Private Mental Health
Consumer Carer Network (Australia)
engage, empower, enable choice in private mental health

TWENTIETH (20TH) MEETING
OF THE
NATIONAL COMMITTEE

HELD AT

THE ROYAL AUSTRALIAN AND NEW ZEALAND
COLLEGE OF PSYCHIATRISTS
(RANZCP)
309 LA TROBE STREET
MELBOURNE
VICTORIA

17–18 AUGUST 2009

ENDORSED REPORT AND RESOLUTIONS

Glossary of Terms and Acronyms

AHIA	Australian Health Insurance Association
AMA	Australian Medical Association
APHA	Australian Private Hospitals Association
DoHA	Australian Government Department of Health and Ageing
ECT	Electroconvulsive Therapy
FaHCSIA	Australian Government Department of Families, Housing, Community Services and Indigenous Affairs
Health Insurer(s)	Private Health Insurer(s) that pay benefits for psychiatric care
Hospital(s)	Private Hospital(s) with mental health beds
MBS	Australian Government Medicare Benefits Schedule
MHCA	Mental Health Council of Australia
MHSC	Mental Health Standing Committee of the AHMAC Health Priorities Principal Committee
NC	The 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
PMHA	Private Mental Health Alliance
PMHA–CCMWG	PMHA Collaborative Care Models Working Group
PMHA–CDMS	PMHA–Centralised Data Management Service
PMHA–CDMS MC	PMHA–CDMS Management Committee
SQPS	Safety and Quality Partnership Sub–committee of the MHSC

1. OPENING AND WELCOME

The Independent Chair of the Private Mental Health Consumer Carer Network (Australia) [Network], Ms Janne McMahon, opened the Twentieth (20th) Meeting of the Network's National Committee (NC) at 9:30 AM (the Meeting) on Monday, 17 August 2009. The Meeting was held at the Headquarters of the RANZCP at 309 La Trobe Street in Melbourne. The following representatives were present.

1.	Ms Janne McMahon	Independent Chair
2.	Mr Norman (Norm) Wotherspoon	Queensland (QLD)
3.	Mrs Alvina Hill	New South Wales (NSW)
4.	Ms Kim Werner	Australian Capital Territory (ACT)
5.	Mr John Kincaid	South Australia (SA)
6.	Mr Patrick Hardwick	Western Australia (WA)
7.	Mrs Ruth Carson	Acting for Victoria (VIC) and Private Mental Health Alliance (PMHA) Carer Representative
8.	Mr Michael O'Hanlon	blueVoices
9.	Mr Phillip Taylor	PMHA Director (Secretary)

1.2 Apologies

1.	Mr Trevor Bester	Tasmania
2.	Mr Wayne Chamley	Network's Mental health Council of Australia (MHCA) Representative and MHCA Board Member

The Chair welcomed Mr Norm Wotherspoon, who has replaced Ms Julie Hutson as the Network's Queensland Representative and State–based coordinator. Ms McMahon also acknowledged the ongoing support for the ensuing two years, of the Australian Medical Association (AMA) not only in terms of financial contribution, but also financial and business administration, travel and other supports, the financial contributions of the Australian Private Hospitals Association, beyondblue, the Australian Health Insurance Association, the Department of Health and Ageing and the RANZCP for the Network and its NC.

2. REPORT OF THE LAST MEETING NETWORK NC MEETING

The Meeting noted a copy of the Report of the Eighteenth (18th) meeting of the Network's NC, held on 18/19 August 2008 in Melbourne. Mr Phillip Taylor noted that a copy of the Report had been provided to the PMHA and posted on the Network's website. Mr Taylor clarified that the Nineteenth NC meeting was held via teleconference specifically to discuss the issue of incorporation of the Network.

3. PROGRESS WITH ACTIONS ARISING FROM THE 18TH AND 19TH MEETING

The Meeting updated the following Table of Progress on actions arising from the 18th and 19th NC Meetings.

ITEM	DETAILS	RESPONSIBILITY	STATUS
2	Report of the last Network Meeting Routinely circulate endorsed reports of Network meetings to beyondblue.	Phillip Taylor	Done
3	Indemnity insurance for consumer/carer advocates/consultants Seek legal opinion on potential liabilities of the Chair, State Coordinators and Committee and need for indemnity insurance.	Chair	Done
4	Australian Bureau Of Statistics (Abs) National Survey Of Mental Health And Wellbeing 2007 Provide the PMHA with a copy of the report prepared by Ms Alvina Hill on the Forum held in Canberra on 14 November, 2008 concerning the findings of the ABS National Survey of Mental Health and Wellbeing 2007.	Phillip Taylor	Done
5	Senate select committee – inquiry on men's health Prepare a submission for the Senate Select Committee on Men's Health	Chair	Done
6	New Zealand (NZ) Connection – Ashburn Clinic Write to Dr Stephanie du Fresne, Medical Director, Ashburn Clinic and invite a consumer and carer from Ashburn Clinic to attend the August 2009 meeting of the Network.	Chair	Done no response as yet
10	Report of the senate community affairs committee inquiry into mental health Contact Senator Claire Moore for advice in taking the recommendations arising from the report of the Senate Community Affairs Committee of Inquiry into Mental Health 2008 forward. If Senator Moore is unable to assist, then write to The Hon. Nicola Roxon MP and The Hon Jenny Macklin MP concerning the recommendations.	Chair	Done On 7.7.09 Invited to meet with Minister's adviser with key clinicians
13.	Future of the Network 1. Write to AMA President to thank the Association for its commitment to the negotiation of a new three year funding agreement and its continued support of the Network. 2. Liaise with Ms Alvina Hill and draft a business plan for the Network that includes the following. 3. Operating Guidelines. (a) Role and responsibilities of the Network Independent Chair. (b) Role and responsibilities of Network Deputy Chair. (c) Role and responsibilities for a Network Administrative Officer. (d) A communication plan for the Network.	Chair Chair/Alvina Hill	Done Done
14	State Based Committees Raise the ongoing difficulties being experienced with obtaining consumer and carer representation on the Network's State Committees with the Australian Private Hospitals Association's Psychiatry–Sub–committee and directly, where appropriate, with private hospitals. Forward the contact details of State–based contacts to the Chair.	Chair State Co–ords	*Pending* Vic– Done *Others Pending*
14.4	Victorian State Committee Raise the concerns of the Network with the Australian Health Insurance Association (AHIA) Mental Health Committee regarding the manner in which McKesson Asia Pacific Pty Ltd are offering their services to consumers. Raise the position of Chair for the Network's Victorian Committee with Mrs Ruth Carson in the first instance.	Chair Chair	*Pending* Done, Ruth to Chair committee until after Feb2010
16.	National Primary Health Care Strategy Prepare a submission in response to the discussion paper titled, Towards a National Primary Health Care Strategy for comment by Network members.	Chair	Done

3.1 New Zealand Connection – Ashburn Clinic

There has been no response from Dr Stephanie du Fresne, Medical Director at the Ashburn Clinic concerning the invitation for a consumer and carer from the Clinic to attend a meeting of the Network's NC. Ms McMahon will follow–up with Dr Fresne.

3.2 Report of the Senate Community Affairs Committee Inquiry into Mental Health

This matter is being progressed and will be the subject of discussion later at this Meeting (refer to Agenda Item 8 of this Report).

3.3 State Committees

The Chair has delayed raising the ongoing difficulties with obtaining consumer and carer representation for the Network's State Committees with the Australian Private Hospitals Association (APHA) until this Meeting of the Network's NC has had an opportunity to consider some recent developments (refer to Agenda Item 4 of this Report).

3.4 Indemnity insurance for consumer/carer advocates/consultants

The Chair approached the AMA seeking an opinion on potential liabilities for the Network Chair, NC Members in their capacity as both NC Members and State Coordinators, and whether there was a need for indemnity insurance. Mr Taylor reported that the AMA is currently investigating the matter and a definitive response should be available shortly. If feasible, it is anticipated the NC Members would be included under the AMA Insurances when they are participating in, or conducting, Network business.

3.5 Senate Select Committee on Men's Health

This report has been released and copies are available from the Committee's website at:

http://www.aph.gov.au/Senate/committee/menshealth_ctte/index.htm

4. STATE AND ACT COMMITTEE REPORTS (hereafter State Committees)

The Chair then opened discussion on general issues related to State Committees. Some of the key issues that arose during that discussion are briefly summarised below.

- It is difficult for consumers to participate in State Committees when they are not well.

- In some instances, very well intentioned and supportive Hospital staff, who are not consumers or carers, are attending State Committee meetings. It was acknowledged that there would be instances where such involvement may prove useful and appropriate, particularly in the early stages of establishing a State Committee. Such staff may be best placed to help the Network's State Coordinators with putting more robust committee structures in place. The State

Coordinator for WA, Mr Patrick Hardwick, explained that this is the case currently in WA. Ms McMahon agreed to liaise with Mr Hardwick to assist with organising a meeting later this year that would focus on the role Hospital staff can play in assisting Mr Hardwick to put in place the necessary support structures for the WA State Committee.

After further discussion it was agreed that, as a general rule, Hospital staff that attend State Committee meetings should be encouraged, wherever possible, to bring a consumer and/or carer along with them.

- The State Coordinator for QLD, Mr Norm Wotherspoon, has been invited to present at a meeting of the APHA's Queensland committee. It may be worth asking the APHA whether it would be willing to invite the Network State Coordinators for the other States and ACT to provide a presentation on their work if the APHA has committees in those jurisdictions.

- The State Coordinator for NSW, Ms Alvina Hill, explained the evolving situation with the NSW State Committee. The Network Administrative Officer is assisting Ms Hill with the ongoing development of this Committee.

- The Terms of Reference for State Committees should be revisited at some stage.

- The Victorian State Committee is seeking to meet quarterly, which is encouraging.

- The State Coordinator for the ACT, Ms Kim Werner, explained that the ACT State Committee will be different to other States due to the small size of this jurisdiction. Ms Werner, will be meeting shortly with Unit Manager at Hyson Green at Calvary Private Hospital to discuss the ACT Committee. There are some new structures that have developed in the ACT. Ms Judy Bentley at Carers Australia was suggested as a good contact for Ms Werner.

The Meeting then noted the minutes of State Committee meetings, which had been circulated with the agenda and papers for this Meeting.

4.1 VIC

The Acting State Coordinator for VIC, Mrs Ruth Carson, reported on the McKesson's model. Ms McMahon will seek clarification from Ms Helen Eriksson on where the evaluation of this model is up to.

4.2 NSW

Ms Hill reported that there are no outstanding issues for NSW.

4.3 SA

The State Coordinator for SA, Mr John Kincaid, raised the issue of provision of appropriate areas for smokers in private hospitals. After discussion, the position of the NC on this issue was agreed as follows.

1. Smoking is not illegal except in places where restrictions have been imposed by jurisdictions.

2. Smoking is a long term issue that cannot usually be dealt with in a short hospital admission.

3. Nicotine withdrawal is particularly difficult and is an emotional experience within itself.

4. Smoking presents a complex problem for private hospitals.

5. Smokers admitted to a private hospital should be offered an alternative to smoking, such as nicotine patches.

6. There needs to be equality in the areas that are set up for smokers and non–smokers.

7. Smoking areas should be functional rather than an area that encourages social interaction.

4.4 QLD

Mr Wotherspoon raised the issue of Electroconvulsive Therapy (ECT) and the capacity of protocols for gaining consent to actually protect the consumer. Even when people are consenting they can be particularly unwell and easily talked into having the treatment. The carer may also not be fully informed. Ms McMahon spoke about the Australian Council on Healthcare Care Standards (ACHS) Accreditation requirements for ECT and agreed to provide Mr Wotherspoon with a copy of the ACHS EQuIP Standard for ECT.

5. INCORPRATION OF THE NETWORK

Since late 2008, the AMA has been encouraging the Network to investigate becoming an independent incorporated body to eventually give the Network and its NC more independence in the scope of the work that it can undertake and make it less reliant on AMA for administrative support.

In early 2009, the Network responded and commenced work on succession planning and the creation of a position for a Deputy Chair for the Network's NC. The next step concerned sustainability and involved the development of a Business Plan, as part of the funding negotiations for the continuation of the Network under the *AMA Agreement for Services 2009–2011*. The Business Plan substantiated the provision of additional funding from the Australian Government Department of Health and Ageing (DoHA) to consolidate the position of the Network's Administrative Officer, and the newly created position of Deputy Chair. The Business Plan was also accompanied by draft Operating Guidelines designed to support the operation of the Network and its NC, as an interim process to the development of a formal constitution.

5.1 Network Operating Guidelines

The Meeting then considered the draft *Network Operating Guidelines* (Guidelines), which had been circulated with the agenda and papers for this Meeting. It was agreed

that the Guidelines should be revised along the following lines.

- Clarify that the Guidelines are essentially for the Network's NC.
- Include the roles and responsibilities of State Coordinators
- Reflect the agreed simplification of the confusing title, *Network Independent Chair*, to that of *Network Chair*. The Guidelines need to ensure that whoever occupies this position should be able to present the views expressed through the Network and its NC in relation to both consumers and their carers.
- Include the relationship between PMHA, its Director and the Network.
- Retitle the section *Background* to *Preamble* and clearly set out the role of the Network, its National Committee, and the purpose of the Guidelines. The Preamble should also include the following.
  - A diagrammatic representation of the Network and its linkages to other major organisations.
  - A brief paragraph on the funding arrangements for the Network.
- Set out the <u>full</u> composition of the National Committee
- Clarify that the representatives from each Australian State and the ACT must act as <u>both</u> a representative for their jurisdiction, <u>and</u> as a Coordinator for Network activity within the jurisdiction they represent. This may require the inclusion of job descriptions.
- Clarify the appointment of the Chair.
- Address the issues of sustainability and accountability of the Network.
- Clarify vacancies and terminations.
- Reword Clause 10.5 along the following lines.

  Decisions between meetings of the Network's National Committee shall be made by the Chair and Deputy Chair of the Network. They shall be entitled to exercise all or any of the powers of the Network between meetings, provided the exercise of such power does not change decisions made at a meeting or the National Committee, or one arranged to seek consensus. If any significant decision is made between meetings of the National Committee then the other members of the National Committee must be advised of that decision.

- Reword Clause 10.11 to along the following lines.

  If, at the adjourned meeting, a quorum is not present within an hour after the time appointed for the meeting, the meeting may continue and make recommendations that can then be ratified later electronically by a quorum.

- Include an additional clause under *21. Finances* along the following lines to ensure that statements of income and expenditure are presented at each meeting of the NC.

  The AMA will provide statements of year–to–date income and expenditure for meetings of the Network's National Committee.

- All the Position/Job Descriptions for the Network Chair, Deputy Chair, State Coordinators, and Network Administrative Officer should be amended to include a statement that ensures they act in accordance with all agreed policies and the Operating Guidelines of the Network.

- The Guidelines should also include the Media Policy developed for the Network.

In closing this Agenda Item, the Chair indicated that the draft Guidelines would now require an initial substantive rewrite, which Mr Taylor offered to undertake. Ms Werner, Mrs Carson, Ms Hill and Ms McMahon offered to then work with Mr Taylor on the re–written version using track changes to develop a final version of the Guidelines for consideration and eventual endorsement by members of the NC via email.

Resolved (unanimous)

1. *That the National Committee (NC) of the Private Mental Health Consumer Carer Network (Australia) [Network] requests that Mr Phillip Taylor undertake a preliminary rewrite of the draft Operating Guidelines for the Network's NC (Guidelines), in accordance with the discussion that took place at the 20th Meeting of the NC held on 17/18 August 2009 in Melbourne.*

2. *The NC requests that the rewritten version of the Guidelines then be further developed in consultation with Ms Kim Werner, Mrs Ruth Carson,Ms Alvina Hill and Ms Janne McMahon with a view to the final version being circulated for comment to NC Members before the end of 2009.*

Action: Ms Werner/Mrs Carson/Ms McMahon/Mr Taylor

5.2 Network Deputy Chair

Ms McMahon explained the remuneration, job description and appointment process for the position of Deputy Chair of the Network, which had been circulated with the agenda and papers for this Meeting.

The Meeting discussed the role of the Deputy Chair and the relationship between the Chair, Deputy Chair and Administrative Officer.

Ms McMahon then called for expressions of interest for the position of Network Deputy Chair to be submitted to her with a copy to Mr Taylor via email by Close of Business on Friday, 11 September 2009.

Resolved (unanimous)

That the National Committee (NC) of the Private Mental Health Consumer Carer Network (Australia) [Network] calls for expressions of interest for the position of Deputy Chair for the Network to be forwarded to the Network Chair, Ms Janne McMahon, and the Director of the PMHA, Mr Phillip Taylor, at their respective email address set out below, by Close of Business on Friday, 11 September 2009.

Ms Janne McMahon *jmcmahon@senet.com.au*
Mr Phillip Taylor *ptaylor@pmha.com.au*

Action: NC Members/Ms McMahon/Mr Taylor

5.3 Possible patrons for the Network

The Meeting then considered the issues of prominent people who might be interested in becoming patrons for the Network. Numerous non–government organisations have a patron or patrons, which act as advocates or ambassadors to the organisation and assist in raising the profile within the Australian community. The Patrons of the MHCA and Sane Australia were noted.

After discussion of the range of possibilities, the Meeting agreed to approach several eminent Australians and ascertain whether they might be interested in becoming a patron of the Network.

Resolved (unanimous)

1. *That the National Committee (NC) of the Private Mental Health Consumer Carer Network (Australia) [Network] requests that Network Chair approach the following eminent Australians to ascertain whether they might be interested in becoming a patron of the Network.*

    - *Professor Geoff Gallop AC*
    - *Professor Alan Fels*
    - *Mr Michael Slater*
    - *Mr Peter Hitchener*
    - *Her Excellency, Ms Quentin Bryce AC*

2. *The NC requests that this matter be included on the agenda for discussion at the next face–to–face meeting of the Network to be held in February 2010.*

Action: Ms McMahon

6. NETWORK WORK PLAN 2009–2010

Each year, the Network determines a work plan for the ensuing twelve month period to guide the activities to be undertaken and outline the deliverables expected within the context of its agreed overarching *Strategic Plan for 2009–2012* (Strategic Plan).

The Meeting then carefully reviewed the Strategic Plan and, where necessary, amended its overarching Objectives and Priorities for 2009–2012. A specific Work Plan for the current Financial Year from 1 July 2009 to 30 June, 2010 was then developed.

A copy of the revised Strategic Plan 2009–2012, which incorporates the Work Plan for 2009–2010, appears at *Appendix 1* of this Report.

Resolved (unanimous)

That the National Committee (NC) of the Private Mental Health Consumer Carer Network (Australia) [Network] endorses the Network Strategic Plan 2009–2012 and Work Plan for Financial Year 2009–2010 as revised and agreed at the 20th Network Meeting held on 17/18 August 2009 in Melbourne.

6.1 PMHA Centralised Data Management Service (PMHA–CDMS)

During the discussion of the Strategic Plan, Mr Taylor provided the following briefing on the recent offer of funding for the PMHA's CDMS.

Through the Independent Chair of the PMHA, Mr Philip Plummer, an anonymous offer of financial support for the work of the PMHA's CDMS has been made of the order of $250,000. Mr Plummer has indicated that the support should be directed towards enabling greater use of the data held by the CDMS, particularly for purposes of applied clinical research. Mr Plummer asked the PMHA–CDMS Director, Mr Allen Morris–Yates, to provide him with a brief outline of the use to which the funding might be put for final consideration and approval by the donor. A discussion paper was subsequently prepared by Mr Morris–Yates, which outlined some ideas as to how that financial support might best be used over the course of the next three years. The proposals have been crafted to fit within the expected context of the overall CDMS Work Plans for 2010–11 and 2011–12.

The PMHA–CDMS Management Committee considered this proposal for the first time on 30 March 2009 and agreed that the proposal was in a preliminary conceptual and developmental phase. More work needed to be done to develop an agreed and shared vision that would enable the concept to be taken forward. This was a major discussion item at the last face–to–face meeting of the Management Committee, held in Adelaide on 21 May 2009. The Management Committee noted the comments from the AMAPG, as reported by Dr Pring.

Ms McMahon explained that the Management Committee has agreed that the Discussion Paper needs to be recast into a project brief that enables Hospitals, Health Insurers and psychiatrists to make better use of the CDMS data in a way that gives something of value back to the stakeholders who have invested in the PMHA and its CDMS. The brief needs to be focussed on the positive outcomes and additional enhancements that could be achieved for these stakeholders. In particular, improving current reporting and enabling easier and more comprehensive access through a secure web–based interface, are important issues that would add value to what is currently proposed. How workload issues and the risks involved are to be managed to prevent the normal work schedule of the CDMS from being compromised is also critically important and needs to be very clearly set out in the project brief. Management Committee members agreed to discuss their preferred strategies with their respective constituencies and report back concrete ideas to enable Mr Morris–Yates to develop an appropriate project brief for Mr Plummer to consider.

7. ENGAGEMENT WITH GRASS ROOT CONSUMERS AND CARERS

The core business of the Network is to provide a strong voice to advocate for consumers and carers of private mental health services. With the Better Access Initiative, the numbers of consumers being treated in the private sector has increased significantly because of the greater access now available to psychologists and other allied health professionals in office–based practice.

At the February 2009 meeting of the Network, Mr Hardwick suggested that a survey of Network members be conducted at regular intervals to canvas the issues and concerns of consumers and carers. Mr Hardwick also suggested that members who might be interested in coming to State Committee meetings could also be canvassed as to whether they had a preference for day or evening meetings and how they might wish to be contacted in this regard. These suggestions were well received by the members of the NC.

The Meeting then considered whether feedback via State Committees was sufficient, for the purposes of the Network. After discussion it was agreed that the best means for obtaining feedback from the Network was via a preliminary email survey. The email should explains the purpose of the Network's National Committee and its membership, and call for submission of brief comments on what key issues email recipients feel should be on the Network agenda. Mr Taylor together with the Chair, was asked to develop a proposed form of words based on his experience with a recent similar type of survey.

Resolved (unanimous)

That the National Committee (NC) of the Private Mental Health Consumer Carer Network (Australia) [Network] requests that Mr Philip Taylor and Ms Janne McMahon develop a form of words for a preliminary email survey of Network Members for NC to consider and finalise via email.

Action: Mr Taylor/Ms McMahon/NC

8. SENATE COMMUNITY AFFAIRS COMMITTEE REPORT – *TOWARD RECOVERY – MENTAL HEALTH SERVICES IN AUSTRALIA* SEPTEMBER 2008

The Chair reported on progress with the recommendations on childhood sexual abuse and the development of mental illness in adulthood arising from the Senate Community Affairs Committee Report – *Toward Recovery – Mental Health Services in Australia*, as set out below.

Recommendation 24

9.67 *The committee recommends that the National Advisory Council on Mental Health be funded to convene a taskforce on childhood sexual abuse and mental illness, to assess the public awareness, prevention and intervention initiatives needed in light of the link between childhood sexual abuse and mental illness and to guide government in the implementation of programs for adult survivors. The committee recommends that the taskforce report its findings by July 2009 and that COAG be tasked with implementing the necessary programs and reforms.*

Recommendation 25

9.68 The committee recommends that the Australian, state and territory governments, through COAG, jointly fund a nation–wide Borderline Personality Disorder initiative. The committee recommends that the initiative include:

- *designated Borderline Personality Disorder outpatient care units in selected trial sites in every jurisdiction, to provide assessment, therapy, teaching, research and clinical supervision;*
- *awareness raising programs, one to be targeted at adolescents and young adults in conjunction with the program in Recommendation 19 (Chapter 8) aimed at improving recognition of the disorder, and another to be targeted at primary health care and mental health care providers, aimed at changing attitudes and behaviours toward people with Borderline Personality Disorder; and*
- *a training program for mental health services and community–based organisations in the effective care of people with Borderline Personality Disorder.*

The committee recommends that a taskforce including specialist clinicians, consumers, community organisations, public and private mental health services and government representatives be convened to progress and oversight the initiative.

The Meeting noted that Ms McMahon and Professor Louise Newman met with Dr Phuong Pham, Mental Health Advisor to the Commonwealth Minister for Health and Ageing, The Hon. Nicola Roxon MP on 22 December, 2008 to discuss these recommendations. At the request of the 16/17 February, 2009 meeting of the Network, the Chair further explored the opportunities of progressing these two issues and subsequently lobbied Senators Claire Moore and Sue Boyce at two separate meetings at Parliament House in Canberra on 18 June, 2009. The Chair also wrote to the Ms Roxon requesting a formal meeting with key clinicians. The Minister's Department has responded advising that

> *...unfortunately, Minister Roxon is unable to attend but Dr Meredith Arcus, Senior Adviser, from her office would be happy to discuss this matter further.*

Ms McMahon has, therefore, arranged a meeting with Dr Arcus for Monday, 31 August 2009. Professor Louise Newman (RANZCP President Elect), Dr Maria Tomasic (Honorary Secretary, RANZCP), Dr Martha Kent and Dr Andrew Chanen (Consultant Psychiatrist ORYGEN) will also attend.

9. NATONAL MENTAL HEALTH CONSUMER CARER FORUM (NMHCCF OR FORUM)

The NMHCCF comprises a consumer and carer representative from each state and territory, ARAFMI, Carers Australia, blueVoices, Grow, Consumers Health Forum, and the Private Mental Health Consumer Carer Network (Australia). The Forum sits under the auspices of MHCA who have been commissioned by the Mental Health Standing Committee (MHSC) (formerly the Australian Health Ministers Advisory Council's, National Mental Health Working Group) to provide the infrastructure and support for consumer and carer issues to be raised nationally. These issues are then progressed through the MHCA. Mr Patrick Hardwick represents the Network on the NMHCCF.

Mr Hardwick updated the Meeting on the following matters related to the Forum.

- Future funding of NMHCCF.
- Engagement of consultants to develop a business plan for the NMHCCF.
- The launch of the new NMHCCF website.
- MHCA work on housing and homelessness.
- National Standards for Mental Health Services and the further development of the Recovery Standard.
- MHCA is working with the MHSC's Safety and Quality Partnership Sub–committee (SQPS) to develop a new approach to consumer medicines information.
- Progress with the development of the MHCA's National Register of Consumer and Carer Representatives.
- Consumer and carer representation on the National Standards Implementation Committee and its Working Groups.
- The appointment of consumer and carer representatives to the Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA) Committee that is evaluating its three community mental health programs.
- The appointment of proxies for the consumer and carer representatives on SQPS.
- Mr Hardwick is participating on:
  - the Steering Committee for building capacity in community mental health services project being conducted by FaHCSIA; and
  - a Simplification Working Group that is reviewing insurance forms and how they relate to the collection of information about mental illness.
- Common issues between the MHCA and the Forum include Seclusion and Restraint for which a NMHCCF position statement will be launched shortly.
- A consortium comprising the Monash University Psychosocial Research Centre, Victorian Mental Illness Awareness Council (VMIAC) and the Victorian Mental Health Carers Network (VMHCN) has been engaged to consult with and develop an issues paper for the NMHCCF including recommendations on privacy and confidentiality in mental health.
- NMHCCF is going to conduct a national audit on the effectiveness of consumer and carer participation as a project.
- The first of 10 NMHCCF advocacy briefs were completed in July 2009 to cover the following.

1. Key Mental Health Carer and Consumer Statistics
2. Consumer and Carer Participation– Key Issues and Benefits
3. Seclusion and Restraint
4. Privacy and Confidentiality
5. Mental Illness and Intellectual Disability Issues
6. Employment Issues
7. Discrimination and Stigma
8. Duty of Care–Duty to Care
9. Housing and Homelessness
10. Consumer and Carer Rights and Service Accountabilities

- Governance of the NMHCCF and decision making processes and the increased capacity of the NMHCCF Secretariat.

The chair thanked Mr Hardwick for his report.

10. CARERS NETWORK – VICTORIA

Due to time constraints, the Meeting accepted the following comprehensive report on the Carers Network Victoria (CNV), prepared by the Network's representative on CNV, Mrs Ruth Carson, which had been circulated with the agenda and papers for the Meeting.

CNV is now an incorporated body, and documents outlining the role of the Committee of Management and CNV have been circulated to members and approved. At the meeting in June the financial report showed that the budget had grown from $30k three years ago, to $590k at present. The chair reported that the COM had agreed to operate a deficit budget, to accommodate the many activities undertaken by CNV and its members, but was holding $40k in reserve.

CNV also works as an information exchange forum. The following items have been identified.

- CAMHS in partnership with NEXUS and Eastern Dual Diagnosis have developed parents and carer training program
- The MH Foundation ran a summit on Building Resilience for Kids
- The MI Fellowship has developed a two day program that is a reduced version of Well Ways.
- A meeting attended by the organising group of the Synergy Forum is working on the development of a navigation map from a carer view of both state and commonwealth respite services. A working party is envisaged to work towards a positive, rational and coherent carer support program.

A major part of the last meeting was to be devoted to a discussion of the document *Because mental health matters*. This was to be led by Martin Turnbull who was then unable to attend. His attendance is now postponed until August. However, in the discussion of the document which followed, some interesting comments were made.

- There was discussion of the development of the state wide Mental Health Reform Council which will run for 5 years and oversee reform within the mental health system.

- There is a proposal to develop an institute of workforce development and the centre of excellence

- The development of local community mental health plans and local mental health committees/boards that will sit beneath local community health boards and will oversee these plans.

- There is discussion on improving access to affordable housing that is linked to flexible, scaled psychosocial rehabilitation support.

- Carer inclusive care discussed

- The governance around changing Child and youth to include 0–25 years was agreed to be tricky

- The section on accountability was seen as important and include engagement of carer perspectives

Members of CNV also attend a working group – of which there are three, on carer support, workforce issues and young people – either before or after the main meeting.

Two further projects may be of interest. One is that the CNV now has the management of the **Carers Brokerage Fund** and the administrative group for the fund are busy sorting through and trying to clarify processes for application. The second project in which CNV is involved is the **Mental Health Triage Scale Project.**

The purposes of this are many but primarily there is an attempt to develop a uniform Community–based state–wide Mental Health triage scale for Victorian Area Mental Health Services (AMHS) (Not to be confused with the emergency departments' scale–ATS). A draft scale has been piloted in 2008 across 13 sites. Discussion is under way following this to reduce a 7–point scale to 5–point. CNV strongly supported the 7=point scale. The next step for this project will be to review guidelines and develop case studies for inclusion in the guidelines. There will be 3 Expert groups, including one for CAMHS, Adult and aged expertise.

CNV meets once a month.

11. MHCA CARERS ENGAGEMENT PROJECT

Mrs Carson represents the Network on the NGO Carers Network Victoria, Mr Wayne Chamley is a Board Member of the MHCA and Ms Janne McMahon represented the Network at the MHCA Members Policy Forum at the 18 November, 2008 meeting. Due to time constraints, the Meeting accepted the following comprehensive report concerning developments with this Project, which had been prepared by Mrs Carson and circulated with the agenda and papers for this Meeting.

The Project Advisory Group met via teleconference on 15th June. So far, 160 workshops have been completed. There were a few cancellations sometimes it seems

because the co–ordinator had been a little optimistic about support for the workshop. One in Tasmania had been cancelled because the worker there was no longer employed and there appeared to be no enthusiasm to replace. Intentions to offer workshops in Hobart and/ or Launceston were uncertain. The impression gained was that Tasmania was a bit divided over the issue.

In this second round of workshops, efforts have been made to redress the balance between states. Hence 33 young carer workshops had been added in VIC, 2 in WA, 1 in SA and 1 in NSW. Another 2 had been added for the aboriginal communities, and there may be a further workshop in the Northern Territory as a result of a request from the gay community.

In relation to the reporting, evaluation and acquittal of the program, Anna Crowley, a specialist in workshops for young carers, has taken on delivering the main bulk of the report. The final should be available by the end of the month, the acquittal and evaluation by the end of September 2009. All are on track.

It is anticipated that a Carers report, developed out of monitoring issues, will be in draft by the middle of August, and launched during Carers Week in October 2009. Discussion on this acknowledged that there has been a great deal of material being presented about carers and their needs, and there may be some weariness about the issue. However, the Community Engagement Project is continuing with the ongoing monitoring of carers, assessing outcomes—which had not been part of the original project.

Linda Rosie, in speaking to these issues, commented upon the commonality of them across the country. There were a vast number of issues raised, which was to be expected, and the Project team had narrowed these down to 15, identified as being of significance. The most consistently identified three issues were:

1. failure to listen to carers;
2. need for a recovery focus; and
3. co–ordination of services.

It is now part of the project that each year a simple but comprehensive questionnaire will be sent out to carers involved in the workshops. The same questions will be asked and it is anticipated that over a period of time a broad picture will emerge of development, change or lack of it. This could lead to a regular Mental Health Carers report.

It is anticipated that the first survey will be out before the end of this year. There are of course many problems that need to be address or, if that is not possible, then acknowledged. A major problem is the fluidity and transient nature of some communities; many people do not have access to e–mail, the system is urban based, and rural access presents more challenges. In some areas there is a problem of language.

It is possible that Abstracts will be produced, and presentation made at the TheMHS conference in September in Perth. Further another presentation will be made at the World Congress/ World Federation of Mental Health in Greece.

Barbara Hocking (SANE) reported as a matter of interest and for onward transmission, that SANE has a new Youth website, which would be of interest of all carer groups.

12. MENTAL HEALTH COUNCIL OF AUSTRALIA (MHCA) MEMBERS POLICY FORUM

Formerly the Board of the MHCA was represented in all categories by representatives of member organisations. In 2006, a restructure of the activities of the MHCA resulted in a significantly smaller Board containing only 6 members represented by the Chair, Deputy Chair, Treasurer, Secretary, Consumer and Carer. Coinciding with the restructure, the MHCA adopted a Members Policy Forum which now contains representatives from all member organisations. This was considered to be a much more workable solution to the difficulties encountered with a much larger Board.

The Meeting noted that the Chair attended the 18 November 2008 meeting of the Members Policy Forum in the absence of Mr Trevor Bester. Ms McMahon agreed to continue in this role at present, with a view to the Deputy Chair undertaking that position after their appointment.

13. POLICIES OF THE NETWORK

The Network has four Position Statements that were developed during the first two years of its operation around the following important issues.

- Recruitment Process
- Roles and Responsibilities of Consumer and Carer Representatives
- Payment for Consumer and Carer Participation
- Training and skills development

The Network also presents firm stances on numerous issues affecting mental health consumers and carers by way of submissions, letters and other methods of advocacy. Some policy development has already taken place incorporating the discussions on consumer consultants versus committees, the work on carer participation, and lobbying on restraint and treatment orders. These policies and positions, however, have been somewhat ad–hoc.

The Chair then invited Ms Kim Werner to discuss her recommendations concerning the need for the Network to document its policy and procedures. Ms Werner responded that the NC was now very much working in that documentation mode with the development of its Operating Guidelines etc. That work should continue with a view to the development of a comprehensive Network Manual that includes the Operating Guidelines and all other policies and positions of the Network. The NC could then consider whether there are any gaps and spend some time each meeting on any necessary additional policy development work. The Network Manual could eventually be included on the Network's website and be used to inform the Network's responses to government and the industry on any particular issue.

After discussion, Ms Werner agreed to undertake the task of looking at the Network documentation that currently exists, such as submissions and position statements etc, and determine what should be included in the Manual.

Resolved (unanimous)

That the National Committee (NC) of the Private Mental Health Consumer Carer Network (Australia) [Network] requests that Ms Kim Werner undertake a review of current documentation that currently exists for the Network, such submissions and position statements, and determine what should be included in a Network Manual.

Action: Ms Kim Werner

The Meeting then noted the Fact Sheets from the Consumer Health Alliance of SA and considered the text of three pamphlets that might be able to be used as a basis for three Network **Information** Sheets. The Meeting noted that the text for these pamphlets was developed by Ms McMahon in consultation with the Hospital, Health Insurer, and the Commonwealth Department of Health and Ageing, Private Health Insurance Branch representatives on the PMHA.

The Meeting then amended and recast the three pamphlets into Information Sheets to facilitate their wider distribution and use.

Resolved (unanimous)

That the National Committee (NC) of the Private Mental Health Consumer Carer Network (Australia) [Network] endorses the Information Sheets as revised by the NC at its 20th Meeting held on 17/18 August 2009 in Melbourne and requests that they be included on the Network's website following final approval via email.

Action: Ms McMahon/NC/Mr Taylor

14. HOSPITAL PATIENT INFORMATION OPTIONS

The Chair reported an inquiry has been received from the Chief Executive Officer of the Perth Clinic, Ms Moira Munro, concerning the Perth Clinic's current review and reprinting all of their patient information materials. Ms Munro wondered if patients might like this information to be conveyed to them in a manner other than printed material. This could be in the form of material sent electronically via email, web–based, or other means.
The Agenda item provoked some very interesting discussion particularly around the best time in which to provide the information, rather that the information itself and the ways in which it is delivered. The Meeting then examined the Perth Clinic's website and discussed the possibilities in terms of options that could be provided to the Perth Clinic. The following suggestions were made.

INFORMATION PROVIDED
The Network considers that patient and carer/family information should be made available in a number of different formats, with one not necessarily the most effective and one not necessarily to replace others. It was also considered important that all information is presented empathetically.

The content should be as short as possible, covering pertinent points. These would be things such as:

- Rights and Responsibilities

- Privacy and Confidentiality
- How medications are dispensed
- Meal times and the need to go to the dining room (where this is located) ie meals are not delivered to rooms
- Finding their way around the Clinic
- Activities

It was considered that in the first instance, explanation around data collection was not so immediate, rather something which would be explained as their condition improved.

- Data – what is being collected
  -How it will be used
  -Where it goes
  -What is done with it
  -functions of touch screen technology
  -How it will be fed back to them

Providing choice was seen as also important, ie choice of meals, activities etc.

Discharge was also seen as crucial in terms of how to get through the first few days at home. People identified if in difficulties and who to contact with questions.

- Discharge processes are also imperative – what happens after hospital
- Information for patients on services post discharge offered by Perth Clinic
- Information for families/carers

OPTIONAL WAYS IN WHICH TO PRESENT INFORMATION.

In terms of ways in which to deliver information, the Network considered a standard approach could be:

Information : View/Read/Told

Printed information
Important way of delivering information, but also important to consider the following options.

Website
- The Network viewed the Perth Clinic website and felt that it was important to have a discreet section for information for patients and families

Compendium
Prefer to keep information simple which can be read at the patient's leisure.
- Preferably one simple double sided sheet
- What they need to do to get through the next 24 hours

Staff explanations

- The Network felt it important that all explanations are done discreetly and with empathy.

Television Screen
The Network felt that this was important and that people could view, again at their leisure. The Network felt this was a very good idea, but the tone of the presenter was important. It was felt that this would differ amongst individuals and ages.

SMS messaging
With the impact of technology, consideration could be given to SMS messaging.

15. PMHA COLLABORATIVE CARE MODELS WORKING GROUP

During 2006, the PMHA formed a working group to develop a Discussion Paper to inform the sector and mental health more broadly, about the issues, concerns, strengths of the private mental health sector. A number of important initiatives and innovations outlined within this Discussion Paper were adopted by the Australian Government under the COAG National Action Plan for Mental Health.

During 2008, the PMHA believed a further review of the Discussion Paper was required to capture the opportunity for innovation in service delivery now available under the COAG National Action Plan and the Broader Health Cover initiative. It was also determined that broader stakeholder consultation beyond that represented on the PMHA was required to reflect changes to service delivery. Subsequently the RANZCP, the Australian Psychological Association and the RCGP were invited to be part of the PMHA's Collaborative Care Models Working Group.

Two meetings of the Working Group have occurred in March and June 2009. Ms McMahon and Ms Carson are the consumer and carer representatives on the Working Group. As a result, the Network has been invited to review the consumer and carer section of the Discussion Paper, which was circulated with the agenda and papers for this Meeting. Additionally, the Network is to discuss the types of services consumers and carers would like to receive.

The Meeting then considered the section on Consumers and Carers from the Discussion Paper, which had been circulated with the agenda and papers. There was consensus that this section was still largely current and relevant but, sadly, little of what had been called for has actually been achieved, despite the range of reforms that have taken place. Some of the more specific comments that arose during discussion are summarised below.

- The first sentence of the third paragraph, which appears under *2.1 Effective involvement of and support for Carers*, needs to be re–worded to acknowledge that carers not only require support for their own needs, but information on what counselling and support services are available and how to directly access such services. All health professionals and health care organisations should also be required to provide carers with such information.

- Under the section titled, *Access to alternatives to private hospital–based care*, the following changes should be made.

  – Amend the section of the first paragraph that deals with outreach type services to reflect the current situation under Broader Health and include a clear statement to ensure such services are retained and expanded.

  – The paragraph on *Informal drop–in type services* should be retained and strengthened.

  – The section of the paragraph on *Telepsychiatry and telephone counselling* should be amended to better reflect what is intended in relation to the development of such services and their impact on stigmatisation.

- The section titled, *2.3 Post discharge and rehabilitation services*, needs to be amended as follows.

  – Amend the discussion of models of service delivery within the community that offer the three essential components of clinical care, living skills and social interaction to acknowledge that these comprehensive models are rare.

  – Ensure this section reflects social inclusion as an important component of community–based programs.

  – The paragraph on *Diversional therapy* should be strengthened to ensure this model is further developed and promulgated in the private sector. It has strong support from consumers as it does not involve medication.

- There needs to be mention of the value to consumers and carers of the Mental Health Nurse Incentive program. This could perhaps be extrapolated for the recent article that appeared in the PMHA Newsletter.

Resolved (unanimous)

That the National Committee (NC) of the Private Mental Health Consumer Carer Network (Australia) [Network] requests that the consumer carer section of the Discussion Paper titled, Update on Funding Service Delivery for Mental Health Services for Private Sector Mental Health Services, be amended in accordance with the comments and suggestions of the 20th Network Meeting held on 17/18 August 2009 in Melbourne.

Action: Ms McMahon/Mr Taylor

16. CONSUMER AND CARER WORKFORCE

The Meeting briefly discussed what roles consumers and carers might fulfil and what types of services they might be able to provide, as members of the mental health workforce. The suggestions and comments arising from that discussion have been summarised below.

- There are already models of consumer consultants and peer support workers working successfully. Expanding the role of consumer and carers beyond that

will be difficult and would be contingent on the skills and capacities of the individual consumers and carers.

- Care needs to be exercised in determining what responsibilities consumers and carers should undertake. Currently, for example, in some private hospitals consumers can provide *information* to other patients, but not *advice*.

- If consumers and carers are to be utilised as part of the mental health workforce, then they will require appropriate education, training, support and remuneration for the roles they are to fulfil.

- Consumers and carers should not be used as cost cutting measure whereby they become substitutes for other members of the mental health workforce, or as a means of dealing with the difficulties governments face with the ageing of the mental health workforce.

- There may be a role for consumers as hospital–based outreach support workers as they understand the system and would be well placed to provide information and negotiate with services outside the hospital.

As part of this discussion, the Meeting also revisited the work undertaken by the Network in 2005 on Consumer Carer Consultants and Consumer Carer Advisory Committees in private hospitals. Ms McMahon explained that this work has not yet been finalised. After discussion, there was consensus the work should now be completed and incorporated into an agreed Network Position Statement on effective consumer and carer participation. The Position Statement should also include the following.

- Re–iterate why consumer and carer participation is important.

- Outline the possible consumer carer participation models that might be useful and explain their applicability in different situations so that one models is not described as being necessarily better than another.

- Strongly recommend that paid staff positions for Consumer and Carer Consultants is the most effective way of achieving participation in the private hospital–based setting. It is the best way a hospital can demonstrate its commitment to such participation that is both tangible and measureable. There is also a much stronger chance that hospital–based Consumer and Carer Advisory Committees will be established and operate effectively if a paid consultant is responsible and accountable for the Committee. Where a small number of Hospitals are involved, one consultant could be engaged to cover all those Hospitals. The costs of that engagement could then be shared by the participating facilities.

It was agreed that after the final Position Statement is endorsed by the NC, it should be discussed with the APHA as a way forward on consumer and carer participation for private hospitals. At that time, it would be worth ascertaining if there is anything else that the Network's State Coordinators might be able to do to assist private hospitals with consumer carer participation.

Resolved (unanimous)

That the National Committee (NC) of the Private Mental Health Consumer Carer Network (Australia) [Network] requests that a Network Position Statement be developed on effective consumer and carer participation based on previous work in this area and the discussions that took place at the 20th Meeting of the Network held on 17/18 August 2009 in Melbourne.

Action: Ms McMahon/Ms Hill/Mr Chamley

17. RANZCP CHRONIC DISEASE SELF MANAGEMENT PROJECT

The Chair reported on her involvement with the RANZCP in a number of discussions involving the education and training of psychiatrists. Recently, the Australian Government awarded RANZCP the tender to develop a project on Chronic Disease Self–Management. The Meeting noted that Ms McMahon, as Chair of the Network, and Dr Margaret Leggatt (carer member of the Network's Expert Advisory Panel) have been invited to be members of the Steering Committee overseeing this Project.

The Chair then welcomed Dr Leggatt, and later Ms Sharon Holloway, RANZCP Education and Development Manager, and Ms Lois Low, Manager, RANZCP Committee of Continuing Education, to the Meeting to discuss the Project and to gather input into the work being undertaken by the College from a consumer and carer perspective.

After attempting to complete a sample of the questionnaire for the Project, a focus group was conducted and the Meeting provided the following feedback on that questionnaire and other issues relevant to this Project.

- In the sample questionnaire, the explanation of how to complete Question 5 is difficult to understand and needs to be clarified as to what is actually required.

- The questions appear to be loaded toward placing responsibility on the consumer for knowledge of their condition and its management. This is ultimately the most desired situation, but is achieved overtime with proper support and education. Consumers and carers are also not homogenous within themselves. They are of different ages and come from different cultural backgrounds that will all see and respond to mental health in different ways.

- In relation to Chronic Disease and Self–Management in mental health the following comments were made.

  – While this appears to be a very new concept in relation to mental health, Self–Management with the support of the psychiatrist is already practiced by many psychiatrists.

  – There are difficulties in finding appropriate terminology to describe the range of mental health disorders that might fall within what is considered currently to be a Chronic Disease. Mental illness is not analogous to other Chronic Diseases such as diabetes, as it is often episodic involving acute episodes where Self–Management may not be possible.

- The use of the word Chronic in physical illness is often interpreted as meaning the illness is not as concerning as an acute illness and, therefore, is not considered as a serious problem.

- The use of the word Disease is also problematic. Most people with a mental illness would not consider they have a disease. Chronic depression, for example, may certainly qualify as an illness but could not really be considered a disease, particularly when a person can recover from it.

- The following comments were made in relation to the Principles of the Flinders Model of Care.

  - Most psychiatrists would have an understanding of these Principles, but some would not. Others may actually adopt an oppositional stance to them.

  - Principles 2 and 3 overlap.

  - While psychiatrists may not actually articulate these Principles they are generally followed in practice.

  - Principle 3 will not always be able to be achieved in the case of mental illness, particularly in those cases where an admission is involuntary.

  - Psychiatrists do encourage Principle 6.

  - While psychiatrists may in some way be aware of and want to practice Principle 7, many may not have the information they need on support services to do so.

  - It is difficult for carers to comment on these Principles because the majority of psychiatrists do not involve the consumer's carer.

- In relation to the concepts of Chronic Condition, Recovery and Self–Management, the Meeting expressed differing views as to whether these concepts sit well together. As indicated earlier, the term Chronic is problematic. Self–Management, however, is reasonably well understood. Recovery is problematic on its own and would only become even more difficult to interpret if included with the other two concepts. While a degree of Recovery can be achieved with a mental illness, full Recovery is rarely seen. Promotion of *wellness* or, even better, *achieving stability* may be more appropriate terms.

- The question that relates to medical care plans and their integration with chronic conditions management strategies is confusing and needs to be clarified as to what is intended. It is so important that medical conditions are taken into account in the management of mental illnesses.

- It is critical that the results of the Project are feedback to the consumers and carers that participate.

At the end of this discussion, there was consensus that all of this work needs to be underpinned by principles of absolute honesty, integrity and transparency. These principles go to the heart of whether Self–Management and partnerships are going to work and the how a psychiatrist relates to their patient. The model proposed at present is only focussed on what the patient must do and does not address the classic doctor/patient relationship and how that needs to change.

The RANZCP representatives thanked NC Members for their input and Ms McMahon offered for the NC to provide further input on the next iteration of the questionnaire for the Project via teleconference.

18. CLOSE

There being no further business the meeting closed at 2:15 PM on 18 August 2009.

Ms Janne McMahon
Independent Chair

Mr Phillip Taylor
Secretary

NETWORK OBJECTIVES 2009–2011	NETWORK PRIORITIES 2009–2011	NETWORK WORK PLAN 1 JULY 2009 – 30 JUNE 2010	TIME FRAME	RESPONSIBILITY
Objective 1 Continue as the peak consumer and carer organisation for private mental health	1 Actively engage with key private and public sector bodies involved in mental health	Participation on the Mental Health Council of Australia.	Ongoing	Nominated National Committee Member
		Participation on the National Mental Health Consumer Carer Forum.	Ongoing	Nominated National Committee Member
		Participation on the PMHA	Ongoing	Network Chair Carer Representative
		Participation on the APHA Psychiatry Sub–committee.	Ongoing	Network Chair
		Direct engagement with beyondblue	Ongoing	Network Chair beyondblue rep
	2 Promotion of the Network	THeMHS Conference	Annual	Network Chair National Committee Members
		Explore further opportunities (commercial or otherwise) to promote the Network.	Ongoing	Network Chair National Committee Members
		Monthly e–news alert	Monthly	Network Administrative Officer
		Survey of members	Dec 2009	Network Chair
		Appoint Patron/s	Dec 2009	Network Chair
		Website update	Ongoing	Network Chair PMHA Director
		Re–distribute promotional brochure *Driving Change t*o private hospitals.	Sep 2009	Network Chair
		Distribute the promotional card *'Basic Human Rights'* to consumers and carers through State Committees.	Mar 2010	Network Chair

NETWORK OBJECTIVES 2009–2011	NETWORK PRIORITIES 2009–2011	NETWORK WORK PLAN 1 JULY 2009 – 30 JUNE 2010	TIME FRAME	RESPONSIBILITY
Objective 2 Continue advocacy to improve the lives of mental health consumers and carers	3 Identify areas for improvements in treatment and care and advocate for best practice	Develop a Network position on identified issues such as consent protocols for ECT, Seclusion and Restraint in Emergency Departments, and smoking on inpatient units.	Jun 2010	Deputy Chair National Committee
		Explore avenues to enable atypical anti–psychotic medications to be given for disorders other than Schizophrenia and Bi–Polar 2.	Mar 2010	Network Chair PBAC and Astra Zenica
	4 Participation in the formulation, development and implementation of mental health policy	Provide input into mental health policy issues from the private sector consumer and carer perspectives and advise the relevant national bodies.	Ongoing	National Committee
		Continue participation in the Implementation of the National Standards for Mental Health Services	Jun 2010	Network Chair National Committee
		Finalise position statement on differences in the roles of Consumer Carer Advisory Committees v Consumer or Carer Consultants within private hospitals.	Jun 2010	Network Chair National Committee
		Participate in the Review of *Guidelines for Determining Benefits for Health Insurance Purposes for Private Patient Hospital based Mental Health Care*.	Annually	National Committee
		Actively seek participation on all Committees, Working Groups, Inquiries etc. involved in Australian mental health policy, together with relevant Submissions.	Ongoing	Network Chair Deputy Chair
Objective 3 Ensure sustainability of the Network	5 Strengthen, support and maintain the Network and its State Committees	Engage with the wider membership of the Network wherever possible.	Ongoing	Network Chair National Committee
		Extend invitation to Network members to nominate to membership of State Committees where required	Jun 2010	Network Chair
		Ensure ongoing viable State Committees in each State	Ongoing	Network Chair National Committee
		Re–establish State Committee in Tasmania	Jun 2010	Network Chair
		Develop Operating Guidelines	Dec 2009	National Committee
		Appoint Deputy Chair	Oct 2009	Chair
		Role descriptions for NC	Dec 2009	Network Chair National Committee
		Resolve Indemnity Insurance Issue	Oct 2009	Network Chair/AMA
		Develop Business Plan for next funding cycle	Ongoing	Network Chair National Committee
		Investigate Incorporation	Jan 2011	Network Chair National Committee

NETWORK OBJECTIVES 2009–2011	NETWORK PRIORITIES 2009–2011	NETWORK WORK PLAN 1 JULY 2009 – 30 JUNE 2010	TIME FRAME	RESPONSIBILITY
Objective 4 Organisational partnerships and engagement	6 Improve the utilisation of the PMHA–CDMS Data	Explore greater use of PMHA–CDMS Data for the benefit of consumers and carers in the management of their illness.	Ongoing	Network Chair
	7 Education and Training	Engage with the RANZCP to look at ways in which consumer and carer can be involved with education and training of psychiatrists.	Ongoing	Network Chair National Committee RANZCP
	8 New models of service delivery	Engage with health insurers in light of Broader Health legislative changes	Jun 2010	Network Chair
	9 Consumer and Carer organisations	Engage with other national and state consumer and carer organisations.	Ongoing	Network Chair National Committee
Objective 6 Build capacity to undertake new directions	10 Project development	Support engagement of the Network in a possible project to develop nationally consistent carer identification and participation policies and good practive protocols for implementation in all public and private mental health services.	Jun 2010	Network Chair
		Support possible project to look at developing nationally consistent carer packages across private and public mental health services.	Jun 2010	Network Chair