

STRATEGIC PLANNING GROUP FOR  
**SPGPPS**  
PRIVATE PSYCHIATRIC SERVICES

**THIRTY FIFTH MEETING AND PLANNING DAY**

**KINGSFORD ROOM  
STAMFORD SYDNEY AIRPORT HOTEL  
CORNER ROBESY AND O'RIORDAN STREETS  
MASCOT NSW**

**FRIDAY, 12 MARCH 2004**

**REPORT OF MEETING AND PLANNING DAY**

**Glossary of Acronyms and Terms used regularly in this Report**

<b>AHMC</b>	Australian Health Ministers Council
<b>APHA</b>	Australian Private Hospitals Association
<b>AMA</b>	Australian Medical Association
<b>BOIMHC</b>	Better Outcomes In Mental Health Care
<b>CDMS</b>	Centralised Data Management Service
<b>COAG</b>	Council of Australian Governments
<b>DVA</b>	Australian Government Department of Veterans' Affairs
<b>GP(s)</b>	General Practitioner(s)
<b>Health Fund(s)</b>	Private Health Insurance Fund(s) that pay benefits for psychiatric care
<b>Hospital(s)</b>	Private Hospital(s) with psychiatric beds
<b>IIMHL</b>	International Institute of Mental Health Leaders
<b>IMWG</b>	SPGPPS Innovative Models Working Group
<b>ISC</b>	AHMAC NMHWG Information Strategy Committee
<b>MCAJ</b>	Ministerial Council on the Administration of Justice
<b>MHCA</b>	Mental Health Council of Australia
<b>MHPC</b>	Mental Health Privacy Coalition
<b>NCCF</b>	MHCA National Consumer and Carer Forum
<b>NDTWG</b>	AHMAC NMHWG National Disasters and Terrorism Working Group
<b>NMHWG</b>	AHMAC National Mental Health Working Group
<b>PPWP</b>	National Mental Health Promotion and Prevention Working Party
<b>RACGP</b>	The Royal Australian College of General Practitioners
<b>RANZCP</b>	The Royal Australian and New Zealand College of Psychiatrists
<b>SPGPPS</b>	Strategic Planning Group for Private Psychiatric Services

The Thirty-Fifth (35<sup>th</sup>) Meeting and Planning Day of the SPGPPS was held on Friday, 12 March 2004 at the Stamford Sydney Airport Hotel in Sydney.

## 1. OPENING/WELCOME/APOLOGIES/PROXIES/GUESTS

The Chair of the SPGPPS, Dr Yvonne White, opened the meeting at 9:00 AM. The following representatives were in attendance.

### The Royal Australian and New Zealand College of Psychiatrists (RANZCP)

1. Dr Yvonne White SPGPPS Chair
2. Dr Jo Lammersma
3. Ms Sharon Brownie (Observer)

### Australian Medical Association (AMA)

4. Dr Martin Nothling
5. Dr Bill Pring (Observer)

### Australian Government(AG)

6. Mr Peter Callanan Department of Health and Ageing, Private Health Insurance
7. Mr Dermot Casey Department of Health and Ageing, Health Priorities & Suicide Prevention
8. Mr David Morton Department of Veterans' Affairs (DVA)

### Consumer Representative

9. Ms Janne McMahon National Network of Private Psychiatric Sector Consumers and Carers  
(Chair)

### Carer Representative

10. Ms Ruth Carson

### Royal Australian College of General Practitioners (RACGP)

11. Dr Brian Kable

### Private Hospitals with Psychiatric Beds (Hospitals)

12. Ms Moira Munro SPGPPS Deputy Chair
13. Ms Sue Williams

### Private Health Insurers (Health Funds)

14. Mrs Judy Hardy
15. Mr Brian Osborne

### SPGPPS Secretariat

16. Mr Phillip Taylor SPGPPS Executive Officer

### Planning Day Facilitator

17. Dr Jonathan Phillips Chair SPGPPS Forum

### 1.1. APOLOGIES

1. Mr Allen Morris-Yates SPGPPS Principal Information Officer

In approving the draft agenda, it was agreed that the verbal report of the Chair on the 5 March meeting of the AHMAC National Mental Health Working Group would be brought forward and considered prior to the commencement of proceedings for the Planning Day (see Agenda Item 5 below).

## 2. REPORT OF THE 34<sup>TH</sup> MEETING OF THE SPGPPS

The meeting approved the draft report of the 34th Meeting of the SPGPPS held on 28 November 2003 in Canberra.

### RESOLVED (unanimously)

1. *That the SPGPPS approves, as a true and accurate record, the report of the 34<sup>th</sup> Meeting of the SPGPPS held on 28 November 2003 in Canberra.*
2. *That the SPGPPS directs that the Report of the 34<sup>th</sup> Meeting of the SPGPPS be made available on the SPGPPS website at: [www.spgpps.com](http://www.spgpps.com).*

### 3. PROGRESS REPORT ON ACTIONS ARISING FROM THE 34<sup>TH</sup> MEETING AND OUT-OF-SESSION DECISIONS

The SPGPPS noted and updated the following Progress Report on Actions Arising from the 34<sup>th</sup> Meeting of the SPGPPS and discussed any out-of-session decisions.

Agenda Items		ACTION OFFICER(S)	STATUS
	<b>Report on the 34<sup>th</sup> SPGPPS Meeting</b> ➤ Draft & circulate report of 34 <sup>th</sup> Meeting for comment ➤ Revise Report based on comments received & prepare final ➤ Agenda Item 35 <sup>th</sup> SPGPPS Meeting & Planning Day	Secretariat Secretariat Secretariat	Done Done Done
1.3	<b>Report on the 33<sup>rd</sup> Meeting of the SPGPPS</b> ➤ Post Report on the SPGPPS website	Secretariat	Done
2.1	<b>Future of SPGPPS</b> ➤ Prepare final AMA Agreement for Services 2004–2006 ➤ Co-ordinate Parties to sign the Agreement before 24 Dec 2003 ➤ Parties to receive signed Agreement & invoices for 2004 by 24 Dec 2003 ➤ Co-ordinate Letters of Appointment for Secretariat staff by 24 Dec 2003. ➤ Revise SPGPPS Operating Guidelines ➤ Agenda Item 36 <sup>th</sup> SPGPPS Meeting	Ms Ferry/Secretariat Secretariat Secretariat Mr Taylor/AMA Ms Ferry/Secretariat Secretariat	Done Done Done Done <i>Pending</i> <i>Pending</i>
2.3	<b>National Network of Private Psychiatric Sector Consumers &amp; Carers</b> ➤ Agenda Item 36 <sup>th</sup> SPGPPS Meeting	Secretariat	<i>Pending</i>
2.4	<b>SPGPPS Finance Committee (FC) Report</b> ➤ Refer CDMS overspend options 2 & 3 to next meeting of the FC ➤ AMA to provide quarterly reports on SPGPPS/CDMS/NN to FC in 2004 ➤ Arrange FC Meeting for April 2004 ➤ Agenda Item 36 <sup>th</sup> SPGPPS Meeting	Secretariat Secretariat Secretariat Secretariat	Done Done <i>Pending</i> <i>Pending</i>
3.1.2	<b>NF 2002 Goal 2: Uptake of Innovative Services</b> ➤ Agenda Item 35 <sup>th</sup> SPGPPS Meeting & Planning Day	Secretariat	Done
3.1.3	<b>NF 2002 Goal 3: Access to Private Mental Health Services</b> ➤ RANZCP to survey psychiatrists ➤ Agenda Item 35 <sup>th</sup> SPGPPS Meeting & Planning Day	RANZCP Secretariat	Done Done
3.1.4	<b>NF 2002 Goal 4: Workforce</b> ➤ Agenda Item 35 <sup>th</sup> SPGPPS Meeting & Planning Day	Secretariat	Done
3.1.5	<b>NF 2002 Goal 5: Quality, Availability &amp; Utilisation of Information</b> ➤ Dr Pring to prepare framework to guide ISWG discussions ➤ Convene first meeting of ISWG in February 2004 ➤ Dr Pring to attend Safety and Quality Partnership meeting 11 December 2003 ➤ Agenda Item 35 <sup>th</sup> SPGPPS Meeting & Planning Day	Dr Pring/Mr Morris–Yates Secretariat Dr Pring Secretariat	Done Done Done Done
3.2	<b>Guidelines for Determining Benefits Review</b> ➤ Revise Guidelines as amended by 34 <sup>th</sup> SPGPPS Meeting ➤ Ms Munro to circulate to APHA Psychiatric Sub-committee for approval. ➤ Secretariat to obtain SPGPPS endorsement via email after APHA approval. ➤ AG to circulate after SPGPPS endorsement.	Secretariat Ms Munro Secretariat Australian Government	Done Done Done Done
3.3	<b>Privacy Kit for Private Sector Mental Health Service Providers</b> ➤ Make any final amendments to Kit based on October 2003 meeting with OFPC ➤ Circulate to MHPC for consideration via teleconference ➤ Submit final version to OFPC in February 2004 ➤ Revise based on comments received	Ms Burton/Dr Pring/Mr Taylor Secretariat Secretariat Secretariat	Done Done Done Done
3.4	<b>Substance Abuse and Dependency (SDWG)</b> ➤ Invite Ms Fiona Shand to attend 36 <sup>th</sup> SPGPPS Meeting ➤ Obtain a copy of the NDARC schedule of Guidelines Workshops ➤ Construct profile of current practices from CDMS ➤ Letter to RANZCP ➤ Agenda Item 36 <sup>th</sup> SPGPPS Meeting	Mr Morton/Secretariat Secretariat Mr Morris–Yates/SDWG Mr Morton/Secretariat	Done <i>Pending</i> <i>Pending</i> Done <i>Pending</i>
6	<b>Next Meeting and Close</b> Make arrangements for SPGPPS Meetings & Teleconferences for 2004.	Secretariat	Done

The meeting requested that the Chair write to the Australian Council on Healthcare Standards (ACHS) requesting an update on progress with the agreements reached at the meeting held between representatives of the SPGPPS and ACHS on 17 November 2003.

**RESOLVED**

*That the SPGPPS requests the Chair write to the Australian Council on Healthcare Standards (ACHS) requesting an update on progress with the agreements reached at the 17 November 2003, concerning requirements for in-depth reviews against the National Standards for Mental Health Services.*

Mr Peter Callanan reported that the current agencies that are approved to accredit against Private Sector Quality Criteria are as follows.

1. Australian Council on HealthCare Standards (ACHS)
2. Benchmark Certification (ISO)
3. SAI Global (ISO)
4. Australiasian Auditing and Certification Services (ISO)

**4. FINANCIAL AND OPERATIONAL MATTERS**

**4.1 SPGPPS DRAFT ANNUAL PROGRESS REPORT**

The meeting then considered the activity of the SPGPPS, its CDMS and the National Network during 2003, as outlined through the *SPGPPS Annual Progress Report: 2 February 2003 – 31 December 2003*. The Chair explained that this is the third and final Progress Report, as required under the original *AMA Agreement for Services*, which supported the operation of the SPGPPS from 2 February 2001 until 1 February 2004. This Agreement was replaced by a new overarching *AMA Agreement for Services 2004–2006*, which took effect on 1 January 2004. The new Agreement will support the activities of the SPGPPS, its CDMS and the National Network for a period of three calendar years, from 1 January 2004 until 31 December 2006. The meeting noted that approximately \$10,000 in unbudgeted legal costs had been incurred with the drafting of the new AMA Agreement. To cover that expenditure, the SPGPPS agreed to postpone its annual 2004 Forum until 2005, and utilise the rest of this year to plan for that Forum.

Following minor amendment, the meeting endorsed the Progress Report and commended the SPGPPS Executive Officer, Mr Phillip Taylor, and SPGPPS Information Officer, Mr Allen Morris–Yates on the quality and comprehensiveness of the Report. There was consensus that the Report was an important source document for the Planning Day and for promulgating the work of the SPGPPS, CDMS and National Network. The meeting agreed the Report should be forwarded to the signatories to the new AMA Agreement and posted on the SPGPPS website.

**RESOLVED**

1. *That the SPGPPS endorses the SPGPPS Annual Progress Report: 2 February 2003 – 31 December 2003, prepared by the SPGPPS Secretariat, and requests that the final version of the Report be forwarded to the signatories to the AMA Agreement for Services 2004–2006.*

2. *That the SPGPPS thanks the staff of the SPGPPS Secretariat for preparing a high quality and comprehensive SPGPPS Annual Progress Report: 2 February 2003 – 31 December 2003.*
3. *That the SPGPPS directs that the SPGPPS Annual Progress Report: 2 February 2003 – 31 December 2003 be made available on the SPGPPS website at: [www.spgpps.com](http://www.spgpps.com).*

## **5. AHMAC NATIONAL MENTAL HEALTH WORKING GROUP (NMHWG) REPORT**

The SPGPPS representative on the NMHWG, Dr Yvonne White, reported on the following agenda items from the meeting of the NMHWG held on 5 March 2004 in Adelaide.

### **Item 1.7 Report from AHMAC October 2003**

Dr White reported that, in relation to the National Health Reform Agenda, Health Ministers had confirmed eleven main areas of focus and agreed to ten priority actions for the period up to June 2004 as follows.

#### ***Eleven Main Areas of Focus*** (As agreed by AHMC in late 2002)

1. Hospital interface issues
2. Improved transition between acute services and aged care
3. Improving access to elective surgery
4. Continuum of care– chronic disease
5. Cancer care
6. Mental health
7. Pharmaceuticals
8. Information management and information technology
9. Safety and quality
10. Workforce
11. Aboriginal and Torres Strait Islander peoples

Mental health is not one of the *Short Term Priority Areas of Action*. Dr White reported that the NMHWG meeting had been expressed serious concerns over this omission.

### **Item 2. Options for a New National Mental Health Policy**

The NMHWG has considered three available options to progress the development of a new National Mental Health Policy. Option 1 involved using the current National Mental Health Policy, in its current form, as the policy basis for ongoing mental health reform in Australia. Option 2 would see the drafting of a new National Mental Health Policy for endorsement by the Council of Australian Governments (COAG). Option 3 would involve drafting a new National Mental Health Policy for endorsement by Health Ministers, with a requirement that each jurisdiction ensure formal mechanisms are established with relevant government and non-government agencies to implement the Policy. Dr White indicated that the NMHWG has agreed to established a small drafting group to further develop Option 3. The drafting group will be comprised of Professor Harvey Whiteford, Mr Dermot Casey and Dr Ruth Vine.

### **Item 3. Implementation of the National Mental Health Plan 2003 – 2008**

The NMHWG has agreed to develop a framework for implementation of the National Mental Health Plan 2003–2008 referring back to the original 32 key areas. Jurisdictions will be asked to add their implementation plans under the priorities with National and State responsibilities to be identified clearly. Dr Jonathan Phillips explained that this process of

prioritisation was necessary as it would not be possible to achieve all the outcomes identified in the Plan.

**Item 4. Australian Mental Health Nurse Workforce Supply, Recruitment and Retention**

The NMHWG has endorsed the final draft of the report titled, *Australian Mental Health Nurse Supply, Recruitment And Retention*. A copy of this Report will be forwarded to the SPGPPS, when available.

**Item 5. Workforce and Work Place Redesign**

The NMHWG has established a Drafting Group comprising Australian Capital Territory, Tasmania, South Australia and New South Wales. The Drafting Group will refine a paper prepared by the ACT and develop a suggested way forward, taking into consideration the report, *Australian Mental Health Nurse Supply, Recruitment And Retention*.

**Item 6. Safety and Quality Partnership Group**

The NMHWG has endorsed the continued development of a National Action Plan to address safety issues in mental health. Dr White explained that the Plan will be informed by the National Health Performance Framework and will fit within the domains described by this Framework and the outcomes of the *National Mental Health Plan 2003–2008*. The Plan will articulate the priority safety issues in mental health. They are likely to include:

1. Medication errors
2. Seclusion
3. Restraint
4. Suicide assessment and management
5. Deliberate self-harm
6. Personal Safety of families and staff
7. Clinical governance
8. Transport of people in involuntary care

Dr White indicated that prioritisation of these, and other issues, is currently taking place via national consultation process with all stakeholders. An electronic copy of the self-explanatory correspondence and survey from the Chair of the S&Q Partnership Group, Dr Aaron Groves, has been circulated to the SPGPPS. Dr White encouraged SPGPPS stakeholder groups to consult with their constituencies and forward completed survey forms directly to, the Development Officer who is drafting the National Action Plan, Mr John Titmus.

**Item 7. Information Strategy Committee (ISC) Report**

The NMHWG has endorsed the revised terms of reference for its ISC and the work program for the 2004 calendar year and noted that the proposed timetable for publication of the *National Mental Health Report* over the next two years is as follows.

Report Title	Years Covered	Type	Publication Date
National Mental Health Report 2003	2000–01	Mini report	April 2004
National Mental Health Report 2004	2001–02	Full report	September 2004
National Mental Health Report 2005	2002–03	Mini report	July 2005
National Mental Health Report 2006	2003–04	Full report	July 2006

Dr White reported that Mr Dermot Casey had advised the NMHWG that, under the new Australian Health Care Agreements, States and Territories would no longer be required to provide regular reports. It would be up to jurisdictions to decide if they wished to continue with the reporting.

Dr White reported that the National Key Performance Indicator Framework for Mental Health Services will be forwarded to NMHWG for endorsement out-of-session.

**Item 8. Report from the National Consumer And Carer Forum (NCCF)**

The NMHWG considered the new *NCCF Terms of Reference* developed by the NCCF, its proposed projects for 2004 and the revised funding submission for future funding of the NCCF. Dr White reported that, while *Project 1: Implementation of the National Consumer and Carer Participation Policy* and *Project 3 Development of a New Consumer and Carer Participation Model* were endorsed for funding, it was agreed that further work needed to be done on *Project 2: Development of a Consumer and Carer version of the Consensus Statement: Diabetes, Psychotic disorders and Antipsychotic Therapy*, and *Project 4: Annual monitoring of implementation of the National Mental Health Plan 2003–2008*.

**Item 9. National Mental Health Promotion and Prevention Working Party (PPWP)**

The NMHWG considered the preliminary discussion paper, *Early Intervention* for mental disorders and discussed how it could be implemented in all jurisdictions and there will be another discussion paper released shortly on relapse prevention.

**Item 10. Consideration of Jurisdictional Comments on the Framework for the Implementation National Mental Health Plan 2003–2008 in Multicultural Australia**

The NMHWG has endorsed the Framework and asked Mr Dermot Casey to write to the NSW Transcultural Mental Health Service requesting that they lead the implementation of the National Mental Health Plan 2003–2008 in multicultural Australia.

**Item 12. Forensic Expert Reference Group**

Dr White reported that the *National Statement Of Principles For Forensic Mental Health* (the Principles) have been endorsed by the NMHWG and the corrective services administrators from all States and Territories. The Principles have been forwarded to the Secretariat of the newly established Ministerial Council on the Administration of Justice (MCAJ) and to AHMAC for endorsement out-of-session. Following endorsement from the MCAJ and AHMAC the Principles will be forwarded to the Australian Health Ministers Council (AHMC) for endorsement out-of-session. The NMHWG has thanked the Forensic Expert Reference Group for progressing the forensic mental health agenda and established a smaller, time-limited Forensic Management Group. Dr White indicated that this Group will oversee any further forensic mental health activities, including monitoring the take-up of the principles by State and Territory forensic mental health services.

**Item 13. Report of Progress: National Co-Morbidity Taskforce**

The NMHWG noted the report from the Taskforce in relation to current issues and discussed the appointment of a new representative and co-chair to the Taskforce.

**Item 15. International Institute of Mental Health Leaders (IIMHL)**

The NMHWG is discussing State and Territory participation in the IIMHL exchange program prior to making a decision for Australia to join the Institute.

Mr Dermot Casey explained that the IIMHL was launched in June 2003 with founding members of Great Britain, USA and New Zealand. The main purpose of the Institute is to build leadership between Chief Executive Officers and General Managers of mental health services through international exchanges and peer relationships, focusing on best management practice and evidence based clinical practice. The exchange program of the IIMHL comprises two days of site visits and two days of workshop activity that brings together the host sites and international visitors. It is targeted at the Chief Executive Officers of Mental Health Services and national leaders in policy development. The next exchange program is to be held in New Zealand (and if possible Australia) in May 2004 and the Committee is seeking 30–40 placements from Australia. Jurisdictions sponsoring participants to visit overseas within the program are required to meet travel and accommodation costs. There are no costs associated with the site visits.

Dr White indicated that the SPGPPS Secretariat would circulate a copy of this NMHWG Item to the SPGPPS for information.

#### **Item 17. National Disasters and Terrorism Working Group (NDTWG) –Update**

The NMHWG has agreed “in principle” to develop, through a face-to-face meeting of the NDTWG or through ongoing work, the following.

- An agreed template and framework for response which gives consistency while allowing States and Territories, in collaboration with the Commonwealth, to respond as to their own formats.
- Identified capacity, for example, numbers who could respond
- Manual and training for evidence based practice.
- Capacity for mobilisation in an agreed response process.

Dr White reported that each jurisdiction has been asked to nominate a high level member who will be responsible for these developments and will have jurisdictional support.

#### **Item 18. 2. Report from the Mental Health Council of Australia (MHCA)**

The NMHWG noted in relation to the MHCA Report:

- the release of the depression report and the need for broader community education on the signs, symptoms and treatment of depression in young people;
- the launch of the MHCA website;
- re-signing of the Memorandum of Understanding between the mental health service stakeholders and the insurance industry; and
- consensus statement on comorbidity – diabetes/schizophrenia.

Dr White reported that anyone experiencing problems with obtaining health insurance because of their mental illness should advise the MHCA and the Australian Health Insurance Association. Dr Brian Kable reported on a two issues that have been brought to the attention of the RACGP. The first involves a GP with an ongoing, but stable, mental disorder who has been unable to obtain income protection insurance. The second arises from some insurance underwriters insisting that patients give them the right to access their Medicare data otherwise they will not consider their proposal for any lifestyle, disability or income protection insurance. Dr Kable felt that these were serious issues not only for the RACGP, but the SPGPPS and the *Better Outcomes in Mental Health Care* initiative. A brief discussion followed and it was acknowledged that this matter should be included on the agenda for discussion at the next appropriate meeting of the SPGPPS.

## **Item 19.2. Program of Research – Innovative Models of Care and Reduction of the Burden of Mental Illness**

The NMHWG noted progress in the research program into the burden of mental illness and innovative models of care and the membership and terms of reference for the advisory committee established to oversee the program of research. Dr Bill Pring reported there had been a couple of meetings of the Advisory Committee and reported on two particularly interesting projects. The first is looking at mental illness in the workplace and studying early intervention strategies and how they may contribute to cost benefits for the employer. The second involves a new report that looks at how much evidence-based practice is being practiced in Australia and what the potential benefits might be of promulgating greater evidence based practice in Australian clinical settings.

## **6. SPGPPS PLANNING DAY**

Dr White then introduced the facilitator for the SPGPPS Planning Day, Dr Jonathan Phillips. In opening his address, Dr Phillips noted that several source documents had been circulated in preparation for the Planning Day under the following Agenda Items.

- 3.1 *SPGPPS Strategic Plan 2000 – 2003*
- 3.2 National Forum 2002 Agreed Goals
- 3.3 *National Mental Health Plan 2003–2008*

It was further noted that SPGPPS stakeholders had submitted brief summaries of the issues they wished to be considered as part of the Planning Day. It was noted that the summaries had been circulated with the agenda and papers for the Planning Day under Agenda Item 3.4 *SPGPPS Stakeholder Perspectives* as follows.

- 3.4.1. Consumers and Carers
- 3.4.2. Hospitals
- 3.4.3. Health Funds
- 3.4.4. Psychiatrists
- 3.4.5. General Practitioners
- 3.4.6. Government

A copy of Agenda Items 3.4.1 to 3.4.6 have been incorporated into this report and appear at Appendix 1, which commences on **Page 14**.

Dr Phillips then invited a full and frank *in camera* discussion of stakeholders views expressed in these Agenda Items. In doing so, Dr Phillips asked that stakeholders focus on:

- progress to date against the agreed goals of the 2002 SPGPPS Forum;
- how to consolidate current SPGPPS reform activities in the private sector;
- the better integration of SPGPPS activities across health and other related sectors; and
- the co-morbidity of mental and physical illnesses and substance abuse.

In order to facilitate and document this discussion, a matrix was used to assess, against the 2002 SPGPPS Forum Goals, what has been achieved, what next steps might be necessary, and what gaps are evident. Mr David Morton and Ms Sue Williams assisted Dr Phillips with this process and the results are set out in the table on the following page.

<p>SPGPPS AGREED GOALS</p>	<p>Enhance Consumer and Carer participation in the design, delivery and evaluation of private sector mental health services, so that Consumer and Carer participation becomes the driving force in all elements of change.</p>	<p>Enable private sector mental health services to provide comprehensive care by encouraging the uptake of innovative services that have been shown to be effective and feasible.</p>	<p>Improve access to private sector mental health services by strengthening linkages and improving the co-ordination of care between GPs, Psychiatrists and Private Hospitals</p>	<p>Seek to ensure that private sector mental health services are supported by a high quality workforce.</p>	<p>Improve the quality, availability and utilisation of information regarding private sector mental health services</p>
<p>PROGRESS TO DATE</p>	<p>Establishment of the National Network, and its State and Territory Committees, has improved participation for private sector Consumers and Carers.</p>	<p>Little progress in the uptake of innovative models of service delivery, despite development of a set of <i>General Principles and Recommendations</i> by the SPGPPS IMWG to encourage the uptake of such models.</p>	<p>Development of Referral Directories will enhance co-ordination of care between general practitioners, psychiatrists and hospitals.</p> <p>Supporting Better Outcome in Mental Health (BOIMH) initiative.</p>	<p>Limited progress, due to the size and complexity of the workforce problems.</p> <p>Outside of scope of SPGPPS</p> <p>Training changes have been introduced by RANZCP</p>	<p>CDMS has resulted in significant improvements in the availability and utilisation of information for Hospitals and Health Funds.</p>
<p>NEXT STEPS</p>	<p>Further development of the National Network to improve and Consumer and Carer engagement.</p>	<p>Develop uptake of innovative funding models</p>	<p>Translate Better Outcome in Mental Health (BOIMH) into policy</p>	<p>Consumer and Carer facilitators of health professionals training</p>	<p>Make CDMS data more useful at the local level.</p>
<p>GAPS</p>	<p>Communicate to psychiatric profession the existence of the National Network</p> <p>How to work with consumers and, in particular, their carers</p> <p>Impact of stigma</p> <p>Consumers and carers to be active participants in the development of different models of funding and care</p>	<p>Review SPGPPS Innovative Models Working Group</p> <p>Substance abuse</p> <p>Improve communication to better promote the work of the SPGPPS, CDMS, and the National Network.</p>	<p>Workforce development</p> <p>Co-morbidity has not progressed</p> <p>Chronic disease focus</p> <p>Improve access to the public sector community services</p> <p>Linkage between public and private sectors</p> <p>Improve GP/Psychiatrist interface (plus holistic care)</p> <p>Rural and Remote Services</p>		<p>Promotion of SPGPPS</p> <p>Improve utilisation of CDMS data and information.</p> <p>Review SPGPPS representation on other groups and how decisions are made concerning representation.</p> <p>Quality of services has not been addressed.</p> <p>Translate CDMS data for education and training.</p>

1 During the development of the matrix, a consensus emerged that the SPGPPS was a strategic  
2 alliance that brings together diverse stakeholders to identify and agree on issues that are directed  
3 at improving mental health services in the private sector. SPGPPS stakeholders come to the  
4 table seeking not only to better inform their own policy processes, but to reach agreement on  
5 actions that will improve practice and better integrate care across sectors.

6 The key issues that were discussed during the development of the matrix are summarised below.

- 7 1) Innovative models of service delivery and their development and uptake in the private sector.
- 8 2) Communication strategies for the SPGPPS both external and internal.
- 9 3) Workforce, including education and training.
- 10 4) Public and private sector integration.
- 11 5) Co-morbidity of mental illness and physical illness.
- 12 6) Comorbidity of mental illness and substance abuse and dependency.
- 13 7) The quality and safety of mental health services provided in the private sector.
- 14 8) Access to psychiatric beds for people with private health insurance.
- 15 9) Strategic alliances with other groups.

#### 16 **6.1. PRIORITIES FOR 2004–2006 AND SPGPPS WORK PROGRAM**

17 Dr Phillips then asked the meeting to focus on what the SPGPPS could realistically do in relation  
18 to these issues, given their dimensions and the limited resources available to the SPGPPS. It was  
19 agreed that, while the SPGPPS had some capacity to influence the workforce debate, it was  
20 beyond the scope of the SPGPPS to solve the current workforce problems. There was consensus,  
21 however, that the SPGPPS should continue to closely monitor developments and participate in  
22 this debate through its role on the AHMAC National Mental Health Working Group. The  
23 meeting then agreed that in consolidating its current work program the SPGPPS needed to  
24 concentrate on the following priorities.

##### 25 **1) Innovative Models of Service Delivery**

26 Review the SPGPPS Innovative Models Working Group terms of reference to ensure it has  
27 the capacity to properly explore the funding models for service delivery that exists and  
28 address the barriers to their uptake in the private sector.

##### 29 **2) Communication Strategies**

30 Promulgate the value of the SPGPPS to the private sector and improve the understanding of  
31 what the SPGPPS does through better communication strategies including the following.

- 32 a) Re-develop the SPGPPS website, spgpps.com, to promote the work of the SPGPPS, its  
33 CMDS and the National Network.
- 34 b) Utilise CDMS, and other data on private sector services, to demonstrate what the  
35 SPGPPS is doing.
- 36 c) Consider an appropriate name change for the SPGPPS.
- 37 d) Agree on the audience the SPGPPS wants to communicate with, why and when.
- 38 e) Stakeholders to participate more actively in the development of the SPGPPS agendas.

39 **3) Public Private Sector Integration**

40 Explore the current barriers to better integration between the private and public sector and  
41 identify what the private sector might be able offer to address those barriers for submission  
42 to the AHMAC National Mental Health Working Group.

43 **4) Co-morbidity**

44 Dr Bill Pring to prepare a paper for the SPGPPS on co-morbidity that scopes the dimensions  
45 of this issue and acknowledges current work underway, particularly in relation to the  
46 National Co-morbidity Taskforce.

47 The SPGPPS Substance Abuse and Dependency Working Group reconvene to review its  
48 membership and further progress its recommendations concerning the treatment and care of  
49 substance abuse and dependency in the private sector, following the National Drug and  
50 Alcohol Research Centre's presentation, on the *Guidelines for the Treatment of Alcohol*  
51 *Problems*, to the 36<sup>th</sup> meeting of the SPGPPS.

52 **5) Quality of Services**

53 The SPGPPS to continue to participate in existing structures and committees, particularly the  
54 AHMAC National Mental Health Working Group's, Information Strategy Committee, the  
55 Safety and Quality Partnership Group and its Operational Group.

56 **6) Access to Psychiatric Beds**

57 The SPGPPS to debate the issue of access to psychiatric beds in the private sector for people  
58 with private health insurance, particularly for those people living in rural and remote areas of  
59 Australia, and those who have been detained against their will.

60 **7) Strategic Alliances**

61 SPGPPS to consider what strategic partnerships and alliances it wishes to establish with  
62 other groups and ensure that appropriate linkages are established with those groups.

63 **7. NEXT MEETING**

64 The next meeting of the SPGPPS will be held on Friday, 11 June at The New Farm Clinic, 22  
65 Sargent Street, New Farm, Brisbane. The meeting will commence at 10:00 AM and conclude at  
66 4:00 PM.

67 **8. CLOSE**

68 Dr White thanked Dr Phillips for facilitating the Planning Day and closed the Meeting at 4:30  
69 PM.

70 Dr Yvonne White  
71 Chair

Mr Phillip Taylor  
Secretary

72

73 **AGENDA ITEM 3.4: SPGPPS STAKEHOLDERS PERSPECTIVES**

74 **3.4.1. CONSUMERS AND CARERS**

75 **1. Consolidation**

76 Consolidate work undertaken to improve consumer and carer participation in the private sector  
77 by:

- 78 • the development of payment guidelines for consumer and their carers;
- 79 • reducing stigma and the invasion of patient privacy by lobbying for review of privacy laws,  
80 particularly in relation to the way the media can report mental health matters;
- 81 • education about mental illness at all levels including university undergraduate courses and  
82 particularly in primary and high schools supporting the MIA and Mindmatters initiatives;
- 83 • familiarising consumers and their carers with the National Standards for Mental Health  
84 Services and the work of the SPGPPS Centralised Data Management Service;
- 85 • ensuring that consumers and their carers are active participants in the development of  
86 different funding models and mechanisms that promote and support continuity and  
87 comprehensive care across all settings.

88 **2. Integration**

89 Improve integration of services available to consumers and their carers by:

- 90 • increasing liaison with Community Health Services in the public sector;
- 91 • improving the GP–Psychiatrist interface;
- 92 • addressing the provision and geographic distribution of mental health services in rural and  
93 remote areas of Australia; and
- 94 • including indigenous and multicultural mental health issues.

95 **3. Comorbidity**

- 96 1. Better Psychiatrist/GP's liaison to reduce the burden of physical ill health associated with  
97 chronic and psychotic related mental illness or disorders.
- 98 2. Treatment of the whole person, more inclusive of carers.
- 99 3. Holistic care that involves consumers and their carers in treatment plans.
- 100 4. Recognition of the impact on the family and significant others when consumers return to  
101 their usual setting, particularly in relation to the lack of financial and other *supports for their*  
102 *carers*.

103

104 **AGENDA ITEM 3.4: SPGPPS STAKEHOLDERS PERSPECTIVES (continued)**

105 **3.4.2. HOSPITALS**

106 **1. A continued, central focus on the further development of the Centralised Data**  
107 **Management System (CDMS)**

108 Private hospitals believe that it is in the interests of all stakeholders for the SPGPPS to focus  
109 on the further development and refinement of the CDMS. Several areas have been identified  
110 by hospitals, which will be the subject of further discussion with Mr Morris Yates. Some of  
111 these refinements may have resource implications and it is appropriate for the SPGPPS to  
112 discuss how various refinements may be prioritised and progressed within the current budget  
113 for the CDMS.

114 **2. The development of Guidelines for the appropriate use of data generated by the CDMS**

115 The Agreement signed between stakeholders and the Australian Medical Association sets  
116 out, in Section 7.4, the conditions governing access to data generated by the CDMS.  
117 However, the Agreement is silent on the conditions under which such data may be used.

118 Private hospitals believe that data arising from the CDMS has been used inappropriately by  
119 some health funds on at least several occasions. This behaviour appears to be increasing and  
120 includes the use of CDMS data in the contract negotiation process. Hospitals believe that  
121 much CDMS data is not yet robust enough to be used in such a manner.

122 Hospitals have not agreed to these inappropriate uses of CDMS data and will seek the  
123 inclusion in the Agreement of guidelines that explicitly exclude inappropriate uses of CDMS  
124 data.

125 **3. Representational issues**

126 There are 2 issues regarding representation that private hospitals wish to raise. The SPGPPS  
127 is increasingly, and appropriately, perceived as the peak body representing mental health  
128 services in the private sector. As a result, the SPGPPS has been invited to nominate  
129 representatives on several national committees and working parties. Private hospitals do not  
130 believe that adequate consideration has been given to date as to how all stakeholder  
131 perspectives can be represented in these important forums.

132 In addition, much of the work of the SPGPPS is undertaken by various internal working  
133 groups. Private hospitals believe that these working groups should be able, where necessary,  
134 to co-opt expertise from beyond the SPGPPS. In the case of private hospitals, the  
135 appropriate body is the APHA Psychiatry subcommittee.  
136

137 **AGENDA ITEM 3.4: SPGPPS STAKEHOLDERS PERSPECTIVES (continued)**

138 **3.4.3. HEALTH FUNDS**

- 139 1. The Committee agreed with what I believe was the consensus of views expressed during the  
140 10 February 2003 teleconference that one of the key objectives should be to consolidate and  
141 further build upon the work achieved to date. Specifically, this should include:
- 142 a) Continuing, as a priority, to explore the development and uptake of innovative funding  
143 models.
  - 144 b) Further developing and demonstrating high standards within the private mental health  
145 sector.
  - 146 c) Continued support for and development of the CDMS.
- 147 2. To undertake a comparison of models of drug and alcohol care and treatment, including some  
148 agreement as to in what circumstances different models may indicated as most efficacious,  
149 and an appropriate objective measure.
- 150 3. The Committee supported the approach of considering co-morbidities and mental health  
151 problems from a chronic disease perspective.  
152

153 **AGENDA ITEM 3.4: SPGPPS STAKEHOLDERS PERSPECTIVES (continued)**

154 **3.4.4. PSYCHIATRISTS**

155 The perspectives on key issues, prepared for the 35<sup>th</sup> SPGPPS Meeting and Planning Day by  
156 psychiatrists, were related to the objectives the *SPGPPS Strategic Plan 2000–2003* and are set  
157 out below

158 **Strategic Vision 1**

159 Continue to explore methods to promote the Network of Private Psychiatric Sector Consumers  
160 and Carers amongst psychiatrists and their patients.

161 Develop guidelines for psychiatrists to work with consumer and carer groups to ensure a better  
162 partnership between these groups.

163 Develop guidelines for psychiatrists to work with carers and understand the way in which  
164 Privacy Legislation limits/promotes this.

165 **Strategic Vision 2**

166 Develop better partnership between the public and private sector to ensure better patient care. In  
167 particular, exploring ways in which private sector patients can access rehabilitation services and  
168 allied professional services.

169 **Strategic Vision 3**

170 Continue to educate psychiatrists and trainees about stigma and ensure that their attitudes and  
171 behaviours toward people with mental health problems are appropriate.

172 **Strategic Vision 4**

173 To continue to work together with General Practitioner groups to ensure increased access and  
174 better outcomes for people with mental health problems in the community. This includes a new  
175 MBS item for collaborative care consultation, referral directories in each State, providing peer  
176 and educational support, setting up GP liaison committees as part of each RANZCP Branch  
177 Committees, appointments of mental health liaison officers in GP Divisions and developing  
178 guidelines on shared care.

179 To work together with GPs to ensure appropriate physical health care for people suffering from  
180 mental health problems.

181 **Strategic Vision 5**

182 To ensure the dissemination of the analysis of the data collected from private hospital admissions  
183 to psychiatrists.

184 To promote and educate psychiatrists and trainees on Evidence Based Clinical Care Pathways  
185 (CCPs) and Clinical Practice Guidelines (CPGs).

186

187 **AGENDA ITEM 3.4: SPGPPS STAKEHOLDERS PERSPECTIVES (continued)**

188 **3.4.6. AUSTRALIAN GOVERNMENT**

189 ***1. AGDHA Health Priorities and Suicide Prevention Branch***

190 The Planning Day will ideally enable the SPGPPS to identify and prioritise key issues for  
191 inclusion in the Workplan. Such a Workplan will be of most use if it clearly articulates a small  
192 number of priorities, the outcomes of which are achievable within the time-span of the current  
193 Agreement. The SPGPSS Workplan should also sit comfortably within the context of current  
194 and planned reform of mental health service delivery in Australia (eg public and private) and  
195 within the broader context of health services reform more generally.

196 Issues that the Australian Government would like to have opportunity to discuss with members  
197 include:

198 **Consolidation**

199 With the endorsement by all Australian Health Ministers of the National Mental Health Plan  
200 2003–2008 the mental health reform agenda moves into its second decade. While much has been  
201 achieved under the first and Second National Mental Health Plans, much remains to be done to  
202 consolidate reform activity. The Workplan should identify key areas for continued investment  
203 (eg consumer outcomes measurement) and, where appropriate, new or increased investment in  
204 reform areas previously identified (eg implementation of service and workforce standards).

205 **Integration**

206 In recognition of the need to progress mental health services in the broader health context the  
207 SPGPPS should consider how its activities may help bridge the gaps and progress reform of  
208 private psychiatric services:

- 209 • across health and other related sectors.
- 210 • across primary, secondary and tertiary setting.

211 **Chronic diseases approach**

212 In recognition of the nature of many mental illnesses and of recent disease management and  
213 policy approaches to diseases that recur across the lifespan, it is timely for the SPGPPS to  
214 consider the utility of a chronic disease approach. This would carry implications for service  
215 delivery models that take a lifespan approach (where appropriate) and support self-management  
216 models.

217 **Comorbidity**

218 In keeping with current Government policy and with current knowledge, members may wish to  
219 consider the issue of comorbidity from the perspectives of:

- 220 • comorbidity of mental illness and physical illness;
  - 221 • comorbidity of mental illness and substance misuse and abuse.
- 222

223 **AGENDA ITEM 3.4: SPGPPS STAKEHOLDERS PERSPECTIVES (continued)**

224 **AUSTRALIAN GOVERNMENT (continued)**

225 **2. AGDHA Private Health Insurance Branch**

226 Most of the suggestions discussed below were outlined by Dr Bill Pring in his recent paper for  
227 the Information Strategy Working Group (ISWG). The Private Health Insurance Branch (PHIB)  
228 has provided some additional views for consideration.

229 **New Name**

230 PHIB agrees that SPGPPS should have a new name. This would need to be short and catchy,  
231 while simultaneously reflecting the objectives for the SPGPPS. Some initial suggestions  
232 include: Private Psychiatric Alliance, Private Mental Health Services or Better Private  
233 Psychiatric Services.

234 **Rejuvenation of SPGPPS Group**

235 Dr Pring suggested in his paper the possibility of extra value for stakeholders, although what  
236 form this might take is yet to be discussed. That said, any review could begin with the by-line  
237 on the strategic plan – *strengthening the focus on private sector mental health services*, which is  
238 quite general and does not really indicate the activities of the SPPGGPS as well as it could. The  
239 PHIB would like to see something a bit more definitive here, along the lines of – *our aim is*  
240 *consistently high-quality private mental health services* or *striving for excellence in the delivery*  
241 *of private psychiatric care*.

242 While the PHIB believes that the SPGPPS could be clearer in its enunciation of its objectives  
243 and achievements, the Branch holds the overall view that SPGPPS has been productive and  
244 worthwhile.

245 **Research using CDMS**

246 This seems the logical next step and could initially focus on extending CDMS beyond providing  
247 clinical evidence to establishing the research base that demonstrates the value of Australian  
248 private psychiatric services, that is research that would focus on effectiveness.

249 **Website enhancement**

250 This would need to be in line with any re-juvenation of the name and objectives of the SPGPPS.  
251 Some thoughts on the existing website, which could be incorporated into a future one include:

- 252 • putting CDMS as the first point of interest rather than committee reports, publications etc.
- 253 • explaining that CMDS provides hospitals and their staff with vital information in the  
254 management of private psychiatric patients (rather than the current technical language...*The*  
255 *role of the CDMS is to support the implementation of the National Model for the*  
256 *Collection....*).
- 257 • having SPGPPS News as a stand alone item (that is, separate from publications).
- 258 • the inclusion of the private patients' hospital charter on the website.
- 259 • **Miscellaneous**

260 Finally, the PHIB supports the suggestion made by the RACGP that SPGPPS should also be  
261 promoting the role of GPs in private mental health care.  
262

263 **AGENDA ITEM 3.4: SPGPPS STAKEHOLDERS PERSPECTIVES (continued)**

264 **3.4.5. GENERAL PRACTITIONERS**

- 265 • Maintenance of support for the Better Outcomes in Mental Health Initiative. We need to see  
266 the initiative translated into long-term policy and not just an initiative.
- 267 • Support for the General Practice Mental Health Standards Collaboration in fostering better  
268 standards for GP mental health care delivery and promoting innovative courses for GPs.
- 269 • Fostering distance education for GPs in remote and rural areas to gain level II qualifications.  
270 This will involve private psychiatrists input.
- 271 • Setting up of long-term closer liaison with psychiatrists for consultation, reciprocal referral,  
272 upskilling, small group learning, shared care
- 273 • Translation of CDMS into material for informing curriculum development at undergraduate,  
274 registrar and post vocational training level.
- 275 • Taking a proactive approach to promoting the large amount of private psychiatric work that  
276 GPs do.