



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

engage, empower, enable choice in private mental health

**TWENTY THIRD (23rd) MEETING
OF THE
NATIONAL COMMITTEE**

HELD AT

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

28 FEBRUARY AND 1 MARCH 2011

ENDORSED REPORT AND RESOLUTIONS

Glossary of Terms and Acronyms

AHIA	Australian Health Insurance Association
AMA	Australian Medical Association
APHA	Australian Private Hospitals Association
APS	Australian Psychological Society
BPD	Borderline Personality Disorder
DoHA	Australian Government Department of Health and Ageing
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
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
PBAC	Pharmaceutical Benefits Advisory Committee
PMHA	Private Mental Health Alliance
PMHA-CCMWG	PMHA's Collaborative Care Models Working Group
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

1. OPENING AND WELCOME

The Independent Chair of the Private Mental Health Consumer Carer Network (Australia) [Network], Ms Janne McMahon, opened the first day of proceedings for the Twenty Third (23rd) Meeting of the Network's National Committee (NC) at 9:30 AM (the Meeting) on Monday, 28 February 2011. 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 present.

1. Ms Janne McMahon Independent Chair
Consumer Representative Private Mental Health Alliance (PMHA)
2. Ms Kim Werner Deputy Chair
State Coordinator Australian Capital Territory (ACT)
3. Mr Norm Wotherspoon State Coordinator Queensland (QLD)
4. Mr Lee Hill State Coordinator New South Wales (NSW)
5. Ms Jan Moore State Coordinator Victoria (VIC)
6. Mr John Kincaid State Coordinator South Australia (SA)
7. Mr Patrick Hardwick State Coordinator Western Australia (WA)
National Mental Health Consumer Carer Forum
8. Mr Phillip Taylor Secretary (PMHA Director)

1.2 Apologies

1. Mr Michael O'Hanlon beyondblue

1.3 Invited Guests **Tuesday, 31 August 2010**

1. Dr Bill Pring Psychiatrist

In opening the Meeting, Ms McMahon welcomed Ms Jan Moore as the Network's incoming State Coordinator for Victoria, replacing Mrs Ruth Carson, who resigned from the NC last year. Jan provided a briefing for the Meeting on her personal experience as both a consumer and a carer. Jan has also worked in universities, education and marketing. Jan has been appointed in her carer capacity.

RESOLVED (UNANIMOUS)

1. *The Private Mental health Consumer Carer Network (Australia) [Network] extends its appreciation to Mrs Carson for her participation and strong support for the Network and its National Committee. Ruth was a Carer representative for the Network and its Victorian State Co-ordinator and will be very much missed by all her past and present colleagues. The Network wishes Ruth and her family all the very best for the future.*

2. *The Network endorses Mr Patrick Hardwick to replace Mrs Ruth Carson as the Carer Representative for the Private Mental Health Alliance.*

2. REPORT OF LAST MEETING

The Meeting noted a copy of the Report of the Twenty Second (22nd) meeting of the Network's NC, held on 30/31 August 2010 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.

3. PROGRESS REPORTS

Under this Agenda Item, the Chair and Deputy Chair, Ms Kim Werner, reported on progress with actions arising from the 22nd Network Meeting, and any other relevant activities undertaken on behalf of the Network.

3.1 Table of Progress

The Meeting updated the following Table of Progress on actions arising from the 22nd NC Meeting.

ITEM #	TABLE OF PROGRESS	RESPONSIBILITY	STATUS
	Report of the 22 nd Network Meeting		
	Draft Report of 22 nd Network 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
3	PROGRESS REPORT		
3.1	Possible Patrons for Network		
	Continue to approach prominent Australians	Ms McMahon	Ongoing
3.4.1	Network Website – links with other organisations		
	Develop final list of organisations	Ms Terri Burgess	Pending
4	REPORTS		
4.4.1	NMHCCF Organisational and other related matters.	Mr Taylor	Done
	Investigate timeframes and criteria for nominations for:		
	Order of Australia	Ms Burgess	Done
	TheMHS Exceptional Contribution to MH Services in Australia	Ms Burgess	Done
	2010 Human Rights Medals and Awards	Ms Burgess	Done
4.4	PMHA Collaborative Care Models Working Group (CCMWG)		
	Advise Network endorses development of outreach guidelines	Ms McMahon	Done
8	Payment for attendance at State Committee Meetings		
	AMA to advise of most appropriate method of payment	Mr Taylor	Done
11	Network Policies and Discussion Papers		
	Prepare final drafts NPS 6 & 7 and circulate to State Coordinators	Ms Werner	Done
	State Committee to discuss NPS 6 & 7 and report back to 23 NC Meeting	State Coordinators	Pending
	Circulate Discussion Paper on IT Technologies to NC Members	Ms McMahon	Done
	State Committees to consider and comment	State Coordinators	Pending
15	Psychologists CPD – Consumer Carer Perspective		
	Write to the APS	Ms McMahon	Pending
17	Other Business		
	Follow-up with Dr Du Fresne concerning relationship with Ashburn Clinic	Ms McMahon	Pending
18	NEXT MEETING		
	Organise 23rd NC Meeting for 28 February and 1 March 2011@ RANZCP Headquarters	Ms McMahon	Done
	Circulate Agenda and Papers for Meeting	Mr Taylor	Done

3.1.1 Network Patron

Professor Allan Fels AO, Dean Australia and New Zealand School of Government (ANZSOG), has kindly accepted the invitation to become a Patron of the Network.

The Chair advised that she intends to approach Mr Peter Overton to become a Patron of the Network. The Meeting then considered other possible patrons to approach and it was agreed that Mr Michael Slater was another suitable option. After discussion, there was consensus that this would be sufficient, at present.

3.1.2 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.

3.1.3 Psychologists CPD – Consumer Carer Perspective

The Meeting noted the Chair is in the process of writing to the Australian Psychological Accreditation Council concerning consumer and carer participation in the Continuing Professional Development (CPD) of psychologists, as now required by the Psychological Board of Australia. The Meeting felt there are now enough consumers and carers to fulfil this role in the CPD for the full range of mental health professionals. The Chair will also continue discussions with the Royal Australian and New Zealand College of Psychiatrists (RANZCP) and other relevant educational organisations concerning consumer and carer participation in CPD.

3.1.4 Ashburn Clinic

The Chair has drafted a letter for Dr Brett Ferguson, who is now the Medical Director at the Ashburn Clinic in New Zealand, concerning the invitation for a consumer and carer from the Clinic to attend a meeting of the Network's NC. The Meeting noted that Dr Stephanie du Fresne is now the Clinic's Deputy Medical Director and Consultant Psychiatrist.

3.2 Report from the Chair, Ms Janne McMahon OAM

The Meeting noted that the following activities had been undertaken by Ms McMahon since the last NC meeting.

- Staffed a Network booth at the September 2010 TheMHS Conference in Sydney with Mr Lee Hill and spent much of that time networking with key individuals and organisations. The Chair took the opportunity of meeting with The Hon. Senator Claire Moore MP informally during this time to discuss issues primarily around Borderline Personality Disorder (BPD).
- Attended a meeting of the RANZCP Board of Profession and Practice, as a consumer member, on 8 September 2010 in Melbourne.
- Co-hosted with Ms Werner, the Trauma Informed Care and Practice Forum in Sydney on 27 September 2010, together with the Mental Health Coordinating Council of NSW, Adults Surviving Child Abuse and Education Centre Against Violence.

- Chaired the Industry Reference Group for the development of the Consumer and Carer Peer worker competency development Project of the Industry Skills Council on 7 October 2010 in Sydney.
- Attended the PMHA Quality Improvement Project Research Officer interviews on 21 October 2010 in Adelaide.
- Attended the PMHA meeting 22 October 2010 in Adelaide.
- Attended the Australian Private Hospitals Association (APHA) Psychiatry Committee meeting in Sydney on 3 November 2010.
- Attended as Director, the Australian Psychological Accreditation Council meeting on 8 November 2010 in Melbourne.
- Attended the Mental Health Council of Australia (MHCA) Annual General Meeting and Members Policy Forum on 16 November 2010 in Canberra.
- Attended the RANZCP Community Collaboration Committee as a member on 19 November in Melbourne. Ms Ruth Carson is the Carer representative and Mr Evan Bichara from the Network's Victorian State Committee is the other Australian consumer representative.
- Attended the National Forum on the National Standards for Mental Health Services on 1 December 2010 in Sydney on behalf of the PMHA.
- Attended the PMHA Collaborative Care Models Working Group on 3 December 2010 in Canberra.
- Attended the BPD Expert Reference Group meeting on 9 December 2010 in Canberra.
- Attended the monthly meetings in 2010 of the SA Mental Health Unit's Consumer Reference Group to better understand issues relating to the delivery and care of the public sector both in SA and more broadly.
- Attended the monthly meetings of the SA Clinical Network's BPD Working Group for the last 6 months to determine a way in which services for people with the diagnosis of BPD can be progressed in SA.
- Wrote a number of letters to politicians regarding BPD and met with Senator Rachel Siewert whilst in Canberra on 2 December 2010.
- Continued regular liaison with the APS Chief Executive Officer (CEO) Professor Lyn Littlefield and the RANZCP CEO Mr Andrew Peters and its President, Dr Maria Tomasic.
- Prepared the following submissions in consultation with NC Members and relevant others.

(1) Australian Government National Carer Strategy, December 2010

(2) Pre-budget Submission to the Department of Treasury January 2011

3.3 Report from the Network Deputy Chair, Ms Kim Werner

Since August 2010 Ms Werner has undertaken the following tasks.

- Attended with the Chair, the Trauma Informed Care and Practice Forum on 27 September 2010 in Sydney.
- Attended the World Mental Health Day Forum at the National Press Club in October 2010, on behalf of the Network.
- Attended the MHCA Members Policy Forum in November 2010.
- Contributed to the development of the draft Network Budget for 2011–13.
- Prepared a draft Communication Plan and draft policy papers on Carer Support and Employment, Disability and Mental Health for consideration at this Meeting of the NC.
- Prepared for the Network a presentation on BPD for the International Society for the Study of Personality Disorders Congress.
- Provided comment and input into a range of correspondence and submissions prepared by the Chair.
- Convened a meeting of the ACT Committee of the Network.

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 to 31 December 2010.

THE NETWORK BUDGET		1 July to 31 December 2010		
INCOME (Stakeholder Contributions)				
Australian Medical Association	12,062			
Australian Private Hospitals Association	12,062			
Australian Health Insurance Association	12,062			
Australian Govt Department of Health and Ageing	104,033			
Beyondblue	12,062			
RANZCP Donation	12,062			
Transfer of NN Balance from 1 July 2009 to 30 June 2010	17,669			
TOTAL	182,012			
ITEMS				
Staffing	104,675	Expenditure 52,644		Balance 52,031
Infrastructure for Network Independent Chair	781	2,836		-2,055
Network Meetings	39,801	14,212		25,589
Network Representative attending Other Meetings	8,779	7,881		898
Total before AMA Administration Charge	154,036	77,573		76,463
AMA Administration Charge (10% of Agreed Budget)	15,404	15,404		0
TOTAL	169,440	92,977		76,463
FUNDS REMAINING	89,034			

It was noted that the Chair is liaising with the APS concerning its \$5,000 donation for this Financial Year, which has not yet been received by the AMA.

It was noted that it was agreed at the previous meeting to allocate some of the anticipated surplus to reimbursement of State Committee members for meeting

attendance.

The Meeting agreed that any additional surplus remaining in the Network budget at the end of this Financial Year could be utilised for Network activity in relation to Borderline Personality Disorder, specifically the development of a consumer and carer survey, concise report, and possible associated research project.

5. NETWORK WORK PLAN 2011–13

The NC devoted a substantive part of the remainder of the day to a workshop facilitated by Ms Werner on the Network's Strategic Plan. During the course of the Workshop the NC developed the Network's strategic objectives, priorities and work plan for the Financial Years 1 July 2011 to 30 June 2013.

A copy of the final version of the *Network Strategic Plan 2011–13* appears at **Appendix A** of this Report.

6. 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 only 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 following matters that were discussed at the September 2010 meeting of the NMHCCF.

6.1 National Register of Consumer and Carer Representatives

In 2007–08, the Mental Health Council of Australia (MHCA) selected 60 mental health consumer and carer representatives from around Australia for the National Register project. The aim was to further develop the representative skills of mental health consumers and carers already participating in national and local policy initiatives. In March 2008, National Register members took part in a two-day training workshop to enhance their advocacy skills, committee representation, leadership, policy development and communication skills. An enhanced skills development workshop was held in April 2009. The National Register is now an ongoing project of the MHCA and is funded by the Australian Government's Department of Health and Ageing (DoHA).

National Register members are available to sit on, for example, national committees, boards, working groups and evaluations as consumer or carer representatives.

Members use their lived experiences, understandings of the mental health system and communication skills to advocate and promote the issues and concerns of consumers and carers. All National Register members receive ongoing training and support and are advised of national representation opportunities as they arise. The Meeting noted the next workshop for new members will be held on this Friday, 4 March 2011 and Ms McMahon will be inducted as new National Register Member. Mr Hardwick will be doing a presentation on systemic advocacy at the induction.

6.2 NMHCCF Funding and Membership

The Forum is auspiced by the MHCA and funded by State and Territory Governments through the Australian Government's Mental Health Standing Committee (MHSC). A funding proposal for 2011–12 was developed for the MHSC and is the subject of ongoing debate. The Chair of the MHSC, Dr Aaron Groves, attend the September meeting to discuss the expansion of the Forum to include appropriate representation for people from Culturally and Linguistically Diverse (CALD) backgrounds, the elderly, and young people. At this stage, funding limitations preclude any further expansion in the Forum's membership.

6.3 MHCA CEO

The MHCA is in the process of selecting a new CEO.

6.4 Accountability of Psychiatrists

The Forum is developing an advocacy brief on the accountability of psychiatrists.

6.5 Insurance Discrimination Project

Ms Racheal Irving was to give a presentation on the Insurance Discrimination Project, but findings from the survey are not yet available.

6.6 Stigma within Mental Health Services Project

The MHCA is currently undertaking a project examining the extent of stigma by professionals providing mental health services. The attitudes and beliefs of professionals will be measured through three surveys to be completed by professionals, consumers and carers. The findings will be of interest given the paucity of work done in this area in either Australia or overseas. The professional survey is now closed with the consumer and carer surveys still in the field. The results are expected to be analysed and published by mid to late 2011. Funding for this project was provided by DoHA.

6.7 Australian Federation of Disability Organisations

The CEO of the Australian Federation of Disability Organisations (AFDO), Ms Leslie Hall, briefed the Forum on the National Disability Insurance Scheme, a disability inclusion allowance, and the Productivity Commission Inquiry into Long Term Care and Support. AFDO has noted that there is public support for the implementation of the National Disability Insurance Scheme and has set up a fighting fund to advocate for the implementation of the Scheme. AFDO has received funding from the Commonwealth Department of Families, Housing, Community Services and

Indigenous Affairs (FAHCSIA) to engage with the Productivity Commission in relation to long term care and support.

In view of these developments, the Forum has established a small working group to develop a position statement describing psychosocial disability. The position statement will define psychosocial disability and describe the disability supports required for people with a psychosocial disability to function effectively in the community. The position statement will be finalised in April 2011 and its content will inform the Forum's submission to the Productivity Commissions Inquiry, which is due to report to Government in July 2011.

6.8 Australian Health Ministers Advisory Council (AHMAC)

Dr Peggy Brown, Chief Executive Officer ACT Health, attended the September meeting on behalf of AHMAC to seek the Forum's views regarding the ongoing concerns in mental health. This brief 40 minute consultation was part of AHMAC's three way approach to investigating these ongoing concerns. AHMAC is also reviewing all the available evidence, including current National Mental Health Plans and other reform activity, and also conducted a workshop in October 2010. This is part of the consultation process that will help to inform the 11 July 2011 meeting of the Council of Australian Governments (COAG), which will have a focus on mental health.

6.9 Next NMHCCF Meeting

The next meeting of the Forum will be held face-to-face in Canberra 21/22 March 2011. A key issue for discussion will be the progress made against Forward Plan 2009-11 objectives and the development of a new forward plan.

7. NETWORK STATE COORDINATORS COMMITTEE REPORTS

The Meeting noted and updated the following table, which sets out the meetings of State Committees held during 2010.

Table 1: Meetings of State Committees of the Network 2010

JURISDICTION	MEETING DATE	LOCATION	STATE COORDINATOR
QLD	26 October 2010	Greenslopes Private Hospital	Mr Norm Wotherspoon
	26 March 2010	New Farm Clinic	
NSW	30 November 2010	The Sydney Clinic	Mr Lee Hill
	30 April 2010	The Sydney Clinic & Mosman Private Hospital	Ms Alvina Hill
ACT	13 October 2010	Hyson Green at Calvary Hospital	Ms Kim Werner
	19 May 2010		
VIC	10 September 2010	Albert Road Clinic	Mrs Ruth Carson
	23 June 2010	Pinelodge Clinic	
	23 February 2010	Melbourne Clinic	
SA	18 November 2010	The Adelaide Clinic	Mr John Kincaid
	6 May 2010		
WA	22 April 2010	Perth Clinic	Mr Patrick Hardwick

The Meeting noted the copies of the self-explanatory minutes for QLD, NSW, ACT, VIC and SA, which had been circulated with the agenda papers, were noted and the Chair invited the Network's State Coordinators to report on those meetings. Each Coordinator spoke briefly to their minutes and briefed the Meeting on the following matters.

7.1 SA – Mr John Kincaid

Mr Kincaid reported that the SA State Committee met on 18 November 2010 at the Adelaide Clinic.

The Committee discussed several matters including the Network policy on consumer and carer participation, involuntary detention and treatment, the use of IT technology, the Mental Health Peer Support Competency Development Project, and the Network's workplan for 2010–11.

7.2 QLD – Mr Norm Wotherspoon

Mr Wotherspoon reported that he has joined Queensland Voices and attended their AGM.

Currumbin Clinic has asked Mr Wotherspoon to run consumer focus groups once a month and join their Quality Control Committee.

After liaising with Ramsay, Mr Wotherspoon will offer a briefing on the Network for the recently established Cairns Clinic.

The next meeting of the QLD State Committee will be held on 19 April 2011 at Currumbin Clinic on the Gold Coast.

The Chair noted the additional workload taken on by Mr Wotherspoon in his role, including lengthy travel, and thanked him for his efforts.

7.3 VIC – Ms Jan Moore

Ms Moore reported that the last meeting of the Victorian State Committee was held on 10 September 2010 and the next will be convened in March/April 2011. The common themes discussed were smoking policy, carer identification models, clinical discharge models and committee membership. Attendance at the September meeting was down to four, as opposed to the usual average of seven. This may be due to three meetings being held in 2010 rather than the usual two.

Some key Hospital staff are currently attending the Victorian State Committee meetings. After discussion, the NC suggested that these staff be ratified in future as co-opted members, as is the case in QLD.

The Victorian State Committee has discussed Network payments for non-salaried consumer and carer Committee Members, but is seeking clarification as to whether these payments are per hour per meeting, or only per meeting. Ms McMahon clarified that the payments were \$25 per meeting for each meeting in 2010. This may rise to \$50 in 2011, **pending approval** of the Network budget estimates for beyond 30 June

2011 (see Agenda Item 9). After discussion, NC agreed that it would be in general better for most State Committees to meet twice a year, and extend the timing of the meeting, rather than hold three meetings a year, which will incur additional costs. This should not preclude a third extraordinary meeting from being held if there is a strong level of interest.

7.4 WA – Mr Patrick Hardwick

Mr Hardwick reported there has been no meeting of the Western Australian State Committee for several reasons.

Firstly, in his role as the Stakeholder Manager for the Department of Immigration and Citizenship in WA, Mr Hardwick's time has been largely devoted to dealing with the community controversy over the establishment of a detention centre in Northam near Perth and the setting up of the Refugee Assessment Team for WA.

Secondly, WA State Committee Members could not reach agreement on a set date for the Committee meetings.

Mr Hardwick has a strategy to strengthen Committee membership in WA by advertising the Network through the WA Association for Mental Health, ARAFMI, and Carers WA. It is anticipated that more consumers and carers will be interested in joining the State Committee.

Mr Hardwick mentioned that there is now a Mental Health Commission in WA and a full time Minister for Health, The Hon. Ms Helen Morton MP. The WA Government has set up a Mental Health Advisory Council and Mr Hardwick has applied to become a member of that Council representing the private sector.

7.5 NSW – Mr Lee Hill

Mr Hill reported on the last meeting of the NSW State Committee held on 30 November 2010 at The Sydney Clinic. The Sydney Clinic is implementing a no smoking policy in the outdoor courtyard from 1 March 2011. The Nurses Association have issued a press release offering training for nurses to help clients quit smoking.

Two new people have joined the NSW Committee. One was a nurse from Warners Bay Private who wants to set up a consumer consultative committee.

St John of God Burwood recently formed a consumer consultative committee and Paul Dyer, the Director of Nursing, has indicated a representative will attend the NSW State Committee meetings.

The manager at The Sydney Clinic has kindly offered to host the NSW State Committee Meetings at The Sydney Clinic.

The NSW State Committee also discussed the election commitments of the various political parties.

The next meeting of the NSW Committee is scheduled for 30 March 2011.

7.6 TAS

Ms McMahon reported that there is still no State Coordinator for Tasmania, nor a State Committee. Ms McMahon is liaising with the CEO of the Hobart Clinic, Ms Amanda Quealy. A carer has recently been appointed to the Board of the Hobart Clinic who may be interested in the State Coordinator role.

There are only three private psychiatric facilities in Tasmania, the Hobart Clinic, North West Private Hospital in Burnie, and St Helens in Hobart.

8 PSYCHOGENOMICS

The Chair welcomed, Dr Bill Pring, the AMA representative on the PMHA to the meeting.

Dr Pring provided a brief Powerpoint presentation on the recent course he had attended on psychogenomics at the Mayo Clinic in the United States. The course provided an insight into the direction of molecular biology in relation to mental health and for the whole of medicine. At this stage, one of the most useful aspects of psychogenomics, which is not being used very much in Australia or the rest of the world as yet, is the capacity to determine the genetics of the liver enzymes that metabolise psychiatric medications. Essentially, by defining the genetic processes that determine the enzymes in the liver, an approximation of the genetics of the individual can be made that provides some idea of what level a particular medication is likely to achieve in the bloodstream.

In Australia, there is one laboratory doing this work in Victoria, where they are testing for four enzymes in the liver, which may be of interest to Health Insurers and the Australian Government. Once those four are known then the doctor can take this into account when prescribing medication, particularly in relation to how quickly the patient can metabolise certain medications. There are also pharmacokinetic factors and pharmacodynamic factors that influence how quickly a medication is metabolised. For each enzyme there are arbitrary categories that can predict whether someone is going to be one of the following.

- (1) *Poor Metabolisers*, who will have serious difficulty in clearing medications and are, therefore, prone to side effects.
- (2) *Intermediate Metabolisers* fall between (1) and (3). They can become Poor Metabolizers for other drugs if they are on a medication that inhibits the metabolising enzyme.
- (3) *Extensive Metabolisers*, who are considered to be the normal state. These individuals can also have difficulties, however, in the presence of a strong enzyme inhibitor.
- (4) *Ultra Rapid Metabolisers*, metabolise certain medication extremely quickly.

Dr Pring further explained the implications of this new form of testing and one particular anecdotal but dramatic case, highlights the importance of this new technology.

The baby of a woman who was breast feeding failed to thrive. The mother had a chronic pain condition and was taking a prescription medication containing codeine. The 2D6 gene converts codeine into a morphine metabolite, which is part of the main activity of codeine. Even though a paediatrician felt the mother was doing everything correctly, the baby died and the coroner was investigating the mother for infanticide. At the suggestion of her lawyers, the mother underwent genetic testing and was found to be an *Ultra Rapid Metaboliser*. The mother's breast milk was then tested and found to be toxic with morphine metabolites in it.

Dr Pring then responded to questions and clarified various aspects of the testing and procedures involved.

The Chair thanked Dr Pring for his presentation and invited his participation in the development of an appropriate article for the Network's Newsletter.

At the invitation of the Chair, Dr Pring remained for the next Agenda Item.

9. NETWORK BUDGET 2011–13

The Chair explained that the Network, PMHA and its Centralised Data Management Service (or CDMS) are all currently supported under an overarching funding agreement titled, the *AMA Agreement for Services 2009–11*. The following organisations are Parties to that Agreement.

- Australian Medical Association
- Australian Private Hospitals Association
- Australian Health Insurance Association
- Australian Government
- beyondblue – the national depression initiative

Under this Agreement, the AMA provides infrastructure support and coordination for the activities of the Network, PMHA, and CDMS from the offices of the Federal AMA in Canberra. This Agreement expires on 30 June 2011. The next agreement needs to be in place by 1 July 2011 to provide certainty for all these activities to continue beyond 30 June 2011.

Beyond the AMA Agreement, the Network is further supported by donations kindly provided by the RANZCP and the APS. The RANZCP has in the past funded the Network at the same rate as the non-government Parties to the AMA Agreement and the APS has provided a \$5,000 donation. It is anticipated that these donations will continue for Financial Years 2011–13.

The Chair reported that the 17/18 March 2011 meeting of the PMHA will be discussing the draft budgets to support the activities of the Network, PMHA and CDMS for the period 1 July 2011 to 30 June 2013. The Chair then discussed in detail the forward budget estimates for the Network for the two financial years 1 July 2011 to 30 June 2013 with the NC. Mr Taylor demonstrated the reduction in stakeholder contributions that would be achieved with the RANZCP and APS donations. The NC supported the budget estimates going forward to the 17/18 March PMHA meeting.

Resolved (unanimous)

That the National Committee (NC) of the Private Mental Health Consumer Carer Network (Australia) [Network] endorses the budget estimates for the Network for the two financial years 1 July 2011 to 30 June 2013 going forward for discussion with the 17/18 March PMHA meeting.

Action: Ms Janne McMahon/ Mr Patrick Hardwick

10. PERSONALLY CONTROLLED ELECTRONIC HEALTH RECORD (PCEHR)

The Chair reported that the Network forwarded a submission to National e-Health Transition Authority (NEHTA) on 8 August 2008 on the Discussion Paper – *eHealth Record– Privacy Blueprint for the Individual Electronic Health Record*. It was noted that a copy of this Paper had been circulated with the agenda and papers for this Meeting. The Chair attended a NEHTA Consumer Workshop on 20 January 2011 and two further Consumer Workshops held on 9 and 23 February in Melbourne and Sydney. The Australian Government has embarked on a print and media publicity campaign and copies of the available material was tabled at the Meeting. Members also viewed the Government’s promotional video. The Meeting then considered the implications of the PCEHR. Discussion focussed on the following issues of concern to consumers and carers in the private mental health system.

- The PCEHR may help to deal with the lack of communication between the public sector and the private sector, particularly after someone is discharged from a public hospital and then returns to a practitioner in private practice.
- The practicalities of the system.
- Health professionals concerns over the risks involved when access to certain aspects of PCEHR are denied.
- The risks of inappropriate, or incorrect judgments, being recorded on the PCEHR by practitioners that might cloud future treatment and care.
- Clarity on what information will be held on the PCEHR.
- Whether consumers will have access to all the information on the PCEHR, including what a psychiatrist may have recorded.
- Access to the PCEHR in emergency situations where the holder is unconscious, or physically or mentally incapacitated. This has relevance to consumers who are involuntarily admitted under mental health legislation in terms of ‘being a risk to themselves’.
- Access to information during hospital admission by a range of personnel.
- Identification of who has accessed the information on the PCEHR.
- Carer access.
- Implications for people with low levels of electronic literacy including computer and internet.

- The possibility of increased charges for consumers based on the time practitioners may take updating the PCEHR.
- Capacity of the PCEHR to change practice.
- Correction of misinformation on PCEHR.

Ms McMahon agreed to include these issues in discussion with NETHA.

11 ENGAGEMENT WITH GRASS ROOTS CONSUMERS AND CARERS

The Meeting discussed how best to engage more meaningfully with members of the Network and with the wider “grass roots” consumers and carers in the private mental health sector.

The Meeting agreed that the annual survey should be undertaken of Network Members using all relevant distribution lists available.

The Meeting then considered a copy of the questionnaire, which had been circulated with the agenda and papers for this Meeting. It was recommended that the survey questionnaire be amended as follows.

- Delete the second part of Question 2 which reads:

~~If you answered yes, what would be the best time for you to attend a meeting?~~

~~_____ Morning _____ Afternoon _____ Evening~~

Instead, respondents indicating an interest in joining a State Committee should be referred on for their respective State Coordinator to make contact, with the first part of Question 2 indicating that vacancies may exist in **some** states.

- Include a question that enables respondents to indicate what Topics they may be interested in and whether they would like to receive further information.
- Amend the small print that appears under Question 3 to read:

The main business of the Network is to advocate for the issues and needs of consumers and their ~~families~~ carers. To enable us to do so, it is important that we hear from you.

- Include a question as to whether respondents are currently members of the Network and, if not, whether they would like to become a member of the Network.
- Retitle the survey, *Survey of Members and Interested Others*, and include a link to the Membership form on the Network website. This will mean that respondent will need to indicate whether they are a Consumer, Carer, or Interested Other.

Resolved (unanimous)

That the National Committee (NC) of the Private Mental Health Consumer Carer Network (Australia) [Network] requests a survey of Network Members be

conducted with the survey questionnaire revised in accordance with the amendments suggested at the 23rd Network Meeting held on 28 February and 1 March 2011 in Melbourne.

Action: Ms Janne McMahon

12 NETWORK POLICY DOCUMENTS

The Deputy Chair briefed the meeting on progress with all outstanding Network policy documents and new policy work that had been undertaken as set out below.

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

Ms Werner reported that 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 development of 10 core standards was underway.

Ms McMahon briefed the Meeting on developments in relation to the NSMHS, the ACSQHC Standards and the response of accrediting agencies such as the Australian Council on Health Care Standards (ACHS) and the International Standards Organisation (ISO).

After discussion, it was agreed that the Chair should revisit the *Background* section of Policy 5 and make any amendments that might be necessary in light of these deliberations, prior to Policy 5 being endorsed.

Resolved (unanimous)

That the National Committee (NC) of the Private Mental Health Consumer Carer Network (Australia) [Network] requests that the draft Network Policy 5 National Standards for Mental Health Services and Accreditation in Private Psychiatric Hospitals be revised by the Chair prior to circulation to NC Members for consideration and comment in consultation with their respective State Committees.

Action: Ms Janne McMahon/NC Members

12.2 Network Policy 6 Consumer and Carer participation within Private Mental Health Services – 2010

Ms Werner reported that Policy 6 was amended following the last NC meeting and then provided to State Coordinators for discussion with their State Committees. State Coordinators were asked to bring all recommendations for final amendments back to this meeting of the NC for further refinement.

After discussion, the Meeting agreed to amend the third dot point at the end of *Policy 6* so that it reads:

- *engage appropriately qualified consumers and carers within funder and provider organisations as equal members of the service staff; and*

The Meeting then endorsed Policy 6 and requested that it be included on the Network website.

Resolved (unanimous)

That the National Committee (NC) of the Private Mental Health Consumer Carer Network (Australia) [Network] endorses Network Policy 6 Consumer and Carer Participation within Private Mental Health Services, as amended by the 23rd Network Meeting held on 28 February and 1 March 2011 in Melbourne. The NC requests that Network Policy 6 be included on the Network's website.

Action: PMHA Director

12.3 Policy 7 Involuntary Detention and Treatment

Ms Werner reported that Policy 7 was amended following the last NC meeting and then provided to State Coordinators for discussion with their State Committees. State Coordinators were asked to bring all recommendations for final amendments back to this meeting of the NC for further refinement. After discussion, the Meeting endorsed Policy 7 and requested that it be included on the Network website.

Resolved (unanimous)

That the National Committee (NC) of the Private Mental Health Consumer Carer Network (Australia) [Network] endorses Network Policy 7 Involuntary Detention and Treatment and requests that it be included on the Network's website.

Action: PMHA Director

12.4 New Draft Network Policy 8 Carer Support

The Network has a key role to play in advocating for better acknowledgment of and support for carers in the provision of both private and public mental health services in Australia. To support that role, Ms Werner has developed a draft, *Network Policy 8 Carer Support*, aimed at ensuring adequate recognition and support of carers in both the public and private mental health systems.

The Meeting then considered the draft copy of Network Policy 8, which had been circulated with the agenda and papers. After discussion, it was agreed that issues around carer identification and nomination should be the subject of a separate Network Information Sheet. Policy 8 should be circulated to NC for discussion with their State Committees.

Resolved (unanimous)

That the National Committee (NC) of the Private Mental Health Consumer Carer Network (Australia) [Network] requests that draft Network Policy 8 Carer Support, be circulated to NC Members for consideration and comment in consultation with their respective State Committees.

Action: Ms McMahon/NC Members

12.5 Network Communication Plan 2011–13

Communication is a critical aspect of the management of activities of the Network. Stakeholders need to understand what is being done by the Network, how it is done, and how well it is done. To be effective communication must be planned, constructive and managed.

The Meeting considered a copy of the draft *Network Communication Plan 2011–13* developed by Ms Werner to provide an overall framework for planning and managing the dissemination of information relating to the work of the Network. It was agreed that the Plan should be amended as follows.

- Under 5. *Potential Activity and Dissemination Methods*, the section of the table, which refers to *Electronic* media, should be amended to include reference to the annual survey of Network Members.
- Under the *Presentations* section of the Table, amend *Themes Conference* to read, TheMHS Conference.
- Include a distribution list under, 6 *Distribution*.

Resolved (unanimous)

That the National Committee (NC) of the Private Mental Health Consumer Carer Network (Australia) [Network] requests the draft Network Communication Plan 2011–13 be amended in accordance with the deliberations by the 23rd Network Meeting held on 28 February and 1 March 2011 in Melbourne.

Action: Ms Werner

13. NATIONAL HEALTH REFORM

Mr Lee Hill and Mr Taylor briefed the meeting on both the history of the national reform agenda in mental health and the current developments taking place under COAG. The briefing touched on the following.

- The Burdekin Report (1993)
- Senate Inquiry into the Provision of Mental Health Services in Australia (2006)
- COAG National Action Plan on Mental Health 2006–11
- Fourth National Mental Health Plan: an agenda for collaborative government action in mental health 2009–2014 (2009)

- Recommendations of the National Hospitals and Health Reform Commission (NHHRC) Final Report (2009)
- Recommendations of the National Advisory Council on Mental Health (NACMH) (2010)
- 2010 Federal Election commitments of Australian Government, Coalition and Greens.
- COAG Heads of Agreement – National Health Reform (2011)
- July 2011 meeting of COAG and its anticipated focus on Mental Health.

The Meeting then discussed the raft of reforms contained in the recent *COAG Heads of Agreement – National Health Reform* and some of the possible implications for the private sector, including Local Hospitals Networks and Medicare Locals. It was agreed that it will be difficult to determine many of the future implications until the new arrangements are in place and the outcome of the next COAG meeting was known in relation to specific mental health reforms. In the interim, Mr Taylor circulated, via email, a copy of the material compiled by Mr Lee Hill and the *COAG Heads of Agreement – National Health Reform* document for NC Members.

14. INABILITY TO BE ADMITTED AS AN INPATIENT WHILST AT RISK

At the request of a State Committee, the Meeting discussed the reports received from concerned carers over what appears to be the reluctance of some private hospitals to take *voluntary* admissions of consumers at risk of suicide who require a *suicide watch*, or *behavioural management* service. Inability to accept the admission it would seem is usually due to a lack of appropriate or designated beds and the staffing resources necessary to offer this type of service. It has been reported that people at risk are often left with the choice of returning home under the supervision of their carer, or admission to the public sector. The Meeting felt that this situation was essentially yet another gap in the mental health system that placed people at risk in a situation whereby they cannot access *the right services, at the right time, and in the right place*. The Meeting agreed that this is an unacceptable situation largely due to the lack of funding that would enable such services to be provided in the private sector.

Resolved

1. *That the National Committee (NC) of the Private Mental Health Consumer Carer Network (Australia) [Network] requests that the Chair seek the advice of the Private Mental Health Alliance on the issue of the inability of private hospitals to take voluntary admissions at risk of suicide who require a suicide watch, or behavioural management service.*

Action: Ms McMahon

2. *That the NC supports concerned carers raising this matter directly with the private hospitals concerned as a first option, health insurers, and the respective Health Complaints Commission only if satisfactory resolution or advices cannot be obtained. It is seen as a gap in the mental health system that places people at*

risk in a situation whereby they cannot access the right services, at the right time, and in the right place.

3. *The Network requests the respective State Coordinator provide these suggestions to their respective State Committee, which raised this issue.*

Action: Ms McMahon

15. RECOMMENDATIONS OF THE SENATE COMMUNITY AFFAIRS COMMITTEE ON CHILDHOOD SEXUAL ABUSE

On 28 March 2007, the Australian Senate referred the matter of mental health services in Australia to the Community Affairs Committee (Committee) for inquiry and report by 30 June 2008. On 19 June 2008 the committee tabled an interim report, outlining its work on the inquiry to that point and providing a broad summary of the themes arising in the evidence received. Given the scale of the reforms introduced in mental health, the substantial evidence provided to the committee and the committee's heavy workload with other concurrent inquiries, the committee undertook and provided a final report to the Senate in 25 September 2008 titled, *Towards recovery: mental health services in Australia*.

On 8 May 2008, the Network Chair appeared before the Committee hearing held in Adelaide and raised the issue of the correlation between childhood trauma, including sexual abuse, and the subsequent development of mental illnesses, including Borderline Personality Disorder (BPD). After this appearance, Ms McMahon gained the support of national consumer and carer advocacy peak bodies for a joint submission to the Senate Community Affairs Committee. The submission was supported by key mental health organisations and individuals who called for the formation of a Task Force to oversee a BPD initiative. Subsequent meetings were also held in Canberra on 28 August, 2008 between the Ms McMahon, 5 psychiatrists and Senator members of the Committee.

The outcome of this substantive campaign were two clear recommendations that relate to childhood sexual abuse and the subsequent development of mental illness, as detailed in the Committee's report, *Towards recovery: mental health services in Australia*.

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.

15.1 Progress with Recommendation 24 – National Trauma Informed Care Strategy

To progress Recommendation 24 and address the issue of childhood trauma, Ms McMahon has been negotiating since March 2010 with the Mental Health Coordinating Council for NSW, Adults Surviving Child Abuse and the NSW Education Centre Against Violence. Those negotiations resulted in a Forum being convened on 27 September 2010 in Sydney to determine how best to approach the development of a National Strategy for Trauma Informed Care and Practice.

Ms McMahon and Ms Werner representing the Network as co-hosts of this Forum, reported on the degree of tension that emerged between those participants who had a focus on complex childhood trauma, such as child abuse of various kinds, and those whose focus was more related to one-off traumatic events and how they affect adults, such as natural disasters, car accidents and assaults. There are significant differences between these two fields and the different approaches that might be required to address each. The outcome of the Forum was, however, quite successful at raising awareness. A wide range of initiatives and activities are now taking place, which include the following.

1. Establishment of an informal Trauma Informed Care and Practice Network. Currently 61 people have registered consisting of consumers, carers, psychiatrists, psychologists, NGOs, forensic etc.
2. Development of a summary brief on the need for a new approach to Trauma Informed Care and Practice. This is currently a work in progress.

3. A Conference showcasing Trauma Informed Care and Practice planned for June 2011.
4. Development of a National Agenda for Trauma Informed Care and Practice in Australia.
5. A National Trauma Informed Care Workshop will be presented on 7 March 2011 in Brisbane by the Queensland Government in conjunction with other Australian States and Territories and in partnership with International Initiative for Mental Health Leadership.

15.2 Progress with Recommendation 25 – Borderline Personality Disorder (BPD)

Ms McMahon has been in negotiations with the Australia Government over the lack of action with regard to Recommendation 25 since the Committee's report, *Towards recovery: mental health services in Australia*, was released in 2008. The Meeting noted that the results of those lengthy negotiations by Ms McMahon now appear to be coming to fruition. Ms McMahon reported on the following developments.

- A *Borderline Personality Disorder Expert Reference Group (BPDERG)* has been established and Ms McMahon has been appointed to the BPDERG. The first meeting of the BPDERG was held on 9 December 2010 and the next meeting is scheduled for 9 March 2011.
- DoHA has supported an undertaking for the National Institute of Clinical Studies (NICS) and the National Health and Medical Research Council (NHMRC) to develop a Clinical Practice Guideline for the management of BPD. Ms McMahon was recently appointed to the *NHMRC BPD Clinical Guideline Development Committee*, which met on 21 February 2011.
- To scope BPD, an anonymous online survey will shortly be undertaken by the Network of consumers who have the diagnosis of BPD and their carers to determine issues around access, gaps, barriers and strengths of the Australian mental health system both public and private, together with the role that GPs play. The Network will engage a researcher to prepare a brief report and advice for the BPDERG, based on the responses received, and through them, to the new Commonwealth Minister for Mental Health, The Hon. Mark Butler MP as well as any current or future initiatives in this area.
- The Network is also establishing an informal consumer and carer group of interested consumers and carers who suffer from BPD.

Resolved

1. *That the National Committee (NC) of the Private Mental Health Consumer Carer Network (Australia) [Network] requests that the necessary steps be taken to ensure that the intellectual property rights for the results of the online consumer and carer survey on Borderline Personality Disorder (BPD) are retained by the Network.*

Action: Ms McMahon

2. *That the NC of the Network supports the use of a small financial prize to encourage consumers and carers to complete the online survey on BPD.*
3. *That the NC of the Network supports the allocation of a small amount of monies to fund a researcher to undertake the analysis of the surveys and provide a brief report.*

Action: Ms McMahon

16. MENTAL HEALTH COUNCIL OF AUSTRALIA REPORT

The Mental Health Council of Australia (MHCA) was established in 1997 as the peak, national non-government organisation representing and promoting the interests of the Australian mental health sector, committed to achieving better mental health for all Australians. MHCA Members include national organisations representing consumers, carers, special needs groups, clinical service providers, public and private mental health service providers, researchers and state/territory community mental health peak bodies.

The MHCA aims to:

- promote mentally healthy communities;
- educate Australians on mental health issues;
- conduct research into mental health issues; and
- reform Australia's mental health system.

The MHCA provides advice on mental health matters to the Australian Government, and in particular, to the Minister for Health and Ageing. MHCA develops policy position papers and provides submissions to various inquiries. The MHCA holds two Members Policy Forums each year and the Chair, Ms Janne McMahon, represents the Network together with the Deputy Chair, Ms Kim Werner, thereon.

While there was insufficient time available to enable the Network representatives, Ms McMahon and Ms Werner, to report on MHCA activities, the following information is provided for the purpose of this Report.

16.1 Minister's Mental Health Forums

In November and December 2010, the MHCA facilitated 14 forums across Australia to enable the new Minister for Mental Health and Ageing, The Hon. Mark Butler MP, to hear from consumers, carers and other stakeholders in the mental health sector. The issues that were consistently raised at session after session, regardless of location are set out below.

- Stigma and discrimination against people with mental illness and their carers
- Minority group issues, including Indigenous, CALD, and others
- Dual diagnosis, co morbidity, physical and mental illness
- Integrated services, including housing, employment, disability services, and others

- Workforce needs
- The need for a mental health consumer peak body, and a carer counterpart
- Enhancing community capacity

16.2 Carers

In 2008–09 the MHCA provided 116 workshops throughout Australia. These workshops were developed specifically for mental health carers, to hear their concerns. The project yielded 15 major issues of concern to mental health carers, resulting in the publication *Adversity to Advocacy: the lives and hopes of mental health carers*.

In 2010, following on from the workshops, the MHCA developed a survey to monitor whether carers experiences had changed over time. The survey results were launched in November 2010 as part of a new publication entitled *Mental Health Carers Report 2010*. It is available on the MHCA website. The MHCA is continuing work in this area during 2011, exploring the possibility of working with marginalised carer groups such as Indigenous, CALD and young carers.

16.3 Mental Health Conference Funding Project

The Mental Health Conference Funding Program continues to provide limited funding to organisations holding conferences and events with a theme of mental health or suicide prevention. The program funding is specifically targeted toward ensuring maximum consumer and carer involvement at these events, from the planning stages through to attendance at the event.

16.4 Quality Use of Medicines

As part of the MHCA Pharma Collaboration, the MHCA has developed a medicines information portal. This site, developed with input by consumers and carers, links to a range of resources such as the TGA, NPS, online CMI, mental health fact sheets, wellness recovery plans etc. The MHCA receives numerous requests for information and is facilitating linkages to these sites, many of which are not well known by mental health consumers and carers.

16.5 World Mental Health Day

World Mental Health Day (WMHD), held on 10 October each year, is an annual event created by the World Health Organisation. The MHCA hosts an official launch and functions to promote WMHD and raise awareness of mental health issues across Australia. The theme for WMHD changes each year and is usually announced mid-year. The theme for 2010 was, *Mental health and long-term physical illness: The need for continued and integrated care*. For the past few years, the MHCA has hosted a forum at the National Press Club in Canberra to promote WMHD. In 2010, the forum was supported by a national awareness campaign, including billboards, posters, bus shelter Metrolites. 2011 will see an expansion of these efforts to also include television advertising.

17. NATIONAL AWARDS

While there was insufficient time to discuss this Agenda Item, the background provided below was noted by the Meeting. It was agreed that nominations would be sought by email following the meeting.

At the 30/31 August 2010 meeting of the Network, it was agreed that the Network Administrative Officer would undertake a review of the nomination process and requirements necessary to nominate a people for the following awards. The results of that research are set out below.

17.1 Order of Australia Award

The nomination should include an outline of how the nominee has made a significant contribution to the community. Contact details for the nominator (the person making the nomination), the nominee and four referees who can directly comment on the nominee's contribution and achievements also need to be provided.

All nominations are confidential. The person being nominated should not be advised of their nomination or approached for information at any stage. The information on the nomination form is strictly for the Council for the Order of Australia to assess the nominee.

The Honours Secretariat processes nominations in order of receipt. Consideration of a nomination can take between 18 months and two years. Nominators will be contacted approximately one week prior to the official publication of the honours list for which the nomination was considered.

Successful nominees receive a written offer of an award in the Order of Australia.

17.2 TheMHS 2011 Achievement Award: Exceptional contribution by an individual Award

Entries are by nomination only (not self nomination) and must:

1. Include a brief CV of the person.
2. Address their significant contribution to mental health
3. Ensure focus is on the person's contribution rather than on their program/organisation

To nominate an individual the Application instructions appear on the website.

Each entry must address the following two criteria, stating what it is that has made the individual's contribution so significant to the field of mental health in Australia or New Zealand.

1. Evidence that the person has made a significant contribution to the field of mental health on a local, state or national level.
2. Evidence that the person is doing something innovative or is maintaining a high standard of service.

17.3 Human Rights Medal and Award – Australian Human Rights Commission

Nominations are called for by the Australian Human Rights Commission each year for their Human Rights Medals and Awards. The Medals and Awards recognise and reward efforts to protect human rights in Australia.

The Australian Human Rights Commission has a web-section containing all the information about the previous Human Rights Medals and Awards, including Award categories, how to enter, judging criteria, previous winners and how to buy a ticket to the awards ceremony.

Nominations close usually at the end of September of each year. Winners are presented with their Medals and Awards at a ceremony which is held on Human Rights Day – 10 December each year.

Nomination forms and information appear on the website.

17.4 Past Human Rights Award recipient

Ms Merinda Epstein was the recipient of the *Community Award (Individual)* in 2004 in recognition for her advocacy work. Her citation read in part.

Merinda Epstein has been actively involved in mental health politics for 15 years. She is recognised as one of Australia's leading mental health consumer advocates and internationally recognised for her contribution to mental health service development. Ms Epstein was recognised by the judges for her determination, bravery, moral integrity and insight in ensuring that the rights of people with psychiatric disabilities are defended.

18 Next Meeting

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

Twenty Fourth (24th) Network NC Meeting
Monday 8 and Tuesday 9 August 2011
RANZCP Headquarters
309 La Trobe Street
Melbourne, Victoria

NETWORK OBJECTIVES 2011-13	NETWORK PRIORITIES 2011-13	NETWORK WORK PLAN 1 JULY 2011 – 30 JUNE 2013	TIME FRAME	RESPONSIBILITY	OUTCOME
Objective 1 Excel as the peak consumer and carer organisation for private mental health	1 Maintain and develop organisational partnerships and engagement	Support consumer and carer representatives on the PMHA	Ongoing	Nominated NNC Member	
		Engage with relevant professional organisations including but not limited to:			
		▪ PMHA	Ongoing	Chair/Nominated NNC Member	
		▪ DoHA	Ongoing	Chair	
		▪ APHA Psychiatry Sub-committee.	Ongoing	Chair	
		▪ AHIA Mental Health Committee	2011-13	Chair	
		▪ AMA	Ongoing	Chair	
		▪ beyondblue	Ongoing	Chair/bluevoices Representative	
		▪ RANZCP	Ongoing	Chair	
		▪ APS	Ongoing	Chair	
	▪ ACMHN	2011-13	Chair		
	2 Promote and expand the Network	THeMHS Conference Exhibition Stand	Annual	Chair/NNC	
		Identify conference opportunities	Ongoing	Chair/NNC	
		Explore further opportunities (commercial or otherwise) to promote the Network at the national and state level.	Ongoing	Chair/NNC	
		Monthly e-news alert	Monthly	Network Admin Officer	
		Appoint Patron/s	Ongoing	Chair	
		Maintain and regularly update the website	Ongoing	Deputy Chair/PMHA Director	
		Distribute promotional brochure Driving Change to private hospitals	2012	Admin Officer	
		Establish ordering system for promotional brochure	2011-12	Admin Officer	
	3 Maintain effective relationships with consumer and carer organisations	Investigate development of additional promotional material including poster and business cards	2011-12	Chair/NNC	
		Engage with other national and state consumer and carer organisations.	2011-13	Chair/NNC/Admin Officer	
	4 Ensure the Network currently represents the diversity of private mental health consumers and carers	Support the establishment of a national peak body for mental health carers	2011-13	Chair/NMHCCF Representatives	
		Examine available data in the following key national reports that contribute to comprehensive information about mental health services in Australia. ▪ National Mental Health Report ▪ Mental Health Services in Australia ▪ COAG National Action Plan on Mental Health 2006-2011: Annual Progress Report ▪ PMHA-CDMS Annual Statistical Report	2011	Deputy Chair/NNC	

NETWORK OBJECTIVES 2011-13	NETWORK PRIORITIES 2011-13	NETWORK WORK PLAN 1 JULY 2011 – 30 JUNE 2013	TIME FRAME	RESPONSIBILITY	OUTCOME
Objective 2 Advocate to address the systemic needs and improve the lives of mental health consumers and carers	5 Identify areas for improvements in treatment and care and advocate for best practice	Participate in developing, and implementing new models of service delivery for consumers and carers in the private sector.	2011-13	PMHA C&C/NNC	
		Develop and promote Network positions on identified issues.	2011-13	Deputy Chair/NNC	
		Monitor and publish psychotropic medications to be considered by Pharmaceutical Benefits Advisory Committee.	2011-13	Admin Officer	
		Monitor prescription practices to identify medications that could be listed on Pharmaceutical Benefits Schedule.	2011-13	Chair/NNC	
		Advocate for improved services for people with a diagnosis of Borderline Personality Disorder.	ongoing	Chair/Deputy Chair	
		Participate in the development of a national strategy for trauma informed care.	2011-13	Chair/Deputy Chair	
		Explore greater use of PMHA-CDMS Data for the benefit of consumers and carers in the management of their illness.	Ongoing	NNC	
	6 Participate in developing, implementing and reforming mental health policy and practice.	Scope current reforms and proposals for their impact on private mental health consumers and carers.	2011-12	Deputy Chair/Mr Hill	
		Provide targeted input into mental health policy issues from the private sector consumer and carer perspectives	Ongoing	NNC	
		Actively seek participation on all relevant Committees, Working Groups, Inquiries etc.	Ongoing	NC/Chair/Deputy	
Objective 3 Ensure sustainability of the Network	7 Strengthen, support and maintain the Network	Survey of members.	Annual	NNC	
		Engage with the wider membership of the Network wherever possible.	Ongoing	Chair/NNC/Admin Officer	
		Develop and review Network operational documents	Ongoing	Deputy Chair/NNC	
	8 Strengthen, support and maintain the Network's State Committees	Expand the membership of State-based committees	As required	Chair/NNC/Admin Officer	
		Ensure ongoing viable State Committees in each State	Ongoing	Chair/NNC/Admin Officer	
		Secure funding to enable remuneration for State coordinators and reimbursement for State committee members	2011-13	Chair	
Objective 4 Build capacity to undertake new directions	9 Secure ongoing funding for the Network	Participate in negotiations AMA Agreement for Services 2011-13 and secure ongoing funding from the RANZCP and APS.	2012-13	Chair	
		Identify possible consumer and carer related projects.	2011-13	Chair/NNC	
Objective 4 Build capacity to undertake new directions	11 Explore opportunities for development of research and projects around areas of identified need for consumers and carers	Progress recommendations of Carer Identification Project	2011-13	Chair/PMHA Carer Representative	
		Engage with relevant organisations to explore ways to develop consumer and carer perspectives in the education and training of health professionals.	2011-13	Chair	
	12 Pursue opportunities for education and training	Engage with relevant organisations to explore opportunities for input into the education and training of private mental health sector consumers and carers.	2011-13	Chair	