



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

*engage, empower, enable choice in private mental health*

**TWENTY SECOND (22<sup>nd</sup>) MEETING  
OF THE  
NATIONAL COMMITTEE**

**HELD AT**

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

**30/31 AUGUST 2010**

**ENDORSED REPORT AND RESOLUTIONS**

**Glossary of Terms and Acronyms**

AHIA	Australian Health Insurance Association
AMA	Australian Medical Association
APHA	Australian Private Hospitals Association
APS	Australian Psychological Society
BPD	Borderline Personality Disorder
DoHA	Australian Government Department of Health and Ageing
Health Insurer(s)	Private Health Insurer(s) that pay benefits for psychiatric care
Hospital(s)	Private Hospital(s) that provide mental health services
MHCA	Mental Health Council of Australia
MHISS	Mental Health Information Strategy Sub-committee of MHSC
MHSC	Mental Health Standing Committee of the AHMAC Health Priorities Principal Committee
NACMH	National Advisory Council on Mental Health
NC	National Committee of the Private Mental Health Consumer Carer Network (Australia)
Network	Private Mental Health Consumer Carer Network (Australia)
NMHCCF or Forum	National Mental Health Consumer Carer Forum
PBAC	Pharmaceutical Benefits Advisory Committee
PMHA	Private Mental Health Alliance
PMHA-CCMWG	PMHA's Collaborative Care Models Working Group
PMHA-CDMS	PMHA's Centralised Data Management Service
RANZCP	The Royal Australian and New Zealand College of Psychiatrists
SQPS	Safety and Quality Partnership Sub-committee of the MHSC

## 1. Opening and Welcome

The Independent Chair of the Private Mental Health Consumer Carer Network (Australia) [Network], Ms Janne McMahon, opened the first day of proceedings for the Twenty Second (22<sup>nd</sup>) Meeting of the Network's National Committee (NC) at 9:30 AM (the Meeting) on Monday, 30 August 2010. The Meeting was held over two days at the Headquarters of the Royal Australian and New Zealand College of Psychiatrists (RANZCP) at 309 La Trobe Street in Melbourne. The following representatives were present.

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

### 1.1 Apologies

1. Mr Wayne Chamley Board Member Mental Health Council of Australia

### 1.2 Invited Guests

**Tuesday, 31 August 2010**

1. Professor Neil Cole Consumer Member  
National Advisory Council on Mental Health
2. Rebecca Tidey Project Coordinator  
Community Services & Health Industry Skills Council

In opening the Meeting, Ms McMahon advised the funding agreement between the Australian Medical Association (AMA), the Australian Private Hospitals Association (APHA), the Australian Health Insurance Association (AHIA) and beyondblue, which supports the activities of the PMHA, its Centralised Data Management Service (CDMS) and the Network, will expire next year on 30 June 2011. The next funding agreement needs to be in place by 1 July 2011. A draft *AMA Agreement for Services 2011-13* and proposed budgets are currently being prepared to cover these activities for the period 1 July 2011 to 30 June 2013 (2 Financial Years).

## 2. Report of Last Meeting

The Meeting noted a copy of the Report of the Twenty First (21<sup>st</sup>) meeting of the Network's NC, held on 18/February 2010 in Melbourne. The Chair, reported that a copy of the Report had been provided to the PMHA and would be posted on the Network's website.

## 3. Progress with Actions Arising

The Meeting updated the following Table of Progress on actions arising from the 21<sup>st</sup> NC Meeting.

ITEM #	TABLE OF PROGRESS	RESPONSIBILITY	STATUS
	Report of the 21 <sup>st</sup> Network Meeting		
	Draft Report of 21 <sup>st</sup> Network Meeting	Mr Taylor	Done
	Circulate Draft Report to NC for comment/correction	Mr Taylor	Done
	Prepare final for endorsement via email	Mr Taylor	Done
	Circulate endorsed version to beyondblue	Mr Taylor	Done
3	<b>PROGRESS REPORT</b>		
3.2	<b>Possible Patrons for Network</b>		
	Approach Professor Geoff Gallop as possible Network Patron	Ms McMahon	Done
4	<b>NETWORK WEBSITE</b>		
	Investigate website utilisation analytical tools	Mr Taylor	Done
	Develop list of organisations to interlink with for NC to consider	Ms Burgess	Done
5	<b>NETWORK BUDGET</b>		
	State Coordinators to investigate sitting fees/reimbursements	State Coordinators	Done
	Agenda Item 22 <sup>nd</sup> NC Meeting	Mr Taylor	Done
6	<b>STATE COMMITTEE REPORTS</b>		
	State Coordinators to liaise with Chair/Ms Burgess concerning State-based Committee meetings	State Coordinators	Done
	Agenda Item 22 <sup>nd</sup> NC Meeting	Mr Taylor	Done
7	<b>ENGAGEMENT WITH GRASS ROOTS CONSUMERS AND CARERS</b>		
	Include "have your say" section in Network Newsletter.	Ms McMahon/Mr Taylor	Done
	Include any issues raised on agenda for 22 <sup>nd</sup> NC	Ms McMahon	Done
	Encourage Network Members without email to provide one	Ms McMahon/Mr Taylor	Done
	Request the AMA advise on fate of database at incorporation	Mr Taylor/AMA	Pending
9	<b>IDENTIFYING THE CARER PROJECT</b>		
	Agenda Item 22 <sup>nd</sup> NC Meeting	Mr Taylor	Done
10	<b>NETWORK WORK PLAN REVIEW</b>		
	Agenda Item 22 <sup>nd</sup> NC Meeting	Mr Taylor	Done
11	<b>NATIONAL MENTAL HEALTH CONSUMER CARE FORUM</b>		
	Agenda Item 22 <sup>nd</sup> NC Meeting	Mr Taylor	Done
12	<b>MENTAL HEALTH COUNCIL OF AUSTRALIA REPORT</b>		
	Discuss PHAMS with PMHA and APHA	Ms McMahon	Done
	Agenda Item 22 <sup>nd</sup> NC Meeting	Mr Taylor	Done

ITEM #	TABLE OF PROGRESS	RESPONSIBILITY	STATUS
13	RANZCP CHRONIC CONDITION SELF-MANAGEMENT PROJECT		
	Agenda Item 22nd NC Meeting	Mr Taylor	Done
15	POLICIES OF THE NETWORK		
	Further develop draft policy statements for comment and endorsement via email on:	Ms Werner	
	▪ Health Information Privacy and Security	Ms Werner	Done
	▪ Health Information Sharing	Ms Werner	Done
	Keep watching brief on NMHCCF work in these areas	Mr Hardwick/Ms McMahon	Ongoing
	Refer privacy of carers sharing information to NMHCCF	Mr Hardwick	Pending
	Develop draft discussion paper on online IT help services	Ms McMahon	Done
	Agenda Item 22nd NC Meeting	Mr Taylor	Done
16	PHARMECEUTICAL BENEFITS SCHEME (PBS)		
	Write to PBS Advisory Council about unlisted anti-psychotics	Ms McMahon	Pending
17	PMHA QUALITY IMPROVEMENT PROJECT		
	Advise PMHA NC has endorsed the Project	Ms McMahon	Done
18	NEXT MEETING		
	Organise 22nd NC Meeting for 30/31 August 2010 @ RANZCP	Ms McMahon	Done
	Circulate Agenda and Papers for Meeting	Mr Taylor	Done

NC noted that, where necessary, any outstanding matters had been incorporated into appropriate agenda items for this Meeting. The Chair then updated the meeting on progress with the following matters.

### 3.1. Possible Patrons for the Network

The Meeting considered progress with approaches to eminent Australians to ascertain whether they might be interested in becoming a patron of the Network. It was noted that Professor Geoff Gallop had declined the invitation due to other commitments. After discussion, it was agreed that the Chair should continue to approach appropriate individuals including Professor Alan Fels.

#### ***Resolved (unanimous)***

*That the National Committee (NC) of the Private Mental Health Consumer Carer Network (Australia) [Network] requests that Chair continue to approach eminent Australians who might be interested in becoming patrons for the Network.*

***Action: Ms Janne McMahon***

### 3.2 Network Database

Mr Phillip Taylor, reported that the AMA would be prepared to negotiate over the provision of contact details of Network Members, currently held by the AMA on behalf of the Network, should the Network become an incorporated body.

### 3.3 Pharmaceuticals Benefits Scheme (PBS)

Ms McMahon reported that the issue of unlisted anti-psychotics has been held in abeyance. A watching brief is being kept on when the Pharmaceutical Benefits Advisory Committee (PBAC) meets and what psychotropic medications are under consideration. After discussion, it was agreed that Ms McMahon should continue to seek further advice on the issues involved from the Network's Expert Advisory Panel.

### 3.4 Network Website

The NC has been considering ways the performance of the Network's website might be improved. The last meeting agreed that the addition of linkages to other appropriate organisations and implementation of analytic utilisation tools, would be worthwhile enhancements.

#### 3.4.1 Network Website – links with other organisations

The Meeting considered the following list of other relevant organisations that had been compiled by the Network Administrative Officer, since the last meeting.

AREA	ORGANISATION	WEBSITE	TELEPHONE
Suicide	Suicide Call Back Service	<a href="http://www.crisissupport.org.au/SuicideCallback.aspx">www.crisissupport.org.au/SuicideCallback.aspx</a>	1300 659 467
On-line counselling	Bursting the bubble	<a href="http://www.burstingthebubble.com">www.burstingthebubble.com</a>	
	Kids helpline	<a href="http://www.kidshelp.com.au">www.kidshelp.com.au</a>	1800 55 1800
	Reach out	<a href="http://www.reachout.com.au">www.reachout.com.au</a>	
	Salvation Army hope line	<a href="http://www.salvos.org.au/suicideprevention">www.salvos.org.au/suicideprevention</a>	1300 467 354 or 1300 Hope Line
Telephone counselling	Lifeline	<a href="http://www.lifeline.org.au">www.lifeline.org.au</a>	13 11 14
	SANE	<a href="http://www.sane.org">www.sane.org</a>	1800 18 SANE (7363)
Child and adolescent	Headspace	<a href="http://www.headspace.org.au">www.headspace.org.au</a>	
	Youth Counselling	<a href="http://www.ischs.com">www.ischs.com</a>	8377 1055
Mens support	Dad info	<a href="http://www.dad.info">www.dad.info</a>	
	Dads in Distress	<a href="http://www.dadsindistress.asn.au/index">www.dadsindistress.asn.au/index</a>	1300 853 437
	Dads 'n' Kids	dadsnkids.dadsindistress.asn.au	
	Mensline	<a href="http://www.menslineaus.org.au">www.menslineaus.org.au</a>	1300 789 978
	Single Father Link	<a href="http://www.rhinc.org.au/jpraf/link/act.html">www.rhinc.org.au/jpraf/link/act.html</a>	
Youth health services	Child and Youth Health	<a href="http://www.cyh.com">www.cyh.com</a>	8303 1500
Anxiety and depression	Beyond blue	<a href="http://www.beyondblue.org.au">www.beyondblue.org.au</a>	1300 224 636
	Just Ask	<a href="http://www.justask.org.au">www.justask.org.au</a>	13 11 14
Drug and alcohol services	Direct Line	<a href="http://www.counsellingonline.org.au/en/">www.counsellingonline.org.au/en/</a>	1800 888 236
	Family Drug Support	<a href="http://www.fds.org.au">www.fds.org.au</a>	1300 368 186
	Quit Line	<a href="http://www.quit.org.au">www.quit.org.au</a>	13 QUIT (7848)
Loss and grief	Compassionate Friends	<a href="http://www.compassionatefriendsvictoria.org.au">www.compassionatefriendsvictoria.org.au</a>	

It was agreed that several of the sites should be investigated further and it was suggested that the following areas/organisations should also be considered for inclusion.

- Culturally and Linguistically Diverse (CALD) and Indigenous Australians
- Aged related organisations for Alzheimers and Dementia
- Gay and Lesbian
- Carers – Carers Australia
- ARAFMI
- Mental Illness Fellowship and the Schizophrenia Fellowship
- GROW
- Richmond Fellowship

The Meeting also agreed that appropriate criteria should be determined against which any organisations could be assessed for inclusion, such as whether they are national, well known, and evidence based. The list of links to other organisations should not be too long and would need to be checked regularly to ensure the currency of the linkages. It was agreed that this would be an appropriate undertaking for the Network Administrative Officer.

**Resolved (unanimous)**

*The NC requests that the Network Administrative Officer develop a final list of relevant organisations for the NC to approach to establish an interlinkage between the Network’s website and their websites.*

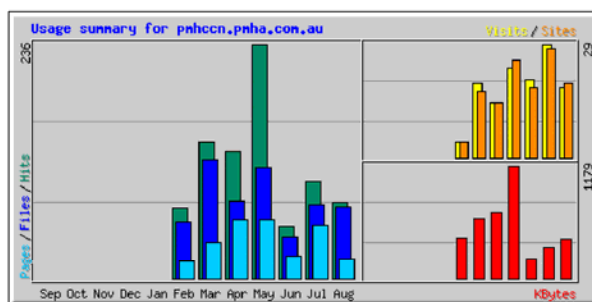
**Action: Ms Terri Burgess**

**3.4.2 Network Website – Analytic Tools**

Mr Taylor demonstrated the analytical tools now available to determine utilisation of the Network’s website. The utilisation statistics set out below were discussed.

**Usage Statistics for pmhccn.pmha.com.au**

Summary Period: Last 12 Months  
Generated 31-Aug-2010 08:03 EDT



Summary by Month										
Month	Daily Avg				Monthly Totals					
	Hits	Files	Pages	Visits	Sites	KBytes	Visits	Pages	Files	Hits
<a href="#">Aug 2010</a>	2	2	0	0	19	413	18	20	73	77
<a href="#">Jul 2010</a>	3	2	1	0	28	336	29	54	75	98
<a href="#">Jun 2010</a>	1	1	0	0	18	205	20	23	43	53
<a href="#">May 2010</a>	8	3	2	0	25	1179	23	60	112	236
<a href="#">Apr 2010</a>	4	2	2	0	14	693	14	60	79	129
<a href="#">Mar 2010</a>	4	3	1	0	17	635	19	37	120	138
<a href="#">Feb 2010</a>	10	8	2	0	4	426	4	18	57	71
<b>Totals</b>						<b>3887</b>	<b>127</b>	<b>272</b>	<b>559</b>	<b>802</b>

## 4. Reports

Under this Agenda Item the Meeting invited and received reports on the activities of the following.

- National Mental Health Consumer Carer Forum
- Network's Deputy Chair
- Network Chair
- PMHA Collaborative Models Working Group

### 4.1 National Mental Health Consumer Carer Forum Report

The Network Representative on the National Mental Health Consumer Carer Forum (NMHCCF or Forum), Mr Patrick Hardwick, verbally briefed the Meeting on the following major activities of the Forum.

#### 4.1.1 International Initiative for Mental Health Leadership (IIMHL)

The Australian Government's Mental Health Standing Committee (MHSC) at short notice requested assistance from the NMHCCF to identify two Australian mental health consumers and two Australian mental health carers to attend the 2010 International Initiative for Mental Health Leadership (IIMHL) exchange and network meeting to be held in Ireland from 17–21 May 2010. The NMHCCF expressed its disappointment with the late stage process. NMHCCF is developing a paper on how to fund consumers and carers for the various Australian and international conferences.

#### 4.1.2 NMHCCF Forward Plan 2009–11

The NMHCCF continues to progress the objectives of its *Forward Plan 2009–2011*, focussing on the following.

- *National audit on effectiveness of consumer and carer participation.* A Steering Group has been established for this project and funding has been capped at \$20,000.
- *Advocacy Briefs* Eight of the original ten advocacy briefs have been completed. The ninth, which deals with discrimination and stigma has been drafted, and the tenth, which addresses accountability will be completed under the accountability project. The advocacy briefs that are available in the 'Publications' section of the NMHCCF website – [www.nmhccf.org.au](http://www.nmhccf.org.au), are now as follows.

1. [Stigma and Discrimination \(August 2010\)](#)
2. [Smoking and Mental Illness \(July 2010\)](#)
3. [Supported Housing and Homelessness \(Reviewed June 2010\)](#)
4. [Consumer and Carer Participation – Key Issues and Benefits \(March 2010\)](#)
5. [Seclusion and Restraint \(February 2010\)](#)
6. [Employment \(January 2010\)](#)
7. [Mental Illness and Intellectual Disability \(January 2010\)](#)
8. [Privacy and Confidentiality \(Revised December 2009\)](#)
9. [Mental Health Facts and Figures \(October 2009\)](#)
10. [Duty to Care–Duty of Care \(August 2009\)](#)

The NMCCF has established an editorial group to keep track of these briefs and assess some of the other potential ideas that have been suggested, which include the following.

- Allied Health Expertise
  - Workforce
  - Cultural Change in Mental Health
  - Challenging Tokenism in Mental Health
  - Unfinished Business from the Burdekin Recommendations
  - Simple suggestions for involving Consumers and their Carers in treatment
- *Consumer and carer position paper on privacy and confidentiality.* A copy of the consultation draft was tabled.
    - *National mental health consumer and carer accountability framework.* The NMHCCF is working with Brain and Mind Research Institute (BMRI) to progress the accountability project.
  - *Position paper on consumer and carer participation in the mental health workforce* will be launched at the TheMHS Conference in September 2010 by The Hon. Senator Clare Moore MP.
  - The NMHCC recently released their draft Position Statement '*Supporting and developing the consumer and carer identified workforce – a strategic approach to recovery*'. The Meeting noted that a copy of this Position Statement had been circulated with the agenda and papers for this Meeting to enable the NC to provide any further input.

#### **4.1.3 Invited Guests**

The Chief Executive Officer of the Mental Health Council of Australia (MHCA), Mr David Crosbie, attended the last Forum meeting to discuss the mental health reform agenda and the need for consumers and carers to keep the pressure on the Australian Government.

Ms Beck Jackson from the disability employment service – ACE, spoke about the new disability employment arrangements, which are uncapped.

#### **4.1.4 NMHCCF Organisational and Other related Matters**

NMHCCF is looking at a nationally consistent approach for consumer and carer selection and representation on the Forum including how the process of selection and appointment can be strengthened and representation reviewed over time. NMHCCF has revised its Operating Guidelines to change voluntary voting to it is expected that members will vote. Members will also be able to nominate for more than one Executive position on the Forum. There will no longer be absentee voting.



The new Executive Committee of six has been elected and is now constituted as follows.

- |                                       |                       |
|---------------------------------------|-----------------------|
| 1. Consumer Co–Chair                  | Isabell Collins (VIC) |
| 2. Carer Co–Chair                     | Keiran Booth (ARAFMI) |
| 3. Consumer Deputy Co–Chair           | David Lovegrove (ACT) |
| 4. Carer Deputy Co–Chair              | Judy Bentley (ACT)    |
| 5. Consumer Ordinary Executive Member | Lyn English (SA)      |
| 6. Carer Ordinary Executive Member    | Jean Platts (QLD)     |

Membership of the NMHCCF has also been reviewed. While current membership will remain the same, it has been recommended that the Forum should include one consumer and one carer from each participating jurisdiction, or organisation.

Carer members of the NMHCCF have also written to the Australian Government concerning the need for a national carers peak body. A scoping project has been suggested.

NMHCCF is considering possibly establishing some form of awards for outstanding individuals. The Meeting responded to this suggestion and agreed that the Network should explore possibly nominating an appropriate individual annually for those awards that currently exist, such as the Order of Australia Award, the Human Rights Commission awards and TheMHS awards. It was agreed that the Network Administrative Officer should follow–up the procedure involved for nomination.

***Resolved (unanimous)***

*The NC requests that the Network Administrative Officer investigate the timeframes and criteria for nominations for the following awards.*

- *Order of Australia Award*
- *TheMHS Award for Exceptional Contribution to Mental Health Services in Australia*
- *2010 Human Rights Medals and Awards*

***Action: Ms Terri Burgess***

#### **4.2 Network Deputy Chair Report**

The Network Deputy Chair, Ms Kim Werner, briefed the Meeting on the following activities, which had been undertaken since her appointment at the end of September 2009.

- Finalisation of Network policies following 18/19 February 2010 meeting and preparation of additional draft policies for this Meeting.
- Establishment of the ACT Committee.
- Fortnightly discussion with the Chair on Network activities and priorities.

- Development of submission on Recovery Principles for Australian Mental Health Services and Programs.
- Attendance at the Mental Health Council Members Forum in May 2010.
- Comment on the final Carers Project report and input into a range of other Network submissions and correspondence as requested by Chair.
- Presentation on Consumer perspectives on the National Health Reform Agenda at the International Congress of Applied Psychology, 15<sup>th</sup> July in Melbourne.

#### 4.3 Network Chair Report

Ms McMahon briefly outlined activities undertaken on behalf of the Network since the 18/19 February 2010, as summarised below.

- The *Carers Identified Project* came in on time and on budget. This involved arranging face to face consultations of carers, consumers and service providers in Melbourne, Brisbane and Adelaide. It also entailed arranging teleconferences in all other jurisdictions and two face-to-face Reference Group meetings. The work involved costings, travel arrangements, venue hire, catering, telephone conferencing, reading materials, obtaining quotes and submitting Project deliverables.
- Obtained additional funding for a further sub-project to engage with GPs. Managed the *Carers GP Engagement Project*, which came in on time and on budget. The work involved costings, travel arrangements, reading materials and submitting Project deliverables.
- Met with CEOs of Mental Health Co-ordinating Council of NSW, Adults Surviving Child Abuse, Education Centre Against Violence. A decision was taken to hold a national Forum in Sydney and the subsequent work involved Forum organisation, including invitations to key people to participate.
- A Network booth has been organised for the TheMHS Conference to be held in Sydney from 14 – 17 September 2010.
- Continued lobbying for specialist services for people with a diagnosis of Borderline Personality Disorder.

The Chair attended the following meetings.

1. APHA Psychiatry Committee (2)
2. PMHA Collaborative Care Models Working Group (1)
3. MHSC (1)
4. MHCA – Members Policy Forum (1)
5. Industry Skills Council Industry Reference Group (1)
6. South Australian Mental Health Consumers Reference Group (3)

The Chair continued ongoing involvement with the following.

- Dr Margaret Tobin Awards Adjudication Committee
- RANZCP
- APHA
- Australian Psychological Society
- DoHA
- Federal Health Minister's office and mental health advisor
- MHCA
- Professors Pat McGorry, Ian Hickie and John Mendoza
- Borderline Personality Disorder
- South Australian Mental Health Unit
- PMHA, PMHA-CDMS, PMHA-CCMWG

Under this Agenda Item, the work being undertaken by the Australian Psychological Society (APS) on the issue of prescribing rights for psychologists was raised. During discussion, a copy of the findings and recommendations from the APS Prescription Rights Working Group were circulated via email for information.

#### 4.4. PMHA Collaborative Care Models Working Group

In his capacity as Chair of the PMHA's Collaborative Care Models Working Group (CCMWG or Working Group), Mr Taylor reported that the following substantive tasks had been completed in 2009-10 by CCMWG.

- Development of a set of *General Principles for the Funding Private Mental Health Services*, which had been endorsed by the PMHA.
- The review and update of the 2006 Discussion Paper, *Underlying Principles for Funding Psychiatric Care*, prepared by the PMHA's antecedent the Strategic Planning Group for Private Psychiatric Services. The new version, titled *Update on Funding Private Mental Health Services: Discussion Paper 2010*, was released on 14 April 2010. Copies are available from the PMHA Website at <http://www.pmha.com.au/pmha/Publications>.
- The review and update of the 2007 Edition of the *Guidelines for Determining Benefits for Health Insurance Purposes for Private Patient Hospital-Based Mental Health Care*. The new version, now titled *Guidelines for Determining Benefits for Health Insurance Purposes for Private Mental Health Care 2010 Edition* (Guidelines), were circulated by the Commonwealth on 12 July 2010. Copies are available from the PMHA Website at <http://www.pmha.com.au/pmha/Publications>.

PMHA has agreed that the CCMWG collaborative process has proven very successful and has supported the Working Group now determining its own future work program.

The 20 August 2010 meeting of CCMWG was devoted to that purpose. The outcome was agreement for CCMWG to concentrate its efforts on the development of industry agreed national guidelines for outreach type services for the private mental health sector. CCMWG Members were asked to confirm that focus with their respective constituencies, with the following informing those discussions.

- A broad description of what constitutes outreach type services is needed that accounts for the parameters of existing legislation.
- Outreach type services have the potential to reduce hospital admissions, re-admissions, length-of-stay, and possibly even the severity of illness over time.
- National Guidelines have the capacity to facilitate the better integration of care by describing such issues as the pathways to care, the providers and payers involved, and the boundaries in which they operate. Such Guidelines could also address legal responsibilities and the importance of co-ordinated opinion in the prevention of problems.
- National Guidelines would assist providers, payers, consumers and carers, better understand the level of expectation outreach type services should meet, particularly in relation to such issues as level of integration, continuity of care, and risk management. Reasonable and appropriate benchmarks need to be set for level of outreach type service provision, if Health Insurers are to pay benefits for these services. It may be useful to understand the requirements DVA has for level of service provision to Veterans.
- The development of National Guidelines should acknowledge and not duplicate any existing appropriate guidelines, or standards.
- Given the complexities involved with chronic disease management programs, effort should firstly be concentrated on developing National Guidelines on hospital substitute outreach type services.
- The Guidelines could form Part B of the *Guidelines for Determining Benefits for Health Insurance Purposes for Private Mental Health Care 2010 Edition*.
- Further information has now been provided to CCMWG on both the program standards developed by Ambulatory Care Australia and the ACHS Clinical Indicators for Hospital-In-The-Home (HITH), referred to in the final *Report on evaluation of Hospital-in-the-Home Programs*. In addition, information on the Victorian Health Department's response to that HITH Report, particularly Recommendation 24, has also been circulated to CCMWG.
- CCMW will also request PMHA consider funding the PMHA-CDMS Director attending the next meeting of CCMWG to present what data is available from the CDMS on ambulatory care.

After discussion, NC agreed that the development industry agreed national guidelines for outreach type services would be a worthwhile task for the CCMWG to pursue. After that task is completed, the Meeting proposed CCMWG consider the outcomes

of the PMHA Quality Improvement Project's Borderline Personality Disorder (BPD) Work Program, with a view to taking an innovative model forward.

**Resolved (unanimous)**

*That the National Committee (NC) of the Private Mental Health Consumer Carer Network (Australia) [Network] endorses the development of industry agreed national guidelines for outreach type services for the private mental health sector as an appropriate focus for the Private Mental Health Alliance's Collaborative Care Models Working Group (PMHA-CCMWG). After that task is completed, consideration should be given to the outcomes of the PMHA Quality Improvement Project's Borderline Personality Disorder Work Program, with a view to PMHA-CCMWG considering taking any innovative model that might emerge forward.*

**Action: Ms Janne McMahon**

## 5. Network State Coordinators Committee Reports

The Chair invited the Network's State Coordinators to report on the meetings of their State Committees held since the last meeting of the NC (see Table 1 below).

Table 1: Meetings of State Committees of the Network 2010

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

Copies of the self-explanatory minutes for QLD, NSW, ACT, VIC and SA, which had been circulated with the agenda papers, were noted. Each Coordinator then spoke of their minutes and briefed the Meeting further "in camera" on the key issues discussed. Mr Hardwick provided a verbal report on the April 2010 meeting of the WA State Committee as the minutes of this meeting were inadvertently not included in the Agenda papers.

Some of the issues that arose during discussion have been summarised below.

- The use of consumer and other focus groups in obtaining feedback for the NC is proving very useful in Queensland. Health Insurer requests for a treating psychiatrist to provide the full medical records is being more appropriately dealt with, and there is progress with policies on smoking in private hospitals.

- Distances, time and costs involved with State Coordinators travelling to meetings is an issue. In Queensland, for example, it can involve distances of 300–400km.
- The new committee for the Australian Capital Territory is now operational and has held its first meeting. That meeting was largely devoted to the role and activities of the Network and its NC.
- Reimbursement for non-salaried consumers and carers attending State Committee meetings remains an issue for all committees.
- There is a tremendous and positive interconnectedness occurring between Hospitals participating in the Network's Victorian State Committee meetings. Concerns over some issues under discussion at these meetings are now being referred to Hospital management for resolution, which is a very positive development.
- In several jurisdictions Hospital staff are attending meetings as well as consumers and carers. While this is often very useful, it had been felt in the past that all Hospital personnel should be attending as Observers with no voting rights. At the 26 March, 2010 meeting of the Queensland State Committee it was determined that reference to staff representatives be amended from *Guests* to *Co-opted Members*. This was done because the Queensland members considered that the hospital representatives provided valuable input to meetings, and that they should therefore be given the status of Co-opted Members (without voting rights), because the view was held that observers were not permitted to comment on matters during the meeting.
- Circulation of the minutes beyond the members of State Committees and the NC should be at the discretion of the State Coordinator. Minutes should be focussed on the issues under discussion rather than particular individuals or facilities.
- The South Australian Committee has become a strong and cohesive group with a number of new committee members attending the 6 May 2010 meeting. One new member will prove valuable particularly in relation to indigenous and rural and remote issues.
- In Western Australia (WA), consistency in representation for the State Committee remains problematic from the hospital consumer/carer representative perspective, with hospitals divided over whether it may be better for there to be a model introduced within their facilities of a paid Consultant. The WA coordinator will revisit this issue with the WA State Committee and also liaise with the WA facilities to encourage attendance for the next meeting. The Carers Advocacy Network in WA will also be approached.
- The last New South Wales (NSW) State Committee meeting was poorly attended and the new State Coordinator for NSW, Mr Lee Hill, is working on what can be done to improve attendance. Ms McMahon and the Network Administrative Officer will assist Mr Hill.
- Ms McMahon will continue to work on obtaining an appropriate representative for Tasmania.

## 6. Network Work Plan 2010–13

The Meeting then discussed and determined the Network Work Plan for 2010–11.

A copy of the final version of the Work Plan appears at Appendix A of this report.

### ***Resolved (unanimous)***

*That the National Committee (NC) of the Private Mental Health Consumer Carer Network (Australia) [Network] endorses the Network Work Plan for 2010–11 developed by the NC at its meeting held on 30/31 August 2010.*

**Action: Ms Janne McMahon**

## 7. Network Budget Financial Year 2010-11

The Chair explained and discussed the AMA Statement of Network Budget Activity for the Network, for the financial year period 1 July 2009 to 30 June 2010, which had been circulated with the agenda and papers. The Meeting noted the budget was tracking well with a surplus of approximately \$15,000. This has resulted from a number of factors as follows.

- The payment for the Deputy Chair has been restricted to 9 of the 12 month period given that Ms Werner was not appointed until October 2009. The underspend of \$3,660 will be carried over for draw down in the new financial year.
- Tasmania remains unrepresented saving around \$5,000 despite efforts to secure a representative, which is ongoing.
- RANZCP did not charge us for catering for last meeting in Feb usually around say \$500
- Transfer from previous year of \$10,355.85
- Donation of \$5,000 from APS

This surplus will be carried forward into the income stream for this financial year 1 July 2010 to 30 June 2011 to enhance Network activity, where appropriate.

Over the next few months the Network Chair will be working on the projected budgets for financial years 2011–13 to put to the Network's core funders.

## 8. Payment for Attendance at Network State Committee Meetings

The Meeting discussed what would be an appropriate payment for consumer and carer members of the State Committees who do not receive any payment for their time, or reimbursement of costs, associated with their participation at State Committee meetings of the Network. The recent survey of the status of consumer and carer members estimated that, **at present**, there are approximately 25 members who are not currently paid for their time, or reimbursed for costs.

After discussion, it was agreed that some of the \$15,000 surplus in the Network

Budget should be used for this purpose. It was further agreed, that it was no longer acceptable for consumers and carers to bear this financial burden and these costs should also be built into the projected budgets for financial years 2011–13. Initially, \$25 per person per meeting should be offered for Financial Year 2010-11, with a view to that being increased to a \$25 an hour for the 2 hour meeting rate for Financial Years 2011-13.

A range of methods for payment were discussed including an attendance register. Mr Taylor was asked to liaise with the Federal AMA as to what was the most appropriate method to enable such payment to be made by the AMA.

**Resolved (unanimous)**

1. *That the National Committee (NC) of the Private Mental Health Consumer Carer Network (Australia) [Network] endorses some of the surplus Network funding available at the end of Financial Year 2009-10 being used to offer a \$25 per person per meeting payment to non-salaried consumers and carers who attend State Committee meetings of the Network for Financial Year 2010-11.*
2. *That the NC of the Network requests that the AMA advise as to the most appropriate method for payment to be made to consumer and carers attending state committee meetings of the Network.*

**Action: Mr Phillip Taylor**

At the end of this Agenda Item the Chair closed proceedings for the first day of the Meeting.

**9. Professor Neil Cole**

In opening the second day of proceedings, the Chair welcomed to the Meeting Professor Neil Cole, Associate Professor in the Monash Medical School, mental health consumer, playwright and former Victorian Member of Parliament. Professor Cole has been using his own experience of bipolar disorder to help others and is the Consumer Member of the National Advisory Council on Mental Health (NACMH).

Professor Cole briefed the Meeting on the substance of the work completed by NACMH and the importance of consumer representation at the national and jurisdictional level was discussed. Ms McMahon outlined some of the activities undertaken by the Network at the national level and Members briefed Professor Cole on the variance encountered at the state level with consumer and carer involvement.

The Meeting noted that Professor Cole recently completed a research project to develop the book titled, *Colonel Surry's Insanity*. Professor Cole explained this book had been written as a definitive mainstream work on bipolar mood disorder, told as a novel in a humorous and poignant manner. It is the story of John Surry, a solicitor and former Colonel in the Second World War, who pleads Not Guilty to taking money from his client's trust account on the grounds that he was insane at the time he committed the offence with manic depression. When he is found Not Guilty he is sent to psychiatric prison. The story chronicles a man who has enormous mood swings during the war and after. It is set against the backdrop of conscription of soldiers for



the Vietnam War. The book poses the question what is sanity as young men are sent off to fight and be killed in a war in Asia. It makes the reader realise that young people who had to die in that war is as insane as the illness that John Surry has. Further information can be obtained from: <http://neilcoleplaywright.com>

Professor Cole remained for discussion of the next agenda item.

## 10. Network Projects

In 2007, the Network conducted an *Identifying the Carer Project* (ICP) with funding from the Australian Government Department of Health and Ageing (DoHA). To assist in taking forward the Recommendations of that Project, DoHA provided some further funding for the Network to undertake a second project to provide the following deliverables.

1. A brief summary report for DoHA and the Network written by the Project Officer, Ms Judy Hardy.
2. Draft good practice policy regarding nationally consistent identification policies and good practice protocols.
3. Draft generic wording for printed information to be provided at the time of admission, to carers of people with a mental illness.

The project was auspiced by Datasystematics and began in December 2009, with a small Reference Group established to oversee it. The Project concluded on time on 31 May, 2010.

Since the finalisation of the Project, the Recommendations have been referred to the PMHA and the Australian Government's Safety and Quality Partnership Sub-Committee (SQPS) and the Mental Health Information Strategy Sub-committee (MHISS). SQPS considered the development of mechanisms for implementation of the recommendations arising from the projects at its 16 July 2010 meeting. SQPS endorsed the wide distribution of the policies and protocols for identification of carers and the information brochure for comment nationally with a view to adoption in all jurisdictions. PMHA and MHISS will consider the recommendations later this year.

During the literature search and consultations for this Project, it became apparent that the role that general practitioners (GPs) and their practices play is crucial. Subsequently, the Network became aware that the Royal Australian College of General Practitioners (RACGP) were in the consultation phase of the revision of the 4<sup>th</sup> edition of the RACGP Standards for General Practices (Standards). This provided a very brief window of opportunity for the Network to have input into this review, which concluded on 30 June, 2010. The Network approached DoHA to conduct a third very brief Project to engage with the RACGP. The Project Officer, Mrs Judy Hardy, met with the RACGP in Melbourne during June and the project was completed by the end of that month with the following deliverables.

1. Brief summary report for DoHA and the Network written by Mrs Hardy.
2. Submission to the RACGP from the Network's carer perspective.

RACGP suggested that some examples be produced by the Project Officer for this current revision of the Standards, with a view to the next version having some more definite requirements in relation to Carer identification.

At the end of this Agenda Item, Professor Cole left the meeting for another engagement, but mentioned that funding is available through ATAPS for projects directed at assisting people with a serious mental illness. Ms McMahon agreed to follow this up and thanked Professor Cole for attending.

## 11. Network Policies and Discussion Papers

The Chair reported that the last meeting requested the Deputy Chair to further develop the draft Network Policy Statements on Health Information Privacy and Security, and Advance Directives for comment via email. This work has now been completed and the following endorsed policies are now available on the Network website.

- Consent
- Advance Directives
- Health Information Privacy and Security

The Meeting then considered copies of the following Network policies and discussion papers, which had been circulated with the agenda papers.

- ***Draft Network Policy Statement on the National Standards for Mental Health Services and Accreditation in Private Psychiatric Hospitals***

The Meeting agreed that this draft policy statement should be considered at a later date and pending implementation of the National Standards.

- ***Draft Network Policy Statement 8: Consumer and Carer Participation in Private Mental Health Services.***

This draft policy statement needs to be revised to further emphasise the role of the three key areas involved in the provision and funding of mental health services in the private sector.

- (1) Private hospitals,
- (2) Health Insurers, and
- (3) Office-based practitioners.

The statement also needs to address education and training for consumers and their carers.

- ***Draft Network Policy Statement 9: Involuntary Detention and Treatment***

Involuntary detention is largely associated with the public sector, as there is only one Australian private hospital in Queensland that has a secure unit.

It has been reported that some Health Insurers feel that they may not have to pay health insurance benefits for their members who are involuntarily detained.

Ms McMahon will verify this issue with health insurers and additionally whether it is the various state licensing requirements or some other legislative ruling that are the main impediments preventing private hospitals taking involuntary admissions.

There was consensus that the private sector should be able legislatively to provide the full range of treatment for people with a mental illness which, at some stage, may include involuntary admission. The policy statement could include reference to advance statements in relation to involuntary admissions.

▪ ***Draft Network Discussion Paper: Treatment and Care Using IT Technologies***

The Meeting agreed that this Discussion Paper should be circulated to NC Members for consideration and comment, in consultation with their respective State Committees.

After discussion, Ms Werner agreed to revise the draft policies on *Consumer and Carer Participation in Private Mental Health Services* and *Involuntary Detention and Treatment*, based on the deliberations of this Meeting. The final draft will then be circulated to the NC Members for consideration and comment in consultation with their respective State Committees of the Network.

***Resolved (unanimous)***

1. *That the National Committee (NC) of the Private Mental Health Consumer Carer Network (Australia) [Network] requests that the Network Deputy Chair, prepare final drafts of the following policy statements for circulation to NC Members for comment in consultation with their respective State Committees.*

*Network Policy Statement 8      Consumer and Carer Participation in  
Private Mental Health Services*

*Network Policy Statement 9:      Involuntary Detention and Treatment*

***Action: Ms Kim Werner/NC Members***

2. *That the NC of the Network requests that the Discussion Paper titled, Treatment and Care Using IT Technologies, be circulated to NC Members for consideration and comment in consultation with their respective State Committees.*

***Action: Ms McMahon/NC Members***

## **12. Mental Health Peer Support Competency Development Project**

The Chair welcomed to the Meeting Ms Rebecca Tidey, Project Coordinator, Community Services and Health Industry Skills Council (CS&HISC). CS&HISC is undertaking a mental health peer workforce competency development project to develop a nationally recognised competency framework specifically for consumers and carers working in peer roles within the mental health sector. In addressing the Meeting, Ms Tidey first contextualised the background to the project and the role of

CS&HISC. The Meeting noted that CS&HISC is one of 11 national Industry Skills Councils, which have been summarised for information in Table 2 below.

**Table 2: Australian National Industry Skills Councils (ISCs)**

ISCs	ISC logo	Website
1. AgriFood Skills Australia		<a href="http://www.agrifoodskills.net.au">www.agrifoodskills.net.au</a>
2. Community Services and Health Industry Skills Council		<a href="http://www.cshisc.com.au">www.cshisc.com.au</a>
3. Construction and Property Services Industry Skills Council		<a href="http://www.cpsisc.com.au">www.cpsisc.com.au</a>
4. ElectroComms and Energy Utilities Industry Skills Council		<a href="http://www.ee-oz.com.au">www.ee-oz.com.au</a>
5. Forest Works		<a href="http://www.forestworks.com.au">www.forestworks.com.au</a>
6. Government Skills Australia		<a href="http://www.governmentskills.com.au">www.governmentskills.com.au</a>
7. Innovation and Business Skills Australia		<a href="http://www.ibsa.org.au">www.ibsa.org.au</a>
8. Manufacturing Skills Australia		<a href="http://www.mskills.com.au">www.mskills.com.au</a>
9. Skills DMC		<a href="http://www.skillsdmc.com.au">www.skillsdmc.com.au</a>
10. Service Skills Australia		<a href="http://www.serviceskills.com.au">www.serviceskills.com.au</a>
11. Transport and Logistics Industry Skills Council		<a href="http://www.tlisc.com.au">www.tlisc.com.au</a>

The mandate of these ISC's is to bring together industry, educators and governments and unite them on a common industry led agenda for action on skills and workforce development. ISCs are recognised and funded by the Australian Government, governed by independent industry led boards as not-for-profit companies limited by guarantee. The formal role of the ISCs is as follows.

- Providing integrated industry intelligence and advice to Skills Australia, government and enterprises on workforce development and skills needs.

- Actively supporting the development, implementation and continuous improvement of high quality training and workforce development products and services including training packages.
- Providing independent skills and training advice to enterprises, including matching identified training needs with appropriate training solutions; working with enterprises, employment service providers, Registered Training Organisations (RTOs) and government to allocate training places under the Productivity Places Program
- Engaging with State and Territory Governments, State and Territory industry advisory bodies and peak representative bodies in their area of industry coverage.

CS&HISC is the recognised advisory body on skills and workforce development across Australia for the two important industries of *community services* and *health*. Through ongoing research, consultation, industry engagement and continuous improvement, CS&HISC is able to identify the changes required within vocational and work-based training, and develop the national qualifications to support ongoing skill development. CS&HISC has an Australia wide focus and works with government agencies, state and territory training bodies, employers, unions, RTOs training organisations and information services aimed at strengthening the skills of the Australian workforce.

The *CS&HISC Mental Health Peer Workforce Competency Development Project* is being undertaken in order to develop a nationally recognised competency framework specifically for consumers and carers working in peer roles within the mental health and NGO sector. It is expected this Project will set the groundwork to understand the requirements of this unique workforce, define job roles and encourage establishment of industry standards, and training and support mechanisms. Research is currently ongoing to investigate the role of the carer workforce and consumer workforce in the Australian mental health sector. The research will lead to a scoping report indicating draft competency standards specifically appropriate to these job roles. An Industry Reference Group (IRG) has been established to govern the Project comprised of representatives from the following organisations.

- Department of Health and Ageing
- Department of Families, Housing Community Services and Indigenous Affairs
- NSW Health
- Private Mental Health Consumer Carer Network (Australia)
- Community Mental Health Australia
- Mental Health Coordinating Council
- Mental Health Council of Australia
- ARAFEMI Victoria
- National Advisory Council on Mental Health
- NSW Consumer Advisory Group – Mental Health Inc State Peak Body
- Australian Private Hospitals Association
- Health Services Union

The first IRG meeting took place on 23 July 2010 to review the preliminary research findings and input was offered to guide the current scoping phase.

The Meeting noted a copy of the preliminary research paper titled, *Proposal to develop competency standards for mental health Peer support workers, Consumer consultants and Carer consultants for inclusion in the CHC08 Community Services Training Package*.

Ms Tidey clarified and responded to a range of questions concerning the Project and discussed the role of Peer support workers within mental health. Some of the key issues that arose during discussion have been briefly summarised below.

- At present, people are appointed to these positions without formal qualifications.
- Current TAFE qualifications can assist people to get these sort of positions, but they are not the ideal vehicle.
- Often consumers and carers in these roles find it difficult to maintain their “lived” consumer, or carer experience.
- There is resistance within the system to the involvement of consumers and carers as equal partners of a workforce. Reducing that resistance will involve increasing the professional skills of the people fulfilling those roles. Such training should include self-care and self-management.
- While the “lived” experience should be a pre-requisite for working in a Peer support role, its requirement as a pre-requisite to undertake training and education is problematic. At present, there is no agreed definition of who should be working in these roles, which has resulted in some people working in such roles with no “lived” experience. This should be an issue for further consultation with IRG.
- Some people may be able to achieve a level of competency in a course, but might still not be appropriate for the role of Peer support worker. On the other hand, there may be people who perform competently as a Peer support worker who, for a range of reasons, may be unable to complete the requirements of a course.
- The following are important issues to be considered in relation to the uniqueness of these roles as opposed to the roles of other mental health workers.
  - Peer support workers have difficulty in being recognised as equal members of the workforce.
  - There are some low level clinical type programs that are currently run by skilled mental health workers that have some components that could be run by Peer support workers in the future.
  - Peer support education and training should be unique in its capacity to encourage these workers toward a career pathway that may well include undertaking further education and training to move into other roles.
  - The unique nature of the Peer support worker role may expose such workers to situations in which their own personal safety may be at risk.

- Peer support workers provide respite and outreach type care in the NGO sector.
- Other mental health workers roles tend to be about process and procedures and carry entrenched attitudes toward consumers and their carers. The value of the Peer support worker role is their skill and ability to communicate with their peers, and the empathy they can draw on from their “lived” experiences.
- It is important for these workers to understand the challenges and limitations inherent in these roles.
- There is a lack of support for these workers and a core competency should be their capacity to develop their own support base.
- These workers also need to be able to demonstrate resilience in responding to adverse events.

Ms McMahon thanked Ms Tidey for attending and indicated that the NC would welcome continued involvement in this important Project.

#### **14. National Strategy for Trauma Informed Care Forum**

The Meeting noted that the Chair had appeared before the Senate Community Affairs Committee (Senate Committee) held in Adelaide on 8 May, 2008. At that hearing the Chair raised the issue of the correlation between child sexual abuse and the development in many of mental illness, which can precipitate a number of diagnoses. The Chair also raised the often linked diagnosis of Borderline Personality Disorder (BPD). Subsequent meetings were held in Canberra on 28 August 2008 with the Chair, 5 psychiatrists and member senators of the Senate Committee. What resulted from that meeting were two clear recommendations, namely:

##### *Recommendation 24*

9.67 *The committee recommends that the National Advisory Council on Mental Health be funded to convene a taskforce on childhood sexual abuse and mental illness, to assess the public awareness, prevention and intervention initiatives needed in light of the link between childhood sexual abuse and mental illness and to guide government in the implementation of programs for adult survivors. The committee recommends that the taskforce report its findings by July 2009 and that COAG be tasked with implementing the necessary programs and reforms.*

##### *Recommendation 25*

9.68 *The committee recommends that the Australian, state and territory governments, through COAG, jointly fund a nation-wide Borderline Personality Disorder initiative. The committee recommends that the initiative include:*

- *designated Borderline Personality Disorder outpatient care units in selected trial sites in every jurisdiction, to provide assessment, therapy, teaching, research and clinical supervision;*
- *awareness raising programs, one to be targeted at adolescents and young adults in conjunction with the program in Recommendation 19 (Chapter 8) aimed at improving recognition of the disorder, and another to be targeted at primary health care and*

*mental health care providers, aimed at changing attitudes and behaviours toward people with Borderline Personality Disorder; and*

- *a training program for mental health services and community-based organisations in the effective care of people with Borderline Personality Disorder.*

*The committee recommends that a taskforce including specialist clinicians, consumers, community organisations, public and private mental health services and government representatives be convened to progress and oversight the initiative.*

Ms McMahon reported that there has been some recent activity by the Federal Minister for Health in regard to Recommendation 25, however nothing has evolved for Recommendation 24. To progress this issue, the Chair convened a meeting on 4 March 2010 with the CEOs of the Mental Health Coordinating Council for NSW, Adults Surviving Child Abuse and the NSW Education Centre Against Violence. This meeting was originally intended to develop a submission around Trauma Informed Care in the lead up to the 2010 Federal Election. It was later decided that a Forum be held to determine the content and ways forward to the development of a National Strategy for Trauma Informed Care.

The Forum will be held on the 27 September, 2010 in Sydney. The Network Chair and Deputy Chair will attend. A number of key people will attend including Professor Louise Newman, Emeritus Professor Russell Meares, Professor Warwick Middleton and Senators Moore, Siebert and Kroger. Ms Christine Gee, CEO of Toowong Clinic will attend from the private hospital sector.

Mr Michael O’Hanlon suggested that the Chair might wish to invite representatives from the Australian Centre for Post Traumatic Mental Health (ACPTMH), which is located at the University of Melbourne. The Meeting noted ACPTMH undertakes world class trauma related research, policy advice, service development and education. Its innovative services help organisations and health professionals who work with people affected by traumatic events form the ACPMA. It was also suggested that representatives from the Australian Government Department of Veterans Affairs’ should be invited to attend the Forum.

## **15. Psychologists Continuing Professional Development – Consumer Carer Perspective**

The Chair reported that the issue of how consumers and carers could become more involved in the Continuing Professional Development of psychologists was raised at the meeting of the Network’s ACT State Committee held on 19 May, 2010. At that meeting, one of the members expressed an interest in the development of the continuing professional qualifications of psychologists and would be interested in examining any guidelines produced by regulatory bodies from a consumer perspective.

There are currently no opportunities for consumers and carers to have direct input into the education of undergraduate psychology students. However, all psychologists must complete a satisfactory level of Continuing Professional Development (CPD). The Psychology Board of Australia has developed a Standard for CPD, which has been approved by the Australian Health Workforce Ministerial Council. In discussing the copy of the Standard, it was agreed that Ms McMahon should follow-up with the



APS concerning the involvement of consumer and carer perspective in CPD for psychologists.

**Resolved (unanimous)**

*That the National Committee (NC) of the Private Mental Health Consumer Carer Network (Australia) [Network] requests that the Chair write to the APS concerning the involvement of consumer and carer perspective in Continuing Professional Development for psychologists.*

**Action: Ms Janne McMahon**

## 16. RANZCP Network Partnership Project – Education and Training

The Chair reported that one of the Recommendations from the Network's 2007 *Identifying the Carer Project* involved the Network liaising with the RANZCP and the RACGP to engage in discussions around how consumers and carers could be more involved in the education and training areas.

The Meeting noted that Ms McMahon, Mrs Carson, Mrs Hardy and Dr Margaret Leggatt met in December 2007 with members of the RANZCP Education Section. Subsequent to that meeting, a Proposal was submitted to the Australian Learning and Teaching Council (ALTC) for a grant to develop a curriculum for undergraduate medical students, junior doctors and trainee psychiatrists. The grant application was declined.

In January 2010, Ms McMahon again raised the issues of consumer and carer input into the curricula area with the Executive Officers of the RANZCP. They agreed with the concept and sought to further develop a subsequent application to the ALTC. This was proving to be problematic as a University was required to be the fund holder. Whilst both the University of Sydney and Flinders University were willing to act as the auspicing bodies, there were some difficulties with this process.

During May 2010, the Chair met with Dr Andrew Gosbell, RANZCP Director of Training, and Ms Teri Snowdon, RANZCP Policy Manager, to discuss how a project might still be undertaken under the auspices of the RANZCP and how this might be progressed.

## 17 Other Business

Mrs Carson raised the issues of the Network's New Zealand connection with the Ashburn Clinic, which had been under consideration in 2008–09.

In 2009, the Chair had written to Dr Stephanie du Fresne, Medical Director at the Ashburn Clinic concerning an invitation for a consumer and carer from the Clinic to attend a meeting of the Network's NC. No response was received.

After discussion, Ms McMahon agreed to follow-up with Dr du Fresne.

***Resolved (unanimous)***

*That the National Committee (NC) of the Private Mental Health Consumer Carer Network (Australia) [Network] requests that the Chair write to the Dr Stephanie du Fresne, Medical Director, Ashburn Clinic concerning an ongoing relationship between the Network and the Clinic.*

**Action: Ms Janne McMahon**

**18 Next Meeting**

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

Twenty Second (23rd) Network NC Meeting  
Monday 21 Tuesday 22 February, 2011  
RANZCP Headquarters  
309 La Trobe Street  
Melbourne, Victoria

NETWORK OBJECTIVES 2010–11	NETWORK PRIORITIES 2010–11	NETWORK WORK PLAN 1 JULY 2010 – 30 JUNE 2011	TIME FRAME	RESPONSIBILITY	PROGRESS TO DATE
Objective 1 Continue as the peak consumer and carer organisation for private mental health	1 Actively engage with key private and public sector bodies involved in mental health	Participation on the Mental Health Council of Australia.	Ongoing	Nominated National Committee Member	Ongoing
		Participation on the National Mental Health Consumer Carer Forum.	Ongoing	Nominated National Committee Member	Ongoing
		Participation on the PMHA	Ongoing	Network Chair Carer Representative	Ongoing
		Participation on the APHA Psychiatry Sub-committee.	Ongoing	Network Chair	Ongoing
		Engagement with AHIA Mental Health Committee	31 Dec 2010	Network Chair	
		Direct engagement with AMA	ongoing	Network Chair PMHA Director	
		Direct engagement with beyondblue	Ongoing	Network Chair beyondblue rep	
	2 Promotion of the Network	THEMHS Conference	Annual	Network Chair National Committee Members	Booth at 2011 Conference in Adelaide
		Identify other conference opportunities	Ongoing	Network Chair National Committee Members	ISSPD Congress Presentation March 2011
		Explore further opportunities (commercial or otherwise) to promote the Network.	Ongoing	Network Chair National Committee Members	
		Monthly e-news alert	Monthly	Network Administrative Officer	
		Annual survey of members	November 2010	Network Chair Administrative Officer	
		Appoint Patron/s	June 2011	Network Chair	
		Website update	Ongoing	Network Chair PMHA Director Administrative Officer	
		Re-distribute promotional brochure Driving Change to private hospitals, psychiatrists and psychologists.	Mar 2011	Network Chair RANZCP APHA Psychiatry Sub-committee APS beyondblue	
		Investigate development of additional promotional material including poster and business cards	Mar 2011	Network Chair National Committee Members	

NETWORK OBJECTIVES 2010-11	NETWORK PRIORITIES 2010-11	NETWORK WORK PLAN 1 JULY 2010 – 30 JUNE 2011	TIME FRAME	RESPONSIBILITY	PROGRESS TO DATE	
Objective 2 Continue advocacy to improve the lives of mental health consumers and carers	3 Identify areas for improvements in treatment and care and advocate for best practice	Develop Network positions on identified issues	Jun 2011	Deputy Chair National Committee		
		Explore avenues to enable atypical anti-psychotic medications to be given for disorders other than Schizophrenia and Bi-Polar 2.	Mar 2011	Network Administrative Officer PBAC	Note when PBAC meet and opportunity to have input	
		Continue advocacy for improved services for people with a diagnosis of Borderline Personality Disorder	ongoing	Network Chair Deputy Chair		
	4 Examine whether the Network current represents the diversity of private mental health consumers and carers	Examine available data in the following key national reports that contribute to comprehensive information about mental health services in Australia. <ul style="list-style-type: none"> <li>▪ National Mental Health Report</li> <li>▪ Mental Health Services in Australia</li> <li>▪ COAG National Action Plan on Mental Health 2006-2011: Annual Progress Report</li> <li>▪ PMHA-CDMS Annual Statistical Report</li> </ul>	Jun 2011	Network Chair National Committee		
		5 Participation in the formulation, development and implementation of mental health policy	Provide input into mental health policy issues from the private sector consumer and carer perspectives and advise the relevant national bodies.	Ongoing	National Committee	
			Participate in the Review of Guidelines for Determining Benefits for Health Insurance Purposes for Private Patient Hospital based Mental Health Care.	Annually	National Committee	
		Actively seek participation on all Committees, Working Groups, Inquiries etc. involved in Australian mental health policy, together with relevant Submissions.	Ongoing	Network Chair Deputy Chair		
	Objective 3 Ensure sustainability of the Network	6 Strengthen, support and maintain the Network and its State-based Committees	Engage with the wider membership of the Network wherever possible.	Ongoing	Network Chair National Committee Administrative Officer	On ongoing basis
Extend invitation to Network members to nominate to membership of State-based committees where and when required			As required	Network Chair Administrative Officer		
Ensure ongoing viable State Committees in each State			Ongoing	Network Chair National Committee Administrative Officer		
Re-establish State Committee in Tasmania			Mar 2011	Network Chair		
Identify options for additional resources for State-based committee activities i.e., remuneration for State coordinators reimbursement for State committee members			Jun 2011	Network Chair National Committee		
Review Operating Guidelines			Biannual	National Committee		
Participate in negotiations AMA Agreement for Services 2011-13			Mar 2011	Network Chair		

NETWORK OBJECTIVES 2010-11	NETWORK PRIORITIES 2010-11	NETWORK WORK PLAN 1 JULY 2010 – 30 JUNE 2011	TIME FRAME	RESPONSIBILITY	PROGRESS TO DATE
Objective 4 Organisational partnerships and engagement	7 Improve the utilisation of the PMHA-CDMS Data	<i>Explore greater use of PMHA-CDMS Data for the benefit of consumers and carers in the management of their illness.</i>	<i>Ongoing</i>	<i>Network Chair</i>	
	8 Education and Training	<i>Engage with the RANZCP, RACGP, APS, DoHA to look at ways in which consumer and carer can be involved with education and training opportunities.</i>	<i>Ongoing</i>	<i>Network Chair National Committee</i>	
	9 New models of service delivery	<i>Engage with PMHA-CCMWG</i>	<i>Ongoing</i>	<i>Network Chair Network Carer Representative</i>	
	10 Consumer and Carer organisations	<i>Engage with other national and state consumer and carer organisations.</i>	<i>Ongoing</i>	<i>Network Chair National Committee Administrative Officer</i>	
		<i>Support the establishment of a national peak body for mental health carers</i>	<i>Mar 2011</i>	<i>Network Chair and NMHCCF Representatives</i>	
Objective 5 <i>Build capacity to undertake new directions</i>	11 Project development	<i>Identify possible consumer and carer related projects, such as a scoping exercise for a national carer organisation.</i>	<i>Jun 2011</i>	<i>Network Chair</i>	
		<i>Explore a possible project for the development of a national web-based mental health employment specific opportunities similar to the job network based on the London model</i>	<i>Jun 2011</i>	<i>Network Chair</i>	
		<i>Co-host National Forum for the development of a national strategy for trauma informed care.</i>	<i>27 Sep 2010</i>	<i>Network Chair and Deputy Chair</i>	
		<i>Progress recommendations of Carer Identification Project and the GP Carer Engagement Project</i>	<i>Dec 2010</i>	<i>Network Chair and PMHA Carer Representative</i>	