



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

engage, empower, enable choice in private mental health

**NATIONAL COMMITTEE
TWENTY FOURTH (24TH) MEETING
15/16 AUGUST 2011**

HELD AT

**THE ROYAL AUSTRALIAN AND NEW ZEALAND
COLLEGE OF PSYCHIATRISTS
309 LA TROBE STREET
MELBOURNE, VICTORIA**

ENDORSED REPORT AND RESOLUTIONS

Glossary of common Terms and Acronyms

ACHS	Australian Council on Healthcare Standards
ACSQHC	Australian Commission for Safety and Quality in Healthcare
AHMAC	Australian Health Ministers' Advisory Council
AMA	Australian Medical Association
APHA	Australian Private Hospitals Association
APS	Australian Psychological Society
BPD	Borderline Personality Disorder
BPDERG	BPD Expert Reference Group
CALD	Culturally and Linguistically Diverse
CPoC	Consumer Perceptions of Care
DoHA	Australian Government Department of Health and Ageing
EPPIC	Early Psychosis Prevention and Intervention Centre
Health Insurer(s)	Private Health Insurer(s) that pay benefits for psychiatric care
Hospital(s)	Private Hospital(s) that provide mental health services
MHCA	Mental Health Council of Australia
MHSC	Mental Health Standing Committee of the AHMAC Health Priorities Principal Committee
MMHA	Multicultural Mental Health Australia
NEHTA	National e-Health Transition Authority
NC	National Committee of the Private Mental Health Consumer Carer Network (Australia)
Network	Private Mental Health Consumer Carer Network (Australia)
NMHCCF or Forum	National Mental Health Consumer Carer Forum
NSMHS	National Standards for Mental Health Services
PECHR	Personally Controlled Electronic Health Record
PMHA	Private Mental Health Alliance
PMHA-CDMS	PMHA's Centralised Data Management Service
RANZCP	The Royal Australian and New Zealand College of Psychiatrists
SQPS	Safety and Quality Partnership Sub-committee of the MHSC
TheMHS	The Mental Health Services Conference

1. OPENING AND WELCOME

The Independent Chair of the Private Mental Health Consumer Carer Network (Australia) [Network], Ms Janne McMahon, opened the Twenty Fourth (24th) Meeting of the Network's National Committee (NC) at 9:30 AM on Monday, 15 August 2011 (the Meeting). The Meeting was held over two days at the Headquarters of the Royal Australian and New Zealand College of Psychiatrists (RANZCP) at 309 La Trobe Street in Melbourne. The following representatives were in attendance.

1.1 Present

1. Ms Janne McMahon Independent Chair
2. Ms Kim Werner Deputy Chair
Australian Capital Territory (ACT) Coordinator
3. Mr Norm Wotherspoon Queensland (QLD) Coordinator
4. Mr Evan Bichara Victorian (VIC) Coordinator
5. Mr John Kincaid South Australia (SA) Coordinator
6. Mr Patrick Hardwick Western Australia (WA) Coordinator
7. Ms Lucy Henry Tasmanian Coordinator
8. Mr Phillip Taylor PMHA Director (Secretary)

1.2 Apologies

1. Mr Lee Hill New South Wales (NSW) Coordinator
2. Mr Michael O'Hanlon Bluevoices

1.3 Changes in Representation

In opening the Meeting, Ms McMahon welcomed as the Network's incoming State Coordinators for Victoria, Mr Evan Bichara replacing Ms Jan Moore, and for Tasmania, Ms Lucy Henry. Evan and Lucy provided a briefing for the Meeting on their background and lived experience.

Evan is a community educator, a consumer advocate and researcher with a primary role in Victoria multicultural consumer advocacy, which should be included with mainstream mental health. Evan is based at the St Vincent's Hospital under the auspice of the Victorian Transcultural Psychiatry Unit. Evan is looking forward to assisting the Network with its endeavours.

Lucy has been involved with the mental health system since 1996 and has been doing consumer advocacy work more intensively since 2006. This includes working with Assisting Wellbeing Ability Recovery & Empowerment (AWARE) Dogs Australia Incorporated and holding positions on the Board of the Mental Health Council of

Tasmania, the Australian Mental Health Consumer Network and the Tasmanian Council of Social Services, Social Policy Council.

Lucy spoke about her public profile and main areas of interest, which included Borderline Personality Disorder, Safe Recovery, fund raising for the Burns Unit in Hobart. Lucy is also involved in a community choir for the disadvantaged in Hobart, which is loosely based on the Choir of Hard Knocks.

The NC noted that Lucy is currently studying a graduate diploma of journalism, media and communications.

Lucy also briefed the meeting on the effects of budget cuts on the public mental health system in Tasmania and its flow on effects for the private sector.

RESOLVED (UNANIMOUS)

1. *That the Private Mental Health Consumer Carer Network (Australia) [Network] extends its appreciation to Ms Jan Moore for her participation on the Network's National Committee. The Network wishes Jan all the very best for the future.*
2. *That the Network's National Committee (NC) endorses and welcomes Mr Evan Bichara as the Network's State Coordinator for Victoria. The contact email for Evan is evan.bichara@svhm.org.au*
3. *That the Network's NC endorses and welcomes Ms Lucy Henry as Network's State Coordinator for Tasmania. The contact email for Lucy is lucy.henry@bigpond.com*

2. REPORT OF LAST MEETING

The Meeting noted a copy of the endorsed report of the Twenty Third (23rd) meeting of the Network's NC, held on 28 February and 1 March 2011 in Melbourne.

The Chair, reported that a copy of the Report had been posted on the Network's website and electronic copies had been provided to the PMHA and beyondblue.

The Chair also provided a short briefing for the benefit of the NC's new members, on the confidentiality requirements associated with activities and meetings of the Network and its NC.

3. PROGRESS REPORT

Under this Agenda Item, the Chair reported that funding for the activities of the Network detailed in its 2011–13 work plan, *Achieving Positive Outcomes*, had now been secured under the *AMA Agreement for Services 2011–13* for the period 1 July 2011 until 30 June 2013. The Agreement will be discussed further under Agenda Items 7 and 8 below.

The NC then updated the following Table of Progress on actions arising from its 23rd Meeting.

#	TABLE OF PROGRESS	RESPONSIBILITY	STATUS
	Report of the 23 rd Network NC Meeting		
	Draft Report of 23 rd Meeting	Mr Taylor	Done
	Circulate Draft Report to NC for comment/correction	Mr Taylor	Done
	Prepare final for endorsement via email	Mr Taylor	Done
	Circulate endorsed version to beyondblue	Mr Taylor	Done
	Agenda Item 24 th NC Meeting	Mr Taylor	Done
3	PROGRESS REPORT		
3.1.2	Network Website – links with other organisations		
	Develop final list of organisations	Admin Officer	<i>Pending</i>
9	NETWORK BUDGET 2011–13		
	Discuss the Network Budget 2011–13 with 17/18 March 2011 PMHA Meeting	Ms McMahon/Mr Hardwick	Done
11	ENGAGEMENT WITH GRASS ROOTS CONSUMERS AND CARERS		
	Amend C&C Survey in accordance with comments of 23 rd Network Meeting	Ms McMahon	Done
	Conduct C&C Survey	Ms McMahon	Done
12	NETWORK POLICY DOCUMENTS		
12.1	Network Policy 5: NSMHS and Accreditation of Private Psychiatric Hospitals		
	Revise NP 5 and circulate to State Coordinators	Ms McMahon	Done
	State Committee to discuss NP 5 and report back to 24 th NC Meeting	State Coordinators	<i>Pending</i>
12.2	Network Policy 6 C & C participation within Private MH Services – 2010		
	Include endorsed NP 6 on Network website	PMHA Director	Done
12.3	Network Policy 7 Involuntary Detention and Treatment		
	Include endorsed NP 7 on Network website	PMHA Director	Done
12.4	New Draft Network Policy 8 Carer Support		
	Circulate NP 8 to NC Members	Ms McMahon	Done
	NC Members to consider NP 8 in consultation with State Committees	State Coordinators	<i>Pending</i>
12.5	Network Communication Plan 2011–13		
	Amend Communication Plan in accordance with 23 rd Network Meeting	Ms Werner	Done
14	INABILITY TO BE ADMITTED AS A PATIENT WHILST AT RISK		
	Seek advice of PMHA	Ms McMahon	Done
	Suggestions of 23 rd Network Meeting to be provided to relevant State Committee	State Coordinator	Done
15.2	Progress with Recommendation 25 – Borderline Personality Disorder		
	Undertake steps to preserve intellectual property rights for BPD Survey	Ms McMahon	<i>Pending</i>
18	NEXT MEETING		
	Organise 24 th NC Meeting for 15/16 August 2011 @ RANZCP	Ms McMahon	Done
	Circulate Agenda and Papers for Meeting	PMHA Director	Done

The Chair then discussed the matters that remain outstanding.

3.1 Network Website – links with other organisations

The final list of relevant organisations to include as links on the Network website will be completed shortly and circulated to NC Members for approval. This work has been delayed due to the retirement of the Network’s part-time Administrative Officer, Ms Terri Burgess, on 30 June 2011 and the subsequent employment of Ms Barbara Clayton to fill that role from 1 July 2011 to 30 June 2013.

3.2 Network Policy 5 National Standards for Mental Health Services and Accreditation in Private Psychiatric Hospitals

It was determined previously to postpone endorsement of Policy 5 until the new *National Standards for Mental Health Services 2010* (NSMHS) were endorsed and the work of the Australian Commission on Safety and Quality in Health Care (ACSQHC) on its 10 core standards was completed.

Ms McMahon briefed the Meeting on developments with ACSQHC and its 10 Core Standards, which will be implemented from 1 July 2013, allowing a two year transition period. The implications for private hospitals and their accrediting agencies, such as the Australian Council on Health Care Standards (ACHS) were discussed. The Meeting confirmed that any further development of Policy 5 should be held in abeyance until the relationship between the ACSQHC Core Standards, the NSMHS and ACHS Equip Standards have been determined.

3.3 Draft Network Policy 8 Carer Support

The last meeting requested that the Network's State Coordinators discuss the draft of Network Policy 8 with their respective State Committees.

Mr Norm Wotherspoon reported the Network's QLD Committee had raised no issues with the draft Policy.

Mr John Kincaid reported the Network's SA Committee had accepted the draft Policy.

Mr Bichara reported that, while there had been no discussion of the draft Policy at the Network's Victorian State Committee meeting, the Carers Network of Victoria had commented on what they do in relation to carer support. Mr Bichara agreed to take the draft Policy to the next meeting of the Victorian State Committee

Ms Werner reported there had been no comments on the draft Policy from the ACT

While there is no Network Committee in Tasmania as yet, Ms Henry felt the draft Policy statement should include a requirement that the information provided about a consumer to their carer(s) should be with the permission of the consumer.

3.4 Inability to be admitted as a patient while at risk

Ms McMahon and the relevant State Coordinator reported that this matter had now been satisfactorily resolved. The facility concerned has clarified that, generally, one-on-one supervision is provided for the first 24 hours with hourly observation for 24 hours after that free-of-charge. After that period of observation and stabilisation, the patient is considered to be the same as any other psychiatric admission. The Meeting agreed that this period of supervision at no cost to the patient was very reasonable.

It was agreed that this matter no longer required referral to the PMHA.

There was a brief discussion of psychiatric deterioration and the work ACSQHC will be doing in this area. The Meeting noted that ACSQHC was incorporated as a statutory authority 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 program.

In 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 for 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.

It was agreed that ACSQHC should be invited to attend and address the next appropriate meeting of the Network.

Resolved (unanimous)

That the Private Mental Health Consumer Carer Network (Australia) [Network] requests that the Network Chair invite a representative of the Australian Commission on Safety and Quality in Healthcare (ACSQHC) to attend the next appropriate meeting of the Network's National Committee to report on the work of ACSQHC.

Action: Ms Janne McMahon

3.4 Borderline Personality Disorder Survey – Intellectual Property Rights

Ms McMahon reported on investigation as to what is required to preserve intellectual property rights for Network's BPD Survey. The Meeting noted the only clauses in the *AMA Agreement for Services 2011–13* that relate to intellectual property rights are as follows.

- 9.1 *Any Intellectual Property Rights and title to, or in relation to, the PMHA Material will vest, upon its creation, in the AMA.*
- 9.2 *Clause 9.1 does not affect the ownership of Intellectual Property in any existing material which is specified in Schedule D Existing Material, however, the AMA grants to each Other Party a permanent, irrevocable, royalty-free, non-exclusive licence (including a right of sub-licence) to use, reproduce, adapt and exploit such PMHA Material anywhere in the world. The AMA indemnifies each Other Party against any liability, loss, claim, cost or expense incurred in connection with the PMHA Material (including the infringement of any Intellectual Property Rights of a third party or a claim by a third party that their Intellectual Property Rights have been infringed).*

While these clauses relate to *PMHA Material*, they may be relevant to any material that is brought into existence through Network activity. It was agreed that the Chair should discuss this matter further with the AMA.

Resolved (unanimous)

That the Private Mental Health Consumer Carer Network (Australia) [Network] requests that the Network Chair discuss with the Australian Medical Association (AMA) the issue of intellectual property rights in relation to any material brought into existence by the Network under the AMA Agreement for

Services 2011–13.**Action: Ms McMahon****4. NETWORK BUDGET UPDATE**

The Meeting noted and discussed the following Statement of Income and Expenditure prepared by the Australian Medical Association (AMA) for the period 1 July 2010 to 30 May 2011.

THE NETWORK BUDGET	1 July 2010 to 30 April 2011		
INCOME (Stakeholder Contributions)			
Australian Medical Association	12,062		
Australian Private Hospitals Association	12,062		
Australian Health Insurance Association	12,062		
Australian Government Department of Health and Ageing	104,033		
Beyondblue	12,062		
RANZCP Donation	12,062		
APS Donation	5,000		
Flinders University	900		
Transfer of NN Balance from 1 July 2009 to 30 June 2010	17,669		
TOTAL	187,912		
ITEMS	Budget	Expenditure	Balance
Staffing	104,675	82,505	22,170
Infrastructure for Network Independent Chair	781	6,844	-6,063
Network Meetings	39,801	23,832	15,969
Network Representative attending Other Meetings	8,779	14,748	-5,969
Total before AMA Administration Charge	154,036	127,929	26,107
AMA Administration Charge (10% of Agreed Budget)	15,404	15,404	0
TOTAL	169,440	143,333	26,107
FUNDS REMAINING	44,578		

The Meeting noted that any additional surplus remaining in the Network budget at the end of the last Financial Year 2010–11 will be carried forward into the Network's income stream for this Financial Year 2011–12.

There is also some income from a range of other sources, which is kept in a separate account in the Network's name in Adelaide. This includes donations from the sale of the Perth Clinic's cookbook and Ms Alvina Hill's book on her experiences with mental illness. The Meeting noted that the NC previously agreed to allocate some of the anticipated surplus to reimbursement of State Committee members for meeting attendance.

The Chair then discussed the Network budget going forward. It was noted that the Chair is also liaising with the Australian Psychological Society (APS) concerning anticipated further donation of \$5,000 per year for 2011–12 and 2012-2013

Opportunities to promote the Network during Mental Health Week in Victoria and Tasmania were discussed. Mr Bichara and Ms Henry offered their assistance with events the Network could participate in their jurisdictions. Mr Hardwick indicated there were also some events coming up in WA. After discussion, Ms McMahon agreed to provide promotional materials including brochures, business cards, and banners for the State Coordinators. It was agreed these costs would be met from Network's operating surplus.

5. BORDERLINE PERSONALITY DISORDER (BPD)

Ms McMahon updated the Meeting on recent developments with the Network's Borderline Personality Disorder (BPD) campaign as set out below.

5.1 BPD Expert Reference Group

After considerable work, Ms McMahon requested that a *Borderline Personality Disorder Expert Reference Group (BPDERG)*, be established to advise the Minister for Mental Health and Ageing, the Hon Mark Butler MP, on ways to better identify, treat and manage people with BPD. The Group was established in 2010 and includes clinicians, researchers, carers and consumers all with extensive knowledge of BPD. To date, BPDERG has met on three occasions as follows.

- 9 December 2010 Canberra
- 9 March 2011 Canberra
- 21 July 2011 Melbourne

The Private Mental Health Alliance (PMHA) has agreed to provide data from its Centralised Data Management Service (CDMS) for the Chair of the BPDERG, Professor Louise Newman. The Group is seeking to map current treatment activity for people with BPD and has sought the PMHA's assistance with this task and requested data on people with BPD treated in private hospitals. Specifically, the following data is being sought for people with a principal diagnosis of BPD from the PMHA's CDMS.

1. The number of separations disaggregated by sex and age (age ranges 0–17, 18–64 and 65+).
2. Average length of hospital stay.
3. Average Health of the Nation Outcome Scales (HoNOS) profile at admission and discharge (mean item scores and mean total score).
4. Data on people admitted to private hospitals with an additional diagnosis of BPD

5.2 Clinical Practice Guideline for the Management of BPD

Ms McMahon again worked hard to highlight the need for the development of Clinical Practice Guidelines for the management of BPD. Following her request, the National Institute of Clinical Studies and the National Health and Medical Research Council (NHMRC) are in the process of developing a Clinical Practice Guideline for

the management of BPD. Ms McMahon was appointed to the NHMRC BPD Clinical Guideline Development Committee, which last met in Melbourne on 19 July 2011.

5.3 Network consumer and carer online BPD survey

The Network's online survey of consumers and carers who have been affected by the diagnosis of BPD has been completed. The Meeting discussed "in committee" the independent Report on the results of the survey prepared by Associate Professor Sharon Lawn for the BPDERG. The draft report is in two parts.

Part 1: Experiences of Consumers with the diagnosis of Borderline Personality Disorder.

Part 2: Experiences of Carers supporting someone with the diagnosis of Borderline Personality Disorder, attached on the following pages.

At this stage, the draft report is not for citation or distribution beyond the Members of the NC. A final brief draft report will now be prepared by Ms McMahon together with Associate Professor Sharon Lawn and sent to the NC Members for discussion and comment. This Report will be made available to the BPDERG to complement and inform their scoping work from the direct experiences of consumers and carers. The same report will be sent to the AMA and the PMHA for risk assessment. Any changes or recommendations arising from that process will then be incorporated into the final version of that report for approval by the NC, via email, prior to its public release and inclusion on the Network website.

Resolved (unanimous)

- 1. That the Private Mental Health Consumer Carer Network (Australia) [Network] National Committee (NC) requests that the Network Chair and Associate Professor Sharon Lawn prepare a final brief report based on the results of the Network's online BPD Survey for circulation to NC Members. NC Members are asked to discuss and comment on that report. Any changes or recommendations arising from that process will then be incorporated into the final version of that report for approval by the NC, via email, prior to its public release and inclusion on the Network website.*
- 2. That the Network NC requests that payment of the \$5,000 for the work completed to date by Professor Lawn be accommodated from the Network Budget as an operational cost.*

Action: Ms McMahon

5.4 BPD consumer and carer group

Ms McMahon reported on the recent establishment of an informal consumer and carer group of interested consumers and carers who are affected by BPD (BPD Group). There are currently 69 consumers and carers registered.

With the establishment of the BPD Group Mr Taylor explained that the AMA, by the mechanism of the *AMA Agreement for Services 2011-13* (Agreement), is the legal entity representing the activities of the PMHA, its Centralised Data Management Services (CDMS) and Network. Under the Agreement, the AMA is responsible for

protecting, not only the interests of the Association, but also the stakeholders that fund these activities, including the Australian Private Hospitals Association, the Australian Health Insurance Association, the Australian Government, and beyondblue.

Ms McMahon reported that the AMA Agreement now includes clauses to ensure all requests for “additional services” for the PMHA, its CDMS, or the Network are first risk assessed by the PMHA. The AMA has indicated that in this context, “additional services”, means any activity not specifically identified in the agreed work plans for the PMHA, its CDMS and the Network. At its 22 July 2011 meeting, the PMHA responded and agreed to develop 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. The PMHA will discuss these governance and risk management issues further at its 22 October 2011 meeting as part of the review of the PMHA Operating Guidelines going forward. In the interim, the following has already been implemented.

- (1) Referrals have been included on the Contact Us pages of the PMHA and Network websites.

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, have been advised to refer the matter to the police.

In relation to the BPD Group, the PMHA has requested that Ms McMahon and Mr Hardwick prepare a proposal, which details any conceived risk of the Network's BPD Group for the PMHA to consider. Mr Taylor reported the sorts of issues that need to be addressed include how the convenor(s) of the BPD 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.

Ms McMahon indicated that the further development of the BPD Group has been placed on hold until any risks associated may be provided to the PMHA. Ms McMahon clarified that BPD Group is for exchange of information only and to assist the Network's advocacy around BPD. It is intended that the email addresses will be

held on the Network's secure database at offices of the Federal AMA in Canberra. All emails to be sent to the BPD Group will be composed by Ms McMahon and forwarded by the PMHA Director who is responsible for maintaining the PMHA and Network contact databases. No member of the BPD Group will have access to another member's email.

After further discussion, it was agreed that the best process for the Network to follow to support the PMHA would be as follows. The Network's NC will be responsible for deciding the priorities and the work plan of the Network. The Network's representatives on the PMHA will then be responsible for working with the PMHA to identify any risks that might arise from the Network's agreed priorities and work plan and looking at ways of mitigating and managing those risks. This will ensure that Network activity is in accord with best practice.

At the end of this Agenda Item, the Meeting noted the current process that is in place for any activity developed by the Network that will enter the public domain. This involves the PMHA Chair undertaking the risk assessment process on behalf of the PMHA with any contentious issues referred to all the Members of the PMHA for their response.

The NC agreed that the risk management processes should not operate to stifle the voice of private sector consumers and carers. The Network was established 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. This role must not be lost going forward.

Resolved (unanimous)

That the Private Mental Health Consumer Carer Network (Australia) [Network] National Committee (NC), requests that the 22 October Meeting of the PMHA be advised that the NC will undertake the following to support the AMA Agreement for Services 2011–13 going forward.

- a) Continue to be responsible for deciding the priorities and the work plan for the Network.*
- b) Work with the PMHA to identify any risks that might arise from the Network's agreed priorities and work plan and look at ways of mitigating and managing those risks.*
- c) Ensure that any activities, not specifically identified in the Network's agreed work plan for 2011–13, are brought to the attention of the PMHA for it to assess any risks involved.*
- d) Ensure that any activities undertaken by Network's State Coordinators, for or on behalf of the Network, are brought to the attention of the Network Independent Chair.*

Action: Ms McMahon/Mr Hardwick

6. WORLD PSYCHOTHERAPY CONGRESS 2011

The Meeting noted that the Chair has been invited to organise and conduct the Consumer Forum of the World Psychotherapy Congress to be held in Sydney on Saturday, 27 August 2011.

Ms Kim Werner, Ms Ruth Carson, Ms Merinda Epstein and Mr Norm Wotherspoon have agreed to participate in the Symposium.

The Meeting noted the abstract, which had been circulated with the agenda and papers and discussed the benefits of psychotherapy with the Chair.

The Meeting felt that while psychotherapy may involve longer and/or more regular sessions, it usually involves less medication and has the capacity to achieve for some a full recovery from a mental illness. It was felt that the use of proper psychotherapy involves fewer side effects than psychiatric medication.

Continuity of care and the relationship with the therapist are critical to the success of psychotherapy.

7. REVIEW OF NETWORK OPERATIONS

Under this Agenda Item the NC discussed the Network's role of the Deputy Chair and the Network's State Committees going forward.

7.1 Network Deputy Chair

Ms Werner has advised that with increasing family responsibilities with two young children, she discussed with Ms McMahon the possibility that the role of the Network's Deputy Chair be split between two Deputy Co-chairs. The Meeting noted that Ms Werner is willing to continue as one of the Deputy Co-chairs and Mr Patrick Hardwick has expressed an interest in the other Deputy Co-chair position.

After presenting their respective positions, Ms Werner and Mr Hardwick left the Meeting.

The other Members of the NC discussed the proposal with Ms McMahon *in committee*. At the end of that discussion, it was agreed to support the proposal with the remuneration available for the previous Network Deputy Chair position split equally between the new Deputy Co-chair positions for the term of the current *AMA Agreement for Services 2011-13*. It was further agreed that the new arrangement should be reviewed six months prior to the end of that Agreement.

Ms Werner and Mr Hardwick returned to the Meeting and were unanimously endorsed as the Deputy Co-chairs for the Network going forward.

Resolved (unanimous)

1. *That the Network's National Committee (NC) agrees to restructure the previous role of Deputy Chair for the Network into a shared role between two Deputy Co-chairs.*

2. *That the NC directs that the remuneration available for the previous Deputy Chair position of \$15,835 for financial year (FY) 2011–12 and \$16,468 for FY 2012–13 be split equally between the two new Deputy Co–chair positions so each receives \$7,917.50 for FY 2011–12 and \$8,234 for FY 2012–13 (exclusive of GST).*
3. *The NC appoints Ms Kim Werner and Mr Patrick Hardwick as the incoming Deputy Co–chairs for the Network for the period 1 July 2011 to 30 June 2013.*
4. *The NC requests that the Deputy Co–chair arrangements for the Network be reviewed six months before the end of June 2013.*

7.2 Network State Committees

The NC discussed the Network's State Committees and whether continuing with these Committees was viable for all jurisdictions. The Committees in QLD, SA are doing well. While there have been some difficulties in NSW and VIC participation has been improving. There are ongoing difficulties in WA and no committee as yet in TAS.

After discussion, it was agreed that the Network should persevere with its State Committees despite the difficulties involved in some states. They are a good way of promoting the Network and facilitating interaction.

The Meeting then considered ways of improving Committee participation and it was agreed that the following should be undertaken.

- In each jurisdiction, an email invitation should be sent to Network Members advising of the date, venue and time of the Network's State Committee meeting for that jurisdiction. Ms McMahon indicated that those details need to be made available at least five weeks beforehand. Mr Bichara reported the next meeting of the Network's VIC Committee will be held on 30 September 2011 at the Albert Road Clinic, and Mr Hardwick indicated the WA Committee will meet on 14 September 2011 at the Perth Clinic.
- Examine the feasibility of people wishing to join the Network registering online via the Network's website.

Resolved (unanimous)

1. *That the Private Mental Health Consumer Carer Network (Australia) [Network] National Committee (NC), requests that the Network Chair send an email invitation to Network Members advising of the date, venue and time of the Network State Committee meetings for their jurisdiction. Network State Coordinators are asked to forward those details to the Network Chair at least five weeks beforehand.*

Action: State Coordinators/Ms McMahon/Mr Taylor

2. *That the Network NC requests the feasibility of online registration, via the Network portal on the PMHA website, be investigated for people wishing to join the Network.*

Action: Mr Taylor/Ms McMahon

7.3 Network Operating Guidelines

Ms Werner agreed to review the Network Operating Guidelines as a matter of course and to reflect the changes in the role of the Network Deputy Chair and any other changes that might be required in relation to risk management.

Mr Taylor agreed to forward any amendments that might be made to the PMHA Operating Guidelines with regard to risk management to Ms Werner following the 22 October 2011 PMHA Meeting.

Resolved (unanimous)

That the Private Mental Health Consumer Carer Network (Australia) [Network] National Committee (NC), requests that the Network Operating Guidelines be reviewed as a matter of course and to reflect the changes in the role of the Network's Deputy Chair and any other changes that might be required in relation to Network risk management.

Action: Ms Kim Werner

8. DEVELOPMENT OF NETWORK RISK MANAGEMENT STRATEGY

The Meeting discussed what matters might need to be addressed in the development of a written risk management strategy for the Network. The following were thought to be relevant.

- Adequate and ongoing funding
- Internal budget management
- Stakeholder withdrawal
- Activities undertaken by Network's State Coordinators, for or on behalf of, the Network.
- Value of consumer and carer participation no longer being recognised by the private sector, or by government.
- Public relations, or communication crises, particularly where Network funders, or Network Members, might be involved.
- Sudden loss of key Network personnel.
- Occupational health and safety for Network personnel who become unwell.
- Lack of approval for Network activity that falls outside the agreed Network Work Plan.
- Implementation of routine risk identification and assessment processes for Network activity before the activity is undertaken.
- Protection of Network Members privacy and confidentiality.
- How to deal with a breach of privacy and confidentiality.

- Internal conflicts
- Conflicts of interest

Ms Werner agreed to take these issues into account in the review of the Network's Operating Guidelines, as requested under Agenda Item 7.3 above. The Meeting suggested that State Coordinator positions descriptions could be revised into a standard letter of offer for State Coordinators to sign that reflected any risk management obligations that might be included in the Network's Operating Guidelines.

Resolved (unanimous)

That the Private Mental Health Consumer Carer Network (Australia) [Network] National Committee (NC), requests that the positions descriptions for the Network State Coordinators be revised into draft letters of offer that reflect any risk management obligations that are included the Network Operating Guidelines for 2011–13.

Action: Ms McMahon/Mr Hardwick/Ms Werner

9. NATIONAL HEALTH REFORM

The Meeting briefly discussed the following measures announced in the Commonwealth Budget Papers and Budget related information available on the central Budget website at: www.budget.gov.au

- **National Mental Health Commission.** Ms McMahon has met with the adviser to the Minister for Mental Health and Ageing the Hon. Mark Butler MP (the Minister) and discussed the critical importance of the private sector being represented on the new Commission.
- **Better Access Initiative.** Ms McMahon has written to the Minister concerning the negative impact on mental health consumers of both the rationalisation of allied health treatment sessions and, in particular, the rationalisation of GP mental health services. These concerns were also highlighted in the Network's submission to the Senate Community Affairs Reference Committee Inquiry into Commonwealth Funding and Administration of Mental Health Services. The submission also included comments on coordinated care and flexible funding for people with severe and persistent mental illness.
- **Further expansion of the Early Psychosis Prevention and Intervention Centre (EPPIC) model,** which assists young people aged 15–24 who may suffer from, or be at risk of suffering from, psychoses.

Mr Norm Wotherspoon briefed the Meeting on the concerns that had been raised by the Network's QLD Committee over the articles which appeared in 'The Australian' newspaper on June 16 2011 regarding EPPIC. The article referred to several people who were concerned with the question:

Is there a danger that attempts to define mental illnesses are making a disease out of everyday suffering, resulting in the unnecessary medication of patients?

There appear to be several major concerns that:

- i. young people who may be assessed as ‘at risk’ of developing psychoses, and their families, may feel both traumatised and stigmatised by such assessment;
- ii. there is a strong possibility (between 50% and 70% that a pre–diagnosis of psychosis may be erroneous; and
- iii. prescribing anti–psychosis drugs to young people who may develop psychoses may be fraught with dangers too.

The Network’s QLD Committee felt iii above was especially significant given that the *Diagnostic and Statistical Manual of Mental Disorders (DSM IV)* is currently under review amid tight secrecy, and it is widely believed that there is a proposal under consideration for a **Psychosis Risk Syndrome** to be included in DSM V. If it is included, then there are serious concerns that drug companies would aggressively market drugs aimed at this market.

After discussion the Meeting agreed that these developments need to be carefully monitored given the controversy that is now emerging over EPPIC model.

- **Mental health online portal.** This has been welcomed by the Network as it will enable consumers to more easily identify and access services. The portal will also provide online training and support to GPs, Indigenous health workers and other clinicians delivering mental health services. The e–mental health portal will provide consumers with access to a suite of online assistance at a range of treatment levels. Health professionals will have access to information, training and resources that will assist them in delivering treatment and mental health services.
- **Expansion of Access to Allied Psychological Services (ATAPS).** This expansion will be through Medicare Locals and will provide services to children and their families, Aboriginal and Torres Strait Islander people, and people from hard to reach locations with a particular focus on lower socioeconomic areas. Medicare Locals will coordinate services at a local level by integrating primary care services with other community based support for people with mental illness. It remains to be seen quickly this reform will be able to be rolled out and how well this will work on the ground.
- **Expansion of Support for Day–to–Day Living in the Community Program,** which provides structured activities such as cooking, shopping and social outings where the individual can participate in social rehabilitation and gain independent living skills. Ms McMahon has undertaken some informal discussion as to how people in the private sector might be able to access these with private health insurers.

- **Expansion of youth mental health.** This will take place over five years to establish 30 new *headspace* sites, and provide additional funding to existing sites and the *headspace* National Office. The *headspace* program provides community-based support and assistance to Australians aged 12 to 25 with, or at risk of, mental illness. Ms McMahon felt it may be difficult to staff these.
- **Health and wellbeing checks for three year olds.** This will include consideration of emotional wellbeing and development, and to bring forward the check to three years of age.
- **National Partnership Agreement on Mental Health \$201.3m** over five years to provide incentives to states and territories to address major service gaps in their mental health services including accommodation, emergency departments and community-based crisis support
- **Research funding \$26.2m** over five years through the National Health and Medical Research Council (NHMRC) for mental health research priorities.
- **Additional Family Mental Health Support services \$61.0m** over five years to provide an additional 40 Family Mental Health Support services. These services provide prevention and early intervention support and assistance for families and children to address mental health issues early in life and early in the onset of mental illness. They have a particular focus on young carers and vulnerable children, including those who have been identified as being at risk of mental illness.
- **Additional personal helpers and mentors and respite \$208.3m** over five years to expand and integrate Personal Helpers and Mentors and respite services. This will provide greater access to intensive, one-on-one support for people with persistent and/or episodic mental illness to aid recovery and reduce social isolation, with a focus on employment and educational outcomes. It will also provide improved access to respite for their families and carers. As part of this expansion, \$50.0m will be allocated to provide personal helpers and mentors to specifically help people with mental illness on, or in the process of claiming, income support including, the Disability Support Pension, and who are participating in employment services.
- **Australian Early Development Index \$29.7m** over five years to improve the Australian Early Development Index (AEDI) and ensure the ongoing collection of data every three years.
- **Employment participation \$2.4m** over five years to support increased economic and social participation by people with mental illness.
- **Social Engagement and Emotional Development survey for Children aged 8 to 14 years 1.5m** over five years to develop a national *Social Engagement and Emotional Development* survey for children aged 8 to 14 years.

At the end of this Agenda Item, Ms Lucy spoke about the shortage in the number of private psychiatrists operating in Tasmania. This means that many of them are able to 'pick and choose' in terms of what sort of patient referrals they accept in regards to

diagnosis. Many psychiatrists will not see somebody with BPD. The rationalisation of Better Access, will mean that many women with BPD are only going to have access to help from the general practitioner, and even that may be questionable.

The National Committee discussed the need to write to the Chair of the BPD ERG drawing particular attention to this matter.

Resolved (unanimous)

That the Private Mental Health Consumer Carer Network (Australia) [Network] National Committee (NC), requests that the Chair write to the Chair of the Borderline Personality Disorder Expert Reference Group concerning the rationalisation of the Better Access initiative and its impact on people with Borderline Personality Disorder.

Action: Ms McMahon

10. NATIONAL MENTAL HEALTH CONSUMER CARER FORUM REPORT

The National Mental Health Consumer Carer Forum (NMHCCF or Forum) is constituted by twenty four members of which twelve are mental health consumers and twelve are mental health carers. These members comprise one consumer and one carer representative nominated by each state and territory, and consumer and carer representatives from most of the following national organisations. The Network holds one position.

- blueVoices, the consumer and carer reference group for beyondblue
- Carers Australia
- Consumers Health Forum of Australia
- Grow Australia
- Mental Health Carers ARAFMI Australia
- Private Mental Health Consumer Carer Network (Australia)

The Network Representative on NMHCCF, Mr Patrick Hardwick, verbally briefed the Meeting on the activities of the NMHCCF. Some of the key issues mentioned have been set out below.

10.1 Psychosocial Disability Project

The NMHCCF has submitted a Position Statement to the Productivity Commission Inquiry into Long Term Care and Support by 13 May 2011. The Position Statement is available from the Forum website, www.nmhccf.org.au. It defines psychosocial disability and describes the disability supports required for people with a psychosocial disability to function effectively in the community.

10.2 National Mental Health Peer Worker Forum

NMHCCF has a strong interest in developing and supporting the consumer and carer workforce, and the partnered with Community Mental Health Australia and the Community Services and Health Industry Skills Council to host the National Mental Health Peer Worker Forum. The forum was held in Sydney on 22 February 2011 and explored peer workforce issues. Over 180 people from across Australia attended, the

majority being consumer and carer peer workers. Five NMHCCF members presented and moderated sessions.

Ms Lucy mentioned that current arrangements for dealing with consumer expenses are onerous and preclude many consumers from attending such events. Mr Hardwick agreed to raise the issue with the NMHCCF.

10.3 Review of the Mental Health Statement of Rights and Responsibilities Project

Ms Robyn Milthorpe from the Australian Government Safety and Quality Partnership Sub-committee (SQPS) attended the NMHCCF to brief members on the background to the project and its current status including the drafting of the project plan, formation of a steering/reference group and the finalisation of a contract with Monash University. Support and engagement with SQPS is required as the Monash group has completed an initial review which will soon be available for a targeted consultation. A consumer and carer from the NMHCCF have been appointed to the reference group.

10.4 NMHCCF Meetings

The NMHCCF met in Canberra on 21/22 March 2011. The Minister for Mental Health and Ageing the Hon. Mark Butler MP (the Minister), spoke to members about future mental health policy during a breakfast meeting on day two. The Minister highlighted nationwide forums he had been involved in and spoke about the National Mental Health Expert Reference Group, which will be continuing. The Minister also spoke about the Australian Government's reform agenda and the Forum identified some areas that need to be prioritised including psychosocial disability, physical health of consumers and carers and funding across the age spectrum. The Minister has been invited to attend NMHCCF meetings and he has agreed to attend the September Forum.

There were three guest speakers at the last NMHCCF. Ms Vanessa Dayeh from the Community Services and Health Industry Skills Council attended to give an update on the Mental Health Peer Workforce Competency Development Project. Professor Beverley Raphael attended and spoke about the disaster management in mental health focussing on the Queensland floods. There was also a speaker from Centrelink who spoke about Centrelink's new Service Delivery Advisory Group.

The new CEO of the Mental Health Council of Australia (MHCA), Mr Frank Quinlan, attended the last NMHCCF.

The NMHCCF is going to develop an advocacy brief on terminology and a brochure on what consumers and carers want.

10.5 NMHCCF funding and membership and other related activity

The NMHCCF representatives on the Mental Health Standing Committee (MHSC) reported back on the discussion of the NMHCCF 2011/12 funding proposal that took place at the 13 May 2011 meeting of the MHSC. The MHSC reports to the Australian Health Ministers' Conference through the Australian Health Ministers' Advisory Council (AHMAC) and the Health Policy Priorities Principal Committee (HPPPC). Jurisdictional members agreed to contribute basic operational funding to the NMHCCF for the next two financial years, with all jurisdictions (except Victoria, the

Northern Territory and South Australia) providing funding to support an additional face-to-face meeting through their local consumer and carer peak bodies to formalise links with the Forum.

An ATSI representative has been identified to join the Forum and will be funded by the Office of Aboriginal and Torres Strait Islander Health.

Multicultural Mental Health Australia (MMHA) has also provided Culturally and Linguistically Diverse (CALD) representation on the Forum. The MHCA has called for better data on CALD and indigenous. DoHA has asked MMHA to develop a cultural competency tool, but this stalled due to lack of funding for implementation. Mr Bichara explained that MMHA has been defunded and a new funding body, *Multicultural Mental Health in Australia*, has been formed in its place. The new body is a consortium between QLD, VIC and SA. The consortium will be looking at the national competency tool and redefine it to be more effective. The new consortium will provide the tool and ways forward for service development.

The NMHCCF has completed a privacy and confidentiality position statement, which will be launched at the TheMHS conference in September 2011.

A national audit on the effectiveness of consumer and carer participation is in the pipeline. Ms McMahon asked Mr Hardwick to ensure the private sector is involved in that audit.

10.6 NMHCCF Awards Program and other activity

NMHCCF has considered that the development of an award program would be a risk for the Forum. An award program would not be part of NMHCCF core business and there may be conflicts of interest. Instead, NMHCCF will celebrate existing awards and make people aware of what is available.

Mr Tony Fowke will complete his term as a carer representative and current President on the World Federation of Mental Health in October 2011.

The NMHCCF has noted that the United Nations Millennium Goals do not include mental health and the NMHCCF will write to the Minister about this.

10.7 Joint National Register / NMHCCF Workshop

NMHCCF members participated in the National Register and NMHCCF Workshop on 5/6 May in Melbourne. About 60 mental health consumer and carer representatives have registered to attend. Key agenda items for this training and skill-building workshop included networking, advocacy, partnering and workforce. The keynote address was given by 2011 Australian of the Year, Simon McKeon.

10.8 Nationally consistent process for selection of consumers and carers

Since the February 2011 MHSC, meeting the NMHCCF has received additional feedback from Tasmania on the *Nationally consistent approach for NMHCCF consumer and carer selection and representation*. Feedback can still be sent to Kylie Wake, NMHCCF Executive Officer, at: nmhccf@mhca.org.au.

10.9 GP Charges

A representative will be attending the next NMHCCF from Medicare to discuss the gaps in GP charges.

11. PMHA QUALITY IMPROVEMENT PROJECT

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.

1. *Implementation of Consumer Perceptions of Care Measure (CPoC)*. This first activity involves the implementation of a standardised measure of CPoC in all private hospital-based psychiatric services across Australia.
2. *Outcomes in Private Psychiatry Practice (OPPP)*. Work on this second activity will establish a research network of psychiatrists evaluating outcomes within the context of their private psychiatry practice.
3. *Internet Access to the PMHA's CDMS (IAP)*. 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.
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 2010, Work Programs for each of these activities were developed and the PMHA established a steering committee to act as a reference group and to assist with managing the Project. The QIP Steering Committee is holding face-to-face meetings back-to-back with meetings of the PMHA over the course of 2011 and 2012. The Steering Committee is comprised of the following representatives.

- | | | |
|----|---------------------------|---|
| 1. | Ms Andrea Selleck (Chair) | Australian Health Insurance Association |
| 2. | Ms Moira Munro | Australian Private Hospital Association |
| 3. | Dr Bill Pring | Australian Medical Association |
| 4. | Ms Robyn Milthorpe | DoHA Mental Health Reform Branch |
| 5. | Mr Bradley Schulz | DoHA Mental Health Reform Branch (Observer) |
| 6. | Ms Janne McMahon | Consumer Representative |
| 7. | Professor Andrew Page | Expert Adviser |
| 8. | Mr Allen Morris-Yates | Director, PMHA-CDMS |
| 9. | Mr Phillip Taylor | PMHA Director (Secretary) |

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 noted that Mr Hardwick had attended the last meeting of the Steering Committee held on 21 July 2011, as a proxy for Ms McMahon.

11.1 Development of the Consumer Perceptions of Care (CPoC) Model

The substantive work involved in the drafting of the CPoC Model is now largely completed. The Model titled, *National Model for the Routine Collection, Analysis and Reporting of Consumer Perceptions of Care by Private Hospital-based Psychiatric Services* (hereafter CPoC National Model), has been circulated for comment to the APHA Psychiatry Committee and members of the Steering Committee. Overall the CPoC National Model had been well received and respondents had been very happy with the consultation process.

Ms McMahon then briefed the NC on the two survey instruments that will be used in the CPoC National Model and on the comments that had been submitted by the Network to the Steering Committee. The outcome of the Steering Committee's discussions concerning those comments are out below.

- The Steering Committee agreed that there are insufficient grounds for changing the wording of Item 9 of the *Perceptions of Care for Day and Outreach Patients* survey, and it was agreed it should remain as follows: *I was able to see a psychiatrist when I wanted to*. The question was fundamentally addressing ease of access to any psychiatrist, either attached to a private psychiatric service or in the community. To replace *psychiatrist* with *clinician* would alter the intent of the question, making it singularly different.
- Concerning Item 21 of the *Perceptions of Care Survey for Day and Outreach Patients* survey which reads, *I was encouraged to use consumer-run programs (support groups, drop-in centres, crisis phone line etc.)*; and whether the phrase *consumer-run* could be deleted and replaced with the word *community*, the Steering Committee agreed that the phrase *consumer-run programs* should be replaced with the phrase *community-based programs*, so that it reads:

Item 21 I was encouraged to use community-based programs (support groups, drop in centres, crisis phone line etc.)

It will be made clear in the CPoC National Model that this change was requested by the Network. The phrase *consumer-run* in the original American MHSIP instrument reflects the philosophical orientation of the Recovery movement.

Mr Bichara mentioned there is at least one consumer-run program in the private sector run out of the Albert Road Clinic in Victoria.

- The Steering Committee considered the issues of:
 - enhancing completion rates and anonymity through the provision of stamped addressed envelopes;
 - anonymity when consumers complete surveys on discharge and hand them to staff; and

- the separation of written comment to increase respondent anonymity.

The Steering Committee agreed that it is not the responsibility of the PMHA CDMS to advise hospitals about strategies for enhancing respondent anonymity to increase completion rates. Some advice regarding administration protocols may be provided in the future when CPoC National Model begins to be implemented nationally.

11.1.2 Use of optional personal identifier on CPoC survey

Ms McMahon reported that one issue raised by the Steering Committee was whether consumers should be given the option of identifying themselves when filling out the Consumer Perceptions of Care (CPoC) questionnaires, which would enable linkage to the PMHA's CDMS database for certain kinds of analyses. Having the option of a personal identifier included on CPoC surveys is a proposal, which the Steering Committee has deferred for further debate until the views of this Meeting of the Network's NC and those of the 28 September 2011 APHA Psychiatry Committee can be ascertained. To assist with those deliberations the Expert Adviser to the Steering Committee, Professor Andrew Page, composed a short rationale describing the issues and benefits of using this approach for the NC and the APHA to consider.

The NC then considered a copy of Professor Page's rationale and noted that those who took up the option of identifying themselves would, essentially, be agreeing to permit their name to be used to link the CPoC data to their other HoNOS and MHQ-14 data held by the CDMS. This would be with the proviso that their confidentiality would be preserved and that once entered, the scores would be analysed in a de-identified format so that individuals cannot be identified.

Some of the issues that emerged during the NC discussion of the proposal included the following.

- How will the data be interpreted? Statistics can often be skewed for a particular political agenda, such as the way the statistics on smoking are presented in the media and by some public health professionals.
- The collection should never be compulsory.
- Would people be able to be identified by their demographics?
- The survey should not be taken home to be completed, as it is unlikely that the form will be returned to the hospital. Rather there should be a locked box at the Hospital that the surveys are deposited in.
- Hospitals staff should not be involved with assisting a consumer to complete the survey. There must be guidelines for the appropriate degree of assistance to be offered by staff to consumers, for example, translation of questions or explanation of concepts the consumer.
- The data should never be shared with any clinical staff.
- Identification might mitigate against consumers feeling comfortable to be honest when completing the surveys.

- CPoC data may be very valuable in helping private hospitals improve the services they provide to consumers.
- CPoC feedback may assist in funding decisions.
- CPoC data may assist hospitals in understanding how they are performing against particular diagnostic groups.
- Consumers would need to fully understand why the data is being collected and what it is being used for.
- The process of implementation of the survey will be critical.

On two occasions the Meeting sought further clarification via teleconference from the PMHA's CDMS Director, and QIP Project Manager, Mr Allen Morris-Yates. Some of the key issues clarified during that discussion included the following.

- Linkage of CPoC data with information about clinical status (HoNOS and MHQ-14) and service utilisation, would enable very important questions to be asked about the relationship between clinical outcomes and perceptions of the quality of care. Variations between hospitals as to how they deal with different diagnosis could also be determined. These are very difficult questions to answer if the data is not linked.
- Although the data would be linked, it is then analysed in a de-identified format so that individuals cannot be identified.
- There will be a two-to-three year moratorium on the provision of CPoC data to private health insurance funds. This will give private hospitals a chance to learn how to use the CPoC data properly.
- Two sorts of analysis are proposed under the CPoC National Model. The first highlights dissatisfaction for the purposes of quality improvement exercises. It gives a somewhat unbalanced view of consumer perceptions deliberately in order to highlight for hospitals issues that may need attention. This method of reporting will not be used for public reporting. There is a more balanced method for reporting in the public domain.
- Identification via demographics will only be through broad age group categories and sex.
- The benefits of linkage need to be balanced against a consumer's willingness to complete the CPoC survey honestly. In the CPoC Pilot Study, when the results of those consumers who said they were more honest because they could not be identified were compared to those consumers who said they weren't more honest because they could not be identified, there was no difference in their propensity to critique the services received. This is a general problem in all psychiatric research in that very little is known about people who do not respond. These are often the people we want to know about.
- In the Pilot, consumers were provided with a stamped addressed envelope which was sent to the CDMS (a neutral party), but even with this anonymity,

only 40% of overnight inpatient consumers and only 23% of ambulatory consumers responded. Of the 40% respondents, 69% felt comfortable they could not be identified.

- Initially, it is expected that the voluntary nature of identification will mean that there will be some variation in the data obtained.
- The two outcome measures used at present cover clinical issues (HoNOS and MHQ-14). What the CDMS does not have is data on the quality of services, which is the piece of the puzzle that is currently missing – CPoC data.
- By doing this at a national level, hospitals will have the opportunity to benchmark themselves with their peers. They also get the benefit of being provided with tools by the CDMS that will make it easier for less technically capable hospitals to do some of this work.
- If optional identification is to be included in the CPoC National Model, then the process would be as follows.
 - The end of the survey questionnaire form would include the option of the respondent including their name. There would be a statement about why the data is being collected and how the data will be used, and statement about the private hospital's commitment to protecting privacy.
 - When the data is subsequently entered into the CDMS HSMdb software at the hospital level the coder entering the information looks up the person and attaches the CPoC measure to that person by name.
 - When the data is then submitted to the CDMS it is then linked by a number to the rest of their information, but they are not personally identified.
- No data can or will be submitted to private health insurance funds on any individual consumer. This is also the case with the current HoNOS and MHQ-14 data collected by the CDMS.

After further careful discussion the following resolution was put to the meeting and was carried by majority vote.

Resolved (by majority vote)

That the Private Mental Health Consumer Carer Network (Australia) [Network] National Committee (NC), endorses the consumers having the option of including their name to be used to link the Consumer Perceptions of Care data to their other HoNOS and MHQ-14 data held by the CDMS, with the proviso that their confidentiality is be preserved and that once entered, the scores are analysed in a de-identified format so that individuals cannot be identified.

Action: Mr Allen Morris-Yates

12. NETWORK STATE COMMITTEE REPORTS

The Meeting noted the copies of the self-explanatory minutes for QLD, SA and VIC, which had been circulated with the agenda papers. The Chair invited the Network's State Coordinators to report very briefly on those meetings.

12.1 QLD – Mr Norm Wotherspoon

Mr Wotherspoon reported the Network's Queensland Committee met on 21 June 2011, at Belmont Private Hospital. The Network's QLD Committee has raised the issue of confidentiality in two parts.

Firstly, the question was asked as to whether any further information had been provided by *beyondblue* with regard to action to prevent private health insurers and other insurance companies seeking access to complete client records from psychiatrists and psychiatric hospitals and clinics. Ms McMahon will follow this up with the health insurers.

Secondly, the QLD Committee has raised the issue of what people consider to be appropriate levels of information by psychiatrists in case conferences with other members of multi-disciplinary teams. The general consensus seemed to be that, in most case conferences, members were provided with information which was necessary for all team members to fulfil their duties in respect of patients. In some situations, members were given additional information but, in most situations, nothing which would in any way compromise the confidentiality of patients.

The Network QLD Committee is also interested in the status of the Identification of the Carer Project. Ms McMahon indicated the full report is available on the Network website. The Commonwealth have agreed to fund the graphic design of the Carer Information Booklet. The booklet is currently with the AMA legal department for comment.

12.2 SA – Mr John Kincaid

Mr Kincaid reported that the South Australian Committee of the Network met on 26 May 2011 at the Adelaide Clinic. The Meeting noted that there had been a celebration of the tenth anniversary of the Adelaide Clinic's Consumer Carer Advisory Committee. This Committee was originally set up by Ms McMahon in discussions with the Ramsay Health SA CEO at that time, Mr Ashley Cooper.

12.3 VIC – Mr Evan Bichara

Mr Bichara reported on the following matters which had been discussed at the last meetings of the Network's Victorian State Committee, held on Friday, 17 June at the Albert Road Clinic.

- Network Smoking Policy
- Victorian State Committee Terms of Reference
- Reference document – Victorian Committee email distribution list

- Draft Victorian Mental Health Bill
- Peer Workforce Qualification framework to train peer workers and others involved in carer positions.
- CALD Community Education Session to be provided by Evan for relevant mental health professionals, and interested parties.
- Recognition of immediate past State Convenor, Ruth Carson
- Distribution of promotional tote bags
- Healthscope website Call Centre

The next meeting of the Victorian State Committee will be held on 30 September 2011.

Mr Bichara offered to promote the Network and its NC in the events he undertakes in Victoria.

12.4 ACT Ms Kim Werner

The Network's ACT Committee lack the strong hospital base evident in other jurisdictions and earlier this year its membership disintegrated for various reasons. Ms Werner has put together a new three member committee for ACT, which will meet in late September, or early October 2011.

12.5 WA – Mr Patrick Hardwick

Mr Hardwick reported that the next meeting of the Network's WA Committee will be held in September 2011.

12.6 TAS Ms Lucy Henry

Ms McMahon and Ms Henry are discussing the arrangements for Tasmania.

13 REVIEW OF NETWORK MEMBERSHIP SURVEY

The Meeting considered the results of the Network Membership Survey that was conducted in April 2011. There were 22 responses. Overall the majority of respondents considered the Network to be effective.

The Meeting then discussed some of the activities respondents had suggested the Network undertake and agreed that the following would be important to include in the Network Newsletter going forward.

- Promotion in the Network's achievements.
- Less emphasis on Network's advocacy role and more emphasis on Network Member good news and reality type stories.
- Information on the role of State Committees and the NC and what they are working on.

- Explanation of how to get involved in the Network's State Committees.

Ms McMahon indicated that Mr Hardwick has agreed to undertake the drafting of the Newsletter to capture the sorts of issues listed above. The Network's monthly e-News Alert is only intended to provide a very brief snapshot of what is happening more generally in mental health and some of the activities of the Network. Ms McMahon suggested that NC members should forward anything they feel may be relevant for inclusion in e-News Alerts.

After further discussion, it was agreed that it may be useful to have a Network policy advising Network Members about positive things that they can do to better support their own physical health.

Resolved (unanimous)

1. *That the Private Mental Health Consumer Carer Network (Australia) [Network] National Committee (NC), requests that the Network's Deputy Co-chair, Ms Kim Werner, draft a brief policy for the network around physical health and mental health.*

Action: Ms Werner

2. *That Network NC Members forward to the Chair any information they feel may be useful to include in the Network e-News Alert.*

Action: NC Members

3. *The Network NC endorses the Network membership survey being conducted every 12 months.*

14 NETWORK POLICY DOCUMENTS

The Meeting noted that there are two types of Network policy documents.

Internal policies for formalising mechanisms pertaining to the running of the Network, and *external policies* or *position statements*, which are in the public domain.

The ***Internal Network Policies*** that have been developed and adopted are set out below.

Internal Policy 1a	Nomination for State Committee membership – 2009
Internal Policy 1	Selection process for consumer and carer state committee members 2009
Internal Policy 2	Media protocol 2010
Internal Policy 3	Public Statement protocol 2010

The *External Network Policies* that have been developed, adopted and approved to appear in the public domain and on the Network's website, are as follows.

- Policy 1 Smoking in Private Hospital settings – September 2009
- Policy 2 Consent – June 2010
- Policy 3 Advance Directives – 2010
- Policy 4 Health information Privacy and Security – June 2010
- Policy 6 Consumer and Carer participation in Private Mental Health Services – 2010
- Policy 7 Involuntary Detention and Treatment – 2010

The Meeting noted that the following policies are under development.

- Policy 8 Carer Support
- Policy 9 Employment, Disability and Mental Illness
- Policy 10 Best Practice Provision of Private Mental Health Services

14.1 Network Policy 8 Carer Support

The Meeting then considered the draft copy of Network Policy 8, which had been circulated with the agenda and papers. After discussion, the Meeting made the following changes to Policy 8.

Amend the second sentence in the first paragraph so that it reads:

*In this context, a **primary carer** may be defined as a family member, partner, friend, or neighbour, ~~or paid helper~~, who regularly cares for a person with a mental illness.*

Amend the second sentence of the last paragraph which appear before the heading *Policy* to read along the following lines.

The role, adequacy of education and information currently provided, and support for primary carers in private sector settings is not currently supported to the extent it should be.

Include a fourth dot point under the heading *Policy* that indicates that the involvement of the carer(s) should always be where nominated by the consumer and where clinically appropriate.

Resolved (unanimous)

That the National Committee (NC) of the Private Mental Health Consumer Carer Network (Australia) [Network] requests that Network Policy 8: Carer Support, be revised in accordance with the amendments agreed at the 24th Network Meeting held on 15/16 August 2011 in Melbourne. The NC requests that Network Policy 8 then be circulated for out-of-session endorsement and inclusion on the Network's website.

Action: Ms Werner/NC Members/Mr Taylor

14.2 Policy 9: Employment, Disability and Mental Illness

The Meeting then considered the draft copy of Network Policy 9, which had been circulated with the agenda and papers. It was agreed to amend the second sentence in the first paragraph so that it reads:

The Private Mental Health Consumer and Carer Network Australia (the Network), believes that all people with a ~~mental~~ psychosocial, or psychiatric disability have a right to employment.

Ms McMahon will review the recent changes to the Disability Support Pension (DSP) and make any amendments that may be necessary to Policy 9 to ensure it reflects the current practice under the DSP.

The Meeting also agreed that the Policy should better highlight how to access such programs as the Personal Support Program (PSP) and disability employment services.

Resolved (unanimous)

That the National Committee (NC) of the Private Mental Health Consumer Carer Network (Australia) [Network] requests that the draft Network Policy 9 Employment Disability and Mental Illness be revised in accordance with the amendments agreed at the 24th Network Meeting held on 15/16 August 2011 in Melbourne, prior to circulation to NC Members for consideration and comment in consultation with their respective State Committees.

Action: Ms McMahon/Mr Hardwick/NC Members

14.3 Policy 10: Best Practice Provision of Private Mental Health Services

The Meeting then discussed draft Network Policy 10, and the *Guidelines for determining benefits for health insurance purposes for private patient hospital-based mental health care* (Guidelines) to which it refers. In its current form the Policy is seeking to ensure that mental health services provided in private hospitals with psychiatric beds and the funding of those services through health insurers comply with the Guidelines.

After discussion, it was felt that the Network's Policy position in relation to the Guidelines should be to make consumers and carers aware of their existence.

Ms Werner agreed to develop some form of words for a policy on the Guidelines.

Resolved (unanimous)

That the National Committee (NC) of the Private Mental Health Consumer Carer Network (Australia) [Network] requests that the draft Network Policy 10 Best Practice Provision of Private Mental health Services be revised by the Chair and Deputy Co-chairs prior to circulation to NC Members for consideration and comment in consultation with their respective State Committees.

Action: Ms McMahon/Mr Hardwick/Ms Werner/NC Members

15. PERSONALLY CONTROLLED ELECTRONIC HEALTH RECORD (PCEHR)

Ms Janne McMahon and Mr Taylor briefed NC Members on the PCEHR consultation meeting they attended specifically for mental health convened by the National e-Health Transition Authority (NEHTA) in Geelong on Wednesday 20th July, 2011.

The NC discussed some of the issues involved with the PCEHR for mental health consumers in relation to the following.

- The opt in nature of the system.
- The PCEHR does not replace the medical record
- PCEHR will contain basic information such as clinical diagnosis and medication.
- Consent
- *Break the glass* approach to be used to access information in emergencies.
- Provider access
- Audit control particularly in relation to who has accessed the PCEHR.
- Levels of authorisation and password protection.
- Complaints mechanism.

The Meeting noted that while Ms McMahon will be unable to attend the next consultation a PMHA representative will be attending. It was agreed that the PMHA representative be asked to clarify whether a clinician is able to post information directly onto PCEHR, with the consumer's permission.

At the end of this Agenda Item, Mr Taylor emailed a copy of the NEHTA Draft Concept of Operation document to NC Members as background reading.

Resolved

That the Network Chair request the PMHA representative clarify whether a clinician is able to post information directly onto PCEHR.

Action: Ms McMahon

16. CARER INVOLVEMENT IN THE DEVELOPMENT OF CARE/TREATMENT/DISCHARGE PLANNING

Mr Hardwick spoke to this Agenda Item and indicated that, while the role of carers is beginning to be better recognised at a number of levels including the National Standards for Mental Health Services 2010, the process for carer engagement is still not clear. It may be worthwhile to scope what models are currently being used in private hospitals particularly in relation to carer involvement in the development of care, treatment and discharge planning. A best practice model may then be able to then be developed.

After discussion, the Meeting agreed to explore the development of a (possibly conjoint) scoping project on carer engagement to follow on from the Network's Identifying the Carer Project. Recommendations could then be developed for a best practice model. The Meeting agreed that this work fits within the context of the Network's current work plan for 2012–13.

Resolved (unanimous)

That the National Committee (NC) of the Private Mental Health Consumer Carer Network (Australia) [Network] requests that the Chair approach the Australian Government Department of Health and Ageing (DoHA) and discuss the scoping of carer engagement in the private sector with a view to the development of a best practice model that is consistent with the National Standards for Mental for Health Services 2010 and the National Mental Health Plan 2009–2014.

Action: Ms McMahon

17. PRIVATE PATIENT'S HOSPITAL CHARTER

The Meeting noted that under the National Health Act 1953 it was a requirement for the Minister for Health and Ageing to issue a statement called the Private Patients' Hospital Charter, informing private patients of their rights and responsibilities. Since the introduction of the Private Health Insurance Act 2007, it is no longer a legislative requirement that the Charter is printed and distributed by the Department of Health and Ageing, the Private Health Insurance Ombudsman and the Private Health Insurance Administration Council.

The Charter has now been replaced by a summarised electronic two page factsheet. The Department of Health and Ageing (DoHA) will no longer print and distribute the Charter. There is no substantive difference to the information contained in the new look Charter. The two page factsheet is a summary of the information in the booklet, flyer and poster formats that have been replaced and can be downloaded from the DoHA website at:

<http://www.health.gov.au/internet/main/publishing.nsf/Content/health-privatehealth-consumers-charter-index.htm>

The Meeting discussed the Charter and concerns were expressed that the content made no reference to a patients right to involve their nominated carer. There was some discussion of such involvement and it was agreed that this should be *where nominated and clinically appropriate*.

There were also concerns over the new process whereby the Charter is no longer provided in hard copy by the Commonwealth.

Resolved (unanimous)

That the National Committee (NC) of the Private Mental Health Consumer Carer Network (Australia) [Network] requests that the Chair write to the Australian Government Department of Health and Ageing concerning the content of the Private Patients' Hospital Charter with particular reference to nomination of a carer and the new process for its distribution.

Action: Ms McMahon

18. PROMOTIONAL OPPORTUNITIES

The Chair briefed the Meeting on the following promotional activities that have been undertaken by the Network over the past few years.

- Promotional brochure ‘Driving Change’
- Promotional cards, with ‘Basic Human Rights’
- Tote bags
- Twice distribution of ‘Driving Change’ to private hospitals in 2004 and 2011
- One distribution of ‘Driving change’ to private psychiatrists in Hobart
- Distribution of the brochure ‘Driving Change’ as an insert within the RANZCP’s publication ‘Australasian Psychiatry’
- Article within the AMA’s monthly publication
- Article within the Health Consumers Alliance in SA
- Booth at the annual TheMHS Conference

The Chair then drew attention to the new website for the PMHA, its CDMS and the Network, which had been developed under the auspice of the PMHA’s Quality Improvement Project by CDAA Pty Ltd in consultation with Mr Taylor and Mr Allen Morris–Yates.

The Meeting noted that two matters remain outstanding. Firstly, the address www.pmhccn.org does not take users to the new site and secondly the email address admin@pmhccn.com.au is yet to be established and working. Mr Taylor advised that these matters have been referred to the AMA IT Department of resolution.

The NC then discussed other promotional opportunities for the Network within the context of available funding and the following was thought to be important.

- Linkage of other websites to the Networks site.
- Inclusion of the link to the Network website in the electronic newsletters of other appropriate organisations.
- Online registration.
- Change the title of the Network’s State Coordinators so that the singular form includes jurisdictional title followed by word “Coordinator” and the collective form of the title becomes “State Coordinators”.
- Business cards for the Nework’s State Coordinators.
- Pens

Resolved (unanimous)

That the National Committee (NC) of the Private Mental Health Consumer Carer Network (Australia) [Network] expresses its gratitude to Mr Phillip Taylor and Mr Allen Morris–Yates for the work undertaken with CDAA Pty Ltd in the redevelopment of the Network’s website into a user friendly and professional site.

That the Network NC requests that the Chair explore further the suggestions for promotional activities of the 24th Network Meeting held on 15/16 August 2011 and any costs that might be involved.

Action Ms McMahon

That the NC requests that all future reference to the Network’s State Coordinators be as follows. In the singular form the jurisdictional title should be used followed by word “Coordinator”, as set out below.

- Queensland Coordinator
- New South Wales Coordinator
- Australian Capital Territory Coordinator
- Victoria Coordinator
- South Australia Coordinator
- Western Australia Coordinator
- Tasmania Coordinator

In the collective form the title should be State Coordinators.

19. THE MENTAL HEALTH SERVICES (TheMHS) CONFERENCE 2011

The TheMHS Conference is a national conference held in different cities each year. The services delivered within Australian and New Zealand are show cased at the Conference. TheMHS also holds a *Summer Forum* each year.

This year, TheMHS will be held from 6 to 9 September 2011 at the Adelaide Convention Centre, Adelaide, South Australia. Ms McMahon, Mr Kincaid, Ms Henry and Mr Bichara will be attending TheMHS, or part thereof. The Meeting noted that Mr Bichara will present two papers; one on Multicultural Reference Group in Victoria, and another on Mental Health and Religion. Ms Henry is also doing a short presentation titled, *Diagnosis to Diva*.

19.1 Network Booth at TheMHS

The Meeting noted that the Network has operated a Booth at TheMHS for several years. The purpose of the booth is to publicise the Network, recruit new members and promote the Network’s activities. The Meeting noted that Mrs Ruth Carson will be attending TheMHS and will promote her book from the Network booth.

19.2 Presentation at TheMHS 2011

The Meeting noted that the Network had participated in a small research project conducted by Associate Professor Sharon Lawn, Flinders University Flinders Human Behaviour and Health Research Unit, Margaret Tobin Centre titled, *Exploring the experiences of those who care for a spouse with serious mental illness*. As a result of that participation, the Network Chair will be presenting with Professor Lawn at TheMHS.

20. NATIONAL AWARDS

In the time remaining, the Network Chair briefed the Meeting on the following awards and asked NC Members to give some thought to possible candidates for nomination for these or any other relevant awards.

- Order of Australia Award
- TheMHS Achievement Award: Exceptional contribution by an individual Award
- National Human Rights Award

21 NEXT MEETING

It was agreed that the next face-to-face meeting of the Network will be held as follows.

Twenty Fifth (25th) Network NC Meeting
Monday, 20 and Tuesday 21 February 2012
RANZCP Headquarters
309 La Trobe Street

Ms Janne McMahon OAM
Independent Chair

Mr Phillip Taylor
Secretary