



Private Mental Health Consumer
Carer Network (Australia) Limited

engage, empower, enable choice in private mental health

3/36th MEETING OF THE NETWORK BOARD

Thursday 27th and Friday 28th July, 2017

THE ROYAL AUSTRALIAN AND NEW ZEALAND COLLEGE OF PSYCHIATRISTS

311 LA TROBE STREET, MELBOURNE

ENDORSED REPORT AND AGREEMENTS

Item	Discussion	Agreement						
1. Welcome & Apologies 1.1 Attendance 1.2 Apologies	<p>Welcome The Chair Ms Janne McMahon OAM opened the 3rd meeting of the Board at 9:30am. Ms McMahon welcomed: Dr Bill Pring (admitting Psychiatrist to Delmont Private Hospital) and Karen Bailey (Minutes).</p> <p>Attendance</p> <table><tbody><tr><td>1. Ms Janne McMahon</td><td>Chair, Executive Officer.</td></tr><tr><td>2. Mr Patrick Hardwick</td><td>Deputy Chair, Deputy Chief Executive Officer and Network State-Based Co-ordinator for Western Australia (WA), Carer representative on the National Mental Health Consumer Carer Forum</td></tr><tr><td>3. Mr Norm Wotherspoon</td><td>Secretary and Queensland (QLD) Consumer Representative on the APHQ Committee,</td></tr></tbody></table>	1. Ms Janne McMahon	Chair, Executive Officer.	2. Mr Patrick Hardwick	Deputy Chair, Deputy Chief Executive Officer and Network State-Based Co-ordinator for Western Australia (WA), Carer representative on the National Mental Health Consumer Carer Forum	3. Mr Norm Wotherspoon	Secretary and Queensland (QLD) Consumer Representative on the APHQ Committee,	
1. Ms Janne McMahon	Chair, Executive Officer.							
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	<p>4. Mr Evan Bichara 5. Ms Judy Bentley 6. Mr Darren Jiggins 7. Prof Sharon Lawn 8. Mr Phil Plummer</p> <p>Apologies</p> <p>1. Ms Simone Allan</p>	<p>Membership Officer, Consumer representative to the National Mental Health Consumer Carer Forum</p> <p>Multi-Cultural Officer</p> <p>Australian Capital Territory (ACT)</p> <p>Tasmania (TAS)</p> <p>South Australia (SA)</p> <p>Independent</p> <p>New South Wales (NSW)</p>	
2. Conflict of Interest	There were no declarations.		
3. Endorsed Report of 35th Meeting	The Minutes of the 2/35 Meeting which were agreed and endorsed out of session via email and have been posted onto the Network website.		
4. Progress on Actions Arising	<p>The Board noted the following items which were pending from the 2/35th Meeting on the 6th and 7th April, 2017.</p> <p>Pending Item: Seek meeting with Mental Health in Multicultural Australia No longer an organisation</p> <p>Pending Item: Scamming The Board discussed the impact on poor and vulnerable people of internet and phone scamming, including media advertising for instant loan companies.</p> <ul style="list-style-type: none"> • Poor people and those on Guardianship Orders find their income going on debts. • Vulnerable people can be 'groomed' in phone calls. 		<p>Ms McMahon & Ms Lawn to develop a draft document on tips about scamming behaviour and support agencies.</p>

- Phone contracts nowadays are sufficient, no signing of documents needed.
- Create materials with tips to educate poor and vulnerable people about scamming behaviours, and a list of agencies that can support people who have been scammed.

Actions Arising from last meeting:

Peer workforce support

- QLD – Queensland Alliance for Mental Health
- WA – WA Association for Mental Health (WAAMH)
- NSW – Being (Mental Health & Wellbeing Consumer Advisory Group)
- TAS – Flourish Tasmania
- SA – Mental Health Coalition of SA

Charitable Status

- Investigate philanthropic funding agencies
- Approach large corporations for donations – Ramsay Health Care and Healthscope
- Investigate individual donations from psychiatrists

Private Hospitals

- Ms McMahon approached a Victorian private hospital re including Network brochure within admitting packs. The hospital agreed to include in bedside compendiums.

Training Resources for consumers and carers

- Mr Jiggins advised that the social work student is not working at the Hobart Clinic now, they have moved to the Government sector. We will defer contact regarding evaluation of modules to next year.
- Ms McMahon advised she wrote to the Australian Association of Social Workers Association and they have replied.

**Mr Plummer
Ms McMahon
Dr Pring**

- Ms McMahon advised Dr Caroline Johnson (RACGP) will enquire about collaborating with someone who already has training approval.

Project: Consumers and Carers as Educators Project

- SANE not contacted yet - Mr Bichara advises the contact there has left.
- Ms Allan has contacted Tracey McGowan about the Carer Guide.

Review network brochure - text in other languages.

- Ms Lawn provided email link to Ms McMahon regarding grants for translating documents.
- Mr Bichara advised the Victorian Multicultural Commission may translate materials for Victoria, but not nationally.
- Ms McMahon advised the Transcultural Mental Health Centre may translate materials for NSW.

Discussion Papers

Insert quotes in each of the three draft papers

Ms Allan - *Employment and Mental Illness* Discussion Paper

Ms Allan - *Connectedness* Discussion Paper

Mr Jiggins - *Social Isolation* Discussion Paper

- Mr Jiggins and Ms Allan only received the discussion papers this week.
- Ms McMahon will distribute for comment and endorsement, then will put on website.

Held over from previous meetings:

1/34 Write to all 31 PHNs regarding Network and consumer and carer participation

- Ms McMahon will write to all 31 PHNs introducing the Network and advise that people with Private Health Cover deserve the same access to PHNs. PHN website has links of their email addresses.

Ms McMahon – Contact SANE

Ms McMahon – follow up email from Ms Lawn about grants for translating documents

Mr Bichara – contact VMCC for translating documents in Victoria

Ms McMahon – contact TMHC for translating documents in NSW

Ms McMahon – distribute Discussion Papers for comment and endorsement, then put on website.

Ms McMahon – liaise with Dr Pring on PHN letters.

	<ul style="list-style-type: none"> The Private Health Network Advisory Panel on Mental Health was set up by Federal Health Minister Hunt to give PHNs direction. Peggy Brown and Frank Quinlan are on the Panel. Dr Brown has the view that patients of Private Health Insurance should not be disadvantaged. 	
5. Risk Register	<p>The Board reviewed the Risk Register and updated the ratings.</p> <p><i>Strategic Risks</i></p> <ul style="list-style-type: none"> No change. <p><i>Hazard Risks</i></p> <ul style="list-style-type: none"> No change. <p><i>Operational Risks</i></p> <ul style="list-style-type: none"> No change. <p>Other</p> <ul style="list-style-type: none"> Succession planning - members to identify someone in each State/Territory 	Ms McMahon – Enter changes to Risk Register
6. Budget Update	The Chair advised the Board of the current budget position, and the Budget for 2017-2019 was approved.	
7. Private Health Insurance – AMA Approach	<p>Minister Hunt is reviewing the health insurance sector. A suggestion from the Committee is that health insurance policies could be categorised into three categories, gold, silver and bronze to assist in understanding the cover.</p> <ul style="list-style-type: none"> It has been flagged that private hospital inpatient cover might only be obtainable in the gold category. It may not increase premiums very much if mental health coverage was achieved on all 3 tiers. Hospitals are inviting people to use their private hospital insurance in public hospitals even though they can't see their private psychiatrist in the public hospital. Interesting to see how much financially the government benefits from that. Government is open to the idea of transparency. Especially the step-down levels, which can materially affect the degree of care people get. Meeting with Hon Greg Hunt, Federal Health Minister was requested, and met via telephone with his health insurance advisor. 	

	<p>Ms McMahon wrote to Health Consumers Alliance (ACA) and Australian Medical Association (AMA) about what could be seen as increasingly discriminatory practices by health insurance funds to psychiatry cover.</p>	
<p>8. Primary Health Networks, National Mental Health Plan</p>	<ul style="list-style-type: none"> • A few PHNs, finding they are unsure, possibly awaiting release of the 5th National Mental Health Plan. • Every PHN can have their own approach within their own area. Mental Health can be difficult for PHNs. They only commission services, do not run their own programs. • Private hospital clients are likely to be over the income threshold for using PHN services. 	
<p>9. Presentation: Mental Health Carers Australia</p>	<p>Chair welcomed invited guest: Jenny Branton, Executive Officer, Mental Health Carers Australia.</p> <p>Mental Health Carers Australia (MHCA) are a partner to the Network, with Helping Minds (WA), MIND Australia who developed <i>A Practical Guide for Working with Carers of People with a Mental Illness</i>.</p> <p>Mental Health Carers ARAFMI Australia was incorporated into MHCA, and is now the national peak carer organisation in Australia. The Board are all carers. They are the only national advocacy organisation focused on mental health carers. Strategic planning is ensuring the MHCA is representative of the Nation and how services are being delivered and funded.</p> <p>New mission – to be national voice for mental health carers. Key campaign includes:</p> <ul style="list-style-type: none"> • Advocacy focus - Where they fit, clear direction, and to understand what the national carer environment is. Established a working group with carer engagement to consolidating existing info & identify gaps. • Changing carer experience, changing practice, reducing stigma. 	

	<p>Ms Branton commented on the Demonstration Project which are being conducted across private, public sector, and a national not-for-profit are involved.</p> <ul style="list-style-type: none"> • There are different approaches to all six partnership standards in the sites, which e-learning will support. • The way to get improvement is to use the Guide. <p>Carer Experiences of Services (CES) measure has been mandated for use in QLD and NSW.</p>	
<p>10. Presentation: Australian Commission on Safety and Quality in Health Care</p>	<p>Chair welcomed invited guest:</p> <ul style="list-style-type: none"> • Dr Andrew Moors, Senior Project Officer, Mental Health Australian Commission on Safety and Quality in Health Care (ACSQHC) <p>2nd Edition National Safety and Quality Health Service Standard</p> <p>The 2011 National Safety and Quality Standards (NSQHS) didn't include mental health. A scoping Study in 2014 on the implementation of national standards in mental health services found gaps.</p> <p>In the draft of 5th National Mental Health Plan (Fifth Plan) governments will work to produce a supplement that picks up elements missing from the 2nd Edition Safety & Quality Standards.</p> <p>The mental health standards have been mapped to the 2nd Edition NSQHS. Organisations need to be vocal about what is important to them, and to write to Minister Greg Hunt as opposed to the Commission for a supplementary document.</p> <p>Mental health language is not used, deliberately. It was decided to separate the actions from attachment to a MH population.</p> <ul style="list-style-type: none"> • Raise concept of 'safe environment' - could be grab rails, could be quiet environment. • Diversity responsiveness (know your community) 	<p>Andrew Moors – will advise when the 2nd National Safety and Quality Health Service Standards is released.</p> <p>Ms McMahon – write to Minister Greg Hunt/Commission about the National Mental Health Standards supplement</p>

Standards:

- Clinical governance Standard
- Partnering with Consumer Standard
- Preventing and controlling healthcare-associated infections standard
- Medication safety standard
- Comprehensive Care standard
- Communicating for safe standard
- Blood management standard
- Recognising and responding to acute deterioration standard

Comprehensive Care Standard is new, where people will be screened for physical, mental and cognitive health. It includes minimising restrictive practices, minimising harm, and follow up for people with self harm or suicide ideation after leaving hospital

Treat As One - UK standards. A study tracked markers of everyone with mental health issues in all admissions and findings confirmed what people have been saying regarding people with mental health issues receiving worse care than the rest of the population.

Safe wards was developed by Len Bowers UK as model of conflict and containment. Domains that lead to conflict for individuals (intoxication, environment, flashpoint)

Essential Elements For Recognising and Responding to Deterioration in a Person's Mental State (July 2017) – to be released next week.
Will be used in MH and general health services

Mental Health doesn't have 'tools', assessment often relies upon clinical judgement. Can't assess for suicide risk in the absence of an overall assessment of circumstances. The Mental State Examination (MSE) is a systematic way of looking at a person's state, and does allow for incorporation of the persons own statements.

Mr Moors – To send UK Standards '*Treat as One*'

Mr Andrew Moors – to provide link to report *Essential Elements For Recognising and Responding to Deterioration in a Person's Mental State*.

The *Index Five* (for anxiety and depression) is being used in Perth Clinic where patients can use an IPAD to record how they are feeling which can be accessed by clinicians. Doesn't incorporate other states such as psychosis, but is a good start.

Sentinel events – move to make list of wholly preventable events, should suicide be included - is every suicide preventable?

Mental Health User Guides – requesting consultation

- Specialist Mental Health Services (for use in their specific settings)
- Generalist Health Services (for people experiencing mental health issues in your service)

The Chair thanked Dr Moors for advising on the projects the Commission does in addition to the Standards, and for highlighting mental health issues.

Mapping of Partnership Standards to Carer Guide

The Chair confirmed she met with Dr Moors and colleagues at the Commission regarding the *Practical Guide for Working with Carers of People with a Mental Illness* and the 6 Partnership Standards

It was agreed at the meeting that Dr Moors would look at mapping the 6 Partnership Standards to the current Safety & Quality Standards and the National Mental Health Standards.

Dr Moors advised the mapping is underway, though not complete. He informed the Board that the term 'Carer' is not explicitly used in the NS&Q Standards, though the phrase 'working with Families and Carers' is used in relation to ensuring information is understood by the consumer, and when referring to Consumer and Carer involvement in the co-production of materials.

The Chair enquired where the Carer Guide Partnership Standards are not

Chair – Is on the advisory group for the Mental Health User Guides and will feedback information to the PMHCCN when available.

	<p>mapped to a specific criterion, could they be included in the Mental Health User Guide (workbook provided to Hospitals that discusses providing a welcoming environment. This could draw attention to the <i>Practical Guide for Working with Carers of People with a Mental Illness</i> and assist organisations to meet the Partnership Standards.</p> <p>The 2nd Edition NSQH Standards where they do not match – there could be a potential for a Supplement Guide being considered.</p> <p>The Chair asked if that offers us an opportunity to put the unmapped Carer Guide standards into the supplement guide, and was advised that the supplement is yet to be decided upon by Governments.</p> <p>The Chair discussed lobbying for this supplement as well as working with the RANZCP and collaborators for inclusion of the National Standards for Mental Health. The Board may consider waiting until the 5th National Mental Health Plan is released.</p> <p>Dr Moors can be contacted on andrew.moors@safetyandquality.gov.au</p>	<p>Dr Moors – to provide feedback on the <i>Practical Guide for Working with Carers of People with a Mental Illness</i></p>
<p>11. National Disability Insurance Scheme</p>	<p>The Board discussed the impact of the roll-out of the National Disability Insurance Scheme (NDIS). The following matters were raised:</p> <ul style="list-style-type: none"> • Carers are concerned about the NDIS, and confused about where mental health fits in. • It has been noted how hiring of staff in the sector has been influenced by the specific age group being rolled out in Tasmania for the NDIS. • Many private psychiatrists don't seem to have any knowledge of NDIS. • The NDIA are still learning – but there is a website, 1800 number, and a regular newsletter. • Will the RANZCP have a role in disseminating information to private psychiatrist? <p>There are 3 ways to get support:</p>	

	<ul style="list-style-type: none"> • Consumer or carer becoming a provider (as a peer group) • Consumer can have a manager to manage funds (friend or professional) • Person themselves <p>The Board discussed the following:</p> <ul style="list-style-type: none"> • Psychosocial disability community organisations now have to work in a business model (block funding is gone) and many don't know how to do it. • Wages likely to be more expensive. When an organisation is block funded they can employ people at a different skill level (level 2 not 4) . • Larger organisations will survive, or tiny organisations with no overheads. • <i>PIR</i> will be disappearing. • Working on getting <i>Day to Day Living</i> and <i>PhaMs</i> into the NDIS. • NDIS Transition Committee is sharing this information. • Minister Hunt is aware of matters regarding transition from <i>PIR</i> to NDIA. • There are more consultations regarding PHNs and funding. 	<p>Mr Hardwick & Mr Bichara will raise these issues at the NDIA Committee meetings.</p>
<p>12. Network Work Plan and Funding Agreement 2017-2019</p>	<p>Network Work Plan was endorsed 27 July 2017.</p>	<p>Ms McMahon – ensure detailed records.</p> <p>Board members – document meetings that are attended, attendance numbers, and outcomes.</p>
<p>13. The Role “Ice’ has in terms of Personal Safety to Staff and Co-Patients</p>	<p>The mental health system is often asked to treat Ice clients.</p> <ul style="list-style-type: none"> • Sometimes they may have to refuse to treat people, due to the safety of the treating officer. • Concern about staff, and also patients. • Ice is changing the status of psychiatric units. • Non-treatment is not an option – so the field is considering <i>Rapid tranquilisation Units</i> in ED, as used in intensive care. • Disadvantages - cost, and similar medical risk to anaesthesia. 	

	<p><i>Safewards</i> program from UK is being used in Victoria. The model has been designed to reduce conflict and containment within mental health services. It proposes that conflict within a ward can arise when a consumer is faced with situations that increase their emotional distress or 'flash points'. This approach looks at what staff can do before a person reaches a flashpoint by being aware of potential triggers and considering an appropriate method to reduce the impact for that situation.</p>	
<p>14. Transcranial Magnetic Stimulation</p>	<p>Transcranial Magnetic Stimulation (TMS)</p> <ul style="list-style-type: none"> • There seems to be good evidence for treatment resistance depression • Some evidence for OCD and pain, tinnitus and ongoing auditory hallucinations not dealt with by medication. • Allows for episodic treatment. • Outpatient treatment useful for some (thought not for country people). • People helped for 3-4 weeks, and may have to come back for maintenance treatment. This is where outpatient treatment is useful. 	
<p>15. Standing Reports 11.1 NMHCCF Report 11.2 MHA 11.3 National Consumer Carer Register</p>	<p>Ms McMahon welcomed everyone to the 2nd day.</p> <ul style="list-style-type: none"> • The Board discussed closer collaboration with the National Mental Health Commission. • The PMHCCN was invited to have a representative attend the Emerging Leaders Group <p>NMHCCF Report Mr Hardwick and Mr Wotherspoon provided a brief report on the activities of the Forum.</p> <p>MHA Mr Hardwick reported on activities.</p> <p>National Consumer Carer Register Mr Jiggins and Mr Bichara reported on activities.</p>	<p>Ms McMahon – Invite Frank Quinlan from Mental Health Australia to attend the next PMHCCN meeting.</p> <p>Ms McMahon, Mr Hardwick – email the booklet <i>What you may not know about anti-psychotics</i>, once launched.</p>

<p>16. membership Officer's Report</p>	<p>Mr Wotherspoon provided an update on membership of friends per jurisdiction as attached to the Agenda and Papers.</p> <ul style="list-style-type: none"> • Membership has reached 1000. 	
<p>17. Multi-Cultural Officer's Report</p>	<p>Mr Bichara discussed his report as attached to the Agenda and Papers:</p> <ul style="list-style-type: none"> • A Multicultural edition of the PMHCCN newsletter is available on the website. • Multicultural Private Mental Health policy document is available on the PMHCCN website <p>Mr Bichara formally thanked the PMHCC Network for continuing to address the multicultural area.</p>	<p>Ms McMahon – provide Mr Bichara with hard copies of the <i>Practical Guide for working with Carers of People with a Mental Illness</i></p>
<p>18. Update on Pending Projects 14.1 Peer workforce in Australia 14.2 Carer Guide App</p>	<p>Chair Ms McMahon and Deputy Chair Mr Hardwick updated the Board:</p> <p>Feasibility study into the establishment of a member based organisation for the peer workforce in Australia</p> <ul style="list-style-type: none"> • National feasibility study has been funded. Sent to Commonwealth Govt on 28 February 2017, and approved in June 2017. Project start date is 1 August 2017 and will run until approximately the end of 2018. • A Consortium will be formed with the NMHCC Forum and the National Mental Health Commission. • Commission will assist in establishing the structure of the organisation. <p>Supports</p> <ul style="list-style-type: none"> • Prof Lawn offered admin support and recording devices if needed to complete deliverables. • Mr Jiggins offered to find venue in Hobart. <p>Carer Guide App</p> <ul style="list-style-type: none"> • Minister Hunt has approved funding for the App. • Engaged developer from SA for the work. • App will be free, available to public, private, community organisations and individual workers. • Will enable service providers to access the Carer Guide and rate themselves against each of the partnership standards. They can 	

	develop an action plan, create a historical document, record improvement, and generate their own report.	
19. Update Current Projects 15.1 Project 1 Carer Website Project 15.2 Project 2 On-line e-Learning resources Project 15.3 Project 3 Demonstration Project	Carer Website Project Still in development. To be completed by end of September 2017. Includes links to all Acts with reference to Carers, legislation, information sheets and guides. <ul style="list-style-type: none"> Maintained for 2 years on a monthly maintenance. On-line eLearning Resources Project <ul style="list-style-type: none"> The Network has been engaged to develop 6 modules, one each for the Partnership standards. Producing overview and DVD (3mins) for each module. Filming planned for 7th and 8th August, concludes mid September. Generates a certificate and can be used towards CDP points. Demonstration Project <ul style="list-style-type: none"> Ramsay Health Care SA have approved this project. Network has ethics committee approval with thanks to Prof Lawn. Initial survey will collate baseline data, from clinicians and carers. Guide will be introduced using website DVD training module to be accessed by clinical staff, and another survey completed after a three month period. All 6 standards will be covered. Prof Lawn will collate data. 	Ms McMahon - send link to carer website
20. Assisted Suicide or Euthanasia	Topic held over for next meeting. A lot is happening overseas, and Australia can prepare from this.	
21. State Coordinator Reports	Members discussed their State reports as included in Agenda and Papers. <ul style="list-style-type: none"> Board members to record meetings attended, number of participants and topics discussed. ACT is difficult to access a consumer carer network 	Board members to record meetings attended, number of participants and topics discussed. Ms Bentley - contact Calvary Hospital for additional contacts to private network

	<ul style="list-style-type: none"> • Chair/CEO will assist Ms Bentley (ACT) and Mr Hardwick (QLD) to develop state advisory Forums. <p>VIC - position is vacant. Nomination and selection process to begin shortly.</p> <p>TAS - Mr Jiggins</p> <ul style="list-style-type: none"> • Noted the issues discussed. • Good attendance including CEO of Flourish. • Considering teleconferencing to save expenses of getting people to attend meeting from country area. <p>QLD - Mr Wotherspoon</p> <ul style="list-style-type: none"> • Report details activities. <p>SA – Prof Lawn</p> <ul style="list-style-type: none"> • Conscious that the group has older members, some who can no longer attend. 	
<p>22. Other Business Next Meeting</p>	<p>Other Business None.</p> <p>Next Meeting The next Meeting of the Network NC is scheduled to be held as follows: <u>4/37th Network Meeting</u> February, 2018 Level 2, RANZCP Headquarters 309 La Trobe Street Melbourne, Victoria</p> <p>The Meeting concluded at 3:15 PM.</p> <p>Chair Janne McMahon OAM Chair</p>	<p>Karen Bailey Minutes Secretary</p>