PMHA | PRIVATE MENTAL HEALTH ALLIANCE

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Australian Medical Association

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The Royal Australian and New Zealand College of Psychiatrists

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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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Australian Government Department of Health and Ageing

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beyondblue: the national depression initiative

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PROGRESS REPORT

PMHA

PMHA's Centralised Data Management Service (CDMS)

Private Mental Health Consumer Carer Network (Australia) (the Network)

1 July 2007 to 30 June 2008

FOREWORD

This is a Progress Report on the activities of the Private Mental Health Alliance (PMHA), its Centralised Data Management Service (PMHA–CDMS), and the Private Mental Health Consumer Carer Network (Australia) (the Network) for the period 1 July 2007 to 30 June 2008.

Since 1 January 2007, the PMHA, its CDMS and the Network have been operating under an eighteen month contractual arrangement known as the *Australian Medical Association (AMA) Agreement for Services 2007–2008* (hereafter the AMA Agreement). The Parties to the AMA Agreement made substantial funding contributions for the provision of the services required to support the operation of all three entities. Those Parties were the AMA, The Royal Australian and New Zealand College of Psychiatrists (RANZCP), Australian Private Hospitals Association (APHA), Australian Private Health Insurance Association (AHIA), Commonwealth Department of Health and Ageing (DoHA), and Beyondblue.

Over the past twelve months, approximately seven were devoted to the negotiation of what arrangements were to be put in place for the PMHA, its CDMS and the Network at the expiry of the AMA Agreement. The outcome of those negotiations was a strong commitment from all the Parties, with the exception of the RANZCP, to the PMHA, its CDMS and the Network being continued. The AMA, APHA, AHIA, DoHA and beyonblue have signed a new one year AMA Agreement for the period 1 July 2008 until 30 June 2009. These Parties will use the term of that Agreement to work toward putting these three entities onto a more stable footing.

At the end of June 2008, the PMHA was undertaking the necessary steps to enable it to expand its structure to include a Collaborative Care Models Working Group (CCMWG) to accommodate the major stakeholder groups now comprising the private mental health sector. In addition to the existing groups represented by the PMHA (consumers and carers, psychiatrists, private hospitals, private health insurers, and the Australian Government), this new structure will enable the PMHA to include general practitioners (GPs), psychologists, mental health nurses, and allied health professionals.

The purpose of the CCMWG will be to facilitate collaboration between these stakeholder groups, while accepting the professional integrity and wealth of knowledge of its members. CCMWG will recognise the different purposes and objectives of its members and be committed to a co–ordinated and collaborative approach based on a shared understanding that models of mental health care must be underpinned by a surety of safety and quality of the services offered. CCMWG will also seek to identify any barriers that may exist that may impede, or inhibit the development of collaborative care.

This report was unanimously endorsed by the 6th Meeting of the PMHA held in Canberra on 10 October 2008.

1. THE PMHA

The PMHA (or the Alliance) provides a forum for its members – Providers, Payers, Consumers and Carers, and the Australian Government – to meet on a regular and structured basis with the aim of furthering their shared objectives. The Alliance's members are strongly committed to improving service efficiency and the quality of mental health services in the private sector. The Alliance enables its members to achieve a better understanding of each other's different perspectives and provides a vehicle for those members to work together on key issues. The level of trust that has developed over time has enabled the Alliance's members to deal with very difficult and complex issues in a collaborative and highly functional manner in order to achieve the following.

1.1 Improved interface between the public and private sectors

The Alliance continues to work closely with the Australia Government to improve the interface and understanding between the private and public mental health sectors. Through the PMHA the private sector has been fully engaged at the national level in key reform and evaluation activities. PMHA is linked to the Australian Health Ministers Advisory Council through its position on AHMAC's Mental Health Standing Committee. It also holds positions on the Standing Committee's Safety and Quality Partnership Sub–committee and its Mental Health Information Strategy Sub–committee. PMHA representatives are actively engaged in the work of those three Committees.

1.2 Funding Reform

The PMHA focus is on the development of innovative models for funding service delivery that are feasible and effective without compromising the quality and continuity of care. One major discussion paper on *Options for Funding Service Delivery for Private Psychiatric Services* was published in 2006 and several of the options that were originally canvassed in the early drafts of that paper are now coming to fruition under the *COAG National Action Plan on Mental Health 2006–2011* and the *Broader Health Cover* initiative. The *Underlying Principles for Funding Psychiatric Care*, detailed in the Paper still remain relevant to the development of new models of service delivery.

1.3 Policy

The PMHA seeks to develop sound policy that provides guidance on issues around the provision of mental health services and funding models. Members work together to formulate collaborative solutions on agreed key issues that affect mental health services in the private sector. That collaborative process operates to better inform the policy base of all participating organisations. Over the past twelve months, the PMHA has ensured that the private sector has been properly represented and closely involved with an important range of national policy issues including the Review of the National Mental Health Policy, the Evaluation of the National Mental Health Plan 2003–2008, and the 2007 COAG Annual Report on Mental Health.

1.4 Practice

The PMHA informs and affects practice within the private sector. For example, the Australian Government has delegated responsibility to the PMHA for the annual review of the Guidelines for Determining Benefits for Health Insurance Purposes for Private Patient Hospital–based Mental Health Care. These Guidelines offer assistance in identifying key aspects of program delivery and service provision in private mental health facilities for private health insurance purposes. The Guidelines can also be of assistance to State and Territory health authorities and their public hospitals in the treatment of Medicare and privately insured patients. Over the past twelve months the PMHA has also been instrumental in ensuring that the private sector has been involved in the current review of the National Standards for Mental Health Services. And only recently, a PMHA submission led to the Australian Government including an additional data element and clarifying several others in the latest revision of the Hospital Casemix Protocol.

1.5 PMHA Representatives

The PMHA is chaired independently by *Mr Philip Plummer*.

The Australian Medical Association was represented by *Dr Martin Nothling* and *Dr Bill Pring*. Dr Nothling Chaired the PMHA Finance Committee and Dr Bill Pring Chaired the PMHA–CDMS Management Committee. The Royal Australian and New Zealand College of Psychiatrists was represented by its' Honorary Secretary, Dr Maria Tomasic, and its Chief Executive Officer, Ms Sharon Brownie.

Representation for all private health insurance funds that pay benefits for psychiatric care was provided by *Ms Helen Eriksson* and the Chair of the Australian Health Insurance Association's Mental Health Committee, *Mr Peter Groves*, who replaced Ms Deborah Stephenson.

Ms Moira Munro and *Ms Carol Turnbull* represented private hospitals with psychiatric beds. Ms Munro is the Chief Executive Officer (CEO) of the Perth Clinic in Western Australia and Deputy Chair of the PMHA. Ms Turnbull is the CEO of Ramsay Healthcare in South Australia. Both Ms Munro and Ms Turnbull are members of the Australian Private Hospitals Association Psychiatric Sub–committee.

Ms Janne McMahon represented private sector consumers. Ms McMahon is the Chair of the Private Mental Health Consumer Carer Network (Australia).

Carers were represented by *Mrs Ruth Carson*. Ms Carson represents the PMHA on the Network and has co–chaired the National Mental Health Consumer and Carer Forum.

The Australian Government was represented by *Ms Therese Merten*, from the Australian Government Department of Health and Ageing's Mental Health Reform Branch and *Mr Peter Callanan* from the Private Health Services Branch.

1.6 PMHA Meetings

Over the term of the AMA Agreement, the PMHA conducted five face–to–face meetings, an All Parties meeting and one workshop, as set out in Table 1 below.

Table 1: PMHA Meetings 2007–08

Meeting	Date	Venue	Location
1st PMHA Meeting	20 April 2007	RANZCP Headquarters	Melbourne
2nd PMHA Meeting	6 July 2007	RANZCP Headquarters	Melbourne
3rd PMHA Meeting	26 October2007	RANZCP Headquarters	Melbourne
All Parties/PMHA Meeting	9 November 2007	AMA Headquarters	Canberra
4th PMHA Meeting	29 February 2008	RANZCP Headquarters	Melbourne
PMHA Workshop	27 March 2008	AMA Headquarters	Canberra
5th PMHA Meeting	6 June 2008	AMA Headquarters	Canberra

1.7 Meeting Attendance

Table 2 sets out the record of attendance for PMHA Members and Observers at face–to–face meetings in 2007–08.

Table 2: Record of Attendance at Meetings of the PMHA 2007–08

REPRESENTATIVE(S)		PMHA MEETINGS						
		1st	2nd	3rd	Parties	4th	Workshop	5th
PMHA Chair	Mr Philip Plummer	√	√	√	√	Proxy	√	√
Consumers	Ms Janne McMahon	√	√	√	√	√	√	√
Carers	Mrs Ruth Carson	√	√	√	√	√	Apology	√
AMA	Dr Martin Nothling	√	√	√	√	√	√	√
	Dr Bill Pring	√	√	Apology	√	√	√	√
RANZCP	Dr Jo Lammersma	Proxy						
	Dr Maria Tomasic		√	√	√	√	√	Apology
	Ms Sharon Brownie	Proxy	√	Apology	Apology	√	Apology	Apology
APHA	Ms Moira Munro	√	√	√	√	Chair	√	√
	Ms Carole Turnbull	√	√	√	Proxy	√	√	√
AHIA	Ms Deborah Stephenson	√	√					
	Mr Peter Groves			√	Proxy	√	Proxy	√
	Ms Helen Eriksson	√	√	√	√	√	√	√
DoHA	Ms Suzy Saw	Apology						
	Ms Therese Merten		Apology	√	Apology	√	√	√
	Mr Peter Callanan	Proxy	√	√	Apology	Proxy	√	Apology

1.8 The PMHA Finance Committee

The PMHA Finance Committee met via teleconference on a quarterly basis to monitor budgetary expenditure for the PMHA, its CDMS and the Network as set out in Table 3 Below.

Table 3: Meetings of the PMHA Finance Committee (FC) 2007–08

REPRESENTATIVE(S)		1st FC 5 Jun 07	2nd FC 4 Sep 07	3rd FC 13 Nov 07	4th FC 11 Mar 08
AMA	Dr Martin Nothling (Chair)	√	√	√	√
RANZCP	Dr Mirco Kabat	Apology	√	Apology	Apology
APHA	Ms Carole Turnbull	√	Apology	Apology	√
AHIA	Ms Helen Eriksson	√	√	√	√
DoHA	Ms Therese Merten	√	√	Apology	Apology
AMA Financial Controller	Mr Howard Pickrell	Apology	√	√	√
PMHA Director	Mr Phillip Taylor (Secretary)	√	√	√	√
PMHA–CDMS Director	Mr Allen Morris–Yates	√	√	√	√
Network Chair	Ms Janne McMahon	Apology	√	√	√

Each meeting the Finance Committee noted and approved the Quarterly Statements of Income and Expenditure for the PMHA, its CDMS, and the Network, prepared by the AMA. The Committee has also thanked Ms Hazel Foxon, Mr Howard Pickrell, Mr Allen Morris–Yates and Mr Phillip Taylor for their meticulous work in compiling and monitoring the budgets for the PMHA, PMHA–CDMS and the Network.

Chartered accountants KPMG conducted two audits of the revenue and expenditure for the PMHA, its CDMS and the Network to cover the full eighteen month term of the AMA Agreement from 1 January 2007 to 30 June 2008. The first audit covers the period 1 January 2007 to 30 June 2007 (last half of the Financial Year 2006-2007). The second audit covers the Financial Year 1 July 2007 to 30 June 2008. The KPMG letters of acquittal are included at Attachment 1 to this Report. Statements of income and expenditure for PMHA, its CDMS and the Network are dealt with under each respective subsection of this Progress Report.

At the PMHA's 27 March 2008 Workshop it was agreed to dissolve the PMHA Finance Committee in an effort to streamline the future work load of the PMHA, with the adoption of the AMA Quarterly Statement of Income and Expenditure becoming a brief item on the main agenda for PMHA meetings. In doing so, the PMHA thanked Dr Martin Nothling for Chairing the Finance Committee.

1.9 PMHA–CDMS Management Committee

At the All Parties and PMHA 9 November 2007 meeting it was agreed that the PMHA–CDMS Management Committee would meet via teleconference on a monthly basis to enable it to more actively engage in the management of the PMHA's CDMS. The face–to–face meetings and teleconferences of the Management Committee are set out below and the work of the PMHA's CDMS is set out under section 2 of this Report.

Table 4: Meetings of the PMHA–CDMS Management Committee (MC) 2007–08

REPRESENTATIVE(S)		FACE–TO–FACE MEETINGS (F) TELCONFERECES (T)								
		F	F	F	T	T	F	T	T	F
		19 Apr 07	5 Jul 07	25 Oct 07	20 Dec 07	1 Feb 08	28 Feb 08	31 Mar 08	5 May 08	6 Jun 08
AMA	Dr Bill Pring (Chair)	√	√	√	√	√	√	√	√	√
Consumers	Ms Janne McMahon	√	√	√	√	√	√	√	Apology	√
Carers	Mrs Ruth Carson	Apology	√	√	Apology	√	√	Apology	√	√
APHA	Ms Moira Munro	√	√	√	√	√	√	√	√	√
AHIA	Ms Helen Eriksson				√	Apology	√	Apology	√	√
	Ms Deborah Stephenson	√	√	√						
DoHA	Ms Therese Merten									√
	Mr Peter Callanan	Proxy	√	√	√	√	Proxy	√	√	Apology
CDMS Director	Mr Allen Morris–Yates	√	√	√	√	√	√	√	√	√
PMHA Director	Mr Phillip Taylor (Secretary)	√	√	√	√	√	√	√	√	√

1.10 Australian Health Minister's Advisory Council (AHMAC) Health Policy Priorities Principal Committee (HPPPC), Mental Health Standing Committee (MHSC) (formerly the AHMAC National Mental Health Working Group)

The National Mental Health Working Group was established by AHMAC in 1991 to oversee the implementation of the National Mental Health Strategy, and to provide a forum for cross–jurisdictional information exchange to encourage a consistent approach to the implementation of the National Mental Health Strategy. The Group also provided advice to the Australian Government Minister for Health and Aged

Care on expenditure of mental health national project funding. A review of AHMAC committees in 2005–06 resulted in the renaming of the group as the Mental Health Standing Committee (MHSC), which now reports to the HPPPC of AHMAC. The PMHA is represented on this peak body and its sub–groups.

Over the past twelve months, the PMHA has ensured that the private sector has been properly represented and closely involved with an important range of major policy issues, which included the following.

- *The Review of the National Mental Health Policy.*
- *The Evaluation of the National Mental Health Plan 2003-2008; and*
- *The Council of Australian Governments National Action Plan for Mental health 2006-2011: Progress Report 2006-07*
- *Establishment of a National Comorbidity Collaboration*
- *Mental Health Nurse Incentive Program*
- *National Perinatal Depression Initiative*
- *National Building Design Guidelines*

The PMHA Independent Chair, attended meetings of the MHSC held in Melbourne on 14 September 2007, and 22 February and 30 May 2008.

1.10.1 MHSC National Mental Health Policy Revision Steering Committee

MHSC established the Policy Revision Steering Committee (the Committee) to revise the existing National Mental Health Policy (Policy) for Australia. The private sector was represented on the Committee by the PMHA Independent Chair. PMHA input was critical to the acknowledgement of the private sector in the revised Policy.

1.10.2 MHSC Safety and Quality Partnership Sub-committee (SQPS)

The SQPS (previously the Safety and Quality Partnership Working Group) is responsible for taking the Australian Government mental health safety and quality agenda forward. While the Australian Commission for Safety and Quality in Health Care (ACSQHC) leads the national effort to improve the safety and quality of health care provision in Australia generally, the SQPS has a defined focus on safety and quality in mental health care. It is intended that the SQPS and the ACSQHC work in partnership. The SQPS brings together key stakeholders in the mental health field, from both the public and the private sectors that are relevant to implementation of national priorities.

Current issues arising from the work of the SQPS that are relevant to the private sector, include the following.

- *Review of the National Standards for Mental Health Services*
- *Safety Key Performance Indicator (KPI) Development*
- *Seclusion and Restraint*

- *Safe Transportation*
- *Reducing Adverse Medication Events*. *Reducing Suicide Risk and Deliberate Self Harm in Mental Health Services.*

The agreed PMHA Delegate on the SQPS is Dr Bill Pring. Dr Pring attended the meeting of the SQPS on 19 October 2007. In Dr Pring's absence overseas, the PMHA Director attended the 14 March 2008 SQPS meeting held in Adelaide and Dr Pring attended the meeting held on 20 June 2008 in Melbourne.

1.10.3 MHSC Mental Health Information Sub–committee (MHISS)

The MHISS provides expert technical advice and recommendations on initiatives to address the information requirements of the National Mental Health Strategy for the Mental Health Standing Committee (MHSC) of the AHMAC Health Priorities Principle Committee. Some of the issues that MHISS has been dealing with include the following.

- *2007-08 Annual Progress Report on the COAG National Action Plan on Mental Health 2006-2011*
- *Report on Government Services (RoGS)*
- *Mental Health Interventions Classification Project – Australian Institute of Health and Welfare (AIHW)*
- *Carer Outcome Measurement in Mental Health services: Scoping the Field - Australian Mental Health Outcomes and Classification Network (AMHOCN)*
- *Clinical Prompts Library project - Australian Mental Health Outcomes and Classification Network (AMHOCN)*
- *Using consumer outcome measures for collaborative care planning Department of Human Services - Victoria*

The PMHA Deputy Chair, Ms Moira Munro, represents the private sector on MHISS. Ms Munro attended the meetings MHISS held on 7/8 February 2008 in Perth and 10/11 April 2008 in Canberra.

1.11 PMHA Income and Expenditure

PMHA Income and Expenditure for the periods 1 January 2007 to 30 June 2007, and Financial Year 1 July 2007 to 30 June 2008 are set out in Table 5 below. The Table has been prepared on a cash basis.

The PMHA has confirmed that all expenditure has been made in accordance with the terms and conditions of the *AMA Agreement for Services 2007–2008*.

At 30 June 2008, there was a surplus of $14,249 remaining in the PMHA Budget. A one fifth share of that surplus ($2850) will be returned to the RANZCP and the remaining $11,439 will be carried forward into the Financial Year 2008–2009 PMHA income stream.

Table 5: PMHA Income and Expenditure 2007-2008

1 JANUARY 2007 TO 30 JUNE 2007			
PMHA INCOME (Stakeholder Contributions)	**Contribution**		
Australian Medical Association	25,522		
The Royal Australian and New Zealand College of Psychiatrists	25,522		
Australian Private Hospitals Association	25,522		
Australian Health Insurance Association	25,522		
Australian Government Department of Health and Ageing	29,522		
Total	**131,610**		
PMHA EXPENDITURE	**Budget**	**Actual**	**Variance**
Staffing	87,049	82,850	4,199
Equipment and Other Infrastructure	4,463	6,158	–1695
Recurrent Office Infrastructure	13,538	14,830	–1,292
Meetings of PMHA Face–to–Face	6,258	2,675	3,583
Working Groups	1,388	140	1,248
Other Meetings (MHSC & SQPWG)	3,313	4,322	–1,009
Total before AMA Administration charge	116,010	110,976	5,033
AMA Administration Fee	11,601	11,601	0
Total	**127,611**	**122,577**	**5,033**
Total PMHA Funds Remaining		***9,033***	
FINANCIAL YEAR 1 JULY 2007 TO 30 JUNE 2008			
PMHA INCOME (Stakeholder Contributions)	**Contribution**		
Australian Medical Association	51,284		
The Royal Australian & New Zealand College of Psychiatrists	51,284		
Australian Private Hospitals Association	51,284		
Australian Health Insurance Association	51,284		
Australian Government Department of Health and Ageing	59,284		
Transfer of PMHA balance from 1 January 2007 to 30 June 2007	*9,033*		
Total	**273,453**		
PMHA EXPENDITURE	**Budget**	**Actual**	**Variance**
Staffing	185,236	180,766	4,470
Equipment and Other Infrastructure	5,572	2,472	3,100
Recurrent Office Infrastructure	27,732	19,578	8,154
Meetings of PMHA Face–to–Face	12,887	15,892	–3,005
Working Groups	2,860	976	1,884
Other Meetings (MHSC & SQPWG)	6,824	15,408	–8,584
Total before AMA Administration charge	241,111	235,093	6,018
AMA Administration Charge of 10%	24,111	24,111	0
Total	**265,222**	**259,204**	**6,018**
Total PMHA Funds Remaining		***14,249***	

2. PMHA–CDMS

Over the past eighteen months the PMHA has continued to provide a unique ***Centralised Data Management Service*** (CDMS) for private hospital–based psychiatric services. The CDMS was established in 2001 to support the ongoing implementation of a *National Model for the Collection and Analysis of a Minimum Data Set with Outcome Measures for Private Hospital–based Psychiatric Services.* The National Model has now been implemented by almost all private hospitals with psychiatric beds across Australia. Currently over 70% of those hospitals participate in the service provided by the CDMS.

Since 2001, the CDMS has worked closely with private hospitals, health insurers and other payers (e.g., DVA), providing a statistical analysis and reporting service that delivers to them every quarter detailed standard reports on participating hospitals' service provision and patient outcomes. Both hospitals and health insurers use this comprehensive source of clinically–oriented information to monitor, evaluate and improve the quality, effectiveness and efficiency of the services provided. Over the past twelve months, the CDMS has continued to develop and maintain training resources for Hospitals. CDMS has provided Hospitals with a database application that enables them to record the required data, submit it to the CDMS in a standard personally de–identified format and facilitates the local use of their data in service evaluation and quality improvement.

In operating under the umbrella of the PMHA consumers and carers, their treating psychiatrists, participating private hospitals and payers are provided with assurance that the highly sensitive information managed by the CDMS is protected by an appropriate governance structure.

Future work of the CDMS will focus on the regular dissemination of data to facilitate the profiling and promotion of private mental health services; maintaining and enhancing the services and products currently provided; assisting providers and payers in making effective use of the information provided; and meeting the private sector's increasingly sophisticated requirements for statistical information to use in benchmarking and continuous quality improvement.

In accordance with the AMA Agreement, the PMHA–CDMS was involved in the following during the financial year 2007–08.

2.1 Preparation of Standard Quarterly Reports and XML Data Extracts

The Standard Quarterly Reports (SQRs) for the 2007–08 financial year were prepared in electronic PDF format and distributed to both Hospitals and Health Insurers within the agreed time–frame of 13 weeks post end–of– quarter. The content and format of the SQRs remained unchanged from that being delivered in 2006.

2.2 Development and implementation of Standard Quarterly XML Data Extracts.

This work was completed ahead of schedule, with XML Data Extracts being included with the distribution of SQRs from March 2007. Subsequently, on the basis of advice from the AHIA's Mental Health Committee, an SQR Viewer application,

designed to assist Payers in making full use of the extracts, was developed and distributed with Payers SQRs from September 2007.

2.3 Revision of the Data Collection, Analysis and Reporting Frameworks

Only preliminary work has been completed to date. Substantial work on data collection requirements will follow once the Australian Government clarifies what changes will be implemented in the HCP from July 2008.

2.4 Re–build the data warehouse in MS SQL Server 2005

Phase one of this task has been completed, which has removed the capacity limitations that were hampering both data analysis and reporting. *Phase two* will involve refactoring of the underlying data structures and associated data management and processing functions. This will provide the foundation for greatly enhanced analysis and reporting from the data warehouse. *Phase three* involves the rebuilding of the report generation functions in MS SQL Server 2005. That work should be completed in 2009.

2.5 Update Hospital's Training Manuals and Resources

The task of revising and distributing training resources for Hospitals was completed during the term of the AMA Agreement.

2.7 PMHA–CDMS Income and Expenditure

PMHA-CDMS Income and Expenditure for the periods 1 January 2007 to 30 June 2007, and Financial Year 1 July 2007 to 30 June 2008 are set out in Table 6 below.

The Table has been prepared on a cash basis.

The PMHA has confirmed that all expenditure has been made in accordance with the *AMA Agreement for Services 2004–2006* terms and conditions.

At 30 June 2008, there was a surplus of $53,473 remaining in the CDMS Budget. That surplus principally consists of funds allocated to the purchase of a new data warehouse server and its associated software, now scheduled to be completed in the 2nd quarter of 2008–09.

The Parties contributing to the PMHA–CDMS have agreed that the surplus be carried forward into the Financial Year 2008–2009 PMHA–CDMS income stream.

Table 6: PMHA–CDMS Income and Expenditure 2007-2008

1 JANUARY 2007 TO 30 JUNE 2007			
PMHA–CDMS INCOME (Stakeholder Contributions)	**Contribution**		
Australian Private Hospitals Association	34,659		
Australian Health Insurance Association	34,659		
Australian Government Department of Health and Ageing	34,659		
Transfer CDMS Balance From 2006	45		
Total	**104,022**		
PMHA–CDMS EXPENDITURE	**Budget**	**Actual**	**Variance**
Staffing	50,857	46,707	4,150
Infrastructure	24,457	18,848	5,609
Recurrent and Other Expenses	7,686	4,869	2,817
Attendance at PMHA and other stakeholder's meetings	6,193	1,895	4,298
Workshops	5,331	0	5,331
Total before AMA Administration charge	94,524	72,318	22,206
AMA Administration Fee	9,452	9,452	0
Total	**103,976**	**81,770**	**22,206**
Total CDMS Funds Remaining		***22,252***	
FINANCIAL YEAR 1 JULY 2007 TO 30 JUNE 2008			
PMHA–CDMS INCOME (Stakeholder Contributions)	**Contribution**		
Australian Private Hospitals Association	67,372		
Australian Health Insurance Association	67,372		
Australian Government Department of Health and Ageing	67,372		
Transfer CDMS Balance From 1 January 2007 to 30 June 2007	*22,252*		
Total	**224,368**		
PMHA–CDMS EXPENDITURE	**Budget**	**Actual**	**Variance**
Staffing	101,857	104,776	–2,919
Infrastructure	42,321	16,680	25,641
Recurrent and Other Expenses	15,830	16,759	–929
Attendance at PMHA and other stakeholder's meetings	12,754	11,993	761
Workshops	10,979	2,313	8,666
Total before AMA Administration charge	183,741	152,521	31,220
AMA Administration Charge of 10%	18,374	18,374	0
Total	**202,115**	**170,895**	**31,220**
Total CDMS Funds Remaining		***53,473***	

3. THE NETWORK

The Private Mental Health Consumer Carer Network Australia (Network) was conceived at the request of the sector in 2002 to improve the participation and to capture the informed voice of consumers and their carers using private sector mental health services. The Network provides the private sector with honest feedback on service provision and funding. While that feedback is not always what stakeholders want to hear, they understand that without it they run the risk of service provision and funding being out of alignment with what is actually needed. The Network provides a valuable service to the whole sector and to the Australian Government. It is able to advise on issues of national significance and holds, or has held, positions on the following committees and boards.

- PMHA
- PMHA–CDMS Management Committee
- APHA Psychiatry Sub–committee
- Queensland Private Hospitals Association
- Mental Health Standing Committee
- National Mental Health Consumer Carer Forum
- Mental Health Council of Australia (MHCA) Board
- Mental Health Council of Australia – Members Policy Forum
- Victorian Consumer/Carer Experiences of Care Project
- ACHS Review of the National Standards for Mental Health Services Steering Committee
- Australian Government, Department of Health and Ageing, Review of the National Mental Health Policy 2007, Steering Committee and Drafting Group
- Victorian National Mental Health Policy Review Steering Committee
- RANZCP Board of Professional and Community Relations
- Australian Council on Healthcare Standards – Review of the National Standards for Mental Health Services Steering Committee
- Australian Council on Healthcare Standards – SA State Committee
- Australian Council on Healthcare Standards – two consumer surveyors
- Expert Panel Member, Mental Health First Aid Guidelines Project for Eating Disorders
- COPMI Project – National Reference Group
- Carers Australia, SA – Mental Health Taskforce

The Independent Chair and founder of the Network, Ms Janne McMahon, was awarded a Medal of the Order of Australia in the 2008 Queen's Birthday Honours List for service to the community in the area of mental health advocacy, particularly for private mental health consumers and carers.

3.1 Representation

The Network is comprised of of either a consumer or carer representative from each Australian State. At the end of June 2008, the State–based Coordinators were:

Queensland	Ms Julie Hutson (carer)
New South Wales	Ms Alvina Hill (consumer)
Victoria	Ms Kim Werner (consumer)
Tasmania	Mr Trevor Bester (consumer)
South Australia	Mr John Kincaid (consumer)
Western Australia	Mr Patrick Hardwick (carer)
National Representative	Ms Ruth Carson (carer)

3.2 Meetings of the Network 2007–08

Over the term of the AMA Agreement, the Network conducted three two day face–to–face meetings, as set out in Table 7 below.

Table 7: Network Meetings 2007–08

Meeting	Date	Venue	Location
14th Network Meeting	26/27 February 2007	RANZCP Headquarters	Melbourne
15th Network Meeting	13/14 August 2007	RANZCP Headquarters	Melbourne
16th Network Meeting	25/26 February 2008	RANZCP Headquarters	Melbourne

3.3 Network Meeting Attendance

Table 8 sets out the record of attendance for Network Members at face–to–face meetings in 2007–08.

Table 8:Record of Attendance at Meetings of the Network for 2007–08

JURISDICTION	REPRESENTATIVE(S)	NETWORK MEETINGS		
		14th Meeting	15th Meeting	16th Meeting
Independent Chair	Ms Janne McMahon	√	√	√
PMHA Carer	Mrs Ruth Carson	√	√	√
Queensland	Ms Julie Hutson	√	√	√
New South Wales	Ms Alvina Hill	√	√	√
Victoria	Mr Wayne Chamley	Apology	√	
	Ms Kim Werner			√
South Australia	Mr John Kincaid	√	√	√
Western Australia	Mr Patrick Hardwick	√	√	√
Tasmania	Mr Trevor Bester	√	√	√

Invited guests that attended meetings of the Network over the last eighteen months included the following.

14th Meeting	*Ms Sue Bradshaw*, Program Manager, Health Management, Health Development Unit, Medibank Private
	Mr Rory Aitchinson, Health Researcher, Medibank Private
15th Meeting	*Ms Deborah Stephenson*, Hospital Provider Relations, BUPA Australia
16th Meeting	*Mr Wayne Chamley*, MHCA Board Member
	Ms Vanessa Hille, Project Officer, RANZCP National Standards for the Mental Health Workforce Implementation Project

3.4 State–based Committee Meetings

Each Australian state has a State–based Committee, chaired by the Network Coordinator for that state. The role of the State Committees is to:

- identify issues for consumers and carers in the private sector in the State;
- act as a constituency for the Network State Coordinator;
- foster links with consumer and carer committees/consumer consultants in private hospitals in the State;
- encourage and facilitate exchange of information on issues and initiatives relevant to consumers and carers in the State;
- review issues of national significance referred to the State Committee from the Network;
- identify issues of significance in the State for referral to the Network; and
- act as a forum where hospital committee representatives can present opinions and proposals, for discussion and feedback.

It is through this mechanism that the Network has direct links to a very large proportion of consumers and carers at the 'coalface' within private sector settings. Table 9 below sets out the State–based Committee meetings that took place during course of the last eighteen months.

Table 9: State–based Committee Meetings 2007–08

Meeting	Date	Venue
Western Australia	5 May, 27 November 2007 5 May, 2008	Perth Clinic
New South Wales	16 March, 2007 14 September, 2007 4 April, 2008	Lingard Private Hospital Sydney Clinic Wesley Private Hospital
Queensland	23 May, 2007 30 October, 2007 29 April, 2008	New Farm Clinic Belmont Private Hospital Greenslopes Private Hospital
South Australia	9 August, 2007 10 April, 2008	Adelaide Clinic
Victoria	21 May, 2007 Reconvened on 22 April, 2008	Melbourne Clinic
Tasmania	Inaugural Meeting, 29 May, 2008	MHCT Meeting Room

3.5 Network Representation on Other Organisations

Table 10 below identifies Network representation at the meetings of other groups.

Table 10: National Network Representation at Other Meetings 2007–08

Organisations or Group Meeting	Meeting Date	Representative(s)
PMHA	20/4, 6/7, 26/10, 9/11 – 2007	Ms McMahon/Mrs Carson
	29/2, 6/6 – 2008	Ms McMahon/Mrs Carson
PMHA–CDMS MC	19/4, 5/7, 25/10 – 2007	Ms McMahon/Mrs Carson
	28/2 – 2008	Ms McMahon/Mrs Carson
All Parties and PMHA	9/11 – 2007	Ms McMahon/Mrs Carson
PMHA Workshop	27/3 – 2008	Ms McMahon
APHA Psychiatry Sub–committee	5/3, 13/6, 11/9, 21/11 – 2007	Ms McMahon
	5/6 – 2008	Ms McMahon
APHA Queensland	19/4, 10/7, 3/9 – 2007	Ms Hutson
Australian Council on Healthcare Standards (ACHS) National Standards for Mental Health Services Review Committee	26/276, 22/11 – 2007 Teleconference throughout the 18 month period – too numerous to detail	Ms McMahon
ACHS State Committee	15/2 – 2007	Ms McMahon
	11/2 – 2008	Ms McMahon
Carers Network	17/5 – 2007	Mrs Carson
Mental Health Nurse of the Year Award	9/10 – 2008	Mrs Carson
Mental Health Council of Australia (MHCA)	22/2, 23/4, 13 &14/6 – 2007	Mr Chamley
MHCA Policy Members Forum	12/6 – 2008	Mr Bester
Mental Health Fist Aid for Eating Disorders (Orygen Research Centre)	5 x 1 Hour Teleconferences	Mrs Hutson
National Mental Health Consumer and Carer Forum	7/3, 4/4, 18&19/4, 20/6, 27/6 – 2007	Ms Carson
	13&14/3 – 2008	Mr Hadwick

Table 10: National Network Representation at Other Meetings 2007–08 (continued)

Organisations or Group Meeting	Meeting Date	Representative(s)
Victorian Experiences of Care Project	14/2, 6/12 – 2007	Mrs Carson
	22/1, 15/2, 7/5 – 2008	Mrs Carson
RANZCP Board of Professionals and Community Relations	3/5 – 2007	Ms McMahon
	30/5 – 2008	Ms McMahon
Carer Engagement Project	27/2, 29/4, 24/6 – 2008	Mrs Carson
Consumers/Carers Survey Project (DHS, VIC)	9/5 – 2008	Mrs Carson
Australian Association of Social Workers Training Survey	23/10, 3/12 – 2007	Mrs Carson
Carers Australia SA – Mental Health Taskforce	22/3, 13/9, 6/12 – 2007	Mrs Smith OAM (SA State Committee Representative)
	30/1, 20/3, 12/6 – 2008	
Our Community – Our Consumer Place Victoria	28/7 – 2008	Ms Langley (Victoria State Committee Representative
Carer Outcome Measure National Reference Group	6/2 and March – 2008	Mr Hardwick Mrs Carson Ms McMahon
COPMI National project Reference Group	19/2 – 2008	Ms McMahon
HREOC Forum	31/3 - 2008	Mrs Carson

3.6 Activities of the Network

Over the last eighteen months, the Network made formal submissions and commented on a wide range of mental health inquiries and issues including.

Appearance before **two** Parliamentary inquiries during the last 18 month period:

- Senate Community Affairs Committee – Inquiry into Mental Health Services in Australia - 8 May 2008
- Senate Community Affairs Committee – Inquiry into Mental Health Services in Australia – Roundtable – 10 August 2007

Involvement in **four** national forums/meetings during the last 18 month period:

- National meeting on Broader Health Cover, Consumers Health Forum, 22/23 May, 2008
- National Forum on Seclusion and Restraint, May 2008
- Australian Commission on Safety and Quality in Health Care, November, 2007
- Appeared before the International Evaluators of the 3rd National Mental Health Plan, August 2007

Seven Formal Submissions during the last 18 month period to:

- National Health and Hospitals Reform Commission – June 2008
- Senate Community Affairs Committee, Inquiry into Mental Health, lead agency in a coalition approach of the 4 peak consumer and carer advocacy peak bodies, to the Committee - May 2008
- Attorney-General's Department and the Department of Families, Housing, Community Services and Indigenous Affairs – *UN Convention on the Rights of Persons with Disabilities – National Interest Analysis* – March 2008
- Australian Commission on Safety and Quality in Health Care - *National Patient Charter of Rights* – March 2008
- Independent Evaluators of the 3rd National Mental Health Plan – 2003-2008 in Melbourne August 2007
- Australian Government, Department of Human Services – *Office of Access Card* – August 2007
- Australian Commission on Safety and Quality in Healthcare, *National Safety and Quality Accreditation Standards* - March 2007

The Network welcomed the opportunity to raise various issues with Australian Government during the last 18 month period.

- Presentation of the Network's Business Plan to the Department of Health and Ageing for additional monies to fund the infrastructure to support the expanded activities of the Network, October 2007
- Department of Health and Ageing, *Mental health brochure for consumers and carers regarding the Better Access Initiative*, May 2007

Project Development and Management during the last 18 month period.

Perhaps the biggest step in recognising the Network as an important consumer and carer organisation came with the awarding of a national project across public and private mental health services by the Department of Health and Ageing in March 2007. The *Identifying the Carer Project 2007* was managed by Ms McMahon as

Project Manager on behalf of the Network. This Project was completed on time and on budget.

Promotional Activities undertaken by the Network during the last 18 month period include the following:

- During 2007 the Perth Clinic developed, printed and published a cook book titled '*Healthy Food Health Mind'* donating all proceeds from sales to the Network's Account held in Adelaide.

- In August 2007 the book by the NSW State Coordinator Ms. Alvina Hill was launched titled *'To dance across the Heavens – a personal journey through mental illness'* with all proceeds from sales going to the Network's Account in Adelaide. Over fifty people attended including representatives of the Network's six financial contributors, psychiatrists, psychologists, private hospital and health insurer representatives, politicians, consumers and carers.

- Hosted a booth at the World Psychiatric Association, November 2007 Melbourne.

- Hosted a booth at the Australian College of Mental Health Nurse - Private Practice Network Conference, November 2007

- Met with the Dean of Flinders University, Adelaide 10 September, 2007

- Hosted a booth at the TheMHS Conference, September 2007 Melbourne.

- Developed the 'Basic Human Rights Cards' September 2007 for distribution to consumers/others

- Liaised with the Australian Mental Health Consumer Network exploring possibility of joint activities for training of consumers – October 2007

- Invitation to Chair Ms Janne McMahon to appear on Adelaide Radio Station FIVEaa, 16 August 2007

- Invitation to NSW State Coordinator Ms Alvina Hill and the Chair Ms Janne McMahon to appear on Adelaide radio station FIVEaa, 6 August 2007

- Distribution of four e-Newsletters, Numbered 7, 8, 9 and 10.

- Distribution of 2 Media releases, August 2007 and June 2008.

- Received a sponsorship from Eli Lilly Australia toward the publication of the book – 'To Dance Across the Heavens'.

3.7 Network Income and Expenditure

Network CDMS Income and Expenditure for the periods 1 January 2007 to 30 June 2007, and Financial Year 1 July 2007 to 30 June 2008 are set out in Table 11 below. The Table has been prepared on a cash basis. The PMHA has confirmed that all expenditure has been made in accordance with the *AMA Agreement for Services 2007–2008* terms and conditions.

At 30 June 2008, there was a surplus of $2,010 remaining in the Network Budget for Financial year 2007–2008. Under the AMA Agreement, a one fifth share of that surplus ($335) will be returned to the RANZCP. The other Parties to the AMA Agreement have agreed that the remaining $1,677 is to be carried forward into the Financial Year 2008–2009 PMHA income stream for the Network.

Table 11: Network Income and Expenditure 2007 – 2008

1 JANUARY 2007 TO 30 JUNE 2007			
NETWORK INCOME (Stakeholder Contributions)	**Contributions**		
Australian Medical Association	4,339		
The Royal Australian and New Zealand College of Psychiatrists	4,339		
Australian Private Hospitals Association	4,339		
Australian Health Insurance Association	4,339		
Australian Government Department of Health and Ageing	4,339		
Beyondblue	4,339		
Transfer of Network Balance from 2006	537		
Total	**26,571**		
NETWORK EXPENDITURE	**Budget**	**Actual**	**Variance**
Staffing	6,942	7,000	–58
Face–to–Face Meetings of The Network	17,193	16,201	992
Attendance of Network Representative at Other Meetings	1,898	642	1,256
Total	**26,033**	**23,843**	**2,190**
Total Network Funds Remaining		***2,729***	
1 JULY 2007 TO 30 JUNE 2008			
NETWORK INCOME (Stakeholder Contributions)	**Contribution**		
Australian Medical Association	8,936		
The Royal Australian and New Zealand College of Psychiatrists	8,936		
Australian Private Hospitals Association	8,936		
Australian Health Insurance Association	8,936		
Australian Government Department of Health and Ageing	8,936		
Beyondblue	8,936		
Transfer balance of remaining ICP funds to Network	6,704		
Transfer of Network Balance from 1 January 2007 to 30 June 2007	2,729		
Transfer McMahon Petty Cash Advance for Network from June 07	2,000		
Total	**65,049**		
NETWORK EXPENDITURE	**Budget**	**Actual**	**Variance**
Staffing	14,298	14,350	–52
Face–to–Face Meetings of The Network	35,408	38,952	–3,544
Attendance of Network Representative at Other Meetings	3,909	9,737	–5,828
Total	**53,615**	**63,039**	**–9,424**
Total Network Funds Remaining		***2,010***	

Independent auditor's report to the directors of Australian Medical Association Limited

We have audited the attached Private Mental Health Alliance's Project Expenditure Statement (the Statement) for the period from 1 January 2007 to 30 June 2007.

Directors' responsibilities for the Statement

The directors of the Australian Medical Association Limited are responsible for the information contained in the Statement. This responsibility includes establishing and maintaining internal control relevant to the preparation and fair presentation of the Statement in accordance with the agreement between; the Australian Medical Association Limited ("the AMA"), the Royal Australian and New Zealand College of Psychiatrists ("the RANZCP"), the Commonwealth of Australia as represented by the Department of Health and Ageing ("DHA"), the Australian Private Hospital Association Limited ("the APHA"), the Australian Health Insurance Association ("the AHIA") and Beyond Blue Limited ("beyondblue") (the Agreement) that commenced on 1 January 2007 for the Project, that it is free from material misstatement, whether due to fraud or error, selecting and applying appropriate accounting policies; and making accounting estimates that are reasonable in the circumstances.

Auditor's responsibility

Our responsibility is to express an opinion on the Statement to the directors of the Australian Medical Association Limited based on our audit. We conducted our audit in accordance with Australian Auditing Standards. These Auditing Standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance whether the Statement is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the Statement. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the Statement, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial report in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the reasonableness of accounting estimates made by the directors, as well as evaluating the overall presentation of the Statement.

Our procedures included the examination on a test basis, of evidence supporting the amounts disclosed in the Statement. These procedures have been undertaken to form an opinion whether, in all material respects, the attached Statement is presented fairly in accordance with the Agreement, using the accruals basis of accounting. The attached Statement has been prepared as required by the Agreement. The Statement may not be suitable for another purpose. Our report is intended solely for the Australian Medical Association Limited and the Board and should not be distributed to or used by parties other than those that are party to the Agreement.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Auditor's opinion

In our opinion the Private Mental Health Alliance's Project Expenditure Statement attached, presents fairly, in all material respects, in accordance with the Agreement that commenced on the 1 January 2007 the actual income and expenditure for the period 1 January 2007 to 30 June 2007.

We do not have financial interests relating to the shareholdings of the Australian Medical Association Limited and do not hold a position of officer of the Australian Medical Association Limited.

KPMG

Don Cross
Partner

Canberra

17 October 2008

Independent auditor's report to the directors of Australian Medical Association Limited

We have audited the attached Private Mental Health Alliance's Project Expenditure Statement (the Statement) for the period from 1 July 2007 to 30 June 2008.

Directors' responsibilities for the Statement

The directors of the Australian Medical Association Limited are responsible for the information contained in the Statement. This responsibility includes establishing and maintaining internal control relevant to the preparation and fair presentation of the Statement in accordance with the agreement between; the Australian Medical Association Limited ("the AMA"), the Royal Australian and New Zealand College of Psychiatrists ("the RANZCP"), the Commonwealth of Australia as represented by the Department of Health and Ageing ("DHA"), the Australian Private Hospital Association Limited ("the APHA"), the Australian Health Insurance Association ("the AHIA") and Beyond Blue Limited ("beyondblue") (the Agreement) that commenced on 1 January 2007 for the Project, that it is free from material misstatement, whether due to fraud or error, selecting and applying appropriate accounting policies; and making accounting estimates that are reasonable in the circumstances.

Auditor's responsibility

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We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Auditor's opinion

In our opinion the Private Mental Health Alliance's Project Expenditure Statement attached, presents fairly, in all material respects, in accordance with the Agreement that commenced on the 1 January 2007 the actual income and expenditure for the period 1 July 2007 to 30 June 2008.

We do not have financial interests relating to the shareholdings of the Australian Medical Association Limited and do not hold a position of officer of the Australian Medical Association Limited.

KPMG

Don Cross
Partner

Canberra

17 October 2008

Independent auditor's report to the directors of Australian Medical Association Limited

We have audited the attached Centralised Data Management Service's Project Expenditure Statement (the Statement) for the period from 1 January 2007 to 30 June 2007.

Directors' responsibilities for the Statement

The directors of the Australian Medical Association Limited are responsible for the information contained in the Statement. This responsibility includes establishing and maintaining internal control relevant to the preparation and fair presentation of the Statement in accordance with the agreement between; the Australian Medical Association Limited ("the AMA"), the Royal Australian and New Zealand College of Psychiatrists ("the RANZCP"), the Commonwealth of Australia as represented by the Department of Health and Ageing ("DHA"), the Australian Private Hospital Association Limited ("the APHA"), the Australian Health Insurance Association ("the AHIA") and Beyond Blue Limited ("beyondblue") (the Agreement) that commenced on 1 January 2007 for the Project, that it is free from material misstatement, whether due to fraud or error, selecting and applying appropriate accounting policies; and making accounting estimates that are reasonable in the circumstances.

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We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Auditor's opinion

In our opinion the Centralised Data Management Service's Project Expenditure Statement attached, presents fairly, in all material respects, in accordance with the Agreement that commenced on the 1 January 2007 the actual income and expenditure for the period 1 January 2007 to 30 June 2007..

We do not have financial interests relating to the shareholdings of the Australian Medical Association Limited and do not hold a position of officer of the Australian Medical Association Limited.

KPMG

Don Cross
Partner

Canberra

17 October 2008

Independent auditor's report to the directors of Australian Medical Association Limited

We have audited the attached the Centralised Data Management Service Project Expenditure Statement (the Statement) for the period from 1 July 2007 to 30 June 2008.

Directors' responsibilities for the Statement

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Auditor's responsibility

Our responsibility is to express an opinion on the Statement to the directors of the Australian Medical Association Limited based on our audit. We conducted our audit in accordance with Australian Auditing Standards. These Auditing Standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance whether the Statement is free from material misstatement.

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We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Auditor's opinion

In our opinion the Centralised Data Management Service Project Expenditure Statement attached, presents fairly, in all material respects, in accordance with the Agreement that commenced on the 1 January 2007 the actual income and expenditure for the period 1 July 2007 to 30 June 2008.

We do not have financial interests relating to the shareholdings of the Australian Medical Association Limited and do not hold a position of officer of the Australian Medical Association Limited.

KPMG

Don Cross
Partner

Canberra

17 October 2008

Independent auditor's report to the directors of Australian Medical Association Limited

We have audited the attached National Network of Private Psychiatric Sector Consumers and Carer's Project Expenditure Statement (the Statement) for the period from 1 January 2007 to 30 June 2007.

Directors' responsibilities for the Statement

The directors of the Australian Medical Association Limited are responsible for the information contained in the Statement. This responsibility includes establishing and maintaining internal control relevant to the preparation and fair presentation of the Statement in accordance with the agreement between; the Australian Medical Association Limited ("the AMA"), the Royal Australian and New Zealand College of Psychiatrists ("the RANZCP"), the Commonwealth of Australia as represented by the Department of Health and Ageing ("DHA"), the Australian Private Hospital Association Limited ("the APHA"), the Australian Health Insurance Association ("the AHIA") and Beyond Blue Limited ("beyondblue") (the Agreement) that commenced on 1 January 2007 for the Project, that it is free from material misstatement, whether due to fraud or error, selecting and applying appropriate accounting policies; and making accounting estimates that are reasonable in the circumstances.

Auditor's responsibility

Our responsibility is to express an opinion on the Statement to the directors of the Australian Medical Association Limited based on our audit. We conducted our audit in accordance with Australian Auditing Standards. These Auditing Standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance whether the Statement is free from material misstatement.

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We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Auditor's opinion

In our opinion the National Network of Private Psychiatric Sector Consumers and Carer's Project Expenditure Statement attached, presents fairly, in all material respects, in accordance with the Agreement that commenced on the 1 January 2007 the actual income and expenditure for the period 1 January 2007 to 30 June 2007..

We do not have financial interests relating to the shareholdings of the Australian Medical Association Limited and do not hold a position of officer of the Australian Medical Association Limited.

KPMG

Don Cross
Partner

Canberra

17 October 2008

Independent auditor's report to the directors of Australian Medical Association Limited

We have audited the attached the National Network of Private Psychiatric Sector Consumers and Carer's Project Expenditure Statement (the Statement) for the period from 1 July 2007 to 30 June 2008.

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We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Auditor's opinion

In our opinion the National Network of Private Psychiatric Sector Consumers and Carer's Project Expenditure Statement attached, presents fairly, in all material respects, in accordance with the Agreement that commenced on the 1 January 2007 the actual income and expenditure for the period 1 July 2007 to 30 June 2008.

We do not have financial interests relating to the shareholdings of the Australian Medical Association Limited and do not hold a position of officer of the Australian Medical Association Limited.

KPMG

Don Cross
Partner

Canberra

17 October 2008