



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

engage, empower, enable choice in private mental health

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EIGHTEENTH (18TH) MEETING

THE ROYAL AUSTRALIAN AND NEW ZEALAND COLLEGE OF PSYCHIATRISTS

**309 LA TROBE STREET
MELBOURNE
VICTORIA**

16-17 FEBRUARY 2009

REPORT AND RESOLUTIONS

Glossary of Terms and Acronyms

AHIA	Australian Health Insurance Association
AMA	Australian Medical Association
APHA	Australian Private Hospitals Association
BAI	Better Access Initiative
DoHA	Australian Government Department of Health and Ageing
FaHCSIA	Australian Government Department of Families, Housing, Community Services and Indigenous Affairs
ICP	Identifying the Carer Project
Health Insurer(s)	Private Health Insurer(s) that pay benefits for psychiatric care
Hospital(s)	Private Hospital(s) with mental health beds
MBS	Australian Government Medicare Benefits Schedule
MHCA	Mental Health Council of Australia
Network	Private Mental Health Consumer Carer Network (Australia)
NGO	Non Government Organisations
NMHCCF or Forum	National Mental Health Consumer Carer Forum
PMHA	Private Mental Health Alliance
PMHA-CDMS	The PMHA's Centralised Data Management Service

1. OPENING AND WELCOME

The Independent Chair of the Private Mental Health Consumer Carer Network (Australia) [Network], Ms Janne McMahan, opened the Eighth (18th) Meeting of the Network (the Meeting) at 9:30 AM. The following representatives were present.

1. Ms Janne McMahan Independent Chair and Consumer Representative to the Private Mental Health Alliance (PMHA)
2. Mrs Alvina Hill New South Wales
3. Ms Kim Werner Australian Capital Territory
4. Mr John Kincaid South Australia
5. Mr Patrick Hardwick Western Australia
6. Mr Michael O'Hanlon Bluevoices
7. Mr Phillip Taylor PMHA Director (Secretary)

1.2 Apologies

1. Mr Trevor Bester Tasmania
2. Mrs Ruth Carson PMHA Carer Representative
3. Mr Wayne Chamley Network's MHCA Representative and MHCA Board Member

In opening the Meeting, the Chair welcomed Mr Michael O'Hanlon.

2. REPORT OF THE LAST MEETING NETWORK MEETING

The Meeting noted a copy of the Report of the Seventeenth (17th) Network Meeting, held on 18/19 August 2008 as previously endorsed by the Network. Mr Taylor reported that a copy of the Report had been provided to the PMHA and posted on the Network's sub-website of the PMHA website.

The Eighteenth Network meeting was held via teleconference specifically to discuss the issues of incorporation of the Network (refer to Agenda Item 13 in this Report).

Circulation of endorsed reports of Network meetings was discussed and it was agreed that a copy should be routinely provided to beyondblue.

Resolved (unanimous)

That the Private Mental Health Consumer Carer Network (Australia) requests that copies of endorsed reports of Network meetings be routinely circulated to beyondblue.

Action: Mr Phillip Taylor

3. PROGRESS WITH ACTIONS ARISING FROM THE 17TH MEETING

The Meeting updated the following Table of Progress on actions arising from the 17th Network Meeting and its 18th Meeting held via Teleconference.

TABLE OF PROGRESS	RESPONSIBILITY	STATUS
Agenda Item 1: Network Meeting Reports		
Post Report of 16 th and 17 th Network Meetings on PMHA Website	PMHA Director	Done
Agenda Item 18 th Network Meeting	Chair	Done
Agenda Item 4: Carer Recognition Legislation (CRL)		
Send information in agenda and CRL, if available, to Victoria	Chair	Done
Contact WA about review of WA CRL	Chair	Done
Agenda Item 6: RANZCP National Practice Standards Implementation Project		
Write to Ms Vanessa Hille concerning inclusion of implementation in the accreditation process, the possibility of more consultation with consumer carer groups, such as the Network, and of the direct correlation between the National Practice Standards for the Mental Health Workforce and the new National Standards for Mental Health	Chair	Done
Agenda Item 7: Indemnity insurance for consumer/carers advocates/consultants		
Seek legal opinion on potential liabilities of the Chair, State Co-ordinators and Committee.	Chair	<i>Pending</i>
Agenda Item 9: State-based Committees		
Obtain an electronic version to the National Practice Standards for the Mental Health Workforce – if available -Implementation Project for presentation at future state meetings.	Chair	Not Available
Write to the Melbourne Clinic to thank them formally for offering to hold future Victorian State Committee meetings.	Chair	Done
Access the database and gather expressions of interest from Victorian members.	Chair/PMHA Director	Done
Write to the Private Hospitals to update contact details.	Chair	Done
Collect and collate all responses to the Consumer/Carer Advisory Committees vs Consumer/Carer Consultants debate and report to the next meeting.	Chair	Done
Agenda Item 11: Australian Commission on Safety and Quality in Healthcare – National Patient Charter of Rights		
Download documents from the DHS Mental Health website and extract issues to be discussed by the Network.	Chair	Done
Agenda Item 16: Next Network Meeting		
Organise 18 th Network Meeting for 16/17 February 2009 @ RANZCP HQ Melbourne	Chair	Done
Prepare and circulate Agenda and Papers for 18 th Network Meeting	Chair	Done

The Chair reported on the following outstanding matters from the 17th Meeting of the Network.

3.1 Carer Recognition Legislation

The Chair updated the Meeting on the review of the Carers Recognition Legislation Act in WA. Unfortunately, there is very little information available as to why this four year old Act is being reviewed, apart from the need for it to meet the parameters of a whole of government approach.

Mr Patrick Hardwick reported that there is now a Minister for Mental Health in WA.

3.2 RANZCP National Practice Standards Implementation Project

Ms Vanessa Hill has advised the implementation project is progressing well and 5 of the 6 post-pilot site meetings have been completed. Project resources are being refined integrating information obtained from the piloting process with further input from key stakeholders. An induction program is underway, which provides comprehensive orientation documentation to the Practice Standards for new staff and familiarisation package for existing staff. A follow-up face-to-face meeting for pilot participants was held on Friday, 6 February 2009. Ms McMahan reported that in the private sector, many private hospitals already have such standards in place for their staff.

3.3 Indemnity Insurance Cover for Network

Ms McMahan reported that she is in the process of seeking opinion from the Australian Medical Association (AMA) regarding a need for Indemnity Insurance for any or all Network members.

4. AUSTRALIAN BUREAU OF STATISTICS (ABS) NATIONAL SURVEY OF MENTAL HEALTH AND WELLBEING 2007

The Chair reported that the Network was invited by Australian Government Department of Health and Ageing (DoHA) to attend the Forum held in Canberra on Friday, 14 November, 2008 concerning the findings of the ABS National Survey of Mental Health and Wellbeing 2007 (the Survey). Ms Alvina Hill attended the Forum on behalf of the Network.

Ms Hill then spoke to the detailed report she had prepared on the Forum and discussed some of the Survey results.

In summary, the Meeting felt the Survey had provided some new evidence of the extent of mental illness among Australians and how health services are meeting the need for services. Comparison between the 1997 and the 2007 Surveys, however, show that little has changed in the mental health and wellbeing of Australians since 1997. Over 50% of the Australian population are now faced with suffering from a mental health problem at some stage during their lifetime.

The Meeting agreed that a copy of Ms Hill's report should be circulated to the PMHA for information.

Resolved (unanimous)

That the Private Mental Health Consumer Carer Network (Australia) requests that a copy of the report prepared by Ms Alvina Hill on the Forum held in Canberra on 14 November, 2008 concerning the findings of the ABS National Survey of Mental Health and Wellbeing 2007, be circulated to the PMHA.

Action: Mr Phillip Taylor

5. SENATE SELECT COMMITTEE- INQUIRY ON MEN'S HEALTH

The Chair reported that on 13 November, 2008 South Australian Liberal Senator Cory Vernardi put a general business notice of motion to the Senate that a select committee, to be known as the Select Committee on Men's Health, be established to inquire into and report by 30 May 2009 on the general issues related to the availability and effectiveness of education, supports and services for men's health, including but not limited to the following.

1. Level of Commonwealth, state and other funding addressing men's health, particularly prostate cancer, testicular cancer, and depression.
2. Adequacy of existing education and awareness campaigns regarding men's health for both men and the wider community.
3. Prevailing attitudes of men towards their own health and sense of wellbeing and how these are affecting men's health in general.
4. The extent, funding and adequacy for treatment services and general support programs for men's health in metropolitan, rural, regional and remote areas.

Submissions are due by 27 February 2009 and the Committee is to report by 30 May 2009. The Meeting discussed the proposed submission and agreed it should focus on the following areas.

- Suicide rates in rural and remote areas need particular attention, given the lack of mental health services in these areas.
- The complex cultural and societal barriers for males that exist in both in rural and metropolitan areas that mitigate against men seeking help, even when services are adequate.
- The link between testicular and prostate cancer and depression.
- Existing education and awareness campaigns regarding men's health for both men and the wider community are inadequate. A strong and sustained education campaign is needed directed at reducing stigma and encouraging men to seek support and treatment.
- The global economic situation and other disasters, such as the bushfires, have eroded the traditional male role and sense of purpose.

- Group therapy for men and partners of men needs to be properly funded and supported.

Resolved (unanimous)

That the Private Mental Health Consumer Carer Network (Australia) requests that the Chair prepare a submission for the Senate Select Committee on Men's Health.

Action: Ms Janne McMahon

6. NEW ZEALAND (NZ) CONNECTION – ASHBURN CLINIC

During a visit to NZ to attend the meeting of the 26 October 2008 RANZCP Board of Professional and Community Relations, Ms McMahon had an opportunity to make contact with the NZ private mental health sector and to seek their views on future links with the Network. Ms McMahon met with Dr Stephanie du Fresne, the Medical Director of Ashburn Clinic. Dr du Fresne is keen to fund a consumer and carer to attend a meeting of the Network in Melbourne to determine whether it would be something which the Ashburn Clinic would wish to become involved in.

After discussion, the Meeting agreed that the Network should accept Dr du Fresne's offer and invite a consumer and carer from Ashburn Clinic to attend the August 2009 meeting of the Network.

It was further agreed that the Network's funding organisations should be consulted concerning acceptance of any invitations that would involve Network representatives travelling outside of Australia.

Resolved (unanimous)

That the Private Mental Health Consumer Carer Network (Australia) [Network] requests that the Chair write to Dr Stephanie du Fresne, Medical Director, Ashburn Clinic and invite a consumer and carer from Ashburn Clinic to attend the August 2009 meeting of the Network.

Action: Ms Janne McMahon

7. INTERNATIONAL INITIATIVE FOR MENTAL HEALTH LEADERSHIP (IIMHL)

IIMHL was launched in June 2003 with founding members of Great Britain, USA and New Zealand. Australia is now a member and the main purpose of the IIMHL is to build leadership between chief executive officers and general managers of mental health services through international exchanges and peer relationships, focusing on best management practice and evidence-based clinical practice. The exchange program of the IIMHL comprises site visits and workshop activity that brings together the host sites and international visitors. Jurisdictions sponsor participants to visit overseas within the program and those jurisdictions are required to meet travel and accommodation costs. Some positions have been made available for emerging leaders.

The Chair reported that she had contacted the Chief Executive Officer of Ramsay Health Care SA – Mental Health Services, Ms Carol Turnbull, who agreed to host, with the Network, an international representative. The Chair subsequently contacted Secretariat of the IIMHL with the hope of hosting a consumer and or carer representative in Adelaide. Unfortunately, the closing date for exchange placements was two weeks ago. Next year the IIMHL will be held in Ireland.

The Meeting noted that Ms McMahon has been invited to attend the IIMHL meeting to be held in Brisbane on 5/6 March 2009 as recognised leader.

8. RANZCP CURRICULUM REVIEW – CURRICULUM IMPROVEMENT PROJECT (CIP)

The Chair reported on the 18 December 2008 meeting between representatives of the Network and the RANZCP CIP executive to explore opportunities for collaboration and the potential for integration of issues related to carers and consumers within the College's Fellowship Program. Given the potential for the development of learning resources, a representative of the RANZCP Continuing Medical Education (CME) program also attended the meeting to explore collaboration within the context of the professional development program. As a result of that meeting, a number of key areas have been highlighted by the RANZCP for involvement of carers and consumers as follows.

- The design and delivery of online materials.
- Involvement and representation on any working groups developed and as a representative on the CIP Reference Committee.
- The design and implementation of Workplace Based Assessments related to the Collaborator and Communicator roles, or where input from consumers and carers would be highly relevant.
- Governance – Australian Medical Council requires all groups to be represented in decision making.
- Determination of graduate outcomes, carers and consumers are key stakeholders.
- Potential for research partnership under the National Health Workforce Taskforce (NHWT) and the Australian Learning and Teaching Council (ALTC).
- Development of resources relevant to medical education, including psychiatry and the junior doctor framework.
- Sharing of research, modules and resources previously developed essential to prevent “reinventing the wheel”.

Ms McMahon reported that the RANZCP undertook to action the following.

1. Write formally to the Network Chair to request that a consumer representative be proposed to the CIP Reference Committee.

2. Provide web links to the NMHW and ALC sites for review with a further meeting to be scheduled in January to canvass possible proposals.
3. Appoint consumer and carer representatives to key working groups of CIP, sourced through the Network and in consultation with the carer and consumer representatives on the CIP Reference Committee. The CIP Executive will continue to liaise with Ms McMahon and delegates on behalf of the Network.
4. Refer Ms McMahon to the Committee for Specialist International Medical Graduates (SIMG), Chaired by Dr John Allan, to discuss further potential for collaboration.
5. The CME Committee will be consulted concerning the potential for collaboration from a CPD perspective between the Network and CME and continue to liaise with Ms McMahon.

The Meeting discussed these developments in detail and agreed that a key issue to be progressed with the RANZCP should be the development and implementation of models that enable clinicians to appropriately identify and engage with carers as part of holistic treatment and care for people with a mental illness. Such models should include the use of face-to-face contact with consumers and carers and their life experience in the training of medical students and psychiatrists.

9. OUR CONSUMER PLACE

Ms Kim Werner reported on this initiative of the Department of Human Services, Government of Victoria. *Our Consumer Place* is a resource centre for mental health *Consumer Development Initiatives (CDI)*. Ms Merinda Epstein is employed by *Our Community* and oversees the development of *Our Consumer Place*. The Meeting noted that a CDI is a broad phrase that describes anything purposeful that consumers do either on their own, with a group, in partnership with an agency, or as an employee or consultant. The term takes in a wide variety of activities. The purpose might include starting up a walking group, putting on an event, getting politically active, or starting up a business, to take just a few examples. *Our Consumer Place* has developed help sheets, which are designed to help an organisation think about why it might want to be part of a CDI, how to go about starting one up, and how to keep it going. They have developed web-based help sheets on the following areas.

- Introduction to CDI
- Joining a group
- Why do we want to start groups of our own?
- Forming a group
- Recruiting members for new groups
- Membership of groups
- Group leadership
- Starting to keep records
- Communication between group members
- Advertising your group

- Considering language and style

Additionally, if a group is already established and wish to become more formalised, or obtain assistance in particular areas of running the group, they have developed a '*Growing and Formalising your CDI*' section of their website. This captures the following information similarly by web-based accessible help sheets.

- Does your CDI want to become more formal?
- Starting up a not-for-profit organisation - an introduction
- What is the difference between for-profit and not-for-profit groups?
- Legal structures
- Writing a constitution
- Governance models for community groups
- The community environment
- Developing a community assets register
- Doing a community needs assessment
- Identifying agents of change
- Who speaks on the group's behalf
- Finding helpers for your CDI
- Administrative basics
- Business planning for community groups

Membership and Recruitment Help Sheets include the following.

- Setting up a membership scheme for your CDI
- Establishing a paid membership scheme
- Ways to boost your membership
- Getting your CDI ready to receive volunteers
- Designing job descriptions for volunteers
- Recruiting volunteers
- Involving young people in your CDI
- Online volunteering: A new way to increase your reach
- Screening volunteers
- Putting in place a volunteer orientation process

Help Sheets related to Funds, Grants and Financial Management Help Sheets Governance and Leadership include the following.

- Modern governance and community groups
- Overview of your Committee of Management responsibilities
- Overview of Committee of Management meetings
- Keeping your Committee of Management fresh
- Top 10 mistakes in recruiting new Committee of Management members
- Developing an effective induction process

- Becoming a more accountable, transparent & consultative COM
- Handling conflicts of interest
- 20 characteristics of a dysfunctional Committee of Management
- The CEO and the Committee of Management
- Who does what? Committee of Management and staff relationships
- Achieving the right mix: towards a more diverse Committee of Management
- Dealing with difficult Committee of Management members

Finally, the following Help Sheets on Planning, Partnerships and Services, and People Management are available.

- People Management Policies for CDIs
- Marketing & Media Help Sheets for CDIs
- Using Technology Help Sheets for CDIs
- Learning Exchange, Mentoring & Networking Help Sheets for CDIs

The Meeting noted that the website is located at:

<http://www.ourconsumerplace.com.au/consumer/index>

10. **REPORT OF THE SENATE COMMUNITY AFFAIRS COMMITTEE INQUIRY INTO MENTAL HEALTH**

The Chair reported on the recommendations arising from the report of the Senate Community Affairs Committee of Inquiry into Mental Health that was released in September 2008. The Meeting noted that the Network had raised the issue of the correlation between childhood sexual abuse and the development of mental illness in adulthood with the Inquiry through a coalition submission from three national mental health consumer and carer advocacy peak bodies and through numerous letters of support from key organisations. The Recommendations arising from the Inquiry proposed two separate task forces for each issue. The Meeting noted that Ms McMahon and Professor Louise Newman met on 18 December 2008 with Dr Phuong Pham in Canberra to discuss these recommendations further. Dr Pham is the advisor on mental health to the Commonwealth Minister for Health and Ageing, The Hon. Nicola Roxon MP. Ms McMahon reported that Dr Pham will bring the recommendations to the attention of the Minister. The Meeting suggested that Ms McMahon follow-up with a letter to Minister Roxon and Jenny Macklin.

Resolved (unanimous)

That the Private Mental Health Consumer Carer Network (Australia) [Network] requests that the Chair write to The Hon. Nicola Roxon MP and The Hon Jenny Macklin MP concerning the recommendations arising from the report of the Senate Community Affairs Committee of Inquiry into Mental Health that was released in September 2008.

Action: Ms Janne McMahon

11. **MENTAL HEALTH COUNCIL OF AUSTRALIA (MHCA)**

The MHCA was established in 1997 by the then Federal Minister for Health, Dr Michael Wooldridge, as the peak national non-Government organization to represent and promote the Australian mental health sector. The MHCA has around 40 member organizations, which are peak, national bodies in their own right. The MHCA provides advice on mental health matters to Government, in particular, the Australian Government Minister for health and Ageing, develops policy position papers, and provides submission to various inquiries.

At the MHCA's November 2008 AGM, Mr Wayne Chamley was elected to represent consumers on the board of the MHCA. This is a very significant achievement both for Wayne and the Network. Mr Trevor Bester is now the Network's nominated representative on the MHCA Members Policy Forum.

11.1 MHCA Policy Forum

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

Whilst Mr Trevor Bester is now the Network's nominated representative on the MPF, as his alternate the Chair attended the 18 November 2008 MPF meeting.

Ms McMahon reported verbally on the most recent MHCA Policy Forum which was held in Canberra on 18 November 2008. The Meeting noted that the Forum was largely devoted to the discussion of the transfer of responsibility for community-based mental health services to the states and territory governments in an attempt to better integrate and increase the responsiveness of these services and increase the capacity of the state and territory mental health service systems. In response, the MHCA will be focussing its efforts on mechanisms of accountability to ensure that funding for mental health services is actually spent on those services.

11.2 MHCA Carers Engagement Project

Mrs Ruth Carson represents the Network on the NGO Carers Network – Victoria, Mr Wayne Chamley is a Board Member of the MHCA and Ms Janne McMahon represented the Network at the MHCA Members Policy Forum at the 18 November, 2008 meeting. The Meeting noted that, in her absence Ms Carson had provided the following Report for noting.

The Project Advisory Group for the MHCA Carer Engagement Project met monthly by teleconference until December. A new round of meetings is likely to be set up for the coming period the first of which is scheduled for the end of January 2009.

There have been 87 workshops, 72 of which were provided by the MHCA and the remainder by the MIF. Of those cancelled, 3 had been arranged for young carers and 1 for Aboriginals. The difficulty of engaging with young carers was highlighted

as an issue, There were major issues relevant to Aboriginal communities, most especially of both intergenerational trauma and that experienced by the Whole of the community.

Not surprisingly, the major differences were those between rural and remote areas, and those in the suburbs. The issues were the same but differed in intensity. The rural and remote areas had much graver issues concerning service delivery, financial costs to carers and carers being treated with respect.

An on-going evaluation has been taking place and the detailed reports of the initial survey could be part of the evaluation survey. The final project report is due on 30 June and the evaluation report on 30 September 2009.

An enquiry about the possibility of further Aboriginal workshops in rural and remote areas, elicited the information that FaHCSIA functions may be devolving with policy staying in the ACT and project work being sent to the states.

12. NATIONAL MENTAL HEALTH CONSUMER CARER FORUM (NCCF)

Ms McMahon reported that the NMHCCF comprises a consumer and carer representative from each Australian state and territory, ARAFMI, Carers Australia, the Australian Mental Health Consumers Network, Grow, Consumers Health Forum, and beyondblue Ltd. NCCF sits under the auspices of the MHCA who have been commissioned by the Australian Government to provide the infrastructure and support for NCCF.

The Meeting noted that the NMHCCF met face-to-face in Sydney on the 14/15 August 2009 and teleconferenced on the 9 December 2008. They will next meet on the 26/27 March 2009 in Adelaide.

The Network representative on NMHCCF, Mr Patrick Hardwick, provided the following report.

12.1 Forward Planning

In September 2008, NMHCCF began a detailed review of its *Strategic Plan April 2007-April 2008*. The purpose of the was to identify achievements and agree on a way forward for outstanding tasks as well as draft a plan for the NMHCCF for the next 3 years. Work to be continued under the new Forward Plan has been identified. The NMHCCF Planning Working Group has been formed complete the plan at a facilitated workshop on the 26/27 February 2009 in Sydney. It is anticipated that the product of this workshop will be a detailed Operational and Work Plan for 2009-11 that outlines the key actions and deliverables over the coming 12 to 18 months, given existing staffing and resources.

12.2 Funding

The Australian Government Department of Health and Ageing have provided the extra funding to the NMHCCF for business planning, development of the NMHCCF website, attendance at the annual workshop for the National Register of Consumers and Carers being run by the MHCA, and administrative support.

12.3 New Brochure

NMHCCF has been a developed a new brochure and has circulated around 3,500 copies. The NMHCCF will consider a structured distribution strategy is next meeting.

12.4 Training

During 2008, NMHCCF undertook extensive communications skills training with several sessions being presented using a conflict resolution framework. This has resulted in a greater sense of group purpose and better communication skills amongst members and a notably more efficient and productive use of meeting time. Further training sessions in policy development have been flagged but early 2009 will see the Forum focus on finalisation of their new forward plan and the progress of projects.

12.5 Seclusion and Restraint

A draft discussion paper for consultation is nearly complete and a copy will be circulated to the Mental Health Standing Committee Safety and Quality Partnership Sub-committee for comment. NMHCCF has also recently provided input to the SQPG draft definitions, principles and procedures around seclusion and restraint.

12.6 Privacy and Confidentiality

Proposals for the development of a discussion paper for consultation are being considered. It is hoped that this project will identify the issues and solutions to the challenges facing consumers and carers about communication with clinicians on this.

12.7 Research

The NMHCCF Planning Working Group is in discussions with an ANU PhD student who is keen to conduct a research project on the NMHCCF business model and analyse the factors contributing to its success. This project is likely to provide a documentation of the NMHCCF business model for use by NMHCCF members. The NMHCCF sees potential in this product for promotion and discussion in the broader consumer and carer sector.

12.8 Other issues

Some of the other issues the NMHCCF is looking at include the following.

- Risks and benefits of transferring of responsibility for community-based mental health services to the states and territory governments.
- Day-to-day living.
- Drug and alcohol.
- Community- based programs to help families cope with mental illness.
- Helpers program.

13. FUTURE OF THE NETWORK

The Chair reported that the PMHA, its CDMS and the Network are currently supported under an *AMA Agreement for Services 2008-2009* between the AMA, the Australian Government, the Australian Private Hospitals Association (APHA), and the Australian Private Health Insurance Association (AHIA) and beyondblue. This Agreement will expire on 30 June 2009, so the next funding agreement needs to be negotiated over the next few months to provide certainty for these activities.

At the 6th meeting of the PMHA, AMA representatives encourage the Network to investigate setting itself up as an independent incorporated body to give the Network more independence in the scope of the work that it does and make it less reliant on AMA for administrative support.

Ms McMahon reported that while the process of incorporation has been investigated, her preferred position was for the Network to remain under the auspice of the AMA for the period of the proposed new funding agreement 1 July 2009 to 30 June 2012 and work toward becoming an incorporated body at the end of that time. Informal feedback from three of the other stakeholders (APHA, AHIA and DoHA) also suggested a strong view for the current arrangements to continue for two reasons. Firstly, the AMA's financial and administrative contribution gives the Network credibility and provides reassurance in respect of financial accountability for these stakeholders. Secondly, they view the Network as part of a "package" for the private sector. In particular, DoHA would see incorporation as a splitting up of that "package", which may then bring into question the continued DoHA funding of PMHA and its CDMS.

Ms McMahon reported that the AMA Executive Council has now had an opportunity to consider all these issues and has agreed to the negotiation of a new three year funding agreement for the PMHA, its CDMS and the Network with the AMA contribution of \$67,598 in 2009-10, \$70,567 in 2010-11, and \$73,666 in 2011-2012. The terms and conditions of AMA support for the Network will be clarified through a letter from the Secretary General to the Network Chair.

The AMA has also completed its investigation of the best arrangements for the services performed by a Network Administrative Officer. The AMA have undertaken an employment contract with Ms Therese Burgess to perform this role from the home of the Network's Independent Chair in Adelaide within the limits of the \$10,000 funding donated to the Network by the RANZCP.

Ms McMahon reported that, subsequent to the Incorporation issue being raised by the AMA, DoHA raised the concerns about the Network's succession planning and sustainability. This led to a request for additional funding from DoHA for the position a Network Deputy Chair and Administrative Officer, being incorporated into the negotiations for the new three year funding agreement.

The Network then discussed the risks and benefits of incorporation. It was unanimously agreed that the Network should remain under the auspice of the AMA for the period of the proposed new funding agreement 1 July 2009 to 30 June 2012 and work toward becoming an incorporated body. It was further agreed that Ms McMahon should draft a constitution/operating guidelines for the Network.

The Meeting also discussed succession planning and sustainability for the Network. It was agreed that there should be a Deputy Chair for the Network and an Administrative Officer. Funding for those positions should be sought from the Australian Government. It was further agreed that succession planning should be included in the operating guidelines.

Resolved (unanimous)

1. *That the Private Mental Health Consumer Carer Network (Australia) [Network] requests that the Chair write to AMA President to thank the Association for its commitment to the negotiation of a new three year funding agreement and its continued support the Network.*

Action: Ms Janne McMahon

2. *That the Network requests that the Chair liaise with Ms Alvina Hill and draft a business plan for the Network that includes the following.*
 - (a) *Operating Guidelines.*
 - (b) *Role and responsibilities of the Network Independent Chair.*
 - (c) *Role and responsibilities of Network Deputy Chair.*
 - (d) *Role and responsibilities for a Network Administrative Officer.*
 - (e) *A communication plan for the Network.*

Action: Ms Janne McMahon/Ms Alvina Hill

14. STATE-BASED COMMITTEES

The Meeting noted the detailed minutes of the State-based Committee meetings for Victoria, South Australia and NSW, which were circulated with the agenda and papers for this Meeting. State-based Co-ordinators reported on progress to date with their State-based Committees and discussed the ongoing difficulties with attendance at their Committee meetings. The Chair agreed to follow-up with the respective private hospitals in the States concerned and the APHA Psychiatry Sub-committee. The Chair will also follow-up the situation to see what can be done concerning Queensland and Tasmania. The Chair requested State Co-ordinators forward the contact details for their State Committee members.

Resolved (unanimous)

That the Private Mental Health Consumer Carer Network (Australia) [Network] requests that the Chair raise the ongoing difficulties being experienced with obtaining consumer and carer representation on the Network's State-based Committees with the Australian Private Hospitals Association's Psychiatry-Sub-committee and directly, where appropriate, with private hospitals. State Co-ordinators are requested to forward the contact details of their State-based contacts to the Chair.

Action: Ms Janne McMahon

14.1 South Australia (SA)

Mr John Kincaid reported on the last meeting of the SA State Committee held on 13 November 2008. The Committee approved Ms Therese Burgess being employed to provide administrative support from the home of the Network's Independent Chair in Adelaide within the limits of the additional donation of funding from the RANZCP.

14.2 New South Wales (NSW)

Ms Alvina Hill briefed the Network on the last NSW Committee meeting held on 19 September 2008. The meeting was attended by representatives from the Sydney Clinic, Mosman Clinic and South Pacific Private hospital. There were apologies from Wesley Private Hospital, Lingard Private Hospital and St John of God Health Care. The next meeting of the NSW Committee will be held on Friday, 20 March 2009 at the Sydney Clinic.

14.3 Western Australia (WA)

Mr Patrick Hardwick reported on the last meeting of the WA Committee held on 20 November 2008 at the Perth Clinic. A Social Worker from Joondalup attended. Hollywood and the Marion Centre did not send representatives. Ms McMahan will follow-up with these facilities. The WA Committee has noted the establishment of the PMHA's Collaborative Care Models Working Group and the range of Network activity at the National Level. Transmagnetic resonance imaging was also discussed. Mr Hardwick will advise Ms McMahan of the date of the next meeting.

14.4 Victoria

Ms Kim Werner reported on the last meeting of the Victorian State Committee held on Friday, 21 November 2008 at the Melbourne Clinic. The key issue the Committee wishes to raise with the Network is the practice by the service provider McKesson Asia Pacific Pty Ltd (McKesson) of making direct contact with patients to offer telephone-based case management and support once they have been discharged from hospital, without any reference to the patient's psychiatrist.

Ms McMahan explained the history of this issue and the concerns the AMA, RANZCP, and Network have raised in regard to this program to date.

After discussion the Meeting agreed that it is not the actual services that are being offered that are of concern, but rather the manner in which McKessons and some Health Insurers are going about offering the service. The problem with the approach is that it has the potential to violate patient's rights and complicate therapeutic relationships between providers. Ms McMahan agreed to take this matter up with the AHIA Mental Health Committee.

Resolved (unanimous)

That the Private Mental Health Consumer Carer Network (Australia) [Network] requests that the Chair raise the concerns of the Network with the Australian Health Insurance Association (AHIA) Mental Health Committee regarding the

manner in which McKesson Asia Pacific Pty Ltd are offering their services to consumers.

Action: Ms Janne McMahon

The Meeting noted that Ms Werner has re-located to the ACT and is now the ACT State-based Co-ordinator. Ms McMahon will contact Hyson Green to introduce Ms Werner and discuss the ACT Committee.

The position of Chair of the Victorian committee was discussed and it was agreed that Ms McMahon would speak with Mrs Ruth Carson concerning this matter.

Resolved (unanimous)

That the Private Mental Health Consumer Carer Network (Australia) [Network] requests that the Network Chair raise the position of Chair for the Network's Victorian Committee with Mrs Ruth Carson in the first instance.

Action: Ms Janne McMahon

15. BETTER ACCESS INITIATIVE

The Chair has been appointed in her capacity as an 'individual' having knowledge of current mental health services and mental health consumer and carer issues to the Australian Government - Project Steering Committee for the Better Access Initiative Evaluation. The Australian Government has engaged the consultants KPMG to conduct the stakeholder consultation component of the evaluation of the Better Access to Psychiatrists, Psychologists and GPs through the Medicare Benefits Schedule (MBS) Initiative (Better Access Initiative or BAI).

The Chair invited members to raise any issues they might have in relation to Better Access Initiative.

- While the Mental Health Nurse Incentive Program (MHNIP) does not fall directly under the BAI, consumers, private hospitals and psychiatrists have found it to be very beneficial.
- The uptake of BAI has resulted in greater access and early intervention for consumers, particularly in relation to less complex disorders such as anxiety and depression.
- The question was raised as to whether this initiative is seeing new patients who previously would have formally paid the difference between the Health Insurer benefit for such services.
- The measurement of outcomes is required of both public and private sector mental health facilities, but nothing is required from those providers using the new MBS Items.

16. NATIONAL PRIMARY HEALTH CARE STRATEGY

The Chair reported on the media release of 30 October, 2008 from the Minister for Health and Ageing, The Hon Nicola Roxon MP calling for public Submissions to

respond to the discussion paper titled, *Towards a National Primary Health Care Strategy*, which is available from the following website.

<http://www.health.gov.au/primaryhealthstrategy>

The Meeting discussed several questions raised in the Discussion Paper the following points were made.

- Some GPs will not provide a long-term referral for people with a chronic mental illness.
- More needs to be done to better exploit the use of technology and web-based services.
- Remote online education programs are also useful in providing information and getting people to seek the help of their GP.
- More needs to be done for disadvantaged groups to address cultural diversity. Mental health means very different things to people from different cultural backgrounds. Simple translation is not sufficient.
- The area of mental health is not particularly family inclusive and this should be addressed, particularly in relation to early intervention. GPs are well placed to be able to provide some form of basic update to date information from their office computers, similar to the system pharmacists are able to provide concerning medication.
- Ongoing communication and co-ordination between GPs and psychiatrists needs to be improved.

Ms McMahon agreed to draft a submission based on the discussion for circulation to the Network for comment.

Resolved (unanimous)

That the Private Mental Health Consumer Carer Network (Australia) [Network] requests the Chair prepare a submission in response to the discussion paper titled, Towards a National Primary Health Care Strategy for comment by Network members.

Action: Ms Janne McMahon

17. IDENTIFYING THE CARER PROJECT (ICP) RECOMMENDATIONS

Ms McMahon reported that during 2008, the Network sought to have AMA support two projects to progress the recommendations arising from the ICP. While the AMA felt these projects had merit, they were unable to auspice the projects. The PMHA has endorsed the PMHA-CDMS Director, Mr Allen Morris-Yates private company, Datasystematics, auspicing one of these projects. DoHA has indicated it will consider funding in the financial year 2010-2011.

18. CLOSE

There being no further business the meeting closed at 2:00 PM on 17 February 2009.

Ms Janne McMahon
Independent Chair

Mr Phillip Taylor
Secretary