

FOURTEENTH MEETING

HELD ON

FRIDAY, 22 JULY 2011

AT

**ADELAIDE CLINIC
33 PARK TERRACE
GILBARTON
SOUTH AUSTRALIA**

REPORT AND RESOLUTIONS

Glossary of common Acronyms and Terms
used in this Report

AHIA	Australian Health Insurance Association
AHMAC	Australian Health Ministers Advisory Council
AMA	Australian Medical Association
APHA	Australian Private Hospitals Association
APS	Australian Psychological Society
CPoC	Consumer Perceptions of Care
DoHA	Australian Government Department of Health and Ageing
FY(s)	Financial Year(s)
HCP	Hospital Casemix Protocol
Health Insurer(s)	Private Health Insurers that pay benefits for psychiatric care
Hospital(s)	Private Hospital(s) with psychiatric beds
HSMdb	Hospitals Standardised Measures database application of the CDMS
MHSC	Mental Health Standing Committee of the AHMAC Health Priorities Principal Committee
MHISS	Mental Health Information Strategy Sub-committee of the MHSC
Network	Private Mental Health Consumer Carer Network (Australia)
NSMHS	National Standards for Mental Health Services
PMHA	Private Mental Health Alliance
PMHA-CCMWG	PMHA Collaborative Care Models Working Group
PMHA-CDMS	PMHA Centralised Data Management Service
SQPS	Safety and Quality Partnership Sub-committee of the MHSC

1 OPENING AND WELCOME

The Independent Chair of the Private Mental Health Alliance (PMHA), Mr Philip Plummer, opened the Fourteenth (14th) Meeting of the PMHA (the Meeting) at 10:00 AM on Friday, 22 July 2011. The Meeting was kindly hosted by the Adelaide Clinic, 33 Park Terrace, Gilberton, in South Australia. The following representatives were in attendance.

Chair

1. Mr Philip Plummer PMHA Independent Chair

Consumers and Carers

2. Ms Janne McMahon Private Mental Health Consumer Carer Network (Australia) [Network] Consumer Representative
3. Mr Patrick Hardwick Network Carer Representative

Providers

4. Dr Bill Pring Australian Medical Association (AMA)
5. Ms Moira Munro Australian Private Hospitals Association (APHA)
6. Ms Carole Turnbull APHA

Payers

7. Ms Helen Eriksson Australian Health Insurance Association (AHIA)
8. Ms Andrea Selleck AHIA
9. Mr Bradley Schulz Australian Government Department of Health and Ageing (DoHA) Mental Health Reform Branch
10. Ms Isobel Leal DoHA Private Health Insurance Branch (by phone)
11. Ms Christine Reed Department of Veterans' Affairs (DVA)

Staff

12. Mr Allen Morris–Yates PMHA–CDMS Director
13. Phillip Taylor PMHA Director (Secretary)

1.1 Apologies

1. Dr Chong–Siew Yong AMA

2 REPORT OF THE LAST (THIRTEENTH) PMHA MEETING

The PMHA adopted the report of its last meeting.

Resolved (unanimous)

That the Private Mental Health Alliance (PMHA) adopts the Report of the Thirteenth PMHA Meeting held on 17/18 March 2011 in Adelaide, as a true and accurate record of proceedings and directs that the Report be made available on the PMHA website at: www.pmha.com.au.

Action: PMHA Director

3 PROGRESS REPORT ON MATTERS ARISING FROM THE 13TH PMHA MEETING

The Meeting noted and updated the following Table of Progress.

#	TABLE OF PROGRESS	RESPONSIBILITY	STATUS
2	PMHA REPORTS		
	Post Report of 12 th PMHA Meeting on PMHA Website.	PMHA Director	Done
	Draft and circulate for comment Report of 13 th PMHA Meeting held on 17/18 March 2011.	PMHA Director	Done
	Revise Report of 13 th PMHA Meeting and prepare final.	PMHA Director	Done
	Agenda Item 14 th PMHA Meeting.	PMHA Director	Done
3	PROGRESS REPORT		
	Agenda Item 14 th PMHA Meeting.	PMHA Director	Done
4	AMA FINANCIAL STATEMENTS		
	Agenda Item 14 th PMHA Meeting.	PMHA Director	Done
5	AMA AGREEMENT FOR SERVICE 2011-13		
	Revise Agreement in consultation with AMA Legal Council.	PMHA Director	Done
	Circulate to stakeholders for endorsement by 31 May 2011.	PMHA Director	Done
	Coordinate signing of Agreement for AMA by 30 June 2011.	PMHA Director	Done
6	PMHA CDMS AND NETWORK BUDGETS FINANCIAL YEARS (FY) 2011-13		
	Revise budgets based on deliberation of 17 March 2011 PMHA Meeting.	PMHA Director	Done
	Circulate budgets to stakeholders for endorsement by 31 May 2011.	PMHA Director	Done
	Incorporate final budgets into the AMA Agreement for Service 2011-13.	PMHA Director	Done
7	PMHA WORK PLAN 2011-13		
	Revise Work Plan as agreed at 17 March PMHA.	PMHA Director	Done
	Incorporate as Appendix to the Draft Report of the 13 th PMHA Meeting.	PMHA Director	Done
9	PMHA-CDMS REPORT		
9.1	PMHA-CDMS WORK PLAN 2011-13		
	Incorporate as Appendix to the Draft Report of the 13 th PMHA Meeting.	PMHA Director	Done
	Agenda Item 14 th PMHA Meeting.	PMHA Director	Done
10	NETWORK REPORT		
	Revise Work Plan as agreed at 17 March PMHA.	Network Chair	Done
	Incorporate as Appendix to the Draft Report of the 13 th PMHA Meeting.	PMHA Director	Done
	Agenda Item 14 th PMHA Meeting.		
11	PMHA COLLABORATIVE CARE MODELS WORKING GROUP		
	Agenda Item 14 th PMHA Meeting.	PMHA Director	Done
12	PMHA QUALITY IMPROVEMENT PROJECT (QIP)		
	Agenda Item 14 th PMHA Meeting.	PMHA Director	Done

3 PROGRESS REPORT ON MATTERS ARISING FROM THE 13TH PMHA MEETING
(CONTINUED)

#	TABLE OF PROGRESS (continued)	RESPONSIBILITY	STATUS
13	COMMUNICATION		
	Agenda Item 14 th PMHA Meeting.	PMHA Director	Done
13.1	PMHA Newsletter		
	Draft and circulate 8 th Edition of the Newsletter to PMHA for approval, then publish widely.	PMHA Director	Done
14	MHSC REPORT		
	Represent the PMHA at the 13 May 2011 Meeting.	PMHA Chair/Deputy Chair	Done
	Agenda Item 14 th PMHA Meeting.	PMHA Director	Done
15	MHSC SQPS REPORT		
	Invite ACSQHC to attend and address a PMHA Meeting.	Chair	Done
	Represent the PMHA at the 1 July 2011 SQPS Meeting.	Dr Pring	Done
	Agenda Item 14 th PMHA Meeting.	PMHA Director	Done
16	MHSC MHISS REPORT		
16.2	Mental Health Intervention Classification (MHIC) 09 Pilot Study		
	Ensure Private Hospitals are involved in the Pilot Study.	PMHA Deputy Chair	Done
	Represent the PMHA at the 24/25 March 2011 MHISS Meeting.	PMHA Deputy Chair	Done
	Represent the PMHA at the 2/3 June 2011 MHISS Meeting.	PMHA Deputy Chair	Done
	Agenda Item 14 th PMHA Meeting.	PMHA Director	Done
17	OTHER BUSINESS		
17.2	NHMRC Mental Health Workshop II	PMHA Director	Done
	Attend 13 April Workshop.	PMHA-CDMS Director	Done
	Agenda Item 14 th PMHA Meeting.	PMHA Director	Done
16	NEXT MEETING		
	Organise 14 th PMHA Meeting for 22 July 2011 @ The Adelaide Clinic.	PMHA Director	Done
	Prepare and circulate Agenda and Papers for 14 th PMHA Meeting.	PMHA Director	Done

3.1 AMA Agreement for Services 2011–13

The PMHA Director, Mr Phillip Taylor, reported that the *AMA Agreement for Services 2011–13* (hereafter AMA Agreement, or Agreement) had been fully executed to enable the activities of the PMHA, its Centralised Data Management Service (CDMS), and the Private Mental Health Consumer Carer Network Australia (Network), to continue from 1 July 2011 to 30 June 2013. The AMA is now completing the contractual arrangements for PMHA, CDMS and Network personnel. The AMA, APHA AHIA and DoHA have confirmed their representatives on the PMHA for the term of the Agreement and the Independent Chairs for the PMHA and Network will also be re-appointed.

Under the Agreement, the PMHA Director resumes a full time role rather than had previously been the case of working four days per week on PMHA related activities and one day per week on AMA related activities. The Meeting discussed the implications of the change in the PMHA Director's role for the AMA. It was noted that while the AMA mental health portfolio would now be the responsibility of the AMA Federal Secretariat, the future support arrangements for the AMA's Psychiatrist Group (AMAPG) was yet to be decided. In considering this situation, the PMHA agreed that it would be mutually beneficial for the PMHA to retain its strong linkage with the AMAPG. This could be achieved by the PMHA Director continuing to act as Secretary to the AMAPG within the boundaries of certain constraints.

Resolved (unanimous)

That the Private Mental Health Alliance (PMHA) endorses the PMHA Director continuing to act as Secretary to the AMA Psychiatrists' Group to undertake the following.

1. *Convene second monthly teleconferences of the AMAPG outside of office hours.*
2. *Prepare a brief report on those teleconferences.*
3. *Forward any recommendations or actions arising from those teleconferences to the relevant areas of the AMA Federal Secretariat for follow-up, where necessary.*
4. *Prepare three AMA Psychiatrist e-Newsletters per year for the AMA to circulate via email to all psychiatrists with email addresses.*

4. AMA FINANCIAL STATEMENTS

Mr Taylor reported on the AMA Statements of Income and Expenditure (Statement) for the PMHA, its CDMS, and the Network, for the period 1 July 2010 to 30 April 2011. The Meeting noted that the AMA is unable to prepare a Statement for the full financial year 1 July 2010 to 30 June 2011 until after 31 July 2011, when all receipts and payments would have been received and properly allocated.

Mr Taylor reported that there had been some unbudgeted infrastructure costs in the PMHA budget associated with replacement of the 11 year old PMHA Secretariat equipment with a multifunction printer, copier, fax and scanner. The other unbudgeted costs were associated with the PMHA subscription to the CCH Health and Medical Law Reporter, the ongoing activities of the PMHA's Collaborative Care Models Working Group and the PMHA Quality Improvement Project. The operating surplus within the PMHA Budget has enabled these costs to be met. Mr Taylor suggested that, as in previous years, the surplus evident in the PMHA Budget at 30 June 2011 could be rolled forward into the PMHA budget for Financial Year 2011-12 to meet such costs. It is also important to retain some reserves to meet any additional costs associated with the maintenance of the new PMHA website. This would also enable the PMHA's electronic stationary, newsletter and email signage to be brought in line with the PMHA's new corporate image.

Mr Morris-Yates mentioned that the surplus in the CDMS budget evident at 30 April 2011 would be substantially reduced after equipment and software that has been

purchased before 30 June 2011 is accounted for in the next AMA Statement of Income and Expenditure for 1 July 2010 to 30 June 2011.

Ms McMahon reported that the surplus evident in the Network budget was due to a combination of factors, including the purchase of Red E Deal flights and the vacant position of the Network representatives for Tasmania and Victoria, which have now been rectified.

The Meeting then adopted the Statement of Income and Expenditure and requested that any surplus remaining in the PMHA, PMHA-CDMS and Network Budgets for Financial Year 2010-11 be carried forward by the AMA into the respective income streams of the PMHA, PMHA-CDMS and Network for Financial Year 2011-12.

Resolved (unanimous)

1. *That the Private Mental Health Alliance (PMHA) adopts the Statement of Income and Expenditure for the PMHA, its Centralised Data Management Service (CDMS), and the Private Mental Health Consumer Carer Network Australia (Network), for the period 1 July 2010 to 30 April 2011, prepared by the Australian Medical Association (AMA).*
2. *That the PMHA requests that any surplus remaining in the PMHA, PMHA-CDMS and Network Budgets at the end of the 2010-11 Financial Year, be carried forward by the AMA into the respective income streams for the PMHA, its CDMS and Network for the 2011-12 Financial Year.*

5 PROGRESS REPORT 2009-11

The Meeting considered the draft Progress Report for the PMHA, its CDMS and the Network, which covered the period of the previous *AMA Agreement for Services 2009-11*, from 1 July 2009 to 30 June 2011.

The Meeting noted the AMA's Auditors will prepare letters of acquittal for the period of that Agreement for attachment to the Progress Report following completion of their audit of the PMHA, CDMS and Network accounts in August 2011.

Resolved (unanimous)

1. *That the Private Mental Health Alliance (PMHA) adopts the draft report titled, Progress Report: PMHA, PMHA's Centralised Data Management Service (CDMS), Private Mental Health Consumer and Carer Network 1 July 2009 to 30 June 2011.*
2. *That the PMHA directs that the final audited version of this Progress Report be forwarded to the Parties to the AMA Agreement for Services 2009-11, and be made available on the PMHA website at: www.pmha.com.au.*

Action: PMHA Director

6 PMHA COLLABORATIVE CARE MODELS WORKING GROUP REPORT

In 2008–09, the PMHA expanded its structure to include a Collaborative Care Models Working Group (CCMWG or Working Group) constituted by representatives of the following major stakeholder groups that comprise the private mental health sector.

- Australian Medical Association
- Royal Australian and New Zealand College of Psychiatrists
- Australian Private Hospitals Association
- Australian Psychological Society
- Australian College of Mental Health Nurses
- Australian Association of Social Workers
- Australian Association of Occupational Therapists
- Private Mental Health Consumer Carer Network (Australia)
- Australian Health Insurance Association
- Australian Government Department of Health and Ageing
- Australian Government Department of Veterans' Affairs

An on-going and open invitation exists for the Royal Australian College of General Practitioners (RACGP) to participate.

6.1 National Guidelines for Alternatives to Hospital Treatment

CCMWG is currently working on the development of industry agreed national guidelines for services in the private sector that substitute for traditional admitted hospital-based care for people with a mental illness for inclusion in the *Guidelines for Determining Benefits for Health Insurance Purposes for Private Mental Health Care 2010 Edition* (Guidelines). This new section of the Guidelines is currently titled, *Alternatives to Hospital Treatment* (AHT Section).

The Chair of the CCMWG, Mr Taylor, reported that the last meeting of the Working Group, held on 15 July 2011 in Canberra, was devoted to carefully working through the AHT Section and making agreed corrections and amendments where necessary. A second working draft has subsequently been prepared and circulated to CCMWG Members for discussion with their constituencies. Ms Helen Eriksson explained that the main issue now outstanding is related to the regularity of visits involved with this type of care. Ms Eriksson, Ms Carol Turnbull and Dr Richard Astill are working on resolving this matter.

It is anticipated that the next meeting of CCMWG will finalise the AHT Section, together with any other changes that may be necessary to the broader Guidelines. That meeting will also discuss the future work plan of the CCMWG going forward.

6.2 GP Representation

The Meeting then discussed the continued lack of formal representation for general practitioners (GPs) on both the CCMWG and the PMHA.

Mr Taylor reported that, beyond the open invitation for the Royal Australian College of General Practitioners (RACGP or College) to participate on CCMWG, courtesy

copies of work underway is routinely provided to the College, with a request for comment. Negotiations concerning representation are also underway with Mr Tony Cowie, Manager RACGP Mental Health Unit. To date, Mr Cowie has initiated discussions with senior management of the RACGP concerning what level the RACGP wishes to engage with the CCMWG and PMHA.

The Meeting then considered a range of options including obtaining GP representation from the AMA. After further discussion, it was agreed that the PMHA should follow-up with Mr Cowie and offer to meet with the senior management of the College. It was also felt that a request should be made for the RACGP to formally respond to the final version of the Guidelines and after the AHT Section is completed.

Resolved (unanimous)

1. *That the Private Mental Health Alliance (PMHA) adopts the Report of the Ninth Meeting of the PMHA's Collaborative Care Models Working Group (CCMWG) held on 15 April 2011 in Canberra.*
2. *That the PMHA notes that the next meeting of the CCMWG will be held in Canberra on 14 October 2011.*
3. *That the PMHA requests the PMHA Director follow-up with the Royal Australian College of General Practitioners concerning representation for the College on the PMHA's Collaborative Care Models Working Group.*

Action: PMHA Director

7 PMHA QUALITY IMPROVEMENT PROJECT STEERING COMMITTEE REPORT

In 2009, an anonymous offer of financial support of \$250,000 was made available to the AMA to manage, on behalf of the PMHA, for a Quality Improvement Project (QIP) directed at improving outcomes for consumers within the context of the mental health services that are provided by private hospitals and psychiatrists in private practice. The purpose is to make better use of the mechanism of the PMHA and its CDMS. QIP contains a suite of four complementary activities to be undertaken within the context of the available funding.

Implementation of Consumer Perceptions of Care (CPoC) Measure. This first activity involves the implementation of a standardised measure of CPoC in all private hospital-based psychiatric services across Australia.

Outcomes in Private Psychiatry Practice (OPPP). Work on this second activity will establish a Private Psychiatrist Research Network (PPRN) evaluating outcomes within the context of their private practice.

Borderline Personality Disorder (BPD). This activity involves preliminary work to scope what models of care are currently being used for people with a diagnosis of Borderline Personality Disorder.

Internet Access to the PMHA's CDMS. This third activity involves a scoping exercise to determine the requirements for a model Agreement that would enable

appropriate and secure internet-based access for participating stakeholders to the data currently held by the PMHA's CDMS.

In 2010, Work Programs for each of these activities were developed and the PMHA established a small steering committee to act as a reference group and to assist with managing the Project over the course of 2011 and 2012. The Steering Committee is currently comprised as follows.

- | | | |
|----|---------------------------|------------------------------------|
| 1. | Ms Andrea Selleck (Chair) | AHIA |
| 2. | Ms Moira Munro | APHA |
| 3. | Dr Bill Pring | AMA |
| 4. | Mr Bradley Schulz | DoHA Mental Health Reform Branch |
| 5. | Ms Janne McMahon | Network Consumer Representative |
| 6. | Professor Andrew Page | Expert Adviser |
| 7. | Mr Allen Morris-Yates | Director, PMHA-CDMS |
| 8. | Ms Ellie Rosenfeld | PMHA Senior Research Officer (SRO) |
| 9. | Mr Phillip Taylor | PMHA Director (Secretary) |

Over the course of 2011 and 2012, the Steering Committee agreed to hold face-to-face meetings back-to-back with meetings of the PMHA to enable proper reporting arrangements for the SRO and to manage and support QIP.

QIP commenced at the beginning of 2011, with the appointment of the PMHA SRO, Ms Ellie Rosenfeld. At the beginning of QIP, the Commonwealth provided \$230,081 in additional funding to strengthen the Work Programs for OPPP and Internet Access to the PMHA's CDMS.

The Meeting then noted the draft report of the first meeting of the PMHA's QIP Steering Committee held on 17 March 2011 in Adelaide. The Chair of the Steering Committee, Ms Andrea Selleck, reported on the second meeting of the Steering Committee, which was held on Thursday, 21 June 2011.

The key issues discussed included the following.

7.1 CPoC Measure

A National Model for the implementation of the standardised CPoC measure in all private hospital-based psychiatric services across Australia is being finalised. The Model will be presented by Mr Allen Morris-Yates and Ms Rosenfeld at the APHA Congress to be held in Sydney from 17 to 19 October 2011. It is anticipated that Hospitals Standardised Measures database (HSMdb) application of the CDMS will be updated and made available at the end of January 2012 for those Hospitals who wish to begin implementing the Model.

7.2 Outcomes in Private Psychiatry Practice (OPPP)

Dr Bill Pring and Ms Rosenfeld will shortly begin their first round of visits to private psychiatric hospital in each major Australian state. The purpose of these visits will be to:

- present a broad description of all QIP activities;

- invite expressions of interest to join the PPRN; and
- discuss the OPPP’s Psychiatrist Workload Survey.

The private hospitals hosting these meetings are inviting other interested private hospital CEOs and Medical Advisory Committee members in their state. The Steering Committee has agreed that the members of the AMAPG will be invited to attend. The schedule of visits is being facilitated with the assistance of the APHA Psychiatry Committee as set out below.

Schedule of OPPP Visits

Jurisdiction	Visit Date	Host Facility
Western Australia	26 July 2011	Perth Clinic
South Australia	27 July 2011	Adelaide Clinic
Queensland	11 August 2011	Toowong Private Hospital
New South Wales	25 August 2011	Northside Clinic
Victoria	5 September 2011	Albert Road

In April 2011, Dr Pring and Ms Rosenfeld, met with the President, Chief Executive Officer (CEO) and Manager, External Relations of the Royal Australian and New Zealand College of Psychiatrists (RANZCP) to discuss the QIP and the OPP Work Program. At this meeting, the RANZCP offered the following strategies to promote both the establishment of the PPRN and the psychiatrist Workload Survey that will be undertaken toward the end of 2011.

- Distribution of a brochure at the RANZCP Congress in Darwin May–June 2011.
- Publication of a short piece in Psych–e Bulletin in June to be repeated until September.
- RANZCP website promotion once the Workload Study begins.
- President's Newsletter piece later in 2011, just prior to our running the Workload Survey.

Brochures were subsequently distributed at the RANZCP 2011 Congress and a description of the QIP has been published in the RANZCP Psych–e Bulletin.

7.3 Internet Access to the PMHA’s CDMS

This work is discussed in detail under Agenda Item 7 below. In brief, additional funding from the Commonwealth has enabled this activity to be progressed to a point where the existing PMHA web–site has now been replaced with an enhanced website. A secure front end can now be added that will eventually give participating private hospitals and private health insurers secure access to CDMS Training Resources, Standard Quarterly Reports. The new site will be fully deployed shortly and then work can begin on the requirements for the model Agreement.

7.4 Borderline Personality Disorder (BPD)

This activity involves preliminary work to scope what models of care are currently being used for people with a diagnosis of BPD in private hospitals. A discussion paper is currently underway. Mr Morris–Yates explained how the scoping exercise will be able to capture admissions to private hospitals when BPD is not the primary diagnosis for admission. The security requirements for the conduct of the scoping exercise are related to ensuring the privacy and confidentiality of the participating private hospitals is protected as they are the identified entity in this case. Patients will not be identified. All private hospitals will be asked to participate. Ms McMahon briefly discussed some of the preliminary results from the recent online BPD Survey of consumers and carers conducted by the Network. Ms Selleck reported on the work the Commonwealth is doing on BPD and it was noted that Bradley Schulz will be the linkage between that work and the QIP's BPD scoping exercise.

The Meeting briefly discussed the importance of keeping QIP and all its four work programs on track.

Resolved (unanimous)

1. That the Private Mental Health Alliance (PMHA) adopts the Report of the First Meeting of the PMHA's Quality Improvement Project (QIP) Steering Committee held on 17 March 2011 in Adelaide.
2. That the PMHA notes that the next meeting of the QIP Steering Committee will be held in Adelaide on 20 October 2011, back-to-back with the 15th PMHA Meeting.

8 PMHA CENTRALISED DATA MANAGEMENT SERVICE (CDMS) REPORT

The PMHA provides a 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 all private hospitals with psychiatric beds across Australia. By the end of FY 2010–11, 100% of those hospitals were participating in the service provided by the CDMS.

The Director of the PMHA's CDMS, Mr Morris–Yates, referred the Meeting to the draft *Progress Report for the PMHA, its CDMS and the Network*, which was circulated with the agenda and papers for this meeting and discussed under *Agenda Item 5 Progress Report 2009–11* above. This self–explanatory Progress Report provides a comprehensive description of all CDMS activity from 1 July 2009 to 30 June 2011.

Beyond the Progress Report, Mr Morris–yates reported on the following.

8.1 Preparation of Standard Quarterly Reports

Since the last PMHA meeting, another round of Standard Quarterly Reports (SQRs) were distributed in May and the next round SQRs will be distributed in August 2011.

8.2 PMHA QIP

Mr Morris–Yates then briefed the Meeting on the work the CDMS has undertaken over the past few months for the PMHA’s QIP in relation to the work programs for both the implementation of the CPoC measure and the redevelopment of the PMHA website to enable Internet Access to the PMHA’s CDMS.

8.2.1 Implementation of CPoC

Implementation of CPoC has involved working with the Ms Rosenfeld on the development of a National Model for the implementation of the standardised CPoC measure in all private hospital–based psychiatric services across Australia. This work is now largely completed and it is anticipated, that the National Model will be approved by the APHA Psychiatry Committee at the end of September 2011, prior to presentation on the rollout of the National Model at the APHA Congress in October.

The HSMdb application of the CDMS will then be updated through October to December 2011, to enable it to capture the information and submit it to the CDMS. The HSMdb software is written in Microsoft Access 1997 and this will need to be updated, which is a significant undertaking. This work is further complicated by the way in which such software is installed and controlled under Windows 7 and Windows Vista being different to the way in which it is installed and controlled under Windows XP. Most Hospitals are still using Windows XP, but quite a few are moving to Windows 7. At this stage, the objective will be to distribute the HSMdb software to Hospitals at the end of January 2012. The HSMdb software will have to be updated and distributed again in June/July 2011 to accommodate the Australian Government’s changes to the specification the Hospital Casemix Protocol (HCP) format.

It is expected that Hospitals should be able to submit CPoC data for the first quarter (April/June) of 2012. That data would be due to be reported on in September 2012, hence, the CDMS Data Warehouse will have to be updated and ready to receive that information and report on it by September 2012. This timeline should also enable the other major changes to CDMS reporting to be implemented by September 2011.

8.2.2 Internet Access to PMHA’s CDMS

The Meeting noted that Mr Morris–Yate and Mr Taylor have devoted a substantial amount of time over the past few months to working with South Australian Digital Agency, (CDAA Pty Ltd) on the redevelopment of the PMHA’s website. This work involved replacing the existing, somewhat primitive, web–site with a portal based on a widely used and mature MS Windows based Content Management System to provide the PMHA with an enhanced website to which a secure front end to the CDMS data warehouse may subsequently be added. This re–development has now put in place the architecture necessary to enable secure access for Hospitals and Health Insurers to CDMS Training Resources and Standard Quarterly Reports. It will eventually enable a web–based system for ad–hoc analysis that works within the constraints of the National Model’s Guidelines for access to aggregate statistical information.

The Meeting then worked through the new PMHA website and its portals for the CDMS and to the Network. The secure login processes for the website were also

noted and it was agreed that CDAA Pty Ltd understanding of marketing through a website has enabled a much more user friendly and professional website to be developed. The Meeting noted that the PMHA and CDMS Directors will be responsible for administering the new website. Their role includes the authentication and registration of all user accounts within the context of the new hierarchy for authorisation, which is based on a variation of the Medicare/Medicaid model used in the United States. It is anticipated that there will approximately 100 to 120 user accounts that will have to be authenticated. The new authentication hierarchy was then discussed in detail and how the process for verification of Security Officials might operate in practice for participating private hospitals and private health insurers.

The Meeting thanked Mr Morris–Yates and Mr Taylor for their efforts in working with CDAA Pty Ltd to produce the new website.

9. PMHA COMMUNICATION

PMHA Communication is an ongoing Standing Item on the PMHA Agenda for discussion of issues related to the PMHA Newsletter and what other strategies might be used to promote the private sector.

Mr Taylor reported that the Eighth Edition of the PMHA Newsletter was released on 23 May 2011.

The Ninth Edition of the PMHA Newsletter is due for publication in September 2011.

After discussion it was agreed that the following articles should be included.

- | | |
|-------------------------|--------------------|
| 1. From the Chair | Philip Plummer |
| 2. PMHA Website Launch | Mr Morris–Yates |
| 3. PMHA–QIP Update | Ms Ellie Rosenfeld |
| 4. CCMWG Update | Mr Phillip Taylor |
| 5. Stakeholder Round–up | PMHA |
| 6. Fact Sheet | Phillip Taylor |

It was further agreed, that the official launch of the new PMHA website should occur via email and coincide with the release of the Ninth Edition of the Newsletter.

The Meeting noted that CDAA Pty Ltd were in the process of bringing the PMHA's email signage, e–Letterhead and the e–Newsletter in line with the improved corporate image of the PMHA website. Copies of the preliminary artwork were generally supported by the Meeting.

Ms McMahon asked whether CDAA could undertake similar work to bring the Network's electronic stationary in line with the Network's new portal. The Meeting agreed and asked Mr Taylor to follow–up with CDAA. Ms McMahon agreed to meet the costs involved from the Network budget.

Mr Taylor then discussed “For Information” emails with the Meeting, particularly in relation to the circulation of press releases on relevant issues from the stakeholder organisations that comprise the PMHA (AMA, AHIA, APHA, and DoHA). It was agreed that such material should be circulated to the PMHA and its Liaison with an appropriate disclaimer.

Resolved (unanimous)

1. *That the Private Mental Health Alliance (PMHA) requests that the PMHA Director draft the Ninth Edition of the PMHA Newsletter for circulation, via email, to members of the PMHA for their comment and approval out-of-session.*

Action: PMHA Director

2. *The PMHA requests that the launch of the PMHA Website coincide with the release of the Ninth Edition of the PMHA Newsletter.*

Action: PMHA Director

3. *The PMHA requests that CDAA Pty Ltd undertake redesign of the Private Mental Health Consumer Carer Network (Australia)'s [Network] electronic stationary to bring it in line with the improved corporate image of the Network's website.*

Action: Ms Janne McMahon

10 MENTAL HEALTH STANDING COMMITTEE (MHSC) REPORT

The MHSC reports to the Australian Health Ministers' Conference (AHMC) through the Australian Health Ministers' Advisory Council (AHMAC) and the Health Policy Priorities Principal Committee (HPPPC). The PMHA is represented on the MHSC by the PMHA Chair, Mr Phillip Plummer and the PMHA Deputy Chair, Ms Moira Munro.

The Meeting noted and discussed the self-explanatory draft minutes of the last meeting of the MHSC held on 13 May 2011 in Adelaide. MR Plummer and Ms Munro attended that meeting.

Mr Plummer reported he had accepted an invitation to represent the PMHA on the Fourth National Mental Health Plan (Fourth Plan) Primary Flagship Implementation Steering Committee (PFISC). The first meeting of the PFISC will be held on Friday, 5 August 2011 in Brisbane. PFISC is tasked with providing leadership to progress the five actions identified for priority implementation that relates to Social Inclusion. This includes education and employment, recovery, housing and support, homelessness prevention and Aboriginal and Torres Strait Islander social and emotional wellbeing framework review. The focus will be on national mental health reform in these areas, particularly in relation to bridging the divide between State, Territory and Commonwealth processes. Members of the PMHA were asked to forward any views their constituency may have regarding the above areas, or any relevant submissions/policy documents that may be useful to Mr Plummer in preparing for this meeting.

Mr Plummer and Ms Munro reported that they had been asked at the MHSC to comment on the Government's 2011–12 Budget changes relating to the rationalisation of general practitioner (GP) mental health services and the impact of changes to the Medicare rebates and the two-tier rebate structure for clinical assessment and preparation of a care plan by GPs. In responding, Mr Plummer and Ms Munro referred MHSC to the AMA, as this was matter that needed to be resolved by the Government and the medical profession. Ms McMahon spoke about the changes and it was noted that the Network would be responding to these changes in a submission to the current Senate Community Affairs References Committee Inquiry into Commonwealth Funding and Administration of Mental Health Services.

The next MHSC meeting will be held on Thursday, 24 November 2011 in Melbourne and the meeting noted that Dr Aaron Groves had resigned as the MHSC Chair. The PMHA reflected on the strong support and encouragement Dr Groves had given to the private sector as Chair of the MHSC and asked that a formal vote of thanks be recorded for Aaron.

RESOLVED (UNANIMOUS)

1. *The Private Mental Health Alliance (PMHA) notes the resignation of Dr Aaron Groves as Chair of the Australian Governments Mental Health Standing Committee (MHSC).*
2. *The PMHA extends its appreciation to Dr Groves for his strong support for the work of the PMHA and the Australian private mental health sector. Dr Groves will be very much missed by all his past and present colleagues on the PMHA. The PMHA wishes Aaron all the very best for the future.*

**11 PRIVATE MENTAL HEALTH CONSUMER CARER NETWORK (AUSTRALIA)
[NETWORK] REPORT**

At the invitation of the Chair, Ms McMahon reported on the following in her capacity as the Independent Chair of the Network.

Ms McMahon and the PMHA Chair recently met to discuss the on-going governance arrangements for the Network in relation to the PMHA and its relationship with the AMA. Ms McMahon explained that the activities of the Network have ramifications for the AMA, which is related to its responsibility to protect, not only the interests of the Association, but also those organisations that fund the Network. In the short term, Ms McMahon had agreed that the best way forward would be for any activity developed by the Network that will enter the public domain to be first vetted by the PMHA for it to assess any risks that may be involved. To ensure that this process is not too onerous, the PMHA Chair has agreed to undertake the assessment and approval process on behalf of the PMHA with any contentious issues referred to all the Members of the PMHA for their response in terms of risk management.

Ms McMahon then asked whether approval for current activity would be necessary and mentioned that the Commonwealth has already approved just over \$1900 to have the Network's Carer Information Booklet designed for customisation and inclusion on numerous relevant websites. Mr Plummer clarified that the new requirement applies to activity going forward from 1 July 2011 under the AMA Agreement for Services

2011–13. The AMA has requested that all PMHA, CDMS and Network personnel now ensure that new activity that falls outside of the agreed work plans for these three entities is brought to the attention of the PMHA, so that any potential risks can be assessed and managed.

Ms McMahon then sought the view of the Meeting on the Network's intention to hold a Borderline Personality Disorder (BPD) Awareness Day, on Wednesday, 5 October 2011 and release an informative pamphlet promoting the Day. Ms Turnbull expressed her personal view that the PMHA and the Network should not be directing their efforts toward any one specific diagnostic group. Ms McMahon indicated that the focus on BPD had arisen because this diagnosis is currently poorly understood and underrepresented. Ms McMahon thanked the Meeting for bringing this risk to her attention and agreed to consider how the Network might broaden its focus in the future. In the interim Ms McMahon will circulate the BPD pamphlet to the PMHA Chair and the AMA for risk assessment.

Mr Bradley Schulz then raised the issue of what risk management procedures are in place for people who wish to join the Network's informal BPD email Group that was established as part of the Network's recent online BPD Survey. During discussion, Mr Taylor clarified that the sort of risks that the AMA would want to see properly managed in relation to any diagnosis specific group would include, for example, how the convenor(s) of such a group would:

- respond to an explicit cry for help that is received from a member of the group via email;
- identify and deal with any identification of suicidal or other destructive intent that might be communicated;
- deal with any reports of inappropriate or abusive care that might be communicated; and
- deal with any explicit statement of intent to commit or admission of having committed any illegal activity.

Mr Plummer clarified further that the AMA has requested the PMHA to now monitor and assess any risks involved with PMHA, CDMS or Network activities and put in place an appropriate strategy to assist the AMA in managing those risks before the activity is undertaken.

In response to a question from Ms Turnbull, Ms McMahon explained the informal BPD Group is only intended to be an information sharing group. Ms Turnbull expressed the personal view that the nature of this illness will make it difficult to restrict activity to information sharing. Mr Morris–Yates confirmed that there is strong risk that people with a diagnosis of BPD will make a cry for help, even through informal information sharing groups. Ms Turnbull personally felt that the risks associated with such a diagnosis specific group were beyond the capacity of the PMHA to manage for the AMA.

After further discussion, it was agreed that the PMHA would need to assess the risks associated with the Network's BPD Group for the AMA and decide whether it

feasible for the Group to continue. Ms McMahon and Mr Patrick Hardwick agreed to put together a project brief for the continuance of the Group. The brief should make it clear that the purpose of Group is not to provide advice, but rather to share information and seek the views of people with BPD about their perceptions of the care they receive within the private sector.

The Meeting then considered the BPD Group that currently exists and what protocols are needed right now to deal with the sorts of risks detailed in the dot points above, which are also relevant to the PMHA and its website. As an interim measure, it was agreed that the following would be implemented immediately.

- (1) Include the following referrals on the PMHA and Network Contact Us pages as soon as possible.

If you need immediate help

If you need immediate help with a mental health problem, you should call Lifeline's 24 hour support line on 13 11 14 for assistance, or dial 000 if life is in danger.

- (2) All Members of the PMHA and PMHA, CDMS and Network personnel, that are alerted to any suicidal or other destructive intent, including any intent to commit, or admission of having committed any illegal activity, must refer the matter to the police.

Ms McMahon agreed to put the BPD Group on hold until a brief had been completed detailing management of risks either prior to, or at the next meeting of the PMHA. Mr Taylor was asked to discuss with the AMA what it thinks the policy for the AMA should be in relation to the BPD Group.

The Meeting then briefly discussed the various scenarios for the PMHA, its CDMS and Network that might require PMHA approval, beyond the day-to-day operations of these entities. Those scenarios included discussion of the following. It should be noted that some examples have been inserted into the dot points below to assist with clarifying what was intended.

- Invitations received to attend meetings, conferences, or inquiries.
- Meetings initiated by PMHA, its CDMS or the Network, for example, with government officials, Members of Parliament, or political Parties.
- Correspondence, for example, for government officials, Members of Parliament, or political parties.
- Submissions.
- Surveys conducted by PMHA, its CDMS, or the Network and the any subsequent reports on the results.

Mr Taylor explained that, for the PMHA and its CDMS, the process for the issues raised above was fairly straightforward in that they would be managed through referral to the PMHA and its sub-groups, or through referral to the PMHA Executive

(PMHA Chair, PMHA Deputy Chair, PMHA Director and, where necessary, the CDMS Director).

The Meeting acknowledged that the Network is a different case. It was conceived in 2002 specifically to improve the participation of consumers and carers in the private sector and to capture their views on the private sector mental health services they use. The Network's role is, therefore, to provide the private sector with the honest feedback on the provision and funding of services in the private sector. The Network's funders have previously accepted that while the feedback is not always going to be what they like or want, without it they run the risk of service provision and funding being out of alignment with what is actually needed. The Meeting felt this was an invaluable service for the private sector and must not be lost or hampered by the governance arrangements going forward.

The Meeting agreed to discuss these governance and risk management issues further at the 22 October 2011 meeting of the PMHA as part of the review of the PMHA Operating Guidelines required under the PMHA Work Plan 2011–13. Mr Taylor was asked to draft amendments to the PMHA Operating Guidelines in consultation with Mr Plummer for consideration at the next PMHA meeting, based on the discussion so far. The objective will be to incorporate a sensible and clear risk management strategy for the activities of the PMHA, its CDMS and the Network that provides some basic supports for the AMA and the other organisations that fund these activities.

At the end of this agenda item, Ms McMahon then reported briefly on the Network appearance before the House of Representatives recent *Inquiry into Mental Health and Workforce Participation*. The Inquiry was interested in the private sector. The use of Peer Support workers was one of the issues discussed.

The Meeting noted the next (24th) meeting of the Network will now be held on 15/16 August 2011 at RANZCP Headquarters in Melbourne.

Resolved (unanimous)

1. *The PMHA requests that the Contact Pages for the PMHA and the Network on the new PMHA Website be amended as a matter of urgency to include the following referrals.*

"If you need immediate help

If you need immediate help with a mental health problem, you should call Lifeline's 24 hour support line on 13 11 14 for assistance, or dial 000 if life is in danger."

Action: PMHA Director/CDMS Director

2. *The PMHA directs that all Members of the PMHA and PMHA and Network personnel, that are alerted to any suicidal or other destructive intent, including any intent to commit, or admission of having committed any illegal activity, refer the matter immediately to the police.*

Action: PMHA Members/PMHA Director/CDMS Director/Network Chair

3. *That the Private Mental Health Alliance (PMHA) requests that the Private Mental Health Consumer Carer Network (Australia) [the Network] prepare a proposal for the continuance of its Borderline Personality Disorder (BPD) Group for the PMHA to consider either prior to, or at its 22 October 2011 Meeting. The proposal must address how the convenor(s) of the Group will:*
- *respond to an explicit cry for help that is received from a member of the group via email;*
 - *identify and deal with any identification of suicidal or other destructive intent that might be communicated;*
 - *deal with any reports of inappropriate or abusive care that might be communicated; and*
 - *deal with any explicit statement of intent to commit or admission of having committed any illegal activity.*

In the interim, the PMHA requests that any further development of the BPD Group be held in abeyance.

Action: Network Chair/Mr Patrick Hardwick

4. *That the PMHA requests amendments to the PMHA Operating Guidelines be drafted for consideration at the 22 October 2011 PMHA meeting to incorporate a sensible and clear risk management strategy for the activities of the PMHA, its CDMS and the Network. This work should be conducted as part of the review of the PMHA Operating Guidelines required under the PMHA Work Plan 2011–13.*

Action: PMHA Director/PMHA Chair

5. *That the PMHA requests that until a formal risk management strategy for the activities of the PMHA, its CDMS and the Network is in place, any activity not specifically identified in the agreed work plans for the PMHA, its CDMS and the Network be brought to the attention of the PMHA for it to assess any risks involved. To ensure that this process is not too onerous, the PMHA Chair will undertake the assessment and approval process on behalf of the PMHA with any clearly contentious issues referred to all the Members of the PMHA for their response.*

Action: PMHA Director/CDMS Director/Network Chair

12 MHSC SQPS REPORT

The SQPS is responsible for taking the Australian Government mental health safety and quality agenda forward.

The Meeting noted the self-explanatory draft minutes of the last two SQPS meetings, held on 11 March 2011 in Sydney and 1 July in Melbourne, which had been circulated with the agenda and papers.

The PMHA representative on the SQPS, Dr Bill Pring reported briefly on the work of the SQPS. A summary of activity from that verbal presentation with some further information is set out below.

12.1 National Mental Health Reform

SQPS were updated on national mental health reform activity including the COAG processes and Commonwealth initiatives announced in the Federal budget, particularly in relation to the 10 year roadmap, the new National Partnership Agreements and the establishment of a National Mental Health Commission. SQPS acknowledged that the detail of these initiatives is still emerging and the direction of investment will have an impact on the implementation of the Fourth Plan.

12.2 Fourth National Mental Health Plan Implementation

The revised implementation proposal for the Fourth Plan is currently being considered by AHMAC. The proposal identifies two flagship areas for priority implementation with the remaining Fourth Plan Actions allocated to various lead committees and jurisdictions. The Evaluation Framework for the Fourth Plan has been aligned to the Flagship initiatives and will shortly be considered by MHISS prior to progressing to MHSC, however further clarity is required on how the framework sits with the 10 year roadmap.

12.3 Reducing Adverse Medication Events in Mental Health Services

The Reducing Adverse Medication Events in Mental Health Services Working Group (RAMEMHWG) has completed its current work and its two principle areas of continuing activity have been referred to the Australian Commission on Quality and Safety in Health Care (ACSQHC) for consideration of what sets of actions the Commission could take forward (for example reporting and accuracy and reporting on adverse medication events). Recommendations also went to the National Prescribing Service in relation to work that is beyond the scope and ability of the Working Group and SQPS.

12.4 The Australian Commission on Safety and Quality in Health Care (ACSQHC)

ACSQHC has been incorporated under the Commonwealth Authorities and Company Act 1997 as Entity as of 1 July 2011. The Commission is currently working on a one year work plan with a five year plan being worked up through a review process and will include incorporating mental health into its work programs. For 2011–12 the Commission is looking at progressing the areas of medication safety and recognising and responding to the physical deterioration of patients and this work will be supported by a dedicated project officer. The recent recruitment process to this position was unsuccessful however recruitment activities will continue. In the interim, the Commission has been looking at the key components of the work and what is required within the Commission to support the activity. The second twelve months will see this more embedded. In relation to the deteriorating patient, the second phase relates to the psychiatric deterioration and this will be a major piece of work for the project officer.

The Meeting noted that the ACSQHC Program Manager, Dr Nicola Dunbar, had accepted an invitation for appropriate ACSQHC representatives to attend and address the 21 October Meeting of the PMHA.

12.5 Next SQPS Meeting

The next meeting of SQPS is scheduled to be held in Melbourne on Friday, 19 November 2011. Dr Pring will attend.

13 MHSC MENTAL HEALTH INFORMATION STRATEGY SUB-COMMITTEE (MHISS)

MHISS provides expert technical advice and recommendations on initiatives to address the information requirements for MHSC.

The Meeting noted copies of the minutes of the MHISS meeting held on 24/25 March 2011 in Canberra and the minutes of the MHISS meeting held on 2/3 June 2011 in Sydney.

The PMHA Representative on MHISS, Ms Moira Munro, spoke to the minutes and reported on the following.

- 2011–12 Federal Budget and how it had been allocated
- Development of a Carer (Family Inclusiveness) Measure
- Queensland Consumer Perceptions of Care Project
- National Project on Measuring Consumers' Experiences of Care
- AIHW Pilot of the Mental Health Intervention Codes (MHIC). Two private hospitals participated in the Pilot. The Pilot included clinical staff in the coding, which had been very time consuming.
- Under reporting of activity in the private sector by AIHW

The Meeting noted the next (81st) MHISS meeting will be held on 3/4 November 2011 in Sydney and Ms Munro will attend.

14 OTHER BUSINESS

Under this Agenda Item, Mr Taylor reported that the office of The Minister for Mental Health, The Hon. Mark Butler MP, had responded via email to confirm that they would be in contact closer to this Meeting to advise of the Minister's availability. No further contact, however, had been received from the Minister's office. Mr Taylor agreed to follow up with the Minister's office to see if a meeting with the Minister might still be feasible in October.

15 NEXT MEETING

The Chair reminded the Meeting that there will now be **two** PMHA related meetings in Adelaide in October 2011 as follows.

<u>3rd PMHA-QIP Steering Committee Meeting</u> Thursday, 20 October 2011 2:00 PM to 5:00 PM	The Adelaide Clinic 33 Park Terrace Gilberton South Australia
<u>14th PMHA Meeting</u> Friday, 21 October 2011 10:00 AM to 4:00 PM	

Mr Taylor reported that he would be on annual leave from 28 September to 7 October 2011 (inclusive).

16 CLOSE

There being no further business, the Chair closed the Meeting at 3:10 PM.

Mr Philip Plummer
PMHA Independent Chair

Mr Phillip Taylor
PMHA Director (Secretary)