Private Mental Health
Consumer Carer Network (Australia)

engage, empower, enable choice in private mental health

TWENTY FIFTH (25TH) MEETING
OF THE
NATIONAL COMMITTEE

HELD AT

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

27/28 FEBRUARY 2012

ENDORSED REPORT AND RESOLUTIONS

Glossary of Terms and Acronyms

Term	Meaning
ACSQHC	Australian Commission on Safety and Quality in Healthcare
APHA	Australian Private Hospitals Association
APS	Australian Psychological Society
AMA	Australian Medical Association
AMHOCN	Australian Mental Health Outcome Classification Network
BPD	Borderline Personality Disorder
BPDERG	BPD Expert Reference Group
CALD	Culturally and Linguistically Diverse
COAG	Council of Australian Governments
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
MHNIP	Mental Health Nurse Incentive Program
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
PMHA	Private Mental Health Alliance
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 Twenty Fifth (25th) Meeting of the Network's National Committee (NC) at 9:30 AM on Monday, 27 February 2012 (the Meeting). The Meeting was held over two days at the Headquarters of the Royal Australian and New Zealand College of Psychiatrists (RANZCP) at 309 La Trobe Street in Melbourne. The following representatives were in attendance.

1.1 Present

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

1.2 Apologies

1. Mr Michael O'Hanlon	Bluevoices

1.3 Changes in Representation

In opening the Meeting, Ms McMahon reported that Mr Lee had resigned as the Network's New South Wales Coordinator and this position was now vacant.

1.4 Invited Guest 28 February 2012

Ms Tracey Higlett	Managing Consultant Healthcare Management Advisors (HMA)

2. REPORT OF LAST MEETING

The Meeting noted a copy of the endorsed report of the Twenty Fourth (24th) meeting of the Network's NC, held on 15/16 August 2012 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 REPORT

The NC updated the following Table of Progress.

#	TABLE OF PROGRESS OF ACTIONS ARISING FROM 24th MEETING	RESPONSIBILITY	STATUS
	Report of the 24th Network NC Meeting		
	Draft Report of 24th Meeting	Mr Taylor	Done
	Circulate Draft Report to NC for comment/correction	Mr Taylor	Done
	Prepare final for endorsement via email	Mr Taylor	Done
	Circulate endorsed version to beyondblue	Mr Taylor	Done
	Agenda Item 24th NC Meeting	Mr Taylor	Done
	PROGRESS REPORT		
3.2	Invite representative of ACSQHC to appropriate meeting	Ms McMahon	Pending
3.4	Discuss with AMA intellectual property rights of any material brought into existence by Network particularly in relation to BPD Survey Reports	Mr Taylor	Done
5.	BORDERLINE PERSONALITY DISORDER (BPD)		
5.3.1	Network consumer and carer online BPD survey Ms McMahon & Assoc Prof. Sharon Lawn prepare Brief Report	Ms McMahon	Done
5.3.2	Assoc. Prof Lawn be paid the amount of $5,000 for work to date from Network budget as Operational cost	Ms McMahon	Done
	NETWORK ACTIVITIES		
5.4	BPD Informal Consumer Carer Group		
	Report to PMHA October 22 meeting regarding status	Ms McMahon/Mr Hardwick	Done
	Work with PMA to identify risks, mitigate any risks, manage any identified risks	Ms McMahon/Mr Hardwick	Done
	Raise with PMHA any activities not specifically identified within the Work Plan 2010–11	Ms McMahon/Mr Hardwick	Done
5.4.2	Any activities undertaken by State Coordinator brought to the attention of Network chair	NC	Ongoing
7.	REVIEW OF NETWORK OPERATIONS		
7.1	Restructure Network Deputy chair role to two Deputy Co–Chairs	Ms McMahon/ NC	Done
	Divide equally appropriated budget funds for the position accordingly	Ms McMahon/NC	Done
	Review the arrangements six monthly	Ms McMahon/Ms Werner/Mr Hardwick	Ongoing
7.2	State Committees		
	Email invitation to Network members to attend state committee meetings	Ms McMahon/NC/Mr Taylor	Ongoing
	State coordinators to advise chair of meetings 5 weeks prior	NC	Ongoing
	Feasibility of Online Registration	Ms McMahon/Mr Taylor	Pending
7.3	Review of Network Operations		
	Review Operating Guidelines– Deputy Co–Chairs & Risk Management changes	Ms Werner	Pending
8.	DEVELOPMENT OF NETWORK RISK MANAGEMENT STRATEGY		
	Draft letter of Offer to State Co–Ordinators reflecting risk management requirements of Operating Guidelines	Ms McMahon/Mr Hardwick/Ms Werner	Pending
9.	NATIONAL HEALTH REFORM		
	Write to BPD ERG raising issue of Better Access reduction of sessions in relation to people with BPD	Chair	Done–verbal
	REVIEW OF NETWORK MEMBERSHIP SURVEY		
	Draft brief Policy Document around physical health and mental illness	Ms Werner	Pending
	NC forward article of interest for e–News alerts to chair	NC	Ongoing
14.	NETWORK POLICY DOCUMENTS		
14.1	Policy 8 Carer Support – Revise in accordance with amendments of 24th meeting	Ms Werner	Pending
	`Circulate for out–of–session endorsement via email	Ms McMahon/MrTaylor/NC	Pending
14.2	Policy 9 Employment, Disability and Mental Illness – Revise in accordance with amendments of 24th meeting	Ms Werner	Pending
	Circulate for out–of–session endorsement via email	MsMcMahon/Mr Taylor/NC	Pending
14.3	Policy 10: Best Practice Provision of Private Mental Health Services – Review in accordance with amendments of 24th meeting	Ms Werner/Ms McMahon/Mr Hardwick	Pending
	Circulate for out–of–session endorsement via email	Ms McMahon/Mr Taylor/NC	Pending
15.	PERSONALLY CONTROLLED ELECTRONIC HEALTH RECORD (PCEHR)		
	Request PMHA representative clarify if clinician can post information directly into the PCEHR	Ms McMahon	Pending
16.	CAREER INVOLVEMENT IN THE DEVELOPMENT OF CARE/TREATMENT/DISCHARGE PLANNING		
	Approach DoHA for possible national project around carer engagement and identification of best models	Ms McMahon	Pending
17.	PRIVATE PATIENT'S HOSPITAL CHARTER		
	Approach DoHA regarding nomination of carer within Charter	Ms McMahon	Done
18.	PROMOTIONAL OPPORTUNITIES		
	Express thanks to Mr Taylor & Mr Morris–Yates in relation to website	Ms McMahon	Done
	Explore promotional opportunities	Ms McMahon	Ongoing

The Chair then discussed the matters that remained outstanding.

3.1 Borderline Personality Disorder (BPD)

Mr Evan Bichara suggested that the work of the Network on BPD should include the development of a consumer and carer guide for BPD. The Meeting agreed this would bring the work in this area to a logical conclusion.

Resolved

That the National Committee of the Private Mental Health Consumer Carer Network (Australia) [Network] requests that the Chair discuss with the Royal Australian and New Zealand College of Psychiatrists and the Australian Government's Borderline Personality Disorder (BPD) Expert Reference Group the development of a consumer carer guide on BPD.

Action: Ms Janne McMahon

Ms McMahon reported that the BPD Informal Contact Group established under the auspice of the Network had been invited to become Members of the Network for inclusion on the Network's main database. The Group was then disbanded at the direction of the PMHA, based on concerns over risks associated with the establishment of diagnosis specific groups.

Ms McMahon and Mr Phillip Taylor reported on one contact for help that was received by both phone and by email and what steps were taken to follow–up this situation appropriately.

3.2 Australian Commission for Quality and Safety in Healthcare (ACSQHC)

Ms McMahon reported that an ACSQHC Representative would be invited to attend the next meeting of the NC.

3.3 Online Registration for Network

Mr Taylor reported that CDAA Pty Ltd had provided a quote of $6,380 to incorporate online registration into the Networks website. The Meeting agreed that the Network could not justify that level of expenditure from the current budget. A range of alternative solutions were considered including through the use of the SurveyMonkey tool, or by altering the "Join Now" area of the website to include an email template that could be completed and submitted via email online.

Resolved

That the National Committee of the Private Mental Health Consumer Carer Network (Australia) [Network] requests that the Chair investigate further the feasibility of some form of online registration for prospective Network Members.

Action: Ms Janne McMahon

Ms McMahon reported that the other matters arising from the last meeting had been incorporated into the appropriate agenda items for this Meeting.

4. NETWORK BUDGET UPDATE

The Meeting noted and discussed the Statement of Income and Expenditure prepared for the Network by the Australian Medical Association (AMA) for the period 1 July to 31 December 2011. Minor amendments were made to the title of some line items to be more in keeping with what was intended.

Ms McMahon reported that the AMA has implemented the recommendation of the AMA's auditors that the contributions to the Network funds held in a separate bank account in Adelaide be reported under Income as donations from other sources. Ms McMahon explained that the contributions to the Network funds held in that bank account are largely derived from book sales. Mr Taylor confirmed that stakeholders have agreed that these funds are not part of the Network's operational budget and should be kept in a separate account to avoid confusion. Stakeholders have further agreed that, like the donations from RANZCP and the Australian Psychological Society (APS), these funds cannot be taken into account when determining the Networks core operational budget. Rather, these are to be used at the Network's discretion for such purposes as conference attendance, or any other Network activities which arise that cannot be funded from the Network's core operational budget.

Ms McMahon reported that the APS has agreed to make a donation of $5,000 for the Financial Years 2011–12 and 2012–13.

Under this Agenda Item, opportunities to promote the Network during Mental Health Week in Victoria and Tasmania were discussed. The Network's Victorian Coordinator, Mr Bichara and its Tasmanian Coordinator, Ms Lucy Henry, offered to provide their assistance with events within their jurisdictions that the Network might wish to participate in. The Network's Coordinator for Western Australia (WA) indicated there were also some events coming up in WA the Network may be interested in. After discussion, Ms McMahon agreed to provide promotional materials including brochures, business cards, and banners for the Network's State Coordinators where required. There was also discussion around the development, printing and distribution of A3 posters, which might be displayed in private hospitals and waiting rooms of private psychiatrists. A variety of distribution methods were dicussed. The Meeting agreed that these costs should be met from Network's operating surplus.

Resolved

1. *That the National Committee (NC) of the Private Mental Health Consumer Carer Network (Australia) [Network] requests that the Chair provide promotional materials, including brochures, business cards, and banners, where required, for the Network's State Coordinators for use at events within their jurisdictions.*
2. *That the NC requests that the the Chair further investigate the costs associated with the development, printing and distribution of A3 posters for display at private hospitals and private psychiatrists.*
3. *That the NC requests that any costs associated with the production of promotional material should be met from Network's operating surplus.*

Action: Ms Janne McMahon

5. NETWORK WORK PLAN 2010–13

The Chair indicated that the remainder of first day of this Meeting would now be largely devoted to a Workshop facilitated by Ms Kim Werner. The purpose of the Workshop was to revisit the Network Work Plan for 2011–13 and fully document the current position and intended activities for each objective under a new column titled, *Status*.

In the time available, the Meeting documented as much activity as possible. Ms Kim Werner and Ms McMahon agreed to tidy up some of the detail and circulate the final version out–of–session.

Resolved (unanimous)

1. *That the National Committee (NC) of the Private Mental Health Consumer Carer Network (Australia) [Network] endorses the inclusion of a column titled Status in the agreed Network Work Plan for 2011–13.*

2. *That the NC requests that the new Status column be populated based on the discussions that took place at the 25th meeting of the Network held on 27/28 February 2012 and be subsequently updated at each meeting of the NC.*

Action: Ms Janne McMahon/Ms Kim Werner/NC

6 NETWORK EXECUTIVE REPORT

Under this Agenda Item, the Executive Officers of the Network (Chair and Deputy Co–Chairs) reported on activity since the last meeting of the NC.

6.1 Network Deputy Co–chair – Mr Patrick Hardwick

The Network Deputy Co–chair, Mr Patrick Hardwick, spoke first and updated the Meeting on the following.

6.1.1 National Mental Health Consumer Carer Forum

The last face–to–face meeting of the National Mental Health Consumer Carer Forum (NMHCCF or Forum) was held on 1/2 September 2011 and a teleconference was held in November. The next meeting of the NMHCCF will be held in Sydney 5–6 March 2011. Some of the highlights of the September 2011 meeting and subsequent follow–up are set out below.

Accountability of Psychiatrists

Dr Darryl Watson attended from the RANZCP to discuss the accountability measures for psychiatrists. Forum Members provided frank and honest feedback for Dr Watson on some of the difficulties they have encountered with psychiatrists and the disconnect consumers experience as they move between services.

Review of the Mental Health Statement of Rights and Responsibilities Project

Ms Margaret Springday and Mr Noel Muller attended and provided an update on the Review of the Mental Health Statement of Rights and Responsibilities Project.

NMHCCF Risk Management Plan

The Forum is developing a risk management plan. Sustainability of funding will be high on that agenda as the Forum is currently funded by the states and territory governments. At present, some jurisdictions are prepared to provide additional funding, but only to their own peak state consumer and carer organisations.

Update on Mental Health Reform

Alan Singh attended the September Forum to provide an update on national mental health reform. The Forum noted that the Mental Health and Drug Treatment Division of the Australian Government Department of Health and Ageing (DoHA) focuses on mental health, suicide prevention, social and emotional wellbeing and substance misuse treatment programs. The division is working towards improving mental health and suicide prevention through targeted prevention, intervention, identification, early intervention and health care services, with significant focus on the implementation of the mental health reform package as announced in the 2011–12 Federal Budget. The division also manages the Substance Misuse Service Delivery Grants Fund. The purpose of the fund is to improve access to drug and alcohol treatment services for all Australians. The fund will also provide funding support to organisations to tackle substance use issues that impact negatively on social and general health in Indigenous communities. In addition, the division administers the Social and Emotional Wellbeing program, which will enhance existing service delivery to Indigenous communities through more flexible models of delivery and increased capacity to meet demand for services. The division is now made up of the following four branches.

1. Mental Health Services Branch
2. Mental Health Early Intervention and Prevention Branch
3. Mental Health System Improvement Branch
4. Substance Misuse and Indigenous Wellbeing Programs Branch

The Forum has been participating in the consultations around the draft Ten Year Roadmap for Mental Health Reform and the new National Mental Health Commission. After discussion, Ms McMahon agreed to revisit the Roadmap and put in a submission on behalf of the Network, if necessary.

National Register

NMHCCF members will participate in the National Register and the NMHCCF Issues Forum on 3/4 May 2012. It is not clear as yet what will happen to the National Register after its funding expires at the end of this year.

NMHCCF Position Statement, Unravelling Psychosocial Disability

The NMHCCF submitted a Position Statement to the Productivity Commission Inquiry into Long Term Care and Support. The Position Statement titled, *Unravelling Psychosocial Disability,* was launched by Senator Jan McLucas on 22 November 2011 at Parliament House prior to the National Disability Awards dinner. The

position statement is available on the NMHCCF website at www.nmhccf.org.au. It defines psychosocial disability and describes the disability supports required for people with a psychosocial disability to function effectively in the community.

Mental Health Council of Australia (MHCA)

The Chief Executive Officer of the MHCA, Mr Frank Quinlan, attended the September 2011 Forum and spoke about the activities of the Council.

Minister for Mental Health and Ageing

The Hon. Mark Butler MP, Minister for Mental Health and Ageing, Minister for Social Inclusion, Minister Assisting the Prime Minister on Mental Health Reform, attended the September 2011 Forum and spoke about the following.

- Development of a COAG National Partnership Agreement on Mental Health that will focus on Emergency Department presentations, accommodation support and community–based crisis support.
- The *Personal Helpers and Mentors (PHaMs) Initiative* and the 15 new Headspace sites.
- The National Mental Health Commission, which is an agency of Department of Prime Minister and Cabinet. An advisory board of nine commissioners has been appointed. The Commission will have a strong role in progressing consumer and carer advocacy issues. In June 2011, Ms Robyn Kruk AM was appointed as CEO–designate of the Commission. Ms Kruck will be attending the 5/6 March meeting of the Forum.
- The value of the NMHCCF continuing and the importance of consumers and carers working together. The Minister congratulated the Forum on its Position Statement, *Unravelling Psychosocial Disability*.
- The $4m in the budget for the new consumer peak body, which the Minister wants to be a solid sustainable organisation with good governance dedicated to consumer advocacy.
- The carer peak body. While there is a blueprint for the new consumer peak there is no clear direction for a carer peak. No strong case has been put to the Minister regarding the need for a carer peak body.

NMHCCF Forward Plan 2012–15

The NMHCCF has established a working group to develop a 2012 and beyond Forward Plan. This working group is essentially involved in determining how the Forum can retain its relevance by contributing to the issues of national significance. The five strategic priorities for 2012–15 will, therefore, be as follows.

1. *Contributing to National Mental Health Reform*, particularly in relation to the following.
   - The Ten Year Roadmap and development of a roadmap for the Forum.

- The Annual Report Card on Mental Health being developed by the National Commission on Mental Health.

- Council of Australian Governments (COAG) and its funding processes, which are likely to be influenced by the advice from the state–based mental health commissions.

2. *Linkage with the disability sector* to contribute to issues of national significance to consumers and carers, such as the Disability Insurance Scheme, the 2010–20 National Disability Strategy, and consumers with psychosocial disabilities and their carers.

3. *Workforce education and development.* The Forum will look at how best it contribute to the education of health professionals and community sector workforce, especially in relation to recovery and mental health consumer and carer issues.

4. *Partnerships and alliances.* The Forum will look at developing more partnerships between the Forum and Community Mental Health Australia, disability groups, education providers, aged care, refugees, and drug and alcohol peaks.

5. *Ongoing Forum consolidation and promotion activities.* This will include:

   - update of the NMHCCF Consumer and Carer Participation Policy;

   - preparing and publicising a list of committees that Forum representatives are on;

   - drafting new member roles and responsibilities, including a feedback process for Forum Members to follow, when they sit on other groups;

   - strengthening the relationship with the National Register; and

   - developing a business plan for the Forum.

Australian Mental Health Outcomes Classification Network (AMHOCN)

Mr Tim Coombs from the Australian Mental Health Outcomes Classification Network (AMHOCN) attended the September 2011 Forum and spoke about the mental health outcomes and casemix development.

AMHOCN was established by the Australian Government in December 2003 to provide leadership to the mental health sector to support the sustainable implementation of the outcomes and casemix collection as part of routine clinical practice. AMHOCN aims to support states and territories and to work collaboratively with the mental health sector to achieve the vision of the introduction of outcomes and casemix measures.

AMHOCN consists of three components that perform a similar function for the public sector that the PMHA's Centralised Data Management Service (CDMS) performs for the private sector, namely:

- a data bureau responsible for receiving and processing information;
- an analysis and reporting component providing analysis and reports of submitted data; and
- a training and service development component supporting training in the measures and their use for clinical practice, service management and development purposes.

AMHOCN is currently working on a review of the literature of carer experiences of care and the possible trialling of a suitable measure. Ms McMahon is a representative on the Expert Reference Group that is determining an appropriate measure.

AMHOCN is also working on development of a measure of social inclusion, including piloting and testing.

AMHOCN will be holding a two day workshop for Forum and National Register Members in Melbourne in July 2012.

Disability Support Pension Tables of Impairment

Ms Janet Meagher spoke about the Disability Support Pension Tables of Impairment.

NMHCCF Advocacy Groups

The Forum has under taken the following in relation to its advocacy groups.

- *Housing and Homelessness* has been reviewed and updated.
- *Employment* is currently under review by Mr Hardwick.
- *Mental Illness and Intellectual Disability* issues are currently being reviewed.
- *Privacy and Confidentiality* review has been completed.
- *Duty to Care and Duty of Care* is under review.
- *Seclusion and Restraint* is under review.
- *Discrimination and Stigma* will be reviewed after review of *Seclusion and Restraint*.

New advocacy briefs on Psychosocial Disability and Recovery are underway. The development of a brief on accountability of psychiatrists is currently on hold. The BPD Expert Reference Group (BPDERG) has requested the Forum develop a brief on BPD.

Highlights of November NMHCCF Teleconference

The new Aboriginal and Torres Strait Islander Commission (ATSIC) member, Mr Wayne Oldfield, has been appointed to the Forum and the culturally and Linguistically Diverse (CALD) members have now joined.

The suggestion that the consumer and carer members on the MHCA Board attend the Forum face–to–face meetings was not supported.

Mr Tony Fowke has resigned from the Forum.

6.1.2 MHCA Annual General Meeting (AGM) and Policy Forum

Mr Hardwick attended the MHCA AGM and Policy Forum and was unsuccessful in an election bid for a position on the MHCA Board on behalf of the Network. The election was highly competitive involving 15 candidates.

6.1.3 Meeting with AMA

Mr Hardwick and the other Members of the Network Executive met with Mr Taylor and the AMA Secretary General, Mr Francis Sullivan, on two occasions to discuss Network governance issues. Mr Sullivan is willing to meet at any time to discuss how the Network is progressing and the interface with the PMHA.

6.2 Network Chair – Ms Janne McMahon

The Chair reported on the following meetings which had been attend since last NC meeting held on 15/6 August 2011.

Date	Location	Meeting/Conference/Event
19/08/2011	Melbourne	BPD Clinical Practice Guidelines Development Committee
23/08/2011	Melbourne	National Carer Expert Group
27/08/2011	Sydney	World Congress of Psychotherapy Congress
01/09/2011	Adelaide	SA BPD Work Group
6–8/09/2011	Adelaide	TheMHS Conference
19/09/2011	Adelaide	SA Mental Health Unit Consumer Reference Group
21/09/2011	Canberra	Mental Health Consumers Expert Reference Group
21/09/2011	Canberra	AMA Meeting
28/09/2011	Teleconference	APHA Psychiatry Sub–Committee
30/01/2011	Adelaide	SA Statewide Clinical Network Meeting
03/10/2011	Melbourne	BPD Clinical Practice Guidelines Development Committee
05/10/2011	Melbourne	BPD Awareness Day National Conference
10/10/2011	Melbourne	APS Accreditation Council Board meeting
12/10/2011	Melbourne	BPDERG Meeting
14/10/2011	Melbourne	RANZCP Board of Practice and Partnerships
17/10/2011	Melbourne	RANZCP Committee for Educational Quality Reporting
19/10/2011	Adelaide	PMHA Senior Research Officer
20/10/2011	Adelaide	PMHA Quality Improvement Project Steering Committee
21/10/2011	Adelaide	PMHA Meeting
27/10/2011	Adelaide	SA BPD Work Group

Date	Location	Meeting/Conference/Event
4/11/2011	Wollongong	Personality Disorders Conference
15/11/2011	Canberra	MHCA AGM and Members Policy Forum
15/11/2011	Canberra	AMA Meeting
22/11/2011	Adelaide	Presentation to NGO womens' shelter, Catherine House
28/11–2/12/2011	Melbourne	ACHS Accreditation Survey Melbourne Health
5/12/2011	Melbourne	APS Accreditation Council Board meeting
13–14/12/2011	Melbourne	BPD Clinical Practice Guidelines Development Committee
24/01/2012	Teleconference	BPDERG Meeting
24/01/2012	Teleconference	BPD Clinical Practice Guidelines Development Committee
6/02/2012	Melbourne	APS Accreditation Council Board meeting
17/02/2012	Canberra	PMHA Collaborative Care Models Working Group
20/02/2012	Sydney	Industries Skills Council Industry Reference Group
23–24/02/2012	Sydney	TheMHS Summer Conference

Some of the other meetings, activities and issues taken forward included the following.

A small number of other informal meetings over lunch with the President of the RANZCP, Dr Maria Tomasic, and with the Senior Adviser to Minister Butler, Mr David Pearson, to discuss the Network and issues relevant to mental health consumers and carers more broadly.

The provision of assistance to the inaugural BPD Awareness Conference in Melbourne and the inaugural BPD Awareness Day in Adelaide attended by key politicians, clinicians, managers, researchers, consumers and carers.

Ongoing liaison included the following.

- The Secretary General of the AMA, Mr Francis Sullivan, regarding the AMA requirements of the PMHA under the AMA Agreement for Services 2011–13.
- Chair of the BPDERG, Professor Louise Newman.
- President of the APS, Professor Lyn Littlefield.
- Mental Health Coordinating Council of NSW, Adult Survivors of Sexual Abuse and the Committee around Trauma Informed Care and Practice.
- Associate Professor Andrew Chanen, HYPE program, Orygen Youth Health.
- Dr Sathya Rao, Spectrum, Victoria.
- Industry Skills Council, Mental Health Peer workers.

6.3 Resolutions arising from Reports of the Network Executive Officers

The Meeting agreed that the following actions should be taken arising from the reports of the Network Executive Officers.

Resolved

1. *That the National Committee (NC) of the Private Mental Health Consumer Carer Network (Australia) [Network] requests that progress with the new national mental health consumer peak organisation be included as a standing item on the agenda for meetings of the NC. This Item should also include an update on any further progress toward a carer peak.*

   Action: Ms Janne McMahon/Mr Phillip Taylor

2. *That the NC agrees to continue to pursue a position on the MHCA Board for a representative of the Network.*

   Action: Ms Janne McMahon

7. NMHCCF NATIONAL REGISTER OF CONSUMERS AND CARERS

The Chair invited Members involved with the *National Register of Consumers and Carers* to report on activities related to their role on the Register.

7.1 Redevelopment of GP Mental Health Care Plans

Ms Henry spoke about her involvement with the consultations conducted by Southern Synergy and Monash University around the redevelopment of the GP Mental Health Care Plans that are completed by GPs under Better Access. These consultations involved consumers and carers, GPs psychologists, mental health nurses and allied health professionals. The result has been the development of an excellent final document that should make a positive difference. The Plan includes the capacity to include a more detailed patient history at the first appointment so that the history does not have to be repeated at the subsequent sessions.

7.2 Insurance Reform

Ms Lucy reported on the work of the Insurance Reform Advisory Group (IRAG), which has been established at the request of Minister Butler by Assistant Treasurer and Minister for Financial Services, Bill Shorten. With the help of the MHCA, beyondblue and the Human Rights Commission, it was agreed that government, the insurance industry and the mental health sector will work together to improve insurance options for people with mental illness in the following areas.

- Improving and increasing education and awareness about mental health and insurance processes for: consumers and carers; insurance, superannuation and financial planning sector staff; mental health professionals; and the general community
- Development and adoption of voluntary guidelines
- Development of a more effective complaints process.

The Meeting noted that IRAG held its first meeting on 5 September 2011.

Ms Lucy has been participating on the working party to begin this work and report back to IRAG early this year. The working party includes representatives from the

travel insurance industry. One of the goals of the working party was to establish lists of insurance agencies that were user friendly for consumers.

This work has resulted in the establishment by beyondblue and the MHCA, of a website at http://www.mentalhealthandinsurance.org.au. People with a mental illness are not able to access insurance at the same rates as Australians who have not experienced mental illness. They often endure increased premiums, restrictions on their policies and outright rejection of their applications and claims when a history of mental illness is disclosed. The website is designed to connect Australians with experience of mental illness and their carers with reliable and accurate information about insurance products and policies, how mental illness impacts on applications and claims processes, consumer rights and responsibilities and avenues for complaints and appeals. The website also hosts a *Tell Your Story* section, where personal experiences both positive and negative can be submitted to the MHCA and beyondblue to support their work in the area of mental health, discrimination and insurance.

Travel insurance remains problematic. If you have a mental illness it remains difficult to obtain travel insurance.

Under this Agenda Item, Ms McMahon reported she had referred to the MHCA and beyonblue the matter of insurance companies requesting the complete medical record of their Members rather than a prognosis and overview. MHCA and beyonblue have not yet responded.

7.3 Pharmacy Guild of Australia

Mr Bichara is participating with Mr Hardwick on the Pharmacy Guild of Australia's Advisory Group that is looking at putting together a training package for pharmacists to be able to speak about mental health issues with their clientele (refer to Agenda Item 11 below). Pharmacists are an important first point of contact for many people. The project is scheduled to be completed in 2015. Ms Henry mentioned that in the redeveloped GP Mental Health Care Plan (see Agenda Item 7.1 above) there is an option for the Plan to be forwarded to the Pharmacist as well.

7.4 E–portal

Mr Bichara is on the advisory group overseeing the establishment of an e–portal with other members of the mental health community. The portal will be launched on 1 July 2012. The portal will consist of several websites that will, hopefully, enable consumers to get information and possibly treatment, or referral for treatment, via the internet. There will be different organisations linked into the portal. The portal will be particularly useful in encouraging consumers who feel ashamed, or stigmatised, to overcome their fear and gain access to treatment.

7.5 Training

The Meeting noted that both Mr Bichara and Mr Hardwick are participating in training sessions for health professionals.

8 NATIONAL BPD AWARENESS DAY CONFERENCE – OCTOBER 5 2012

The Chair reported that PMHA has approved the National BPD Awareness Day Conference to be held in Adelaide on Friday, 5 October 2012, provided Network core funding is not used for this event. Ms McMahon is approaching the MHCA to fund the Conference from its MHCA grant program, which closes on 9 March 2012.

Ms McMahon suggested that the next meeting of the NC be held in Adelaide on 6/7 October 2012 at her home office to enable NC Members to participate in the Conference. There was some consensus that this should be feasible for most NC Members. After discussion, it was agreed that participation at the Conference would have to be on a voluntary basis.

9. NETWORK STATE COMMITTEE REPORTS

WA continues to have difficulty with membership, as no private hospital in WA currently has a consumer/carer committee, or consumer/carer consultant. The ACT struggles to have a viable committee, given there is only one private hospital. The Network has only recently recruited the Coordinator for Tasmania, Ms Henry. NSW planned a meeting in November 2011 but had no attendees, so the meeting was cancelled.

The Chair then invited the Network's State Coordinators to report on their activities.

9.1 QLD – Mr Norm Wotherspoon

Mr Wotherspoon reported that the Network's QLD Committee met on 11 October 2011 at Pine Rivers Private Hospital. The NC noted the copy of the comprehensive self–explanatory minutes, which had been circulated with the agenda papers. In addition, Mr Wotherspoon has also been attending the meetings of the Consumer Carer Committee at the Sunshine Coast Private Hospitals, which now has a committed consumer involved. Norm has also been running consumer focus groups at Currumbin Clinic on a monthly basis.

Mr Wotherspoon reported on the activities of the organisation *Queensland Voice for Mental Health Incorporated* (QVMH) (http://www.qldalliance.org.au). QVMH aim to implement a sustainable mechanism that enables on–going meaningful participation by consumers and carers in health services planning, delivery, monitoring and evaluation processes at the national, state and local level.

Norm attended the consultation organised by QVMH on the new Queensland Mental Health Commission and spoke about the importance of including the private sector in the work of the Commission. Norm also had input into the QVMH submission on the Ten Year Roadmap for Mental Health Reform.

The NC congratulated Mr Wotherspoon on his recent appointment to the Board of Clinical Governance for the Sunshine Coast Division of General Practice. Norm has attended two sessions with the GPs to date.

There are three mental health conferences coming up in QLD this year.

1. The Mental Health Service (THeMHS) 2012 Conference
Recovering Citizenship
21–24 August 2012
Cairns Convention Centre
Cairn QLD
http://www.themhs.org.au

2. QLD Alliance for Mental Health Conference
Altering States 2012 – Working for Wellbeing
7/8 June 2012
Brisbane Convention Centre
Brisbane QLD
http://www.alteringstates.com.au

3. Australian and New Zealand Mental Health Association
13th International Mental Health Conference
Positive Change Investing in Mental health
6–8 August 2012
Outrigger
Surfers Paradise QLD
http://www.anzmh.asn.au/conference

Mr Wotherspoon then discussed the issue of payment for attendance at State Committee meetings. In some instances, consumers who are attending meetings of the QLD State Committee are not members of the Network. Meetings of the QLD State Committee are also rotated through several private hospitals and clinics in the Brisbane and the near Brisbane area (Belmont, Pine Rivers, Toowong, Greenslopes, New Farm and Currumbin). This means the constitution of the QLD Committee changes from meeting–to–meeting with very few consumers attending all meetings.

After discussion, the NC agreed that all those people attending State Committee meetings of the Network should be encouraged to become members of the Network. The NC acknowledged that the constitution of State Committees will always be fluid and problematic. The Meeting agreed that the issue of State Committees meetings should be included on the agenda for the next meeting of the NC. In the interim, it was agreed that the title of these meetings should be changed to, *State Network Meetings*.

The Meeting noted the next meeting of the QLD State Committee will be held on 27 March 2012 at Greenslopes Private Hospital.

Resolved (unanimous)

1. That the National Committee (NC) of the Private Mental Health Consumer Carer Network (Australia) [Network] requests that the title of meetings held by the Network State Coordinators be changed from State Committee Meetings to State Network Meetings.

2. *That the NC requests that Network State Coordinators obtain a list of Network Members for their respective jurisdiction prior to conducting a State Network Meeting. State Coordinators are asked encourage people attending State Network Meetings who are not members of the Network to become Network Members.*

Action: Network State Coordinators/PMHA Director

9.2 SA – Mr John Kincaid

Mr John Kincaid reported on the meeting of the Network in SA in February, 2012. There were a number of late apologies, which then meant only three people attended. The Meeting noted that in SA Ramsay Health Care owns all three psychiatric facilitates in SA. This facilitates the current ten or so consumer and carer members of the SA Committee visiting the three Ramsay sites and liaising with the consumers in those facilities in an open and frank manner. Any issues raised are then discussed by the SA Committee, as are any issues from the Network's NC.

Mr Wayne Oldfield attended the February meeting and spoke about what is happening in the rural and remote communities of SA, including the use of technology to support people living in these areas. Telepsychiatry, telehealth consultation, email of prescriptions and Personally Controlled Electronic Health Records were briefly discussed. Mr Taylor emailed further information on developments with telehealth consultations under Medicare to NC Members.

9.3 WA – Mr Patrick Hardwick

Mr Hardwick reported a date for the next meeting will be available soon. Patrick plans to liaise with the Consumer Network WA and visit private hospitals to improve participation in WA.

9.4 ACT – Ms Kim Werner

Ms Werner reported that the Network's ACT Committee lacks the strong hospital base evident in other jurisdictions. There is only one small co–located private psychiatric facility, which services areas around Canberra. The consumers and their carers that use the facility are usually not based in Canberra. Many private sector consumers who are Canberra–based choose to be treated in Sydney, for a range of reasons. Ms Werner has liaised with public sector consumers and carers who have found it difficult to identify anyone who would have sufficient experience and understanding of the private sector to be able to make a meaningful contribution however a very experienced consumer has recently joined the ACT Committee

9.5 Tasmania – Ms Lucy Henry

Ms Henry recently convened a meeting in Tasmania with politicians around Better Access, particularly for consumers with BPD accessing psychological services. At present the limited number of psychiatrists in Tasmania makes access to psychiatrists and psychological services difficult. Ms Henry tabled copies of the issues and suggestions relevant to Tasmania that were discussed. The Politicians are committed to meeting with Minister Butler to discuss these matters. Ms Henry will hold a meeting of Network in Tasmania in May this year. It is likely Ms McMahon will be able to attend.

9.6 VIC – Mr Evan Bichara

Mr Bichara reported that the Network's VIC Committee met on 30 September 2011 at the Albert Road Clinic in Melbourne. The NC noted the copy of the comprehensive self–explanatory minutes, which had been circulated with the agenda papers.

Mr Bichara reported two Observers had been invited. Ms Gail Conlon from the Commonwealth Respite and Carers Link Centre North attended to examine ways the respite program could be extended into the private sector. Ms Carmela Salomon, a PhD Research Student of Melbourne University attended to report on her national research project on consumers experiences in stopping antipsychotic medication. Carmela is also willing to travel to other states and discuss the project with Network State Committees.

Mr Bichara is working toward visiting private psychiatric facilities in Victoria. Some, like Pinelodge Clinic, a 54 bed psychiatric and alcohol and drug Hospital in Dandenong, have already established their own consumer groups. The next meeting of the Network State Committee will be hosted by Pinelodge.

Mr Bichara has written to the Melbourne Clinic concerning ongoing representation on the Network's VIC Committee.

The *Open Mind Fiesta* was an event held on 16 October 2011 in Preston in Melbourne. The Fiesta coincided with the close of Mental Health Week and about 30–40,000 people attended this community awareness raising exercise. The Network had a marquee set up promoting most of its products in conjunction with other services doing the same.

Mr Bichara has written to the Mitcham Private Hospital, which has established a Mental Health Unit, to invite representation on the Network's VIC Committee.

10. NETWORK OPERATING GUIDELINES

The Meeting considered the Network Operating Guidelines in view of the changes that have been made to the role of the Executive Officers of the Network to enable the PMHA to meets its obligations to the AMA under the *AMA Agreement for Services 2011–2013*. The Executive Officers of the Network (Chair and Deputy Co–chairs) must now ensure that all requests for additional services for the Network are first assessed and approved by the PMHA. In this context, "additional services" means any activity not specifically identified in the agreed work plan for the Network.

After discussion, the Network's Operating Guidelines were amended in several places to be in keeping with those obligations and to acknowledge the two Deputy Co–chair positions that have replaced the position of Network Deputy Chair.

The Meeting also suggested that the *PMHA Operating Guidelines 2011–13* be amended as follows.

> *6.3 Where a significant issue arises that requires new or additional PMHA, CDMS, or Network activity to be undertaken, the PMHA must consider the matter in relation to the following.*

> *6.4 The PMHA can approve, ~~in session~~, new or additional PMHA, CDMS, or Network activity to be undertaken within available resource constraints.*

Resolved (unanimous)

That the National Committee (NC) of the Private Mental Health Consumer Carer Network (Australia) [Network] endorses the amendments to the Network Operating Guidelines 2011–13 agreed at the 25th Meeting of the NC held on 27/28 February 2012 in Melbourne.

That the NC recommends that the following amendments be made to the PMHA Operating Guidelines2011–13.

> *6.3 Where a significant issue arises that requires new or additional PMHA, CDMS, or Network activity to be undertaken, the PMHA must consider the matter in relation to the following.*
>
> *6.4 The PMHA can approve, ~~in session~~, new or additional PMHA, CDMS, or Network activity to be undertaken within available resource constraints."*

Action: Ms Janne McMahon/Mr Patrick Hardwick/Ms Kim Werner

11. NETWORK POLICIES

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

Internal policies for formalising mechanisms pertaining to the running of the Network, and *external policies* or *position statements*, which are in the public domain. The *Internal Network Policies* that have been developed and adopted are set out below.

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

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

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

The Chair reported that the following *External Policies* are under development.

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

11.1 Network Policy 8: Carer Support

The Meeting then considered the draft copy of Network Policy 8, which had been circulated with the agenda and papers.

Mr Bichara mentioned that the education that carers receive is not recognised by Health Insurers as a type of program that Hospitals provide. Ms McMahon agreed to follow this up with the Health Insurers on the PMHA, as it also related to Policy Statement 10.

Mr Bichara also raised the issue of difficulties with the episodic nature of mental illness and the Carers Allowance. Ms McMahon indicated that this problem had been feed into the inquiry into the Carer Allowance, but after further discussion it was agreed that Mr Hardwick should also raise this issue with Centrelink when they attend the March NMHCCF.

The Meeting then suggested that the following changes should be made to Policy 8.

In the list of dot points, amend the third last dot point to read:

- *There should be guaranteed funding of respite for carers, as well as for consumers.*

Amend the second proposed point, which appears after the heading, *Policy,* to correct the grammar so that it reads:

2. *If the consumer declin~~ed~~s to nominate their carer in the first instance, then ~~implement~~ a process should be implemented to review this position on a regular basis.*

Amend the sixth proposed point, which appears after the heading, *Policy*, to read:

6. *The use of interpreters must be engaged when the carer is from a ~~n~~Non–English speaking background, or where disabilities preclude adequate information exchange.*

Amend the second sentence in the first paragraph, which appears under the heading, *Background*, along the following lines to acknowledge that some people may some other person who is responsible for their care who is not a family member, partner, friend, or neighbour.

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

In the list of dot points, which appears following the third paragraph under the heading, *Background*, the second dot point should be amended along the following lines to include the issue of consumer consent.

- *Carers, with the consent of the consumers they care for, should be consulted and have real input, wherever possible, in the formulation of consumer treatment plans, including admission, medication requirements, consumer progress and discharge.*

In the second paragraph, which appears after the list of dot points amend the second sentence to read:

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

In the second paragraph, which appears after the list of dot points amend the fourth sentence to read:

> *Hospitals providing this type of program do so at their own expense. ~~of that facility.~~*

Amend point 1 under the heading, *Policy*, along the following lines to reinforce the need for consumer consent.

> *1. With the consent of the consumer, ~~I~~implement a process of formal identification by the consumer of a nominated Carer including the extent to which information is to be shared, that is limited information to full information sharing.*

Revisit Policies 4 and 5 to ensure they are consistent with the current situation regarding the Carer Allowance.

Include an additional Policy point after point 6, which reads along the following lines.

> *7. Carers in remote areas should be advised of available telephone and internet support.*

Include a sub point under Policy point 3 which reads along the following lines.

> *3.1 There should be early provision of information regarding available support.*

Resolved (unanimous)

1. *That the National Committee (NC) of the Private Mental Health Consumer Carer Network (Australia) [Network] requests that Network Policy 8: Carer Support, be revised in accordance with the amendments agreed at the 25th Network Meeting held on 27/28 February 2012 2012 in Melbourne. The NC requests that Network Policy 8 then be circulated for out–of–session endorsement and inclusion on the Network's website.*

Action: Ms McMahon/Ms Werner/NC Members

2. *That the NC request Mr Patrick Hardwick consider the definition of Carer in the Glossary of the Fourth National Mental Health Plan and advise the National Mental Health Consumer Carer Forum of any inconsistencies.*

Action: Mr Patrick Hardwick

11.2 Policy 9: Employment, Disability and Mental Illness

The Meeting then considered the draft copy of Network Policy 9, which had been circulated with the agenda and papers. After discussion the Meeting suggested that the following amendments be made.

Policy 9 should include an additional Policy point along the following lines to support consumers and protect any income or profits they might derive from microbusinesses during the first year of their establishment.

> 7. *Consumers who wish to engage in microbusinesses should receive appropriate support during the first year of establishment including waiver of any reporting, or other requirements, that might diminish the income or profits earned in that first year.*

The third sentence in the first paragraph under the heading, *Background*, should also be amended to read along the following lines.

> *Financial disincentives to employment and onerous reporting requirements must also be addressed, such as the impact on an individual's welfare payments when they enter the workforce, and Centrelink's cumbersome business reporting requirements.*

Amend the last sentence in the second paragraph, which appears under the heading, *Background,* to read along the following lines.

> *It is important that workplaces understand the impact of mental illness, and are able to accommodate relapses, including through the provision of flexibility in work hours during the working week.*

Amend Policy point 3 to read:

> 3. *Increase ~~F~~financial and other incentives for employers who provide employment to people with a mental illness.*

Policy point 6 should be revised as there is variation in Disability Employment Services capacity to meet the needs of mental health consumers seeking employment.

An additional Policy point should be included along the following lines, to ensure that all employer Occupational Health and Safety First Aid training requirements include mandatory training in Mental Health First Aid. This would also be a step toward destigmatising mental illness and improving understanding in the work place.

> 8. *All employer Occupational Health and Safety First Aid training requirements should include mandatory training in Mental Health First Aid.*

Insert an additional Policy point after point 4 to read as follows and renumber all subsequent points.

> 5. *Ongoing support for consumers in seeking employment and after they have commenced employment, until such support is no longer required.*

Amend Point 4, so that it reads along the following lines to not only address support and education for employers and their employees, but also for those employment agencies seeking to assist people with a mental illness to find appropriate work.

> 4. *Support and education for employers and other employment agencies employing, or seeking to employ, someone with a mental illness, and for the employees working with someone with a mental illness.*

Consider amending the first sentence under the heading, *Policy*, to reflect that the subsequent polies are directed at improving social inclusion.

> *The Network advocates for the following specific measures to support the employment of people with a mental illness and improve their social inclusion.*

Resolved (unanimous)

That the National Committee (NC) of the Private Mental Health Consumer Carer Network (Australia) [Network] requests that the draft Network Policy 9 Employment Disability and Mental Illness be revised in accordance with the amendments agreed at the 25th Network Meeting held on 27/28 February 2012 in Melbourne, prior to circulation to NC Members for consideration and comment in consultation with their respective State Committees.

Action: Ms McMahon/Mr Werner/NC Members

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

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

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

Resolved (unanimous)

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

Action: Ms McMahon/Mr Taylor/NC Members

12. MENTAL HEALTH NURSE INCENTIVE PROGRAM (MHNIP)

The Mental Health Nurse Incentive Program (MHNIP) provides a non–MBS incentive payment to community based general practices, private psychiatrist services, Divisions of General Practice and Aboriginal and Torres Strait Islander Primary Health Care Services who engage mental health nurses to assist in the provision of coordinated clinical care for people with severe mental disorders.

The MHNIP is structured so that mental health nurses work in collaboration with private psychiatrists and general practitioners to provide services such as periodic reviews of patients' mental status and medication monitoring and management. The intent of the MHNIP is to ensure that patients with severe and persistent mental illness in the private health system receive adequate case management, outreach support and

coordinated care. The MHNIP also assists in relieving workload pressure for general practitioners and psychiatrists, allowing more time to be spent on complex care. Close and effective collaboration between mental health nurses, general practitioners and psychiatrists in the delivery of clinical support and services in the community is expected to:

- improve levels of care for people with severe mental disorders
- reduce the likelihood of unnecessary hospital admissions and readmissions for people with severe mental disorders and
- assist in keeping people with severe mental illnesses well, and feeling connected within the community.

Under the MHNIP, mental health nurses are working in collaboration with private psychiatrists and general practitioners to provide services such as:

- periodic reviews of patients' mental states;
- medication monitoring and management;
- information on physical healthcare to patients; and
- integrated services from general practitioners, psychiatrists and allied health workers (such as psychologists) including arranging access to interventions from other health professionals when these are required.

Services are being provided in a range of settings, such as in clinics or patients' homes, and are to be provided at little or no cost to the patient. To be engaged under this initiative, mental health nurses must be nationally credentialed by the Australian College of Mental Health Nurses (ACMHN). The Australian Government uses the requirement for participating mental health nurses to be credentialed by the ACMHN to ensure that the MHNIP is managed with the highest level of integrity and to ensure quality and safety of the patient and the nurse. Information on credentialing can be found on the ACMHN website.

Medicare Australia administers the MHNIP on behalf of DoHA. Eligible organisations may receive:

- a payment of $240 (GST inclusive) capped at 10 sessions per nurse per week
- a 25% loading applied to sessions provided in remote and outer regional areas and
- one off establishment payments of up to $10,000 GST free to assist organisations with upfront costs associated with the MHNIP, such as recruitment and equipment costs.

Rural and remote services are those located in very remote, remote and outer regional areas as defined by the Australian Standard Geographic Classification (ASGC) remoteness classification.

In the setup stage of the MHNIP, the AMA representative to the PMHA, Dr Martin Nothling first raised the issue of the applicability of the program to the private hospital sector. Following his approach to the DoHA, seven pilot sites were identified to trial this program. Toowong Private, Perth Clinic and the Adelaide Clinic were all participant hospitals in this program.

12.1 Evaluation of the MHNIP

The Chair reported a MHNIP Reference Group has been established to provide advice to DoHA on issues relating to the evaluation of the MHNIP and to act as a first contact group for the consultants, *Healthcare Management Advisors* (HMA), that have been appointed to undertake the evaluation on behalf of the Department. The Meeting noted that Mr Patrick Hardwick is the Carer Representative on the Reference Group.

The Chair then welcomed the HMA's Managing Director, Mr Wayne Kinrade, and the Managaing Consultant, Ms Tracey Higlett, to the Meeting.

Mr Kinrade explained that HMA is an independent organisation that provides specialised management consulting services to the Australian health industry. The MHNIP evaluation being conducted by HMA commenced in October 2011 and is due for completion in August 2012. The evaluation includes an assessment of the appropriateness, effectiveness and the efficiency of MHNIP. Assessing appropriateness looks at the underlying need for the MHNIP. Effectiveness examines how well the MHNIP was designed to achieve its objectives and efficiency looks at whether there are more effective ways in which the program could be delivered.

The remainder of this Agenda Item was largely devoted to providing feedback for HMA on MHNIP from the private sector consumer carer perspective. Some of the key issues discussed have been summarised below.

- Since deinstitutionalisation of mental health care there has not been enough emphasis on this type of support in the community. GPs and psychiatrists rarely have the time to assist with some of the more holistic aspects of mental health care, such as housing and social inclusion, involvement in community programs, and home visits. Mental Health Nurses (MHNs) are well placed to fill that gap.

- In the private sector at present, there is no case management system that is comparable to that which is available in the public sector. The MHNIP has the capacity to fill that gap, if there is better uptake of the program by GPs and psychiatrists.

- The MHNIP has the capacity to refer people with a mental illness onto the range of psychosocial services they might need. Such programs also have the capacity to identify deterioration in mental health status early. This would help to prevent hospital admissions and provide better support for crisis situations when they do occur. Often such situations occur because there has been no support or early intervention.

- MHNs can also initiate local consumer and carer groups, which are very helpful to people living in the community.

- The MHNIP may not have been as effective as it could have been because MHNs are in short supply. Some GPs and psychiatrists that are interested may be reluctant to become involved because of the difficulties in sustaining such programs in the longer term.

- Current developments with e–health, telehealth and online technology should be able to now better support such programs as MHNIP, particularly for people living in rural and remote areas of Australia.

- MHNIP is the sort of model that has always been supported universally across consumer and carer groups. The lack of take up evident across Australia clearly requires further discussion with MHNs, GPs and psychiatrists.

- If there is excessive paperwork involved with the MHNIP for the MHNs, GPs or psychiatrists, then this will operate as a strong disincentive to practitioners becoming involved.

- It may be that MHNIP was not promoted well enough among GPs and psychiatrists.

- The private hospitals involved in the pilot felt there was great value in the MHNIP, but the funding was not continued to enable the MHNIP to be rolled out any further.

- There is concern among consumers and carers that the lack of uptake will result in the MHNIP being discontinued.

- MHNIP needs to be more widely promoted through a website, perhaps with a directory of all those GPs and psychiatrist that are participating in MHNIP and where they are located.

- Interlinkage between MHNIP and other Non–Government Organisations needs to be considered.

- There is an opportunity for the promotion of the MHNIP to GPs when they are doing their mental health training.

- The removal of most of the Commonwealth initial funding allocation has had a detrimental effect on the uptake of the MHNIP.

- The funding allocation to private hospitals participating in the pilot in the setup phase and the continuation had been insufficient to sustain and expand the MHNIP with those private hospitals continuing with the MHNIP doing so at a loss.

Mr Kinrad thanked the NC for it honest feedback and invited NC Members to submit any further comments they might wish to make to HMA via the NC Chair.

13. PHARMACY GUILD

The Chair invited Mr Hardwick to brief the meeting on the project being conducted by the Pharmacy Guild of Australia to assist people with common mental illnesses

with their medication compliance by strengthening the pharmacist's role as a primary health care provider.

Mr Hardwick explained that the specific objectives of this project are as follows.

(1) Develop, pilot and refine a comprehensive educational package for pharmacists and pharmacy assistants which:

- build on the finding of the *'Managing mental illness and promoting and sustaining recovery'* project;
- increase the skills of pharmacists in supporting people with a mental illness;
- address the issues of stigma relating to mental illness in a pharmacy setting; and
- align with the National Mental Health Strategy.

(2) Develop and trial strategies that improve and assist mental health consumers manage their medication requirements.

Advisory Panels will be required to:

- assess applications for research and development funding, in accordance with the agreed selection criteria and any related procurement guidelines;
- select the preferred applicant/s. This may involve face to face meetings, tele/video–conferences and/or interviews of the applicant/s;
- provide ongoing expert advice and support to successful applicants throughout the term of their project;
- consider and, if satisfied, approve the final reports for each project; and
- provide advice and support to the Research and Development Program Manager (R&D Program Manager), and the Agreement Consultative Committee (ACC) on the selection process and outcomes, and the progress and outcomes of each project as required.

Griffith University proposes to explore the role of community pharmacy to support people with common mental illnesses such as depression and anxiety to better manage their medicines. This project involves consultations with mental health consumers, carers and community pharmacies in three jurisdictions – Queensland, Northern Rivers region of NSW and Western Australia. The project involves three stages undertaken over three years and started in July 2011.

Initially, the team will conduct interviews with consumers, carers and representatives of mental health organisations to explore their specific medication needs, expectations of community pharmacy and their current experiences. The team will ask similar questions of health providers who work with mental health consumers and carers. Alongside this, the team will explore the current knowledge, learning needs, attitudes

and behaviours of community pharmacy staff working with mental health consumers and carers. This stage and the next will involve 500 consumers and carers and staff from 300 community pharmacies.

In the second stage, the team will use the information from stage one, to develop, pilot and refine an online educational package for pharmacy staff. The educators will be pharmacists and people with lived experience. To assess the effectiveness of this package, pharmacy staff will complete a questionnaire which can be compared to the information from stage one. After pharmacy staff have completed the training, consumers and carers will be re–interviewed about their experiences and perceptions of the support they received.

In the final stage, the team will develop and trial strategies where the community pharmacist works in partnership with the consumer (and Carer) and general practitioner to support medication management over a six–month period. Up to 1000 consumers experiencing challenges with their mental health medication will be invited to participate and to work with 100 pharmacies across the three jurisdictions.

The expected completion date is early 2015, so it is still very early days.

Mr Bichara is participating with Mr Hardwick on one of the Advisory Panels.

14. NETWORK RISK MANAGEMENT STRATEGY

The Meeting considered a copy of the Network Risk Management Strategy Template, which had been circulated with the agenda and papers. After discussion it was agreed that the following should be taken into consideration in the further development of the Template.

- Risks that may operate to prevent the Network and its NC from performing its advocacy role for private sector consumers and their carers.
- Clarify what is meant by the term *adverse reactions*, so it is clear the term is intended to deal with adverse *public* reactions to the Network's position on any particular issue.
- Clarify whether *Members Health* refers to Network Members health or NC Members health.
- Revisit the Report of the last (24th) NC Meeting concerning revisions required for the Template.

The Chair will liaise with Ms Kim Werner and revise the Template.

Resolved (unanimous)

That the National Committee (NC) of the Private Mental Health Consumer Carer Network (Australia) [Network] requests that the draft Network Risk Management Strategy Template be revised in accordance with the amendments and suggestions agreed at both the 24th and the 25th Network Meetings.

Action: Ms McMahon/Mr Werner

14. AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTHCARE

The Chair led a discussion around the new Australian Commission of Safety and Quality in Health Care (hereafter Commission) National Standards.

The Meeting noted that the Commission was established by the Australian, State and Territory Governments to develop a national strategic framework and associated work program that will guide its efforts in improving safety and quality across the health care system in Australia. The Commission commenced on 1 January 2006. The Commission's role is to:

- lead and coordinate improvements in safety and quality in health care in Australia by identifying issues and policy directions, and recommending priorities for action
- disseminate knowledge and advocate for safety and quality
- report publicly on the state of safety and quality including performance against national standards
- recommend national data sets for safety and quality, working within current multilateral governmental arrangements for data development, standards, collection and reporting
- provide strategic advice to Health Ministers on best practice thinking to drive quality improvement, including implementation of strategies, and
- recommend nationally agreed standards for safety and quality improvement.

National Standards

The Commission developed the National Safety and Quality Health Service Standards (NSQHS) to drive the implementation and use of safety and quality systems and improve the quality of health service provision in Australia.

The NSQHS Standards focus on areas that are essential to improving patient safety and quality of care and include the following.

- Governance for Safety and Quality in Health Service Organisations
- Partnering with Consumers
- Preventing and Controlling Healthcare Associated Infections
- Medication Safety
- Patient Identification and Procedure Matching
- Clinical Handover
- Blood and Blood Products
- Preventing and Managing Pressure Injuries

- Recognising and Responding to Clinical Deterioration in Acute Health Care
- Preventing Falls and Harm from Falls

The NSQHS provide a nationally consistent statement of the level of care consumers should be able to expect from health services.

The NSQHS were selected because they address areas where:

- the impact is on a large number of patients;
- there is a known gap between the current situation and best practice outcomes; and
- improvement strategies exist that are evidence based and achievable.

The NSQHS were developed in consultation and collaboration with jurisdictions, technical experts and a wide range of stakeholders, including health professionals and consumers. Consultation on the NSQHS has involved:

- consultation on content;
- drafting of the NSQHS in conjunction with technical experts and key stakeholders;
- initial testing and validation of the NSQHS by the Commission's committees and working groups;
- a call for public submissions, focus group meetings with consumers, meetings with industry groups and accrediting agencies; and
- piloting the NSQHS in health services.

Standard 2 – Partnering with Consumers

Ms McMahon reported that a chief executive officer of a private psychiatric hospital has raised the following matter.

> *No doubt you have read this new standard that is going to be applied to all hospitals. Do you have any views on how it might best fit the private psychiatric hospital sector? Has the Private Mental Health Consumer Network had a look at the standard? It tends to move away from the concept of employed consumer representatives, which has been the cornerstone of consumer participation in mental health services over many years. We would welcome any advice from the Private Mental Health Consumer Network on the implementation of this standard.*

The Meeting then considered Standard 2 and made the following comments.

- Carers should have been included in the title of the Standard.

- There are very few carer consultants, so the emphasis in the Standard may appear to be more focussed on committee structures as a way of obtaining carer input.
- The Standard in several areas refers to *consumers and/or carers*, which implies they are in some way interchangeable.
- In some instances, a committee may have a more powerful voice than a single consultant, but the two should work together.
- The thrust of this Standard should be directed at assessing not only whether the structures are in place for services to partner with consumers and carers, but also whether the partnership has resulted in improved accountability.
- The onus of organisations in relation to the Standard is more around demonstrating how it is meeting the Standard.

The Meeting agreed that Chair should write to the ACSQHC and bring the concerns of the NC to its attention.

Resolved (unanimous)

That the National Committee (NC) of the Private Mental Health Consumer Carer Network (Australia) [Network] requests that the Chair write to the Australian Commission on Quality and Safety in Health Care to raise the concerns of the NC in relation to Standard 2 – Partnering with Consumers of the Commissions' National Safety and Quality Health Service Standards.

Action: Ms McMahon

15. NATIONAL AWARDS

In the time remaining, the Chair discussed with the Meeting on the following awards.

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

The Chair asked NC Members to give some thought to possible candidates for nomination for these awards and forward their names in confidence.

16 NEXT MEETING

It was agreed that the Chair should advise the PMHA, that the holding the next face–to–face meeting of the Network NC will be in Adelaide on Saturday, 6 and Sunday 7 October 2012 to coincide with the BPD Awareness Day Conference on Friday, 5 October.

Ms Janne McMahon OAM
Independent Chair

Mr Phillip Taylor
Secretary