENDATIONS: Supporting people living with mental illness

71. We recommend that a youth friendly community–based service, which provides information and screening for mental disorders and sexual health, be rolled out nationally for all young Australians. The chosen model should draw on evaluations of current initiatives in this area – both service and internet/telephonic–based models. Those young people requiring more intensive support can be referred to the appropriate primary health care service or to a mental or other specialist health service.

72. We recommend that the Early Psychosis Prevention and Intervention Centre model be implemented nationally so that early intervention in psychosis becomes the norm.

73. We recommend that every acute mental health service have a rapid–response outreach team for those individuals experiencing psychosis, and subsequently have the acute service capacity to provide appropriate treatment.

74. We recommend that every hospital–based mental health service should be linked with a multi–disciplinary community–based sub–acute service that supports 'stepped' prevention and recovery care.

75. We strongly support greater investment in mental health competency training for the primary health care workforce, both undergraduate and postgraduate, and that this training be formally assessed as part of curricula accreditation processes.

76. We recommend that each state and territory government provide those suffering from severe mental illness with stable housing that is linked to support services.

77. We want governments to increase investment in social support services for people with chronic mental illness, particularly vocational rehabilitation and post–placement employment support.

78. As a matter of some urgency, governments must collaborate to develop a strategy for ensuring that older Australians, including those residing in aged care facilities, have adequate access to specialty mental health and dementia care services.

79. We recommend that state and territory governments recognise the compulsory treatment orders of other Australian jurisdictions.

80. We recommend that health professionals should take all reasonable steps in the interests of patient recovery and public safety to ensure that when a person is discharged from a mental health service that:

    - there is clarity as to where the person will be discharged; and
    - someone appropriate at that location is informed.

81. We recommend a sustained national community awareness campaign to increase mental health literacy and reduce the stigma attached to mental illness.

82. We acknowledge the important role of carers in supporting people living with mental disorders. We recommend that there must be more effective mechanisms for consumer and carer participation and feedback to shape programs and service delivery.