

STRATEGIC PLANNING GROUP FOR

# SPGPPS

PRIVATE PSYCHIATRIC SERVICES

# News

Issue 5 | June 2000



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## *From the Editor's Desk*

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Dr Bill Pring

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This first edition of *SPGPPS News* for the year 2000 is slightly delayed because of critical developments within the SPGPPS that are reported below. The Newsletter is a little longer than usual as we wanted to update you concerning these developments.

### ▪ **Future of the SPGPPS**

The SPGPPS has really started to come of age as a strategic alliance group. One of the most significant changes is the decision for each of the alliance partners to make a financial contribution for running the Secretariat of the SPGPPS.

Each of the stakeholders is making a significant commitment to the process, over and above the time and effort already committed by representatives from the organisations that make up the SPGPPS alliance.

In making that commitment, the partners in the SPGPPS are saying that they wish to move forward, in the partnership, to enhance the private psychiatric sector. The report of developments in the *SPGPPS Data Collection and Analysis Project* is a good example of the practical usefulness of our strategic alliance.

### ▪ **SPGPPS Data Collection and Analysis Project**

This edition of *SPGPPS News* coincides with the release of a Report which sets out a national model for the collection and analysis of a minimum data set with outcome measures for private, hospital-based, psychiatric services. The Report was circulated in September 1999 as a draft discussion paper for review and comment. That draft was extensively revised, based on feedback from the industry, and now includes the material required to enable the implementation of the national model to proceed.

Two other equally significant projects are in are under development.

### ▪ **Consumer and Carer Involvement Project**

The *SPGPPS Consumer and Carer Involvement Project* will enhance consumer and carer participation in the private psychiatric sector. The better involvement of our patients and their carers can only strengthen the sector, if alliances are built strongly and for the longer term.

We look forward to further developments as this project proceeds under the capable leadership of our consumer representative, Ms Janne McMahon and our Carer representative, Mr John McGrath.

### ▪ **Quality Improvement Project**

The SPGPPS Quality Improvement Project will seek to examine current quality improvement approaches and processes and decide what is truly useful for private psychiatric services. We aim to build what is useful into a framework better able to coordinate quality improvement activity for the private psychiatric sector.

### ▪ **MindMatters Project**

This edition also carries a report on the Mind Matters Project, which aims to improve knowledge about mental health and mental illness in the education sector.

It is important that the SPGPPS partners working in the private sector are ready to support their colleagues in the education sector to implement this program to obtain maximum benefits.

Potential benefits include less stigma against people suffering from mental health problems or mental disorders, as well as a better knowledge of how to assist people when they have psychological difficulties.

**Dr Bill Pring**  
**Editor**

## The Future of the SPGPPS

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Dr Jonathan Phillips and Dr Yvonne White

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In November 1999, the SPGPPS submitted a Progress Report to the Commonwealth Minister for Health and Aged Care, the Hon. Dr Michael Wooldridge MP.

The Progress Report was prepared in accordance with the two year reporting requirement, originally established by the Federal Government's response to the Productivity Commission Report, *Private Health Insurance: Report No 57, 28 February 1997*. The SPGPPS last reported on psychiatric care to the Ministerial Task Force on Private Health Insurance in February 1997.

The Progress Report identified how the SPGPPS had evolved since 1997 from facilitating collaboration on issues relevant to the funding of private sector psychiatric services, to general reform of private sector mental health services.

The Report took into account the relationships that exist between stakeholders and explained how the SPGPPS has become a recognised model for achieving common goals and producing results in areas that are critical to reform.

### Meeting with The Commonwealth Minister for Health and Aged Care

In February, the SPGPPS Executive met with the Hon. Dr Michael Wooldridge MP to discuss the Progress Report and the future of the SPGPPS. Dr Wooldridge acknowledged that the development of both the *SPGPPS Strategic Plan 2000-2003* and the Data Collection and Analysis Project, were significant steps forward for the private sector.

Dr Wooldridge was of the view that the constructive and collaborative way in which

this has occurred over a comparatively short period of time is something of which the private sector should be proud. The challenge, of course, is to implement the Strategic Plan and the National Model.

To do this, a substantial funding commitment is required. Dr Wooldridge indicated that, as a key stakeholder, the Commonwealth would look seriously at what funding could be made available to enable the critically important work of the SPGPPS to continue.

Since the meeting with Dr Wooldridge the SPGPPS has been seriously considering what should occur to enable it to extend work already undertaken and implement the Strategic Plan. The following possible options have been investigated and considered.

1. incorporation of the SPGPPS;
2. a contractual arrangement between the SPGPPS and an existing organisation;
3. status quo; or
4. disband the SPGPPS.

The outcome of these deliberations has been unanimous endorsement from the industry for the second option. The SPGPPS has also unanimously supported the AMA as the organisation to auspice this arrangement, given its success in handling the SPGPPS process over the past five years.

A Discussion Paper that sets out how these arrangements might operate and the estimated annual costs for stakeholders is currently being considered. Copies of the Discussion Paper can be obtained from the SPGPPS Secretariat

### For further information contact:

Mr Phillip Taylor  
Secretary  
SPGPPS

# Data Collection and Analysis Project

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Mr Allen Morris Yates

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As the Editor mentioned, this edition of SPGPPS News coincides with the release of the Report:

*A National Model for the Collection and Analysis of a Minimum Data Set with Outcome measures for Private, Hospital-based, Psychiatric Services.*

The Report completes Stage One of the *SPGPPS Data Collection and Analysis Project*. It is being distributed throughout the private sector in preparation for the implementation of the National Model, which it is proposed, should take place in two phases.

## Implementation - Phase One

Phase One phase involves the initiation of the actual data collection and reporting process to reach a stage where:

1. Hospitals are able to submit the Minimum Data Set and the Outcome Measures to both Health Funds and the proposed Centralised Data Management Service (CDMS) commissioned by the SPGPPS.
2. Health Funds are able to submit complete Hospital Casemix Protocol (HCP) data regarding separations from participating Hospitals to the CDMS.
3. The CDMS is able to return the results of the standard analyses to participating Health Funds and Hospitals on a regular basis.

## Phase Two

Phase Two takes the data collection from implementation into routine operation and ongoing evolutionary development. This phase will involve refinement of the data collection, together with the development of the analysis side of the CDMS so that it is able to quickly clarify and respond to the various stakeholders' information requirements.

In the second phase, the objective is to take the implementation of the National Model to a stage

where:

1. The quality of the data submitted by Hospitals can be assured.
2. The content, format and pattern of return of the regular reports has been refined and standardised through a consultative process based on at least 12 months (ie, four quarters) use of the reports by stakeholders.
3. The functions of the CDMS have been extended beyond the simple return of standardised quarterly reports to include ad hoc queries and more complex statistical analyses designed to assist the various stakeholders in meeting their shared objectives.

## Funding the National Model

The process of initiation of the national data collection and implementation of the proposed Centralised Data Management Service (CDMS) is likely to cost approximately \$300,000 in the first year, \$180,000 in the second year, and \$80,000 per year thereafter.

The Report proposes a joint funding formula and suggests that proportionally equal contributions be made by the Commonwealth, Health Funds and Hospitals. If agreement can be reached concerning the proposed funding arrangements, then implementation of the National Model can take place.

## Briefing for the Private Sector

A briefing for the private sector will be held on Friday, 28 July 2000, at the Sheraton Towers Southgate Hotel in Melbourne.

The purpose of the briefing will be to update stakeholders on completion of Stage One of the Project, further explain the proposed Implementation Plan, and discuss stakeholders concerns.

## For further information contact:

Mr Phillip Taylor  
Secretary  
SPGPPS

# Consumer and Carer Involvement Project

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Ms Janne McMahon

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**E**vidence exists that quality of health care can be improved through the involvement of consumers and carers in the planning, delivery and evaluation of health care.

In the area of mental health, the rights of consumers and carers have been significantly promoted over the past five years under the National Mental Health Strategy.

This Strategy has primarily focused on the public sector. The input from consumers and carers to this process has largely come from those whose experience has been with public sector services.

The reality is that a substantial proportion of Australians (approximately 450,000), with a mental health problem or mental disorder, are treated by specialist psychiatric services.

## Consumer and Carer Participation in the Private Sector

Some issues are clearly common to both sectors such as the need for adequate and appropriate standards of service provision. People who receive their care within the private psychiatric sector, however, do have to contend with issues that are not of great concern to public sector consumers. Such issues include:

- the impact of changes in Health Insurance Legislation on the funding of private inpatient services;
- variation in funding coverage of psychiatric services between Health Insurance Funds; and
- potential limitation in access to services as a result of tendering processes for psychiatric services.

The membership of current representational structures, such as the Network of Consumer Advisory Groups (NOAC), are primarily public sector in their focus. While attempts are being made to correct this deficiency, it remains difficult for members to progress the partnerships between the public and private sector. There are also issues associated with funding of additional mechanisms to progress such partnerships.

The Second Plan of the National Mental Health Strategy is focussing on the following areas:

1. Promotion and prevention;
2. Partnership in service reform; and
3. Quality and effectiveness.

Given the strong focus on partnership, it is crucial that mechanisms are developed to facilitate improved participation of private sector consumers and carers in these processes.

## SPGPPS Consumer and Carer Involvement Project

The SPGPPS has established a Working Group to specifically address these issues through a Project that aims to have some long-term impact in the promotion of positive partnerships between consumers and carers, and the providers and funders of private sector psychiatric services.

To achieve this, the Project will seek to identify and address the barriers that operate to preclude consumers and carers from being properly involved in the planning, delivery and evaluation of private psychiatric services. Some of the more specific objectives for the Project will include:

- improving the accountability and responsiveness of private psychiatric services to consumers and carer participation;
- facilitating the provision of high quality information for private sector consumers and carers;
- promoting education and training that supports active consumer and carer involvement in the planning, delivery, and evaluation of private sector mental health services; and
- facilitating active consumer and carer involvement in private sector mental health service planning, delivery, and evaluation.

The Working Group will meet in July to develop a funding proposal for the Project.

### For further information contact:

Ms Janne McMahon  
Consumer Representative  
SPGPPS

# Quality Improvement Project

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Mr Phillip Taylor

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Private sector mental health services perform an important role in the delivery of mental health care and will continue to do so in the future.

As mentioned earlier, approximately 450,000 people with a mental health problem or mental disorder, are treated by specialist private psychiatric services.

The vision of the SPGPPS is for a private mental health care system where consumers of these services receive high quality psychiatric care based on a commitment to an evidence-based approach and the ongoing improvement of outcomes.

To achieve this, the SPGPPS is committed to working with stakeholders to initiate a process of incremental change geared toward ensuring ongoing improvement in the quality of mental health care provided by the private sector.

Quality and effectiveness is a key area under the Second Plan of the National Mental Health Strategy and the SPGPPS Strategic Plan 2000-2003.

It is crucial for the private sector to ensure ongoing improvement in the quality of mental health services it provides.

The *SPGPPS Quality Improvement Project* aims to assist stakeholders by examining what quality improvement mechanisms and processes currently exist and deciding, in an expert way, what is useful and what is not for private psychiatric services.

We want to build what is useful into a framework better able to coordinate quality improvement activity within the private sector at the local, state and the national levels. Essentially, the intention is to influence the actual standard of practice “on the ground”.

Some of the objectives for the Project will include:

1. To broadly define what constitutes quality

and efficiency for private sector mental health services and determine the most appropriate quality improvement tools and techniques for use in the private sector setting.

2. To build on the *National Model for the Collection and Analysis of a Minimum Data Set for Private, Hospital-based, Psychiatric Services* by linking outcome measures to a comprehensive classification system that is clinically relevant across different settings and for different diagnostic groups.
3. Facilitate the development of education and training initiatives in the implementation of outcome measurement and continuous quality improvement for health professionals working in the private sector.
4. To determine what sort of information needs to be provided for consumers and carers on the quality of the mental health services available in private sector.

It is expected that the outcome of the Project will be an overall evaluation of what quality improvement mechanisms and processes should be routinely built into the delivery private sector mental health services and how to adapt these where necessary.

Information gained through the Project will be disseminated by means of the SPGPPS process throughout the private sector.

The *SPGPPS Quality Improvement Working Group* will meet in July to develop a funding proposal for the Project.

Readers are welcome to submit any views they might have concerning this important work.

**For further information contact:**

Mr Phillip Taylor  
Secretary  
SPGPPS



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Ms Susan Boucher

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**M**indMatters is an Australia-wide program being conducted by the Australian Principals Associations Professional Development Council and the Curriculum Corporation with funding from the Commonwealth Department of Health and Aged Care.

The MindMatters Program places mental health on the agenda in secondary schools throughout Australia. A resource kit has been developed that forms the core of the program and provides advice to schools about how to adopt a whole school approach to mental health.

Over the next two years, MindMatters will emphasise a whole school approach to mental health promotion and suicide prevention and will aim to enhance the development of school environments where young people feel safe, valued, engaged and purposeful.

Social and emotional wellbeing has been linked to young people's schooling outcomes, their social development, their capacity to contribute to the workforce and the community and to reducing the rate of youth suicide.

The teenage years are often ones of challenge and pleasure and of great joy. However, they can also be a period of great sadness and for some this is where the onset of mental health problems may occur. Secondary schools can do a lot to reduce the impact of mental health problems by putting in place preventative strategies and making schools mentally healthy places for students.

MindMatters helps schools and their communities including teachers, parents and students to take positive action to create a climate of mental as well as physical health within secondary schools. It is a program every secondary school can use.

All Australian government and non-government secondary schools are entitled to one free copy of the MindMatters resource and the equivalent

of a two-day professional development program for school teams. The training program provides an overview of the resource and advice about strategies to foster a school environment that encourages the promotion of social and emotional competence and wellbeing.

Through their involvement in the MindMatters secondary schools will be supported to formulate plans, look at what they are already doing and include some well-researched and trialed curriculum materials where appropriate.

**The MindMatters Kit**

The MindMatters Kit consists of two whole school resources, five curriculum materials and a video on understanding mental illnesses. The whole school resources include a planning framework for implementing the process and a guide for preventing and addressing self-harm and suicide. The curriculum materials cover a number of important topics for use in several learning areas, including units on understanding mental illnesses, dealing with bullying, loss and grief, enhancing resilience and managing challenges and change.

All secondary schools will be offered a MindMatters Kit and access to professional development. In addition, organisations working in partnership with secondary schools, such as providers of health, guidance and pastoral services, are entitled to free copies of each of the key MindMatters documents, *School Matters* and *Educating For Life*, and may purchase complete kits at discount prices.

To further support the program, a website has been established and will provide ongoing support for schools and school communities. The website is currently under development and will be a useful resource for providing online sites for school staff to access additional information and advice about school community links, especially for students at risk.

**For further information contact:**

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## How to Contact Stakeholders

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### Commonwealth Department of Health and Aged Care, Mental Health Branch

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SPGPPS News provides a brief summary of issues being progressed under the auspice of the SPGPPS process.

Copies of full draft reports on the most recent meetings of the SPGPPS can be viewed on the internet at:

**<http://domino.ama.com.au/DIR0103/MentalH.nsf/Mental+Health>**