



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

engage, empower, enable choice in private mental health

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TWENTY NINTH MEETING

PRIVATE MENTAL HEALTH CONSUMER CARE NETWORK (AUSTRALIA)

NATIONAL COMMITTEE

**MONDAY 14 AND TUESDAY 15
APRIL 2014**

**THE ROYAL AUSTRALIAN AND NEW ZEALAND
COLLEGE OF PSYCHIATRISTS
(RANZCP)**

**309 LA TROBE STREET
MELBOURNE
VICTORIA**

ENDORSED REPORT AND RESOLUTIONS

Glossary of Terms and Acronyms commonly used in this Report

ACSQHC	Australian Commission on Safety and Quality in Healthcare
AMA	Australian Medical Association
AMHOCN	Australian Mental Health Outcomes and Classification Network
APHA	Australian Private Hospitals Association
APS	Australian Psychological Society
BPD	Borderline Personality Disorder
DoHA	Australian Government Department of Health and Ageing
Health Insurer(s)	Private Health Insurer(s) that pay benefits for psychiatric care
Hospital(s)	Private Hospital(s) that provide mental health services
MHCA	Mental Health Council of Australia
NC	National Committee of the Private Mental Health Consumer Carer Network (Australia)
Network	Private Mental Health Consumer Carer Network (Australia)
carried without dissent	carried without dissent
NMHC	National Mental Health Commission
NMHCCF or Forum	National Mental Health Consumer Carer Forum
PHA	Private Healthcare Australia (formally the Australian Health Insurance Association or AHIA)
PMHA	Private Mental Health Alliance
PMHA-PEX	PMHA Patient Experiences of Care Measure
CDMS	PMHA's Centralised Data Management Service
RANZCP	The Royal Australian and New Zealand College of Psychiatrists

1 **1. OPENING AND WELCOME**

2 The Chair of the Private Mental Health Consumer Carer Network (Australia)
3 [Network], Ms Janne McMahon OAM, opened the Twenty Ninth (29th) Meeting of
4 the Network's National Committee (NC) at 9:30 AM on Monday, 14 April 2014, (the
5 Meeting). The Meeting was held over two days, 14 and 15 April, at the Headquarters
6 of the Royal Australian and New Zealand College of Psychiatrists (RANZCP), 309
7 La Trobe Street, Melbourne.

1.1 Present

The following representatives attended

1. Ms Janne McMahon Chair
2. Mr Patrick Hardwick Deputy Chair
Western Australian (WA) Coordinator
3. Ms Kim Werner Network Governance and Policy Officer
4. Mr Norm Wotherspoon Queensland (Qld) Coordinator
5. Ms Judy Bentley Australian Capital Territory (ACT) Coordinator
6. Mr Evan Bichara Victorian (Vic) Coordinator
7. Assoc. Prof. Sharon Lawn South Australian (SA) Coordinator
8. Mr Phillip Taylor Minutes Secretary
Private Mental Health Alliance (PMHA) Director

1.2 Apologies

1. Mr Philip Plummer PMHA Independent Chair

8 **1.3 Changes in Representation**

9 In opening the Meeting, the Chair welcomed the new Australian Capital Territory
10 Coordinator for the Network, Ms Judy Bentley.

11 The Meeting noted that both the New South Wales and Tasmania Network
12 Coordinator positions remain vacant with the Network Chair assuming responsibility
13 for those States until appropriate coordinators can be appointed.

14 **2. DECLARATION OF CONFLICT OF INTEREST**

15 The Chair called for NC Members to declare whether any Member has a material
16 interest in any of the matters on the agenda.

17 Ms McMahon and Associate Professor Lawn mentioned they are currently joint
18 signatories to the paper titled, *Experiences of Care by Australians with Borderline*
19 *Personality Disorder Borderline Personality Disorder*.

20 3. REPORT OF LAST MEETING

21 The Meeting noted a copy of the endorsed report of the Twenty Eighth (28th) meeting
22 of the Network's NC, held on 25/26 February 2013 in Melbourne. The Chair reported
23 that a copy of the Report had been posted on the Network's website and electronic
24 copies had been provided to the PMHA, beyondblue and the RANZCP.

25 4. PROGRESS REPORT AND MATTERS ARISING

26 The NC updated the following Table of Progress.

#	TABLE OF PROGRESS	RESPONSIBILITY	STATUS
	Report of the 27 th Network NC Meeting		
	Draft Report of 27th 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 28th NC Meeting	Mr Taylor	Done
	NETWORK RISK MANAGEMENT STRATEGY: STANDING ITEM	Ms McMahon	Standing item
	ITEMS PENDING FROM PREVIOUS MEETING/S		
	Invite representative of ACSQHC to appropriate meeting (from 25 th Meeting)	Ms McMahon	Pending
	Investigate producing A3 posters for private hospitals and psychiatrists (from 25 th Meeting)	Ms McMahon	Done
	Policy 11: Payment for consumer and carer participation Revise to be consistent with NMHC's <i>Paid Participation Policy for people with a lived experience of mental health difficulties, their families and support people</i> . (From 26 th meeting)	Ms McMahon Ms Werner	Pending
	Policy 12: Training and skills development for consumer and carer representatives Review Policy to focus on skills development (from 26 th meeting)	Ms McMahon Mr Wotherspoon	Pending
4	BUDGET UPDATE Develop internal policy re regarding access to separate Network funds held in SA account.	Ms Werner Ms McMahon	Pending
5	NETWORK GOVERNANCE DOCUMENTS Seek PMHA endorsement of all documents	Ms McMahon	Done
6	NETWORK WORK PLAN Seek PMHA endorsement	Ms McMahon	Done
6.1	NETWORK CARER GUIDELINES PROJECT BRIEF Seek PMHA endorsement for seeking funding for the Project	Ms McMahon	Done
7	NETWORK COMMUNICATION PLAN Seek PMHA endorsement	Ms McMahon	Done
9.1	POLICY 11: PAYMENT FOR CONSUMER AND CARER PARTICIPATION Refer Policy to State Advisory Forums	All State Coordinators	Pending
9.2	NETWORK EXTERNAL POLICIES 1, 2, 3, 4, 6, 7 Post onto website	Mr Taylor	Done
11.2	Thank you letter to Mr Francis Sullivan	Ms McMahon	Done
12.1	Psychosis – Proposed Discussion Paper Request to consider a Discussion Paper on Psychosis Agenda Item 28 th meeting	Mr Wotherspoon Ms McMahon	Pending
15	NEXT MEETING Organise 28 th Network NC Meeting for August 2013 to coincide with TheMHS Conference	NC	Done

27 The Chair then reported on matters, which have arisen since the last NC meeting and
28 those that remain outstanding from previous NC meetings.

29 **4.1 Invitees to attend NC Meeting**

30 Negotiations continue for representatives from the Australian Commission for Quality
31 and Safety in Healthcare (ACSQHC) and the National Mental Health Commission
32 (NMHC) to attend the next appropriate meeting of the NC.

33 Ms McMahon is also keeping the Network's Patrons, Allan Fels, Barbara Hocking and
34 Mr John McGrath, up to date with Network activities. Invitations to all three will be
35 extended at some stage in the future to attend appropriate meetings of the NC.

36 **4.2 Policy 11: Payment for consumer and carer participation**

37 The Chair and Ms Kim Werner have revised Policy 11 to bring it in line with the
38 NMHC's *Paid Participation Policy for people with a lived experience of mental health*
39 *difficulties, their families and support people*. Policy 11 has been included on the
40 agenda for discussion under Agenda Item 21.2.

41 **4.3 Policy 12: Training and skills development for consumer and carer representatives**

42 The review of Policy 12 has been held in abeyance while the Mental Health Peer Work
43 Qualification Project is underway. The Network's involvement in this Project is
44 discussed in detail under Agenda Item 17 below.

45 **4.4 Network Budget**

46 The last meeting of the NC approved the Network funds, held in a bank account at
47 BANK SA, being directed toward Network development beyond what the Network's
48 operational budget can accommodate. This includes professional development for
49 Network NC Members, conference attendance, Network profile raising, and support for
50 Network Coordinators and their jurisdictional activities. The Network Executive will
51 undertake assessment of all proposals for such support received from NC Members.
52 The Chair and Ms Werner are currently developing an internal policy to support the
53 selection process. The Chair took on notice the suggestion that consideration be given
54 to the Network assisting in the convening a BPD Awareness Day Conference in future.

55 **5. RISK MANAGEMENT PLAN**

56 The Chair explained that the activities of the Network are supported under a cyclical
57 two financial year funding agreement auspiced by the Australian Medical Association
58 (AMA) and known as the AMA Agreement for Services. The Parties to the current
59 AMA Agreement for Services 2013–15 are as follows.

- 60 ▪ AMA
- 61 ▪ Australian Private Hospitals Association (APHA)
- 62 ▪ Private Health Care Australia (PHA)
- 63 ▪ Australian Government Department of Health

64 The Network introduced at a previous meeting a Risk Management Plan which is
65 revised at each face-to-face meeting of the NC.

66

The Meeting then reviewed and updated the Network’s Risk Management Plan.

NETWORK’S RISK MANAGEMENT PLAN – 2013–2015				
RISKS CATEGORY	Potential to occur 3=High; 2=Medium; 1=Low	Impact if it does occur 3=High; 2=Medium; 1=Low	TOTAL	Detail/Explanation
<i>Financial Risks</i>				
1. Reduced Funding	2	3	5	Donations which are not part of AMA Agreement (RANZCP, APS)
2. Failure to manage Budget	1	2	3	AMA, PMHA Director, Network Chair review line items monthly
<i>Strategic Risks</i>				
3. Formation of inappropriate alliances	1	2	3	
4. Adverse reactions to Network	1	3	4	Member dissatisfaction with Network performance
5. Communication crisis	1	3	4	Criticism by member externally
6. Succession planning – key personnel	1	3	4	All State Advisory Forums to have Deputy
7. Viable State Advisory Forums	1	2	3	ACT will have ongoing difficulties
8. PMHA	1	3	4	PMHA does not endorse specific Network activity
9. Members health	3	3	6	All office bearers particularly vulnerable
10. Members capacity	3	3	6	All office bearers particularly vulnerable
<i>Operational Risks Category</i>				
11. Non-compliance with Network processes	1	3	4	
12. Confidentiality breaches	1	3	4	
13. Internal conflict	1	3	4	
Red: High Risk Orange: Medium Risk				

67 **6. NETWORK BUDGET UPDATE**

68 The Chair reported on the Statement of Income and Expenditure prepared for the
69 Network by the AMA, for the FY period 1 July 2013 to 31 December 2013. The budget
70 is tracking well.

71 It was noted that some of the funds held in Bank SA were used to enable NC Members
72 to attend the World Hearing Voices Congress, which was held from 20 to 22 November
73 2013 in Melbourne. The Congress was a collaboration between the consumers and
74 carers, researchers and academics who are beginning to reframe the phenomenon of
75 hearing voices to enable consumers to engage productively with their voices. This more
76 optimistic view of the potential for improved treatments and consequent recovery has
77 broader applicability in mental health and presents an opportunity for significant

78 change.

79 Some of the Bank SA funds were also used to produce promotional pens for the
80 Network.

81 **7. NETWORK WORK PLAN 2013–15**

82 The Network Workplan 2013–15 (Workplan) was developed to guide the activities of
83 the Network under the auspice of the *AMA Agreement for Services 2013–15* for the
84 two financial years 1 July 2013 to 30 June 2015. The AMA has requested the PMHA
85 to assess any additional activity to be undertaken that is not specifically identified in
86 the agreed work plan of the Network unless it is first assessed and approved by the
87 PMHA. Accordingly, the Network Workplan is a living document that is evaluated
88 at each meeting of the NC and modified as necessary.

89 The Meeting then reviewed the Workplan and noted that meetings with the following
90 organisations are due to be held over the next 6 months or so.

- 91 ▪ AMA
- 92 ▪ Australian Government Department of Health
- 93 ▪ Mental Health Council of Australia (MHCA)
- 94 ▪ Australian College of Mental Health Nurses

95 Ms McMahon then reported that the previously agreed list of links to public websites,
96 will be circulated to NC Members for final approval, before they are included on the
97 Network's website.

98 At the end of this Agenda Item, there was a brief discussion of other meetings and
99 events NC Members attend that facilitate good opportunities to promote the Network
100 and attract new members.

101 **RESOLVED (Chair) carried without dissent**

102 1. *That the National Committee (NC) of the Private Mental Health Consumer Carer*
103 *Network (Australia) [Network] notes that the Chair and Deputy Chair will be*
104 *seeking to meet with the following organisations over the next 6 months.*

- 105 ▪ *Australian Medical Association*
- 106 ▪ *Australian Government Department of Health*
- 107 ▪ *Mental Health Council of Australia*
- 108 ▪ *Australian College of Mental Health Nurses*

109 **Action: Ms McMahon/Mr Hardwick**

110 2. *The NC requests the Chair circulate the previously agreed list of links to public*
111 *websites, to NC Members for final approval, prior to inclusion on the Network's*
112 *website.*

113 **Action: Ms McMahon/NC Members/Mr Taylor**

114 3. *The NC encourages NC Members to promote the Network at other appropriate*
115 *meetings and events they might attend.*

116

Action: NC Members

117 **8. THE GETTING STARTED KIT**

118 The Meeting considered the *-Getting Started Kit*, originally developed by Ms McMahon
119 in 2000 to provide guidance to Ramsay Healthcare SA Mental Health Services. In 2002
120 it was posted onto the Network's website and provides a reference for private hospitals
121 on the establishment of Consumer and Carer Advisory Committees (CCAC).

122 The Meeting noted that, since 2002, there have been several important national
123 developments in relation to consumer and carer participation. Firstly, in 2010, Health
124 Ministers endorsed the National Standards for Mental Health Services (NSMHS). The
125 NSMHS present safety standards and best practice guidelines for service delivery to be
126 applied across the broad range of mental health services.

127 In September 2011, Health Ministers took a significant step towards improving
128 Australia's health system by mandating the National Safety and Quality Health Service
129 (NSQHS) Standards and a national accreditation scheme. The new system has created,
130 for the first time, a nationally coordinated safety and quality accreditation scheme for
131 health service organisations. Accreditation to the NSQHS Standards commenced on 1
132 January 2013.

133 To assist mental health services to understand and determine if they meet the
134 requirements of the mandatory NSQHS and the NSMHS, ACSQHC developed and
135 *Accreditation Workbook for Mental Health Services*, which was released in March
136 2014. The workbook is intended to be used as a tool to assist health services in
137 implementing and being accredited against both the mandatory NSQHS Standards and
138 the NSMHS. The Workbook was developed collaboratively between ACSQHC, the
139 Australian Government Department of Health, and the Commonwealth's Safety and
140 Quality Partnership Standing Committee.

141 The Meeting then discussed the ACSQHC Accreditation Workbook in relation to the
142 application of mandatory *Standard 2 Partnering with Consumers*. Standard 2 is
143 intended to create a health service that is responsive to patient, carer and consumer input
144 and requirements. Standard 2 provides the framework for active partnership with
145 consumers by health service organisations and covers consumer partnership in service
146 planning, in designing care, and in service measurement and evaluation.

147 The Meeting also considered the template originally developed by the Network Chair
148 to assist a private hospital in articulating a work plan for its CCAC and to meet the
149 requirements of Standard 2.

150 After a substantive discussion, it was agreed that the Kit should be fully reviewed and
151 updated to now provide a reference for private psychiatric hospitals on benefits of
152 partnering with consumer and carers and in particular the establishment of Consumer
153 and Carer Advisory Committees. The Kit should include a separate Network template
154 on Standard 2 that includes practical advice for the ongoing activities of CCACs. The
155 NC further agreed that once the revised Kit has been drafted, it should then be discussed
156 with both the Australian Council on Health Care Standards and then the APHA
157 Psychiatry Committee.

158

159 **RESOLVED (Chair) carried without dissent**

160 1. *That the National Committee (NC) of the Private Mental Health Consumer Carer*
161 *Network (Australia) [Network] requests that the Getting Started Kit be reviewed*
162 *and updated to provide guidance for private psychiatric hospitals in the*
163 *establishment of Consumer and Carer Advisory Committees. The Kit should*
164 *incorporate a separate Network template on Standard 2 that includes practical*
165 *advice for ongoing activities of hospital based Consumer and Carer Advisory*
166 *Committees.*

167 **Action: Ms McMahon/NC**

168 2. *The NC requests that the revised Kit be discussed with both the Australian Council*
169 *on Health Care Standards and the Australian Private Hospitals Association's*
170 *Psychiatry Committee prior to finalisation.*

171 **Action: Ms McMahon**

172 **9. BORDERLINE PERSONALITY DISORDER**

173 In 2010, Janne McMahon, as Chair of the Network, was appointed to the
174 Commonwealth Government's BPD Expert Reference Group (BPDERG) established
175 by the Federal Minister for Mental Health the Hon. Mark Butler MP. BPDERG held
176 its first meeting on 9 December 2010 and its final meeting on 9 March 2012. During
177 its existence, the BPDERG gathered information from public and private sector on
178 policies and treatment options for people with BPD and their carers. As part of that
179 work, the BPDERG asked Ms McMahon to gather information from consumers and
180 carers via a survey to help inform their discussions. The surveys were conducted
181 online in 2011 under the auspice of the Network. After the two surveys were
182 completed, two Primary Reports and a Summary Report were drafted, reviewed and
183 subsequently approved for release in August 2012 via the Network's website. The
184 Reports, as listed below, are available from the Network website at
185 <http://www.pmhccn.com.au>.

186 BPD Survey – Primary Reports

187 1) *Foundations for Change PART 1 Experiences of Consumers with the diagnosis*
188 *of BPD*

189 2) *Foundations for Change PART 2 Experiences of Carers supporting someone*
190 *with the Diagnosis of BPD*

191 BPD Survey – Summary Report

192 3) *Foundations for Change Borderline Personality Disorder – Consumers' and*
193 *Carers' Experiences of Care Summary Report*

194 After that work was completed, the Network's NC agreed to incorporate into the Network
195 Work Plan for 2013–15 a commitment to explore publication of key issues emerging
196 from the BPD Surveys on a pro bono, or no cost to the Network basis.

197

198 9.1 Paper: Experiences of Care by Australians with Borderline Personality Disorder

199 To progress that commitment, the Network's South Australian Coordinator, Associate
200 Professor Sharon Lawn, prepared a paper titled, *Experiences of Care by Australians with*
201 *Borderline Personality Disorder* (the Paper), for submission to the Australian and New
202 Zealand Journal of Psychiatry (ANZJP) for consideration for publication. Ms McMahon
203 sought the approval of the PMHA to submit the paper. Mr Patrick Hardwick and Ms
204 Kim Werner reported on the discussions that took place at the 7 March 2014 PMHA
205 meeting and Mr Taylor reported on developments since that time, as summarised below.

206 9.1.1 Intellectual Property

207 The PMHA meeting felt there might be a problem related to intellectual property, or
208 involvement, if Ms Ellie Rosenfeld has contributed to the paper and is then subsequently
209 removed without her consent.

210 Ms Rosenfeld has subsequently clarified that she had originally been included as an
211 author in the earlier version of the paper to acknowledge the minor review work she had
212 undertaken as an independent researcher in November 2013, about five months after her
213 employment as the PMHA Research Officer had been completed. The work Ms
214 Rosenfeld undertook with regard to the survey reports themselves was undertaken while
215 she was employed with the PMHA. That work, however, was not data analysis of the
216 original surveys, but rather contributing to the background sections of the reports. Given
217 that Associate Professor Lawn did the substantive work in drafting the current paper, Ms
218 Rosenfeld has indicated subsequently via email that she is not adverse to her name being
219 removed, if necessary.

220 9.1.2 Submission to the ANZJP

221 The PMHA felt it would be doubtful the paper would be accepted for publication in the
222 ANZJP. Research papers published in the ANZJP are limited to papers that report
223 original high quality research in clinical aspects of psychiatry. Papers submitted their
224 statistical analysis and their conclusions are subject to a highly rigorous peer review
225 process. If the paper is not accepted for publication in the ANZJP, there is a risk that the
226 strategic aim of the paper may be compromised, which may reflect adversely on any
227 future research the Network undertakes. If the paper is to be published in its current form,
228 then it is more likely to have some degree of credibility if the section that deals with
229 the limitations of the original BPD Survey is very clearly stated up front. A possible
230 alternative would be to consider a more thematic analysis for a policy-oriented journal
231 that raises the experiential elements of the BPD Survey, rather than the current version
232 of the paper, which places an emphasis on statistics that have acknowledged limitations.

233 9.1.3 Alternative Approach

234 The PMHA was of the view that an alternative approach might be for Associate Professor
235 Lawn, or Ms McMahon, to publish the paper in their own right with due
236 acknowledgement for the role the Network played in the BPD Surveys. On that basis, it
237 may well be that Associate Professor Lawn or Ms McMahon are legally entitled to
238 publish the paper in their own right. If that is the case, then the PMHA has no jurisdiction
239 in this matter beyond providing its considered views and advice. The only final matter
240 that would then need to be addressed is whether the AMA is willing for the role the

241 Network played in the BPD Surveys to be acknowledged in the paper. The Network is
242 not an incorporated or legal entity, so the AMA is legally responsible for the Network's
243 role in the BPD Surveys and the data that was collected.

244 Some preliminary email advice from the AMA Legal Policy Officer indicates that, from
245 a legal perspective, unless that role the Network played in the BPD Surveys or the
246 process was confidential, there would appear to be no impediment to that role being
247 noted in an academic paper. It is unlikely this would amount to any sort of endorsement
248 by the AMA. If, however, it is somehow commercially sensitive or otherwise
249 confidential, then that would need to be addressed. The independent author of the
250 Paper should be advised to have the any journal that accepts the Paper for publication
251 contact the AMA for discussions before publication.

252 **9.1.4 Way Forward**

253 The Meeting discussed these developments and agreed that Associate Professor Lawn
254 should undertake any necessary revisions of the Paper and proceed with seeking
255 publication in her own right. The role the Network played in the original BPD Survey
256 can be noted in the Paper, as it was not confidential. Any journal that accepts the Paper
257 should be advised to contact the AMA for discussions prior to publication.

258 **RESOLVED (Chair) carried without dissent**

259 *That the National Committee (NC) of the Private Mental Health Consumer Carer*
260 *Network (Australia) [Network] approves Associate Professor Sharon Lawn seeking*
261 *publication of the paper titled, Experiences of Care by Australians with Borderline*
262 *Personality Disorder (the Paper) in her capacity as an academic and researcher. The*
263 *role the Network played in the original Borderline Personality Disorder (BPD) Surveys*
264 *was not confidential, so it can be noted in the Paper. Any journal that accepts the Paper*
265 *for publication must be advised to contact the AMA for discussions before publication*

266 **Action: Associate Professor Sharon Lawn**

267 **10. NETWORK COORDINATOR REPORTS**

268 After its inception in 2002, State-based Committees for the Network were progressively
269 established in most Australian states. These committees were comprised of consumers
270 and carers who use private hospital with psychiatric beds and other private psychiatric
271 services. In February 2013, the 27th meeting of the Network's NC agreed that the
272 structure and title of the Network's "State Committees" would be changed to "Network
273 State Advisory Forums" to enable the membership to be more in-formal, less structured
274 and open to greater attendance by Network Members. Network State Advisory Forums
275 are intended to provide systemic rather than individual advocacy. The objectives of
276 these Forums include the following.

- 277 1. Identify issues of potential national significance for consumers and carers in the
278 various private sector settings.
- 279 2. Provide feedback as requested to State Coordinators on current Network
280 activities and priorities.
- 281 3. Foster links with established consumer and carer groups in private hospitals.

282 4. Promote the interest and involvement of the State Advisory Forum.

283 It was also agreed that Network Coordinators contact the Chair prior to the arranging of
284 their Forums, with details of date, time and venue.

285 Network Coordinators report on progress with their Forums and any matters arising at
286 each face-to-face meeting of the NC.

287 The Chair invited the Network's Coordinators to report on activities in their jurisdiction
288 and to raise any other relevant matters.

289 **10.1 Victoria**

290 The Meeting noted the copy of the report on the Network's Victorian State Forum and
291 Planning Day co-convened by Mr Evan Bichara and Ms Kim Werner at the Albert Road
292 Clinic in Melbourne on 13 September 2013. Eight people participated and there were
293 three apologies. Some of the issues that arose included the following for the NC to
294 consider.

295

- 296 ■ A small Network survey to gauge Member views as to what is considered to be the
297 most purposeful and meaningful form of participation at a local level – Consumer
Carer Consultants, or Consumer Carer Advisory Committees.

298

- 299 ■ A position statement on how to care for your fellow consumers and carers
working with you and how to care for yourself will engaged in this line of work.

300

- 301 ■ Orientation of new Consumer and Carer workers to help them align with their
respective roles. The orientation could be face-to-face or online.

302

- 303 ■ Hospital based *buddy register* of people with a lived experience.

304 After discussion, the Meeting agreed that the Network could explore taking the first three
305 suggestions forward. Mr Bichara agreed to discuss this further at the next Advisory
Forum scheduled for this Thursday at the Melbourne Clinic.

306 It was further agreed that the Network invite Ms Helene Langley and Mr Peter Randall
307 from Delmont Private Hospital to provide a presentation on their CCAC and consumer
308 and carer participation to the next meeting as recognising best practice.

309 **10.2 Queensland**

310 Mr Norm Wotherspoon reported on the Network's Queensland Advisory Forum held
311 on 18 March 2014. Some of the matters discussed are set out below.

312

- 313 ■ The scoping study regarding the implementation of the NSQHS Standards and
the NSMHS.

314

- 315 ■ Queensland Health Department proposal to ban smoking in Queensland
316 private hospitals. The Private Hospitals Association of Queensland (PHAQ)
317 have responded and advised against the proposal in its current form. One
private hospital has also provided a response.

- 318 ▪ Establishment of linkages with the North Brisbane Mental Health Support
319 Group, which is auspiced by Royal Brisbane Hospital, for exchange of ideas
320 between the private and public sectors.
- 321 ▪ Participation in the Hearing Voices Congress in Melbourne in November
322 2013.
- 323 ▪ Launch of Queensland Government's Health Blueprint. At the launch, the
324 Queensland Minister for Health indicated that the private sector would be
325 consulted as part of the activities of the Queensland Mental Health
326 Commission.
- 327 ▪ Certificate IV in Mental Health Peer Work CHC42912. The Community
328 Services and Health Industry Skills Council has developed a Certificate
329 training package for consumers and carers wanting to work in paid and/or
330 voluntary positions within the mental health sector.

331 Mr Wotherspoon will advise the chair of the Network's next Queensland Advisory
332 Forum. The Chair congratulated Mr Wotherspoon on his efforts in Queensland.

333 **10.3 New South Wales (NSW)**

334 The Chair reported that despite several calls for nomination, the Network Coordinator
335 position for NSW remains vacant. This has resulted in the Network's State Advisory
336 Forum in NSW lapsing over time. Ms McMahon has assumed responsibility for NSW
337 and recently convened a special meeting of interested consumers and carers to discuss
338 re-establishment of the NSW Advisory Forum and the Network's NSW Coordinator
339 position. The meeting held at St Vincent's Hospital in Sydney on 13 March 2014, was
340 convened with the kind assistance of Mr Douglas Holmes. Ten people attended what
341 proved to be a highly productive event. Ms McMahon has agreed to convene a further
342 meeting until a Network Coordinator is appointed. It was decided that this would give
343 the potential nominee a better understanding of the Network. It is intended that
344 following the next meeting planned for July, calls for nominees will take place.

345 **10.4 Tasmania**

346 The position of Network Coordinator for Tasmania has remained vacant since the sad
347 passing of Ms Lucy Henry last year. Lucy had been the Network's Tasmanian
348 Coordinator since June 2011. Several calls for nominations have failed to attract an
349 appropriate candidate for this position. In response, the Network Chair has also assumed
350 responsibility for Tasmania until a Network Coordinator is appointed. Ms McMahon
351 will host a Tasmanian Network Advisory Forum in Hobart on Tuesday, 24 June 2014.

352 **10.5 South Australia**

353 Associate Professor Lawn reported that at recent Network South Australian Forums,
354 consumers who are privately insured are reporting difficulties in accessing admission
355 to private hospitals due to a lack of beds in South Australia. People with complex needs
356 are also experiencing difficulties accessing private sector services of their choosing.

357 Ms McMahon advised the meeting that State Coordinators needed to advise consumers
358 who are experiencing these sorts of difficulties to approach the hospitals in the first

359 instance followed by approaches to their respective state-based complaints mechanisms
360 if the issues are unresolved. The Network and its NC is not funded to provide advocacy
361 for these matters.

362 **10.6 Australian Capital Territory (ACT)**

363 Ms Judy Bentley briefed the Meeting on the acknowledged difficulties of establishing
364 a representative structure for consumers who receive treatment and care in the private
365 sector and their carers in the ACT. Ms Bentley spoke about the workplace stigma and
366 other fears people suffering from a mental illness have in relation to accessing treatment
367 and care in the private sector in the ACT. There is only one private psychiatric facility
368 and many consumers travel to Sydney for treatment and care. Ms Werner will be
369 meeting with Ms Bentley to discuss the ACT further.

370 **10.7 Western Australia (WA)**

371 Mr Hardwick then reported on some of the difficulties in attracting and sustaining
372 consumer and carer participation in WA. Mr Hardwick and Ms McMahon have invited
373 consumers and carers to attend a meeting at Perth Clinic on 15 May 2014 to discuss the
374 re-establishment of the West Australian State Advisory Forum.

375 **11. CARER PROJECT**

376 The Chair and Mr Hardwick reported that about half of the funding has been secured for
377 the proposed twelve-month carer project directed at the development of a practical guide
378 for working with carers of people with a mental illness. Mental Health Carers Arafmi
379 WA have agreed to contribute \$100,000 toward the project, leaving a shortfall of about
380 another \$100,000 before the project can proceed. There is the possibility of another
381 interested Non-Government Organisation, Mind Australia, contributing if they are able
382 to secure some funding.

383 In meeting with the Australian Government Department of Social Services (formerly
384 Department of Families, Housing, Community Services and Indigenous Affairs) and the
385 Department of Health (formerly Department of Health and Ageing), both Departments
386 agreed that this was an excellent project that they would normally consider funding. Both
387 Departments, however, are not in a position to consider funding new projects at present.
388 All funding is on hold until the recently established National Commission of Audit has
389 completed an in depth review of the scope, efficiency and functions of the
390 Commonwealth government. The review was completed by the end of March.

391 Mr Tim Coombs from the Training and Services Development section of the Australian
392 Mental Health Outcomes and Classification Network (AMHOCN) has also expressed an
393 interest in linking the proposed carer project into the development of training resources
394 for the carer experiences of service provision measure AMHOCN is developing.

395 Ms McMahon then briefed the meeting on the project and agreed to provide copies of the
396 current version of the project brief for Members.

397 **12 NATIONAL MENTAL HEALTH CONSUMER CARE FORUM REPORT**

398 The National Mental Health Consumer Care Forum (NMHCCF or Forum) has 24
399 members of which 12 are mental health consumers and 12 are mental health carers.

400 These members comprise one consumer and one carer representative nominated by each
401 state and territory and consumer and carer representatives from each of the following
402 national organisations.

- 403 ▪ blueVoices, the consumer and carer reference group for beyondblue
- 404 ▪ Carers Australia
- 405 ▪ Consumers Health Forum of Australia
- 406 ▪ Grow Australia
- 407 ▪ Mental Health Carers Arafmi Australia
- 408 ▪ Private Mental Health Consumer Carer Network (Australia)

409 The Network representative on the NMHCCF, Mr Hardwick, reported on the activities
410 of the Forum and the Meeting noted the Forum last met in Melbourne on 17/18 March
411 2014.

412 **12.1 National Mental Health Commission (NMHC or Commission) Update**

413 The Commission's activities have included work related to the National Mental Health
414 Report Card, the National Contributing to Life Project, and the Commission's
415 Participation and Engagement Framework.

416 The Commission has also been tasked by the Australian Government to undertake a
417 wide-ranging review of mental health programs and services and to provide
418 independent advice in a final report, which is due by 30 November 2014. The Forum
419 will be making a submission to the review.

420 The Commission, in partnership with the Mental Health Council of Australia (MHCA)
421 and with support of the NMHCCF, is also developing a leadership program for mental
422 health consumers and carers who have the capabilities, experience and/or potential to
423 operate at the national level and to work with and contribute to the Commission's vision
424 and mission. There were 130 applications and the following 11 participants have been
425 selected for the inaugural National Mental Health Leaders Project.

- 426 ▪ Sebastian Robertson (NSW)
- 427 ▪ Michael Burge (QLD)
- 428 ▪ Lyn Mahboub (WA)
- 429 ▪ Jen Coulls (SA)
- 430 ▪ Dean Barton-Smith (VIC)
- 431 ▪ Sarah McFarlane-Eagle (NSW)
- 432 ▪ Rebecca Randall (ACT)
- 433 ▪ Lei Ning (VIC)
- 434 ▪ Rod McKay (NSW)
- 435 ▪ Fay Jackson (NSW)
- 436 ▪ Julie Anderson (VIC)

437 This is the first intake for the project, which will support the further development of
438 existing consumer and carer mental health leaders and advocates, and find and develop
439 the next generation of leaders.

440 **12.2 National Disability Insurance Scheme (NDIS)**

441 NMHCCF believes the implementation of the NDIS is a prominent national issue for
442 mental health consumers and carers and has recommended that this be included on the
443 program for the joint NMHCCF and National Register Workshop/Issues Forum on
444 22/23 May 2014.

445 **12.3 Consumer Reference Group (CRG) – National Mental Health Consumer** 446 **Organisation Establishment Project**

447 The CRG are working in partnership with the MHCA to establish the new national
448 mental health consumer organisation.

449 **12.4 Friend of the Forum**

450 Robyn Kruk, the previous CEO of the NMHC, has been appointed as an official “Friend
451 of the Forum”. Robyn will provide advice and support for the Forum over the next
452 twelve months.

453 **12.5 Smoking bans in inpatient mental health units**

454 The Forum discussed the issue of banning smoking in inpatient mental health units and
455 the impact this has on consumers and carers. The NMHCCF have recently published
456 an advocacy brief on Smoking and Mental Health which outlines their position and
457 includes key recommendations (<http://www.nmhccf.org.au/advocacy-briefs>). The
458 Forum Members agreed to write a covering letter to attach to the advocacy brief that
459 can be circulated to Ministers and state/territory health departments outlining the
460 NMHCCF position on the issue and calling for action on recommendations.

461 **12.6 National Committees/Initiatives**

462 Updates were provided from Forum representatives that sit on 13 national committees.

463 **12.7 Other activity**

464 NMHCCF is drafting a new Business Plan and Communications Strategy, which is to
465 be completed by 30 June 2014. A style guide is also being developed.

466 **13 MENTAL HEALTH NURSE INCENTIVE PROGRAM**

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

472 The MHNIP evaluation was conducted during 2012 and the final report was released
473 in December 2012. The Report concluded the program to be highly successful in
474 ensuring patients with severe mental illness receive coordinated clinical care services.

475 Following the release of the Final Report stakeholders consultations were conducted
476 through 2013 to re-design the MHNIP to address the findings of the evaluation. Key
477 issues for consideration included the following.

478 ▪ Program arrangements to deliver more equitable service distribution and manage
479 demand in line with program resource allocation.

480 ▪ Appropriate program funding arrangements.

481 ▪ Strengthened operational arrangements and timely and relevant data collection.

482 An expanded MHNIP Expert Reference Group was established to play a key role in
483 the re–design of the program. Mr Hardwick is the carer member of the Reference
484 Group. Mr Hardwick reported that the final meeting of the Reference Group was held
485 recently. The final recommendations on the re–design the MHNIP are currently
486 confidential and have been provided to the Australian Government.

487 **14 NETWORK EXECUTIVE OFFICER REPORTS**

488 The purpose of this Standing Agenda Item is for the NC to receive reports from the
489 Executive Officers of the Network on the activities undertaken and opportunities sought
490 on behalf of the Network.

491 **14.1 Network Chair (Ms McMahon)**

492 The Meeting noted that, beyond the activities detailed under other Agenda Items for
493 this Meeting, Ms McMahon had resigned her position on the Australia Psychological
494 Accreditation Council (APAC), but has offered to assist in recruiting representatives
495 for APAC in the future.

496 **14.2 Network Deputy Chair (Mr Hardwick)**

497 In addition to the activities detailed under other Agenda Items for this Meeting, Mr
498 Hardwick briefly reported on involvement with the following.

- 499 ▪ National Consumer and Carer Peer Work Qualification Reference Group.
- 500 ▪ Pharmacy Guild Project with Flinders University in Queensland.
- 501 ▪ A first time meeting between all the members in WA of the NMHCCF and the
502 National Register of Consumer and Carers. This meeting included
503 presentations from the WA Mental Health Commission on COAG, the NDIS
504 and My Way. Another meeting is in the pipeline.
- 505 ▪ Involvement in the development of a consumer and carer participation process
506 for partners in recovery by a Medicare Local in WA.

507 Mr Hardwick is currently working with Ms McMahon on the meeting to be held at
508 Perth Clinic on 15 May 2014 (refer to Agenda Item 9.7 above).

509 **14.3 Network Governance and Policy Officer (Ms Werner)**

510 Since the last meeting of the NC, most of Ms Werner’s time had been devoted to
511 Network policy matters and the development of the job description for the Network
512 Governance and Policy Officer.
513

514 **15 MENTAL HEALTH COUNCIL OF AUSTRALIA MEMBERS POLICY**
515 **FORUM**

516 Ms Bentley then briefed the Meeting on the Mental Health Council of Australia's
517 Members Policy Forum (MPF), held on 9 April 2013 in Canberra. Judy provided a
518 detailed commentary on the MPF presentations, which included the following.

- 519 ▪ National Mental Health Commission Review.
- 520 ▪ Royal Commission into Institutional Responses to Child Sexual Abuse.
- 521 ▪ Welfare System Review.
- 522 ▪ MHCA Special General Meeting and the move of the MHCA to a public
523 company limited by guarantee.
- 524 ▪ Presentation of MHCA Flagship Project 1: Co-designing the world's best
525 mental health system.
- 526 ▪ National Disability Insurance Agency discussion.

527 **16. PMHA REPORT**

528 At present, the Network's Chair Ms Janne McMahon is a consumer representative and
529 Mr Patrick Hardwick is the carer representative on the PMHA. Ms Kim Werner, as a
530 member of the Network Executive, attends PMHA meetings as an Observer.

531 The last meeting of the PMHA was held on 7 March 2014 in Canberra. Ms McMahon
532 was an apology for the meeting. Mr Hardwick attended with Ms Werner who, on this
533 occasion, acted as a proxy for Ms McMahon. Patrick and Kim reported on some of the
534 matters that were discussed, beyond the PMHA's deliberations concerning BPD, which
535 are fully detailed under Agenda Item 8 above in this Report.

536 **16.1 Changes to AMA Representation on PMHA**

537 One of the two AMA representatives on the PMHA, Dr Choong-Siew Yong, will be
538 completing his term of office as the Craft Group Representative for Psychiatry on the
539 AMA Federal Council at the 13/14 May 2014 AMA National Conference. Professor
540 Jeffrey Looi will then formally replace Dr Yong on the AMA Federal Council and the
541 PMHA. In preparation for that transition, Professor Looi attended the 7 March 2014
542 PMHA Meeting as a proxy for Dr Yong, who was an apology.

543 **16.2 Health Insurance and Consumers**

544 The PMHA is supportive of the Network's efforts toward raising consumer and carer
545 awareness about mental health treatment in the private sector and private health
546 insurance.

547 One of the two representatives on the PMHA for the APHA, Ms Moira Munro,
548 reported that the APHA Psychiatry Committee, in consultation with Ms McMahon,
549 has developed a brochure for consumers on Hospital inpatient admissions and day
550 programs. The brochure should be available shortly pending APHA Board approval.

551 PMHA supported referral of the Private Health Insurance Ombudsman (PHIO)
552 interest in meeting with the Network to discuss matters related to mental health and
553 private health insurance to the NC.

554 The PMHA also referred an issue related to private mental health consumers who are
555 admitted to public hospitals to the NC.

556 The two issues referred to the NC are the subject of a separate Agenda Item for this
557 NC meeting (refer to Agenda Item 20).

558 **16.3 PMHA Collaborative Care Models Working Group**

559 Since the last meeting of NC, the PMHA released its *PMHA Principles for*
560 *Collaboration, Communication and Cooperation between Private Mental Health*
561 *Service Providers* (Principles) on 11 December 2013. The aim of the Principles is to
562 ensure that mental health professionals dealing with the care of people with a mental
563 illness are able to refer, collaborate and communicate effectively, and where necessary,
564 share care. The Principles have been fully endorsed by the following organisations.

- 565 ▪ The Royal Australian and New Zealand College of Psychiatrists
- 566 ▪ Australian Psychological Society
- 567 ▪ Australian College of Mental Health Nurses
- 568 ▪ Australian Association of Social Workers
- 569 ▪ Occupational Therapy Australia
- 570 ▪ Australian Private Hospitals Association
- 571 ▪ Private Healthcare Australia
- 572 ▪ Private Mental Health Consumer Carer Network (Australia)
- 573 ▪ Mental Health Professionals Network

574 The Royal Australian College of General Practitioners (RACGP) views this document
575 as a positive contribution to aid better communication and collaboration between
576 mental health professionals and will be promoting this document as an accepted clinical
577 resource to RACGP members.

578 To assist in promoting the Principles, the Mental Health Professionals Network
579 (MHPN) broadcast a webinar on the Principles at 7.15 PM – 8.30 PM on, 25 March
580 2014. The webinar ran for 75 minutes and addressed issues facing consumers who
581 access private mental health services, highlighting ways practitioners from different
582 mental health disciplines can work together collaboratively to deliver an improved
583 service. The webinar's panel consisted of the following panelists.

- 584 1. Ms Janne McMahon (South Australian based consumer advocate)
- 585 2. Dr Caroline Johnson (Victorian based GP)
- 586 3. Dr Louisa Hoey (Victorian based clinical psychologist)
- 587 4. Dr Bill Pring (Victorian based psychiatrist)
- 588 5. Dr Mary Emeleus (Queensland based GP) will facilitate the panel discussion.

589 MHPN received 1138 registrations and 416 of those logged in over the course of the
590 live webinar. The breakdown of professions is set out below.

591

592

Profession	Total	%
General Practitioner	15	4%
Mental Health Nurse	35	8%
Occupational Therapist	34	8%
Other	81	19%
Psychiatrist	3	1%
Psychologist	178	43%
Social Worker	70	17%
Total	416	100%

593 The webinar had an interdisciplinary focus on collaborating to optimise the support
594 provided to a young woman as she utilised a range of mental health services. It was
595 comprised of three parts; a predisposing activity in the form of reading the case study
596 (Cassie's story) prior to the webinar, a facilitated interdisciplinary panel case study
597 discussion, and question and answers.

598 The CCMWG has now commenced its review of the Guidelines for 2012 Edition of the
599 *Guidelines for Determining Benefits for Health Insurance Purposes for Private Health*
600 *Care* (Guidelines). It is anticipated that the review should be completed by the end of
601 this year.

602 **16.4 PMHA Centralised Data Management Service**

603 The finalisation of internet-based access for Hospitals and Payers to the secure areas
604 of the website of the PMHA and its Centralised Data Management Service (CDMS),
605 are to be the next priority for the CDMS after the upgrade of the CDMS Hospitals
606 Standardised Measures database (HSMdb) application has been completed. Research
607 into the identification of high-quality programs is the other major priority for the
608 CDMS after the upgrade of the HSMdb. Work on this priority is to be progressed
609 concurrently with the finalisation of internet-based access for Hospitals and Payers to
610 the secure areas of the PMHA website.

611 **16.5 Improving National Healthcare Agreement performance indicator #17: Treatment** 612 **rates for mental illness**

613 The Australian Institute of Health and Welfare (AIHW) is seeking the assistance of the
614 PMHA with improving the measurement of the *National Healthcare Agreement*
615 *performance indicator #17: Treatment rates for mental illness* (formerly NHA indicator
616 #21).

617 The PMHA has discussed this request and agreed that in principle participation in this
618 important project should be supported. However, before PMHA is able to supply the
619 requested data, the PMHA felt it important to have the support of private sector
620 consumers and carers for this work, so the AIHW request has been referred to the NC for
621 endorsement. To facilitate that endorsement, the AIHW has provided a consumer
622 friendly project brief for the NC and the PMHA's other key stakeholders (principally
623 clinicians), that includes the confidentiality safeguards. Mr Gary Hanson from the

624 AIHW will also be attending the 13 June 2014 PMHA Meeting where this matter will be
625 discussed further.

626 The Meeting then considered in detail a copy of the Project Brief prepared by the AIHW,
627 as summarised below.

628 Background

629 At present, performance indicator #17 is calculated as the proportion of the Australian
630 population receiving clinical mental health services, covering public, private, and
631 Medicare (MBS)/Department of Veterans Affairs (DVA) subsidised services.

632 Community Mental Health Care (CMHC) client counts at the State/Territory level are
633 used as the measure of those in receipt of public services, while patient counts from the
634 PMHA's CDMS are used as the measure of those in receipt of private services. The
635 indicator is calculated both nationally and by State/Territory and disaggregated, where
636 possible, by 10-year age group, Indigenous status, residential remoteness and Socio-
637 Economic Indexes for Areas (SEIFA) quintiles.

638 Project Proposal

639 Currently, the counts and calculations are produced separately for these datasets,
640 although there is known to be overlap between them. The AIHW has been tasked by
641 MHISSC to carry out data development work to attempt to measure and remove this
642 known over count. This is the 2nd phase of the project, begun in 2010. The 1st phase
643 linked 2009–10 Medicare data with CMHC data for three jurisdictions and found that
644 the combined count would be reduced by around 5% taking into account this overlap.

645 The 2nd phase will pilot test the feasibility of incorporating DVA and PMHA–CDMS
646 data into the linkage along with MBS and CMHC data. It is proposed that this pilot
647 testing be carried out with 2010–11 data. Ethical approval for this extension of the
648 project has been granted by the Ethics Committees of both the AIHW and the Australian
649 government's Department of Health (DoH).

650 Data Protocols

651 AIHW has well developed protocols for data linkage and simultaneous protection of
652 the privacy of individuals. Apart from an established Ethics Committee and project-
653 specific staff confidentiality undertakings, the AIHW has a dedicated Data Linkage
654 Unit which now has accreditation as a Commonwealth Data Integration Authority. This
655 unit works only with the identifying data items to be used for linkage (see below) to
656 produce a linkage key which is then passed to the subject area (in this case the Mental
657 Health & Palliative Care Unit) to be combined with the other analytical data items in
658 analysis files which do not include the identifying data items.

659 Data Required

660 To undertake this work, AIHW has requested a list of PMHA–CDMS clients in receipt
661 of mental health-related services in 2011–12 with the following data fields:

662 Statistical Linkage Key 581 (specified below) or in the case of PMHA a hashed version
663 (encrypted version) of the SLK.

664 Postcode of client at all hospitalisations in 2010–11 (if different)

665 The statistical linkage key (SLK581) combines a coded name with date of birth and sex
666 as shown below:

Figure – Statistical Linkage Key 581

The components of the SLK581 are:

- *second, third and fifth letters of the client's last name*
- *second and third letters of the client's given name*
- *date of birth (8 digits)*
- *sex of the client (1–male, 2–female).*

For example, FRANK GALLAGHER, male, born 26th Jan 1960, would have an SLK of ALARA260119601

667

668 Postcode is also required as it can be used to clarify or check links in the situation where
669 (hashed) SLK581 matching produces ambiguous matches. The residential remoteness
670 and SEIFA disaggregations of the indicator can also be derived from postcode.

671 In conclusion, while the potential benefits of this data linkage project are substantial in
672 terms of more targeted planning and better integration of mental health care, the risks
673 to people's privacy are minimal. The personal data will only be used to calculate the
674 indicator to be published in aggregate form, with broad level socio–demographic
675 breakdowns. The proposed use of the data involves negligible risk, in that there is no
676 foreseeable risk of harm or discomfort to the participants, there is negligible likelihood
677 of disclosure of private information occurring and the means for minimising any such
678 risk exist in the well–developed protocols employed by AIHW's Data Linkage Unit.

679 After discussion of the AIHW proposal, Mr Allen Morris–Yates joined the meeting by
680 speaker phone and further clarified the AIHW request and the steps involved in the data
681 linkage process in detail. Allen answered questions addressing concerns to the
682 satisfaction of NC Members.

683 The Meeting agreed to support the PMHA to assist the AIHW to improve performance
684 indicator #17 and approved provision of the statistical linkage key (SLK581) to the
685 AIHW, on the proviso it does not include date of birth.

686 **RESOLVED (Chair) carried without dissent**

687 *That the National Committee (NC) of the Private Mental Health Consumer Carer*
688 *Network (Australia) [Network] endorses the Private Mental Health Alliance assisting*
689 *the Australian Institute of Health and Welfare (AIHW) with improving the measurement*
690 *of the National Healthcare Agreement performance indicator #17: Treatment rates for*
691 *mental illness. The NC approves the provision of the statistical linkage key (SLK581)*
692 *to the AIHW, provided it does not include date of birth.*

693
694

Action: Ms McMahon

695 **17. NETWORK MEMBERSHIP – EFFECTIVENESS OF PROMOTIONAL**
696 **ACTIVITIES**

697 The Chair briefed the Meeting on the following promotional activities that have been
698 undertaken since the inception of the Network.

699 1. In 2004, 5,000 promotional brochures titled, *Driving Change* were produced. These
700 were distributed to all private hospitals in Australia with plastic stand included at a
701 cost of around \$700.

702 2. A business card size card was produced which included *Basic Human Rights – 2005*
703 on one side and *Join Now!* on the other. These were widely distributed at one of
704 the early The Mental Health Services Conference (TheMHS) Conferences at a cost
705 of around \$300.

706 3. A Network exhibition booth at TheMHS Conference has been maintained since
707 2009 at a cost per Conference of around \$600.

708 4. Tote bags were made available to all Network Coordinators for distribution and also
709 used at an early TheMHS Conference at a cost of around \$1,000

710 5. A brief flyer titled, *Activities of the Network*, distributed to all Network
711 Coordinators for handouts. No cost except multiple photocopying and postage at a
712 cost of around \$200.

713 6. An electronic online registration system, *Join Now!*, was implemented on the
714 Network website in March 2013.

715 7. In 2013, 1,000 promotional brochures titled, *Driving Change*, were produced and
716 distributed to all private psychiatric hospitals in Australia with plastic stand
717 included at a cost of around \$1,500.

718 8. 2,000 promotional *Join Now!* were distributed to all private psychiatric hospitals in
719 Australia. 2,000 Promotional Brochure on *Driving Change* were also produced at
720 a cost of around \$750

721 9. Promotional Pens produced and circulated to all Network Coordinators for
722 distribution at a cost of around \$850, which included postage to Network
723 Coordinators.

724 10. Promotional Brochure – distributed on an as needs basis to Network Coordinators

725 11. Business cards produced for all Network Coordinators with *Join Now!* and website
726 address on the card at a cost of around \$300.

727 An analysis of these different promotional activities has resulted in a marginal but
728 steady number of members joining the Network. Online registrations show that there
729 has been 43 new registrations via the Network website since implementation of online
730 registration in March 2013. After the promotional poster, *Join Now!*, had been sent to
731 private hospitals on 7 November, 2013, 17 electronic registrations were received via
732 the Network website. Since the implementation of online registration, most paper-
733 based registrations have arisen from the activities of Mr Norm Wotherspoon in

734 Queensland. Norm provides a paper based registration form to all potential members
735 he encounters.

736 At present, there are approximately 716 Network Members, of whom 442 have a known
737 email address.

738 After discussion, there was consensus that the Network exhibition booth at the annual
739 TheMHS conference, promotional Network pens and Network brochures had been the
740 most successful promotional activities to date. It was agreed that a promotional email
741 template could be developed that provided a direct link to the *Join Now!* online
742 registration area of the Network website.

743 At the end of this Agenda Item, Mr Norm Wotherspoon accepted appointment to the
744 voluntary position of Network Membership Officer in recognition of his outstanding
745 success in growing the membership of the Network in Queensland.

746 **RESOLVED (Chair) carried without dissent**

747 1. *That the National Committee (NC) of the Private Mental Health Consumer Carer*
748 *Network (Australia) [Network] requests that an email template be developed for use*
749 *by Network Coordinators that includes a direct link to the Join Now area of the*
750 *Network's website.*

751 **Action: Ms McMahon**

752 2. *The NC appoints Mr Norm Wotherspoon as the Membership Officer for the*
753 *Network.*

754 **18 PEER WORKERS IN THE PRIVATE SECTOR**

755 In June 2010, the Network developed a discussion paper titled, *Discussion 1: Models*
756 *for Consumer & Carer Participation within the private sector.* Ms McMahon reported
757 that, since that time, a major development has been the funding of the National Mental
758 Health Commission (NMHC) and Community Mental Health Australia (CMHA) to
759 undertake a Mental Health Peer Work Qualification Project to develop national learning
760 and assessment resources for the Certificate IV in Mental Health Peer Work
761 CHC42912. Mr Hardwick and Mr Wotherspoon, who are participating in this Project
762 on behalf of the Network, provided the following update on this Project for the Meeting.

763 **18.1 Mental Health Peer Work Qualification Project**

764 The Mental Health Peer Work Qualification Project is in a steady phase of resource
765 development, with materials for the Consumer and Carer qualification streams to be
766 provided to the NMHC in July of this year.

767 The Project's *National Technical Reference Group* met in November 2013 to review
768 and contribute to resources. Membership of this group includes experience nationally
769 across consumer peer work, carer peer work, service providers supporting a peer
770 workforce and in addition to this, experience in developing and delivering accredited
771 training. Expertise of the group enables reflection on content for the considerations for
772 peer workers in navigating the workplace, and informs the development team on key
773 areas such as ethics, risk, defining peer work, different frames of understanding mental
774 distress.

775 The Project's *National Consumer and Carer Peer Work Qualification Reference Group*
776 met for the second time in December 2013, with representation across consumer peer
777 workers, carer peer workers and community managed, public and private services. The
778 group provides feedback on topic areas, sequence and key messages for units of
779 competence, such as 'Supporting self-directed health and wellbeing'. Mr Hardwick and
780 Mr Wotherspoon are the Network's representatives on this Reference Group.

781 The National Technical Reference Group will meet to endorse final drafts in May. The
782 Project's *National Management Steering Committee* will then recommend final
783 resources are provided to the NMHC for national distribution.

784 Stage 2 of this Project will develop learning and assessment materials for the Peer
785 leadership skills set. This will start in June 2014, with materials due for completion in
786 early 2015.

787 **18.2 Network Discussion Paper 2 – Peer Support Workers and the Private Sector.**

788 The NC then considered the Network's discussion paper titled, *Discussion Paper 3:*
789 *Peer Support Workers and the Private Sector* (Paper) in relation to developments in
790 this area. During discussion, Ms McMahon noted several areas that require further
791 work and updating. An approach that provides guidance for private hospitals on
792 engagement of mental health peer workers would be useful. It should include advice
793 on the complexities involved and how they can be overcome, or managed. Case studies
794 of where engagement of mental health peer workers is actually working in practice
795 would also strengthen the Paper.

796 Ms McMahon agreed to review and update the Discussion Paper for the Members of
797 the NC to review.

798 Mr Norm Wotherspoon offered to research the current uptake of Certificate IV in
799 Mental Health Peer Work CHC42912 among training organisations.

800 **RESOLVED (Chair) carried without dissent**

801 1. *That the National Committee (NC) of the Private Mental Health Consumer Carer*
802 *Network (Australia) [Network] requests that the Network Discussion Paper titled,*
803 *Discussion 31: Peer Support Workers and the Private Sector, be reviewed to*
804 *provide guidance for private hospitals on engagement of mental health peer*
805 *workers.*

806 **Action: Ms McMahon**

807 2. *The NC requests that the status with the uptake of Certificate IV in Mental Health*
808 *Peer Work CHC42912 among training organisations.*

809 **Action: Mr Wotherspoon**

810 **19. CHILDHOOD TRAUMA AND PARENTS AS CARERS**

811 At the last meeting of the Network NC, Ms Kim Werner spoke on the topic of the
812 additional support that may be needed by mental health carers where the carer is also the
813 parent of the mental health consumer, particularly with the increasing focus on negative

814 early childhood experiences in the later development of mental illness. Many parents
815 who are carers feel that their parenting skills are being called into question and suffer
816 feelings of blame, guilt, and self-doubt.

817 Ms Werner and Associate Professor Lawn talked about the *refrigerator mothers theory*,
818 which arose in the 1950s, as a good example of the issues that are relevant across the
819 board for these parents. According to [Wikipedia](#), the term *refrigerator mother* or
820 *refrigerator parents* were labels for mothers and parents of children diagnosed with
821 autism or schizophrenia. Parents, particularly mothers, were often blamed for their
822 children's behaviour. The *refrigerator mother* label was based on the assumption that
823 autistic behaviours arise from the emotional frigidity of the children's mothers. As a
824 result, mothers of some children on the autistic spectrum suffered from blame, guilt,
825 and self-doubt from the 1950s throughout the 1970s and beyond, when the prevailing
826 medical belief that autism resulted from inadequate parenting was widely assumed to
827 be correct. Some present-day proponents of the psychogenic theory of autism continue
828 to maintain that the condition is a result of poor parenting. However, others merely
829 point out that some conditions are perhaps psychological in origin rather than
830 physiological, and that this is not necessarily a reflection on parenting skills.

831 At the last meeting, the NC believed that feelings of blame, guilt, and self-doubt in a
832 parent who is also a carer can interfere with the consumer's treatment, care and
833 recovery. Mental health professionals also tend to avoid becoming involved in the
834 situation for a range of reasons.

835 The NC previously agreed this is a gap in the mental health system that is not being
836 addressed and some substantive work needs to be done. A teleconference was due to be
837 convened between Dr Choong-Siew Yong, Ms Werner, Associate Professor Lawn, Mr
838 Patrick Hardwick and Ms Janne McMahon to determine a way forward on this issue.
839 This has, however, been held over to provide the NC with more time to clearly articulate
840 what the Network wishes to achieve.

841 The Meeting then discussed how to progress this matter at length and agreed that a
842 further discussions should be undertaken in the first instance with the two AMA
843 Psychiatrists on the PMHA, Dr Bill Pring and Professor Jeffrey Looi. Associate
844 Professor Lawn offered to write up deliberations to date to help inform those
845 discussions.

846 **RESOLVED (Chair) carried without dissent**

847 *That the National Committee (NC) of the Private Mental Health Consumer Carer*
848 *Network (Australia) [Network] requests that the issue of childhood trauma and parents*
849 *as carers be discussed with the two psychiatrists on the Private Mental Health Alliance*
850 *(PMHA), Dr Bill Pring and Professor Jeffrey Looi. Associate Professor Sharon Lawn's*
851 *kind offer to prepare a short paper on the NC deliberations to help inform those*
852 *discussions is appreciated.*

853 **Action: Ms McMahon/Ms Werner/Associate Professor Lawn**
854

855 **20. HEALTH INSURANCE AND CONSUMERS**

856 As briefly mentioned under Agenda Item 17.2 above, the 7 March PMHA Meeting
857 raised the following two issues, which the Network may be interested in pursuing.

858 1) Meeting with the Private Health Insurance Ombudsman (PHIO) and development
859 of a Network information sheet for inclusion on the Network website.

860 2) A survey of Network Members who have private health insurance who are admitted
861 to a public mental health facility.

862 **20.1 Meeting with the PHIO and development of a Network information sheet**

863 The PHIO, Samantha Gavel, has a specific interest in mental health and has indicated
864 that she would welcome discussion with the Network Executive on matters related to
865 mental health and private health insurance. The role of the PHIO is to protect the
866 interests of private health insurance consumers. The PHIO provides a variety of
867 information to Australians with private health insurance or those contemplating joining
868 or changing their health insurer. The PHIO also provides an independent complaints
869 handling service, education and advice services for consumers and advice to industry
870 and government about issues of concern to consumers.

871 In support of their the PHIO produce and publish a range of tools for consumers,
872 including the consumer website PrivateHealth.gov.au, the annual State of the Health
873 Funds Report, consumer e-bulletin Health Insurance Insider, Quarterly Bulletin and a
874 range of brochures and factsheets.

875 The Ombudsman can deal with complaints from health fund members, health funds,
876 private hospitals or medical practitioners. Complaints must be about a health insurance
877 arrangement.

878 After discussion, it was agreed to invite the PHIO to attend the next meeting of the NC.
879 A Network Information Sheet could then be developed about the role of the PHIO for
880 inclusion on the Network website.

881 **RESOLVED (Chair) carried without dissent**

882 *That the National Committee (NC) of the Private Mental Health Consumer Carer*
883 *Network (Australia) [Network] request that the Private Health Insurance Ombudsman*
884 *(PHIO) be invited to attend the next meeting of the Network NC.*

885 **Action: Ms McMahon**

886 **20.2 Network Survey – private patients in public hospitals**

887 Health Fund Members are reporting that on those occasions when they are admitted to
888 a public hospital pressure is brought to bear, often when they are very distressed, to
889 elect to be treated as private patients. This practice is particularly concerning in those
890 situations where a person is being scheduled. In some instances, if the patient is too
891 distressed to make the decision, then pressure is brought to bear on the next of kin or
892 family, while they are also in a situation of distress over their loved one needing this
893 level of care. Such cost shifting practices place a substantive burden on private health

894 insurers to pay benefits for care that is delivered outside of the private hospital
895 environment.

896 In New South Wales there is, for example, a regulation whereby someone admitted to
897 public hospital must sign a form of election at the first reasonable opportunity. In a
898 recent case, a person was transferred from a private hospital to a public hospital after
899 their condition had deteriorated. They were scheduled and admitted for 20 days. After
900 6 days they signed an election form to be treated as private patient and were no longer
901 considered scheduled from that day. In New South Wales, however, the rule is applied
902 retrospectively, so the Health Fund concerned was then placed in a position whereby it
903 had to pay for the entire 20 day episode.

904 The Meeting discussed these issues and agreed that such cost shifting practices are not
905 in the interest of the private mental health system. It was further agreed that a survey
906 of Network Members was warranted. The survey should include questions along the
907 following lines.

908 ▪ Have you ever been admitted to a public hospital and then been asked to elect
909 to be treated as a private patient?

910 ▪ If so, did you feel under any pressure to make that election?

911 ▪ If you did elect to be treated as a private patient, did you feel your treatment
912 was in any way different as a consequence of having made that election? For
913 example, were you given a private room and was your private psychiatrist
914 allowed to visit you.

915 ▪ If you did elect to be treated as a private patient, were there any additional costs
916 incurred because of that election?

917 ▪ If you did elect to be treated as a private patient, what benefits do you think you
918 gained by electing to be a private patient?

919 Ms McMahon agreed to draft the survey questions for review by the NC. Ms Helen
920 Eriksson and Dr Bill Pring should then have an opportunity to review the questions
921 agreed by the NC.

922 **RESOLVED (Chair) carried without dissent**

923 *That the National Committee (NC) of the Private Mental Health Consumer Carer*
924 *Network (Australia) [Network] request that the next survey of Network members be*
925 *directed toward obtaining information on the experience of those Members who are*
926 *admitted to public hospitals and elect to be treated as private patients. The survey*
927 *questions should be drafted in consultation with NC Members. Ms Helen Eriksson and*
928 *Dr Bill Pring should be asked to review the questions prior to finalisation of the survey.*

929 **Action: Ms McMahon/NC Members/Ms Eriksson/Dr Pring**
930

931 **21. NETWORK INTERNAL AND EXTERNAL POLICIES**

932 There are two types of Network policy documents. *Internal Policies* for formalising
933 mechanisms pertaining to the running of the Network, and *External Policies* or position
934 statements, which would be in the public domain.

935 **21.1 Internal Policy Statement 6: Position Description Network Governance And**
936 **Policy Officer**

937 At the last meeting of the NC, Ms Kim Werner relinquished her position as the
938 Network's ACT Coordinator and Network Deputy Co-chair and was appointed to the
939 position of Network Governance and Policy Officer effective from 27 August 2013.
940 Mr Patrick Hardwick was confirmed as the sole Network Deputy Chair from that date.

941 The Meeting then considered and endorsed *the Position Description for the Network*
942 *Governance and Policy Officer*, after amending *Hours* to be the equivalent of 10 days
943 per year.

944 **RESOLVED (Chair) carried without dissent**

945 *That the National Committee (NC) of the Private Mental Health Consumer Carer*
946 *Network (Australia) [Network] endorses Network Internal Policy Statement 6: Position*
947 *Description Network Governance and Policy Officer.*

948 **21.2 External Policy Statement 11: Payment For Consumer And Carer Participation.**

949 The Network from time-to-time develops External Policies on issues, which the NC
950 considers important on which to make public statements. A number of the early
951 External Policies have been reviewed and endorsed at previous meetings of the
952 Network.

953 Policy 1 Smoking within Private Hospitals

954 Policy 2 Consent

955 Policy 3 Advance Directives

956 Policy 4 Health Information Privacy and Security

957 Policy 6 Consumer and Carer Participation within Private Mental Health Services

958 Policy 7 Involuntary Treatment and Detention

959 Policy 8 Carer Support

960 Policy 9 Employment, disability and mental illness

961 Policy 10 Best practice provision of private mental health services

962 *Policy 11 Payment for consumer and carer participation*

963 External Policy 11 has been recently reviewed to bring it in line with current practice
964 and the rates set by the Commonwealth Remuneration Tribunal for reimbursement of
965 consumer and carer participation.

966 The Meeting then considered and amended *External Policy Statement 11: Payment for*
967 *Consumer and Carer Participation*, to acknowledge out-of-pocket costs incurred
968 related to travel and administrative tasks.

969 **RESOLVED (Chair) carried without dissent**

970 1. *That the National Committee (NC) of the Private Mental Health Consumer Carer*
971 *Network (Australia) [Network] endorses Network External Policy Statement 11:*
972 *Payment for Consumer and Carer Participation, as amended by the NC Meeting*
973 *held on 14/15 April 2014.*

974 2. *The NC requests that revised Network External Policy Statement 11: Payment for*
975 *Consumer and Carer Participation be included on the Network website.*

976 **Action: Ms McMahon/Mr Taylor**

977 **21.3 Additional Policies**

978 The Meeting considered whether any additional internal or external policies were
979 required.

980 Mr Hardwick reported that the sale of electronic cigarettes has effectively been banned
981 in Western Australia after the Supreme Court ruled the products were designed to look
982 like the real thing – breaching State tobacco control laws. The battery-powered devices
983 do not burn tobacco but turn nicotine or fruit flavours into vapour which is inhaled and
984 exhaled. Last year, the Cancer Council of WA called for the promotion, sale and use
985 of e-cigarettes to be banned, arguing they could become starter products for children
986 and ex-smokers.

987 Also under this Agenda Item there was a brief discussion of the importance of carer
988 engagement and need for self care and what work has been done in this area by the
989 Network and other organisations.

990 It was agreed that the Chair develop a draft policy on carer engagement and need for
991 self care. A review of the RANZCP Carer Position Statement could be a source of
992 information given that Ms McMahon and Mr Bichara were instrumental in the
993 development as members of the Community Collaboration Committee.

994 **RESOLVED (Chair) carried without dissent**

995 *That the National Committee (NC) of the Private Mental Health Consumer Carer*
996 *Network (Australia) [Network] requests that the Chair develop a Policy on carer*
997 *engagement and self care.*

998 **Action: Ms McMahon**

999 **22 OTHER BUSINESS**

1000 There was no other business.

1001

1002 **23** **NEXT MEETING**

1003 The Meeting agreed that the next meeting of the NC will be held as follows.

1004 30th Network NC Meeting

1005 Day 1: Monday, 29 September 2014

1006 Day 2: Tuesday, 30 September 2014

1007 Level 2, RANZCP

1008 309 La Trobe Street

1009 Melbourne, Victoria

1010 Janne McMahon OAM

1011 Chair

Phillip Taylor
Minutes Secretary