STRATEGIC PLANNING GROUP FOR

SPGPPS

PRIVATE PSYCHIATRIC SERVICES

News

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From the Editor's Desk

Dr Bill Pring

This eight edition of our newsletter provides an update on the outcome of the recent National SPGPPS Forum and updates our readers on progress with the implementation of the SPGPPS *National Model for the Collection and Analysis of a Minimum Data Set with Outcome Measures for Private, Hospital-based Psychiatric Services*.

National Forum

The Second National Forum of the SPGPPS was held on 3 August 2001. The Forum proceedings focused on access to psychiatric services in the private sector. We sought a private sector response to a number of highly complex and difficult policy issues including.

- *Continuum of Care Models in the Private Sector*
- *Mental Health Workforce*
- *Rural Mental Health*
- *Intensive Psychiatric Treatments*
- *Consumers and Carers*

The Chair, Dr Jonathan Phillips, officially opened the Forum and welcomed 100 Delegates to a day of debate and policy development. In doing so, Dr Phillips expressed the view that the future of private psychiatric services will hinge on strategic partnerships between providers, funders, consumers and carers.

National Model

Mr Allen Morris-Yates has been employed by the AMA to manage the implementation of the National Model over a three-year period.

The Model will enable comparisons of the effectiveness of mental health care service delivery in private hospitals to be determined and simplify overall hospital data collection requirements.

Allen has now completed visits to all 37 participating hospitals and reports on progress with implementation

Draft Health Privacy Guidelines

Ms Chris Cowper, Director of Policy, for the Officer of the Federal Privacy Commissioner, will attend and address the 25th meeting of the SPGPPS to be held in Melbourne on 28 September 2001.

The guidelines have been subject to a detailed consultation process, the outcomes of which may lead to significant changes prior to the December deadline for the guidelines to come into force.

A copy of the SPGPPS submission to the Privacy Commissioner on the guidelines is available on the SPGPPS website at www.spgpps.com.

Quality Improvement in Private Sector Mental Health Services

The Chair of the SPGPPS Quality Improvement Working Group, Ms Sue Feeney, writes about SPGPPS quality initiatives and other developments in this area.

The SPGPPS has conducted a survey of all private hospitals with psychiatric beds concerning their experience with the National Standards for Mental Health Services and reported on its findings to the Commonwealth's National Implementation Working Group.

The 28 September 2001 meeting of the SPGPPS will also consider a forming an alliance with the Quality Improvement Committee of the Royal Australian and New Zealand College of Psychiatrists to advance quality and safety in mental health care.

National Practice Standards for the Mental Health Workforce.

Draft *Practice Standards for the Mental Health Workforce* have been released by the National Mental Health Education and Training Advisory Group (NMHETAG). These Standards have been developed in consultation with the professions of psychiatry, nursing, social work, psychology and occupational therapy.

The Chair of NMHETAG, Professor Harvey Whiteford, has asked the SPGPPS to consider and provide a written submission on the *Standards*. Professor Whiteford provides an update for readers on the *Standards* in this edition of *SPGPPS News*.

Consumer and Carer Participation Project

Unfortunately, the detailed and thorough proposal for a SPGPPS Consumer and Carer Participation Project failed to attract funding from the Commonwealth.

This Project was aimed at developing more formalised mechanisms for mental health consumer and carer participation in the private sector at the local, state and national level.

Our Consumer, Ms Janne McMahon provides an update on progress with this matter.

Dr Bill Pring
Editor

SPGPPS Forum 2001: Access to Private Psychiatric Services

Dr Jonathan Phillips

The Second National Forum of the SPGPPS sought practical recommendations on what private psychiatric services can do to help address some of the key issues that affect access to psychiatric services in Australia. The complex and difficult issues involved were broken down into five key areas, which included the following.

1. *Continuum of Care Models in the Private Sector*
2. *Mental Health Workforce*
3. *Rural Mental Health*
4. *Intensive Psychiatric Treatments*
5. *Consumers and Carers*

Keynote Address: Overview of Private Psychiatric Services

In delivering the keynote address, Mr Bruce Houghton suggested that the private psychiatric sector was growing in some respects whilst contracting in others. The data Mr Houghton presented pointed to an evolving sector in which, hospital-based psychiatric services are becoming more decentralised and day only treatment options are becoming standard. On a per capita basis, Australians are also visiting a private psychiatrist less often than they were four years ago.

Continuum of Care Models in the Private Sector

Professor Philip Morris spoke on the wide range of services and treatment settings that are necessary for continuity of care in mental health. Both the public and private mental health sectors in Australia have substantial deficiencies. Finding ways of improving the continuum of care in the private sector will require significant expansion of services with changes in funding and legislative arrangements to support it.

Mr Peter Callanan indicated that the private sector outreach services trials are just one example of the Commonwealth Government's commitment to improving the balance between the public and private health sectors. The private sector will also be involved in the 2nd round of coordinated care trials, and the work on models of care delivery that include day procedure centres linked with step-down or recovery facilities, consulting rooms and a range of allied health services.

The Mental Health Workforce

Professor Ross Kalucy spoke on the need to improve access to mental health services in both the public and private sector as a national priority to address the current unmet need for mental health services. An integrated, industry-wide approach is required that incorporates both the private and the public sectors. Funding at both Federal and State level will be necessary and the key stakeholder groups must drive the change process.

Rural Mental Health

Dr David Monash told the Forum that there are substantial financial disincentives for GPs to become involved in mental health medicine. This situation has deteriorated recently by the shortage of specialist and allied health support in the area. Despite these disincentives, GPs continue to provide this care and currently provide over ninety five percent of all rural mental health services. They are looking to all involved parties to provide support, improve the financial situation and change the system to improve the patient care options available to them.

Intensive Psychiatric Treatments

Dr Michael Honnery identified that the problem with access to psychiatric services is both vertical and horizontal, yet the emphasis in most debates continues to focus on lack of treatment availability to the exclusion of treatment adequacy. The solutions lie in ensuring improved access both vertically and horizontally, improved links between the public and private sectors increased awareness of consumer needs and greater utilisation of the skills of private intensive treatment psychiatrists by the private hospital system.

Consumers and Carers

Ms Janne McMahon informed the Forum that access is an issue of critical importance to all consumers and their carers across the continuum including post discharge. Rural and remote communities face unique difficulties, which need to be addressed. The treatment process should be a partnership in which both providers and consumers have rights and responsibilities that must be respected. Consumers have the right to participate as equal partners in both their care, and the way that care is planned, delivered and evaluated.

Forum Recommendations & Post Forum Publication

The draft recommendations arising from the Forum will be considered at the 28 September 2001 meeting of the SPGPPS. An edited summary of Forum proceedings has been made possible by the generous support of Eli Lilly.

Dr Jonathan Phillips Chairs the SPGPPS Forum, is the immediate Past President of the RANZCP and currently Chairs the Committee of Presidents of Australian Medical Colleges.

Implementation of the SPGPPS' National Model for Data Collection and Analysis

Mr Allen Morris-Yates and Mr Phillip Taylor

The SPGPPS' National Model will put in place systems for the routine collection of data to enable the relative effectiveness of various models of service delivery in the provision of mental health care services in private hospitals to be determined. It will also assist Hospitals in the monitoring, evaluation and quality assurance of the services they provide.

The implementation of the National Model will proceed in two phases over a period of three years beginning in June 2001. The schedule for implementation was described in detail in the 7th Issue of the SPGPPS News (May 2001).

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

ACT	Calvary Private Hospital ACT
NSW	Evesham Clinic Lingard Private Hospital The Northside Clinic South Pacific Private Hospital St Edmund's Private Hospital St John of God Hospital Burwood St John of God Hospital Richmond The Sydney Clinic Wandene Private Hospital Wesley Private Hospital
QLD	Belmont Private Hospital New Farm Clinic Palm Beach - Currumbin Private Pioneer Valley Hospital St Andrew's Private Hospital Ipswich St Andrews Private Hospital Toowoomba St Vincent's Hospital Robina Toowong Private Hospital The Wesley Hospital
SA	The Adelaide Clinic Fullarton Private Hospital Kahlyn Private Hospital
TAS	The Hobart Clinic St Helens Private Hospital
VIC	The Albert Road Clinic Beleura Private Hospital Dandenong Pinelodge Clinic Delmont Private Hospital The Geelong Clinic The Melbourne Clinic Northpark Private Hospital Vaucluse Hospital
WA	Hollywood Private Hospital Joondalup Private Hospital Niola Private Hospital Perth Clinic

Review of participating Hospitals' current collection and use of outcome measures

During mid July 2001, an initial review of participating Hospitals current data collection activities was conducted by telephone. The following table summarises the findings:

Current Data Collection Activity	**Of 37 Hospitals**	**Of 1525 Beds**
The *Health of the Nation Outcome Scale* (HoNOS) is being collected at admission and discharge in inpatient care.	92%	96%
A self-report measure is being collected at admission and discharge in inpatient care.	54%	63%
The data collected is presented in some form to management on a regular basis.	62%	72%
Further significant steps have been taken towards making active use of the data collected.	35%	45%

Other findings were that:

- HoNOS ratings were almost always completed by the registered nurse responsible for the patient's admission or discharge. In only one Hospital were the ratings routinely completed by the medical officer responsible for the admission.
- A significant minority of Hospitals had implemented a primary nursing or care coordination model. In those cases the primary nurse or care coordinator was usually, but not always, able to complete the ratings.

The findings of this review suggest that the major issues to be addressed in the implementation of the National Model will include:

- Ensuring that all Hospital staff are trained to complete the HoNOS in accordance with generally accepted rating guidelines.
- Provision of software to Hospitals, which enables them to both record the data collected and make some immediate local use of that data.
- Provision of routine reports comparing the identified Hospital with deidentified National benchmarks.

In conclusion, whilst it is very encouraging to find that almost all Hospitals are currently collecting the HoNOS, the relative lack of capacity to make active use of the data indicates that significant efforts to address the feedback issue will need to be made if data quality and support for the data collection effort is to be

maintained. The provision of software and implementation of the Centralised Data Management Service (CDMS) should go some way to addressing this problem.

Visits to participating Hospitals

In July, August and September the SPGPPS' Principal Information Officer, Mr Allen Morris-Yates, visited each of the participating Hospitals and spent half a day with key staff discussing the detail of the implementation and training requirements of the National Model.

All participating Hospitals were provided with a Training Kit, which included a *Hospital Staff Trainer's Manual*, a full set of overhead transparencies for use in training, copies of the *Guide for Hospital Staff*, and copies of the *HoNOS and HoNOS 65+ Training Vignettes*.

Allen would like to thank Hospitals for their time and consideration. Despite the current shortage of nursing staff being experienced throughout the mental health care sector in all parts of Australia, participating Hospitals demonstrated a clear and genuine interest and willingness to undertake the implementation of the National Model.

Development of the Hospitals Standardised Measures database application (HSMdb)

Development of the HSMdb is now underway and should be ready for distribution to Hospitals in early November. The HSMdb will enable participating Hospitals to record the data collected submit the data in a de–identified format to the SPGPPS' Centralised Data Management Service and also make some immediate local use of the data.

Documentation of the requirements and development schedule for the HSMdb, Standard Formats for recording the required data, and documentation outlining the design and use of those Standard Formats have been distributed to participating Hospitals.

In November Mr Morris-Yates will revisit the capital city in each State and conduct a one day training session in the use of the HSMdb.

We expect that participating Hospitals will begin collecting data for submission to the CDMS in accordance with the requirements of the National Model from no later than 1st January 2002.

Mr Allen Morris-Yates is the Principal Information Officer for the SPGPPS and is responsible for the management of the implementation of the National Model.

Mr Phillip Taylor is the Executive Officer for the SPGPPS.

For further information contact:
Mr Allen Morris-Yates
Ph: 0417 268 386
Email: allen.yates@bigpond.com

National Practice Standards for the Mental Health Workforce

Professor Harvey Whiteford

In May 2000, the Australian Health Ministers' Advisory Council, National Mental Health Working Group identified the need for the development of a national mental health education and training initiative.

A National Mental Health Education and Training Advisory Group (NMHETAG) was established in August 2000 and the group agreed as a first priority, to the development of *National Practice Standards for the Mental Health Workforce.*

Development of the Standards

The draft *National Practice Standards for the Mental Health Workforce,* (hereafter *Standards*), have been developed in consultation with the professions of psychiatry, nursing, social work, psychology and occupational therapy. The *Standards* are intended to identify the core attitudes, knowledge and skills common to all mental health professionals and be complementary to the discipline specific competencies.

Aim of the Standards

When finalised, the *Standards* are intended to provide a realistic benchmark for the mental health workforce in the 21st century. It is envisaged that all practitioners will work towards attaining these *Standards* within two years of their introduction or commencing duties in a mental health service.

It is anticipated that the *Standards* will be used in conjunction with the National Standards for Mental Health Services (1996) and could be utilised to:

- develop standards of practice;
- guide clinical supervision, mentoring and continuing education;
- assist recruitment and encourage staff retention;
- accredit services;
- develop undergraduate and postgraduate curriculum;
- complement other competency standards; and
- credential mental heath practitioners.

Implementation Strategy

A strategy for implementing the *Standards* will be developed by the NMHETAG over the next few months. At present, the NMHETAG are conducting consultations specifically to review the content of the *Standards.*

How to Obtain the Standards

The draft *Standards* and supporting documentation are available from the Commonwealth Department of Health and Aged Care and will be posted on the Mental Health and Special Programs Branch website at:

http://www.health.gov.au/hfs/hsdd/mentalhe/index.htm.

The supporting documentation details:

- the development of the draft *Standards*;
- the process for consultation established by the NMHETAG; and
- the issues the Advisory Group is asking the health sector to consider.

Timeframe for Comment

Agencies are encouraged to undertake consultation to ensure that all stakeholders have the opportunity to fully examine the draft document and provide their considered input.

Responses are sought by 22 February 2002. It is important to ensure that the final document is of the highest quality and has the support of the mental health sector and stakeholders.

Harvey Whiteford is Kratzmann Professor of Psychiatry at the University of Queensland and the Chairman of NMHETAG.

For further information contact:
Dr Stephen Castle 02 6289 3698
Ms Kellie Howe 02 6289 7139

Quality Improvement in Private Sector Mental Health Services

Ms Sue Feeney

Commonwealth, State and Territory Governments are becoming increasingly aware of the importance of the private sector's contribution to the provision of specialist mental health services in Australia. The priority over the coming years will be to develop complementary public and private mental health services throughout Australia that can successfully demonstrate the quality and efficiency of the services they provide.

Private Sector Commitment

In the private sector, the SPGPPS is committed, through an agreed Strategic Plan, to work with stakeholders to promote the implementation of appropriate national standards for mental health services and to the development of a culture of outcome focussed service delivery and management.

Outcome Measures

As readers are aware, the SPGPPS is overseeing the implementation of a *National Model for the Collection and Analysis of a Minimum Data Set with Outcome Measures for Private, Hospital-based, Psychiatric Services.* In the public sector similar measures are to be in place by 2003.

In the private sector, the National Model is being implemented across all 37 participating private hospitals with psychiatric beds. The Australian Private Hospitals Association, the Australian Health Insurance Association, and the Commonwealth are funding the implementation of the National Model under an agreement auspiced by the Australian Medical Association. The Centralised Data Management Service (CDMS) that supports the National Model is located within the SPGPPS Secretariat at the offices of the Federal AMA in Canberra.

National Standards For Mental Health Services

Commonwealth, State and Territory Governments have agreed that all public sector mental health services will be accredited using the National Standards for Mental Health Services by June 2003.

The Commonwealth's National Standards Implementation Working Group (NSIWG) is progressing the implementation of the National Standards and is comprised of the Commonwealth, State and Territory jurisdictions, consumer and carer representatives and accrediting agencies. The private sector is now represented on the NSIWG through SPGPPS representation. This arrangement provides the private sector and Government with an opportunity to discuss matters of mutual concern related to the implementation of National Standards in both sectors.

Survey of Private Hospitals

The SPGPPS recently sought the co-operation of the Chief Executive Officers (CEOs) of all 37 private hospitals with psychiatric beds with a survey of their experience with the National Standards.

The survey asked the CEOs to identify the extent to which they had progressed with the National Standards. CEOs were also asked to identify any significant problems they encountered with implementation, and also any criteria that were not applicable to their particular hospital. Of the 37 hospitals surveyed, 25 completed the questionnaire. The preliminary findings of this review suggest that most hospitals have, or are in the process of, implementing the National Standards.

Key Issues

Some of the issues that the survey raised included the need for the role of consumer and carer representatives to be clarified to facilitate proper consumer and carer input in the planning, evaluation and continuous improvement of hospital-based services.

Some hospitals surveyed were also clearly involved in working with their local communities. Others indicated that their communities are not easily defined and therefore experience difficulties integrating their activities with the community and other services.

The draft survey results will be considered by the 28 September 2001 meeting of the SPGPPS. Copies can be obtained from the SPGPPS website at: www. spgpps.com.

Sue Feeney is the Deputy Chair of the SPGPPS, Chair of the SPGPPS Quality Improvement Working Group and represents the private sector on the NSIWG.

For further information contact:
Ms Sue Feeney Ph: 03 92568380

Consumer and Carer Participation

Ms Janne McMahon

The SPGPPS is committed, through its Strategic Plan, to the promotion of positive partnerships between consumers and their carers and the providers and funders of private mental health care services.

Prior to being wound down, the Network of Australian Consumer Advisory Groups (NOAC) had expressed the view that the progress that has been made over the past few years in the private sector has been largely due to the work of the SPGPPS.

SPGPPS Consumer and Carer Participation Project

In 2000/2001 the SPGPPS attempted to build on that work and developed a detailed and thorough proposal for a consumer and carer participation project. Essentially, the project aimed to develop more formalised mechanisms for mental health consumer and carer participation in the private sector at the local, state and national level.

Government Response

The proposal failed to attract funding from the Commonwealth. This was because the current Federal Government views health service provision in Australia as a singular health care system, within which people are able to exercise choices about the care they access and receive. Mental health reform is seen as a subset of the wider heath care system.

The Mental Health Council of Australia (MHCA) was specifically established and funded by the Commonwealth Government to represent the mental health industry in Australia and the current Government is satisfied that the MHCA is carrying out its charter well.

The MHCA has indicated that, while it has acknowledged the role of the private sector, a lot of work still needs to be done to enable the voice of private sector consumers and carers to be properly heard.

The Way Forward

The SPGPPS has recommended that a meeting be convened between its *Consumer and Carer Participation Working Group*, the MHCA and the Commonwealth to progress this matter and explore the available options.

The SPGPPS suggested that this meeting should be informed by the outcomes of the SPGPPS National Forum 2001 and the deliberations of the AHMAC National Mental Health Working Group and the MHCA concerning the winding down of NOAC.

SPGPPS National Forum

The SPGPPS held its 2nd National Forum on Friday 3, August 2001 in Canberra. The Forum reiterated the need for consumers and carers to be included as equal partners in policy formulation, planning, development and evaluation of mental health services. The Forum called on all stakeholders to work in collaboration with SPGPPS to achieve this goal.

The Forum also identified the need for further revision of current funding and legislative arrangements to be undertaken to allow consumers to have the right to choose the modality of treatment delivery.

Consumer and carer advisory committees are also needed in the private hospital sector so that consumers and carers can contribute constructively to service development, evaluation and current practice. The Forum also called for mechanisms to be established to enable private hospital advisory committees to network at a state and national level.

Three levels of Consumer and Carer Participation

In progressing the recommendations of the Forum the SPGPPS has acknowledged that three levels of consumer and carer participation can be defined that are relevant to decisions about the provision of mental health care in the private sector.

The first level is where individual consumers and their carers decide about particular treatments or care. The second level involves formal consumer and carer participation at a local level in the planning, evaluation and continuous improvement of services. The third level involves consumers and carers participating in decisions about the distribution and allocation of health care resources at the state and national level.

NOAC Winds Down.

Discussions have also taken place between NOAC, the AHMAC National Mental Health Working Group and the MHCA in response to the winding down of NOAC. An alternative model to progress consumer and carer Partnerships has been supported by the MHCA and endorsed by the AHMAC National Mental Health Working Group.

These developments will be considered by the 28 September 2001 meeting of the SPGPPS.

Janne McMahon is the Chair of the SPGPPS Consumer and Carer Participation Working Group and represents private sector consumers on the Board of the MHCA.

How to Contact the SPGPPS Stakeholders

National SPGPPS Secretariat

Mr Phillip Taylor
SPGPPS Executive Officer
42 Macquarie Street
BARTON ACT 2600
Phone: 02 6270 5400
Fax: 02 6273 5337
Email: ptaylor@ama.com.au

Mr Allen Morris-Yates
SPGPPS Principal Information Officer
42 Macquarie Street
BARTON ACT 2600
Phone: 02 6270 5400
Fax: 02 6273 5337
Email: allen.yates@bigpond.com

Ms Bronwen van der Wal
SPGPPS Administrative Officer
42 Macquarie Street
BARTON ACT 2600
Phone: 02 6270 5400
Fax: 02 6273 5337
Email: bvanderwal@ama.com.au

Australian Medical Association

Dr Bill Pring
First Floor, Upton House (Box Hill Hospital Campus)
Thames Street
BOX HILL VIC 3128
Phone: 03 9895 8000
Fax: 03 9890 1877
Email: bpring@ozemail.com.au

Dr Choong Siew-Yong (Observer)
PO Box W84
WAREEMBA NSW 2046
Phone: 02 9845 2005
Fax: 02 9845 2009
Email: trickcycle@usa.net

The Royal Australian and New Zealand College of Psychiatrists

Dr Yvonne White (Chair SPGPPS)
66 High Street
RANDWICK NSW 2031
Phone: 02 9399 8459
Fax: 02 9326 4461
Email: drywhite@bigpond.com

Dr Jo Lammersma
529 Port Road
WEST CROYDON SA 5008
Phone: 08 8340 0822
Fax: 08 8346 0252
Email: plammers@adam.com.au

Mr Craig Patterson (Observer)
Executive Director
The Royal Australian and New Zealand
College of Psychiatrists
309 La Trobe Street
MELBOURNE VIC 3000
Phone: 03 9640 0646
Fax: 03 9642 5652
Email: criag.patterson@ranzcp.org

The Royal Australian College of General Practitioners

Dr Brian Kable
32 Badminton Street
MT GRAVATT EAST QLD 4122
Phone: 07 3349 8355
Fax: 07 3343 8673
Email: brian.kable@racgp.org.au

Commonwealth Department of Health & Aged Care, Mental Health Branch & Special Programs Branch

Mr Dermot Casey/Mr Mick O'Hara
Mental Health Branch (Mail Drop 37)
GPO Box 9848
CANBERRA CITY ACT 2601
Phone: 02 6289 7343
Fax: 02 6289 7703
Email: Mick.O'Hara@health.gov.au

Commonwealth Department of Health and Aged Care, Private Health Industry Branch

Mr Peter Callanan/Ms Rita Raizis
Private Health Industry Branch (Mail Drop 86)
GPO Box 9848
CANBERRA CITY ACT 2601
Phone: 02 6289 7453
Fax: 02 6289 8750
Email: rita.raizis@health.gov.au

Consumer Representative

Ms Janne McMahon
15 Samuel Place
FELXISTOW SA 5070

Phone: 08 8336 2378
Email: jmcmahon@senet.com.au

Carer Representative

Mr John McGrath
C/- The Mental Health Council of Australia
PO Box 174
DEAKIN WEST ACT 2600

Phone: 02 6285 3100
Fax: 02 6285 2166
Email: admin@mhca.com.au

Private Health Insurer Representatives

Mrs Judy Hardy
c/- PO Box 217
UNLEY SA 5061

Phone: 08 8272 7960
Fax: 08 8272 8236
Email: judyh@tne.net.au

Ms Lynn McDonald-Duke
Australian Health Service Alliance
26B 446 Pacific Hwy
ARTARMON NSW 2064

Phone: 02 9427 3444
Fax: 02 9427 1155
Email: lynn@ahsa.cim.au

Private Hospitals Representatives

Ms Sue Feeney
The Albert Road Clinic
31-33 Albert Road
SOUTH MELBOURNE VIC 3205

Phone: 03 9256 8311
Fax: 03 9256 8330
Email: feeneys@ramsayhealth.com.au

Ms Moira Munro
The Perth Clinic
29 Havelock Street
WEST PERTH WA 6005

Phone: 08 9481 4888
Fax: 08 9278 2977
Email: moiram@perthclinic.com.au

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