



Private Mental Health Consumer  
Carer Network (Australia) Limited

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

## 4th/37th MEETING OF THE NETWORK BOARD

Thursday 22<sup>nd</sup> and Friday 23<sup>rd</sup> February, 2018

THE ROYAL AUSTRALIAN AND NEW ZEALAND COLLEGE OF PSYCHIATRISTS

311 LA TROBE STREET, MELBOURNE

### ***ENDORSED REPORT AND AGREEMENTS***

Item	Discussion	Agreement
<p><b>1. Welcome &amp; Apologies</b></p> <p><b>1.1 Attendance</b></p> <p><b>1.2 Apologies</b></p>	<p><b>Welcome</b></p> <p>The Chair Ms Janne McMahon OAM opened the 4<sup>th</sup> meeting of the Board at 9:30am.</p> <p>Ms McMahon welcomed Dr Bill Pring (Psychiatrist) and Karen Bailey (Minutes).</p> <p>Ms McMahon welcomed new Director Helene Langley. Helene is the Consumer and Carer Representative at Delmont Private Health and has been involved in numerous accreditations. She engages with patients and carers, encouraging them to participate in their advisory group, complete discharge surveys and ensures they know the hospital takes Safety and Quality seriously.</p> <p><b>Attendance</b></p>	

	<p>1. Ms Janne McMahon Chair, Executive Officer.</p> <p>2. Mr Patrick Hardwick Deputy Chair, Deputy Chief Executive Officer and Network State-Based Co-ordinator for Western Australia (WA), Carer representative on the National Mental Health Consumer Carer Forum</p> <p>3. Mr Norm Wotherspoon Secretary and Queensland (QLD) Consumer Representative on the APHQ Committee, Membership Officer, Consumer representative to the National Mental Health Consumer Carer Forum</p> <p>4. Mr Evan Bichara Multi-Cultural Officer</p> <p>5. Ms Judy Bentley Australian Capital Territory (ACT)</p> <p>6. Mr Darren Jiggins Tasmania (TAS)</p> <p>7. Prof Sharon Lawn South Australia (SA)</p> <p>8. Ms Helene Langley Victoria (VIC)</p> <p>9. Ms Simone Allan New South Wales (NSW)</p> <p>10. Mr Phil Plummer Independent</p> <p><b>INVITED GUESTS:</b></p> <p>1. Dr Bill Pring Psychiatrist</p>	
<p><b>2. Conflict of Interest</b></p>	<p>There were no declarations.</p>	

<p><b>3. Endorsed Report of 3/36th Meeting</b></p>	<p>Members of the Board discussed Item 4 Pending Item: Scamming, and agreed to omit the words ‘poor and’ in the introductory paragraph and re-phrase as ‘impact on vulnerable people’.</p> <p>With this minor amendment, The Minutes of the 3/36th Meeting were agreed upon and endorsed, and will be made available on the Network’s website.</p>	<p><b>Ms McMahon – Amend 3/36 Minutes at Item 4. omit ‘Poor and’ from <i>Pending item: Scamming</i> opening paragraph.</b></p>
<p><b>4. Progress on Actions Arising</b></p>	<p>The Board noted the following items which were pending from the 3/36<sup>th</sup> Meeting on the 27<sup>th</sup> and 28<sup>th</sup> July, 2017.</p> <p><b><u>Actions Arising from last meeting 3/36th:</u></b></p> <p><b>Pending Item: Draft document on tips about scamming behaviour and support agencies</b></p> <ul style="list-style-type: none"> <li>• Australian Cybercrime Online Reporting Network (ACORN) provides advice on how to recognise and avoid different types of cybercrimes to help people stay safe online.</li> </ul> <p><b>Pending Item: Charitable Status</b></p> <ul style="list-style-type: none"> <li>• Investigate Philanthropic funding agencies. This will require planning and have a viable project to ‘market’.</li> <li>• Approach large corporations for donations – Ramsay Health Care and Healthscope</li> <li>• Investigate individual donations from psychiatrists.</li> </ul> <p><b>Pending Item: Consumers and Carers as Educators Project</b></p> <ul style="list-style-type: none"> <li>• Contact SANE</li> </ul> <p><b>Pending Item: Documents in other languages</b></p> <ul style="list-style-type: none"> <li>• Mr Bichara - Contact VMCC for translation of current promotional brochure</li> <li>• Prof Lawn follow up community grants for translation of documents</li> </ul>	<p><b>Ms McMahon – liaise with Dr Pring regarding charitable status and recruiting donations from psychiatrists.</b></p> <p><b>Ms McMahon – liaise with Mr Plummer regarding Wendy Brooks Consulting about philanthropic trusts.</b></p> <p><b>Ms McMahon – contact Natalie Rutstein, lived experience coordinator at SANE Australia.</b></p> <p><b>Ms McMahon –liaise with:</b></p> <ul style="list-style-type: none"> <li>• Pro Lawn –community grants for translation of documents</li> </ul>

	<ul style="list-style-type: none"> <li>• Consider TMHC in NSW</li> </ul> <p><b>Pending Item: PHNs, liaise with Dr Pring and RANZCP re potential letter to go to all PHNs</b></p> <ul style="list-style-type: none"> <li>• Partially completed</li> </ul> <p><b>Invite MHA CEO Mr Frank Quinlan to a meeting of the Network</b></p> <ul style="list-style-type: none"> <li>• On hold</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Mr Bichara –VMCC grants for translation of documents</b></li> </ul>
<p><b>5. Risk Register</b></p>	<p>Standing Item: The Board reviewed the Network Risk Management Plan 2017-2019 and made the following comments:</p> <p><i>Financial Risks</i></p> <ul style="list-style-type: none"> <li>• Donations conclude at end of financial year, so need to renegotiate with Andrew Peters at RANZCP College and APS</li> <li>• Chair noted that the Audit was expensive, and invited Mr Plummer (Network Accountant) to advise the Network on the finances. The Network now processes its own BAS, overseen by Lynne Scholz for the next 2 quarters.</li> <li>• Network budget may increase, now has more project money than grants/donations.</li> <li>• Projects contain the most risk, and have to be delivered, whether making a profit or loss.</li> <li>• Chair will continue to report quarterly to Board to advise progress of the projects as a whole.</li> </ul> <p><i>Strategic Risks</i></p> <ul style="list-style-type: none"> <li>• Viable State Advisory Forums (No 7) – move from <i>Potential to Occur</i> to <i>Medium Risk</i>.</li> <li>• The Board discussed raising topics at the Forums to gather thoughts on Health Insurance, NDIS, anything happening in their State, and our Projects. State Representatives to include outcomes of Forums in their State Reports.</li> </ul>	<p><b>Ms McMahon liaise with Mr Plummer – BAS</b></p> <p><b>Ms McMahon – distribute update on projects</b></p> <p><b>Ms McMahon – Enter changes to Risk Register</b></p> <ul style="list-style-type: none"> <li>• <b>Item 7 Viable State Advisory Forums – from Potential to Occur to Medium.</b></li> </ul>

	<p><i>Hazard Risks</i></p> <ul style="list-style-type: none"> <li>• No change.</li> </ul> <p><i>Operational Risks</i></p> <ul style="list-style-type: none"> <li>• No change.</li> </ul> <p>Other</p> <ul style="list-style-type: none"> <li>• No change.</li> </ul>	
<p><b>6. Budget Update</b></p>	<p>The Chair advised the Board of the current budget position, and they made the following comments:</p> <ul style="list-style-type: none"> <li>• Two donations received and appreciated</li> <li>• Bank balance reduced, some areas have exceeded the budget, but overall budget is on target.</li> <li>• Mr Plummer advised that Project overheads such as insurance and accounting costs should be allocated to the respective project/s</li> <li>• Ms Simone advised <i>Zoom</i> and <i>Gotomeeting</i> provide free teleconferencing</li> <li>• Research pro-bona legal advice, insurances expire in September so consider requesting quotes</li> <li>• Explore opportunities to maximise Charitable Status</li> <li>• Membership/attendance on other Boards or committees may assist in reducing Network travel expenses by combining events</li> <li>• Apply to peak bodies in relevant State for bursary to attend TheMHS</li> <li>• TheMHS conference booth price has risen, will consider sharing a booth, perhaps approach Mind or Helping Minds</li> <li>• Reduce travel costs by having next Board meeting in Adelaide on Mon 27 &amp; Tues 28 Aug to coincide with TheMHS Conference on Wed 29-Fri 31</li> <li>• Chair advised only Core funding from Commonwealth Government requires acquittal.</li> </ul>	<p><b>Ms McMahon –</b></p> <ul style="list-style-type: none"> <li>• <b>Attend to faulty Eftpos card</b></li> <li>• <b>Research <u>Zoom</u> and <u>Gotomeeting</u> for teleconferencing</b></li> <li>• <b>Seek <u>Pro Bono</u> legal advice</b></li> <li>• <b>Review Insurances</b></li> <li>• <b>Allocate Project overheads to respective project.</b></li> </ul> <p><b>Ms McMahon –</b></p> <ul style="list-style-type: none"> <li>• <b>Write to TheMHS Conference regarding need to pay registration fee to give a presentation, and the significant increased costs for a booth</b></li> <li>• <b>Liaise with Mr Hardwick regarding-sharing a booth at TheMHS (bearing in mind insurance).</b></li> </ul> <p><b>Ms McMahon –</b></p> <ul style="list-style-type: none"> <li>• <b>research venues for next PMHCCN meeting in Adelaide Aug 28 &amp;29</b></li> <li>• <b>Liaise with Ms Allen regarding Orana meal booking.</b></li> </ul>

<p><b>TELECONFERENCE – 5<sup>TH</sup> PLAN MENTAL HEALTH REFERENCE PANEL 11:15am-12:00pm</b></p>	<p>The Chair and Deputy Chair temporarily left the meeting to represent the PMHCCN at the first teleconference meeting of the 5<sup>th</sup> Mental Health Reference Panel</p>	
<p><b>7. Private Health Insurance – Reforms</b></p>	<p>The Chair welcomed invited guest:</p> <ul style="list-style-type: none"> <li>• Rosie Forster from RANZCP, Director, Policy, Practice and Partnerships.</li> <li>• RANZCP is concerned about privacy.</li> </ul> <p>The Chair briefed the Board on discussions with APHA and the Australian Government</p> <ul style="list-style-type: none"> <li>• Ms McMahon is attending round table meeting between private hospitals, health funds and consumers looking at the operation of new reform processes starting 1<sup>st</sup> April 2018.</li> <li>• Minister Hunt has taken note of the PMHCCN letter signed by Ms McMahon, and permission is granted to take that particular letter to state Forums.</li> <li>• Lack of transparency ('commercial in confidence') in contracts that are signed between hospitals and private health insurers. Less detail is going into product disclosures, and the fear that this could be rolled over into the contracts.</li> <li>• Confusion about level of psychiatric and there can be a significant gap for patients to pay for admissions.</li> <li>• Immediate update is part of reforms – Considerations: <ul style="list-style-type: none"> <li>○ Valid consent Vs informed consent</li> <li>○ If psychiatrist advises emergency admission after hours how will eligibility be assessed?</li> <li>○ Does upgrade apply to the family policy, or to the individual?</li> <li>○ What happens if policy doesn't fully cover you for psychiatry?</li> <li>○ What happens if you can't sustain costs after your immediate upgrade?</li> <li>○ Hospitals suggesting a 'cooling off period'.</li> </ul> </li> <li>• Coverage restrictions on Group Sessions</li> </ul>	<p><b>Ms McMahon – liaise with Dr Pring on the establishment of a governance body to provide industry accepted guidelines.</b></p>

	<ul style="list-style-type: none"> <li>○ Some funds policies require patient to attend therapeutic group sessions 3 hours plus a day/7 days a week.</li> <li>○ Many hospitals do not offer weekend groups.</li> <li>○ Funds audit patient records</li> <li>● Day Rule: <ul style="list-style-type: none"> <li>○ Under some health fund policies, a patient attending day program, has to wait 28 days for full coverage for an inpatient admission.</li> </ul> </li> <li>● Step Down: <ul style="list-style-type: none"> <li>○ Some hospitals provide post discharge support with 28-day transition to home through community outreach.</li> <li>○ Step downs at 14 and 28 days – different funds have different rules. Govt requires Acute Care Certificate after 30 days for extension of hospital stay. Hospital policy usually requires a second opinion at 21 days or 28 days.</li> <li>○ Unpublished Case Studies of more serious cases of people staying more than 21 days show that those discharged at 14 days have more chance of suicide.</li> </ul> </li> <li>● Claims for psychiatric admissions represent 3-4% of claims compared to admissions for physical issues.</li> </ul>	
<p><b>8. National Disability Insurance Scheme</b></p>	<p>Ms Bentley briefed the Board:</p> <ul style="list-style-type: none"> <li>● Although NDIS is fully rolled out in ACT, it is still continuing for the twelve months to end June 2018 for the sole purpose of funding clients transitioning into the NDIS. PIR caters for people who meet the criteria of a ‘psychosocial disability that is likely to be permanent and significant’. Many consumers are confronted by signing documents declaring their condition is likely to be permanent because it does not align with the concept of ‘recovery’.</li> <li>● Due to funding allocations transferring from the community sector into the NDIS, many community programs have been cannot afford to continue.</li> </ul>	

<p><b>National Standards for Mental Health Services</b></p>	<ul style="list-style-type: none"> <li>• PHNs are struggling to allocate mental health support funding under new guidelines from the Commonwealth.</li> <li>• PIR is still providing the advocacy role, and they are assisting people into NDIS, but they have lost their networking and consortium approach.</li> <li>• Private organisations are setting up to do plans for NDIS applications, but there is a view some are not experienced in mental health service provision and have set up solely as money making concerns.</li> <li>• Gaps opening up – Greg Hunt provided \$80m in last budget for the transitional arrangements – but states receive the funding if they contribute dollar for dollar.</li> <li>• NDIS psychosocial reference work group has been established.</li> <li>• Local Area Coordinator will help link to NDIS. No need for a diagnosis, but you have to prove a psychosocial disability. Important to prove your support needs.</li> <li>• A strong case is presented if the carer adds information to elaborate upon support needs.</li> </ul> <p>Pro Lawn briefed the Board:</p> <ul style="list-style-type: none"> <li>• Proportion of mental health services reviewed against the National Standards for Mental Health: SA has the lowest rate of post hospital discharge to public mental health community care which is concerning, especially given that it also has the highest percentage of no significant change in consumers clinical outcomes as a result of their hospital stay (29.9% in SA had no change in baseline to follow-up data measures, compared to the national mean of 22.8% for other states) ie. people are assessed when they go to hospital and then upon discharge from hospital and the goal of hospital is to stabilize their mental health so that they can cope once home. So hospital care has not changed the situation for almost 1/3 of those admitted to SA public mental health units. This suggests that these people still need support in the community but it is unclear</li> </ul>	<p><b>Ms Lawn to supply the Key Performance Indicator Tables graph for inclusion in letter.</b></p> <p><b>Ms McMahon to send draft of letter asking if partners willing to co-sign.</b></p>
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whether our public community mental health services are meeting the need.

For many people, their experience of hospital care has not been all that useful in helping them with the distress that they experience as part of being unwell and needing hospital care, and to then prepare them for coping in the community in the longer-term. It paints a picture of just not enough support for people to get well and get on with their lives, back to their work or education of other quality of life, as they might.

What explains these results?

Inpatient mental health units can be very much places where patients' stay is brief, with limited time for quality therapeutic interactions with staff. The big issues that impact on people's lives cannot be addressed in such a short timeframe and so collaboration across the inpatient/community continuum of care is hugely important, but is often fragmented. It's also a place where medication and concern for risk dominates the care. Patients remark on the boredom they experience in inpatient settings and how support from other patients (peer support) is sometimes what they valued and remembered most from their time in hospital.

SA mental health services have been through so many reforms over the years. Leaders at all levels that are truly committed to improving the lives of people with mental illness are what is needed. Staff can become demoralised and untrusting of reform and leaders as they come and go. I suspect mental health staff need support too to feel better about themselves and what they do. Mental Health care is hard, but worth it, but effective support and good leadership are needed.

In terms of other outlier results (i.e. where SA is doing markedly different to other states) South Australia also scores badly on preadmission care and post-discharge care rates, yes it rates well in having the lowest readmission rate of any state or territory (KPI 2), the highest proportion of the population receiving mental health care of

any state (KPI 8) and in having the highest rate of new clients coming into the system (9).

Family carers are still waiting and hoping for improved services for our loved ones. The system has come a long way with attitudes and services, but there's still a long way to go.

- Most states met the standards
- Most states achieved approx. 90% or more completely met KPI. In SA this was more like 25% completely met, 50% partially met and 25% still to determine.
- National Safety and Quality Health Service Standards (NS&QHS):
  - Carers are referred to as consumers, complicating understandings.
- National Standards for *Mental Health Services* (NSMHS):
  - Standard 7 Carers – is more around *quality* than safety
  - Focus is on being informed, included and engaged
  - Concern it may be delegated to a reference tool.
- Seclusion rates
  - What is happening in mental health teams to have such a difference between Australian states?
  - 2016/17 - NT highest rate at 17% and ACT lowest at 2.8%.
- 5<sup>th</sup> National Mental Health & Suicide Prevention Plan
  - Development of template between the two sets of standards.
- Target area 7 *Making Safety and Quality Central to Mental Health Service Delivery* – ACSQHC responsible for safety and quality, no entity responsible for mental health standards.

<p><b>9. State Coordinator Reports</b></p>	<p>Mr Hardwick briefed the Board on the Carer Guide presentation to be shown at the next NMHCC Forum meeting in March 2018:</p> <p>The Board viewed a PowerPoint display <i>Overview of Mental Health Carers Australia</i>, that showcased the national activities and opportunities around the implementation of the <i>Practical Guide for Working with Carers of People with a Mental Illness</i> . It covered:</p> <ul style="list-style-type: none"> <li>• Self assessment tool in the Carer Guide</li> <li>• App</li> <li>• ‘Carer Tick’- DSS approached Mental Health Carers Australia with the possibility to collaborate. Carer Tick would be awarded after a service implemented the Carer Guide. (Similar to Mental Health Service accreditation)</li> <li>• National Awards Scheme? (based on Carer Guide)</li> <li>• E-learning tools</li> <li>• Online library <a href="http://www.workingwithfamiliesandcarers.com.au">www.workingwithfamiliesandcarers.com.au</a></li> <li>• Webinars</li> <li>• Communities of Practice (similar to MHPN)</li> </ul> <p>The Board reviewed the Demonstrations Projects, four of which had substantial outcomes:</p> <ul style="list-style-type: none"> <li>• Headspace National – incorporating the Carer Guide into its ‘Model of Integrity framework</li> <li>• Ramsay Health Care in SA – training of 12 out of 125 clinicians during work-time, analysis of data was disappointing.</li> <li>• Helping Minds in WA did 4 public sector sites.</li> <li>• Tandem in Vic</li> </ul> <p>Prof Lawn advised that she has applied for funding to undertake a further demonstration project at the Jamie Larcombe Centre in SA, inpatient centre for veterans to implemented the Carer Guide. The approach will be based on the SA Ramsay Health Care SA.</p>	<p><b>Ms McMahon – liaise with Ms Allen regarding LinkedIn for the Network</b></p> <p><b>Ms McMahon – send old Terms of Reference to all Directors (for information only, not commonly used as our meetings are now forums)</b></p> <p><b>Directors – advise the Chair upon joining new networks</b></p> <p><b>Directors – advise Chair of any committees that you are providing information to (ie Start and finish dates) for inclusion within the Report to Government.</b></p>
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Carer Standards:

- NS&QHS Standard 2: Partnering with Consumers - Commission has not taken up the concerns expressed regarding 'carers'
- National Standards for *Mental Health Services* may become a reference document for the CMO sector under the 5<sup>th</sup> Plan.
- could consider carer partnerships with DSS
- MHISSC – Link Carer Guide with Carer Experience Survey (CES)
- Network to consider developing Statement of Carer Rights.

**Directors discussed their State reports as included in Agenda and Papers:**

TAS - Mr Jiggins

- Flourish (consumer organisation) is considering running the Network's 'Looking after Yourself' online e-learning modules to encourage consumer representatives. Using the *Practical Guide for Working with Carers of People with a Mental Illness* videos and PDFs as a guide.

QLD - Mr Wotherspoon

- Will be helpful to include headings and *outcomes* in the state forum reports.
- Members CV's provide information about organisational connections in our network. Members to submit updates as they join new networks

SA - Pro Lawn

- SA proposed for the Network to undertake a survey about average wait time for people for inpatient admissions.

ACT – Judy Bentley

- Date of meeting has been confirmed –23<sup>rd</sup> April
- New ACT Mental Health Minister appointed, Ms Bentley is on the advisory council.

WA – Mr Hardwick

**Ms McMahon to develop and distribute surveymonkey survey.**

	<ul style="list-style-type: none"> <li>• Meeting scheduled for held Tues 27 March</li> <li>• meeting with CEO Ms Moira Munro, Perth Clinic to discuss Carer Guide and App. Ms Munro is the private sector representative on MHISSC and advised that she will assist in referring the Guide and App to this committee.</li> <li>• Attended Perth consumer and carer advisory committee</li> </ul> <p>NSW – Ms Allan</p> <ul style="list-style-type: none"> <li>• Representative at HCCM to network with Suicide Prevention of Australia. Mr Bichara mentioned the SANE Australia lived experience coordinator and Beyond Blue ‘The Way Back’ support service.</li> <li>• March 14<sup>th</sup> Network meeting to be held at Ramsay Northside, St Leonards Clinic. The CEO Ms Anne Mortimer to present on new Model of Care.</li> </ul> <p>VIC – Langley</p> <ul style="list-style-type: none"> <li>• Date of meeting to be confirmed – made contact with speakers for the meeting.</li> </ul>	
<p><b>10. 5<sup>th</sup> National Mental Health and Suicide Prevention Plan</b></p>	<p>The Chair briefed the Board:</p> <ul style="list-style-type: none"> <li>• Ms McMahon sent a submission to the 5<sup>th</sup> Plan review committee as consumers of the private sector, stating that private sector consumers and carers often feel excluded from the various plans to date. Ms McMahon and Mr Hardwick are the Network representatives of the newly formed 5<sup>th</sup> Plan Mental Health Expert Reference Panel.</li> <li>• Mr Jiggins and Ms Bentley are proxies.</li> </ul>	

<p><b>11. Representation &amp; Personal Skills</b></p>	<p>The Chair briefed the Board about the skills and experience of Directors:</p> <ul style="list-style-type: none"> <li>• As an important part of succession planning the Chair recently requested CV's to be submitted, and was impressed with the credentials and background of the members of the Board.</li> <li>• Board discussed strengths and skills of individual's members.</li> <li>• The issue was raised about members having the opportunity to participate on committees as Network representatives. There was a perceived concern that members may not be provided with greater opportunities to be involved on high level positions particularly in relation to the Mental Health Expert Advisory Group, MHDAPC. There was also discussion with related specifically to the NMHCCF where representation seemed to be filled consistently by a small number of people.</li> </ul> <p>The Chair advised that a selection panel would be convened to review all EOI in the future, and the same process would be used as the Network currently undertakes for State Coordinators.</p> <ul style="list-style-type: none"> <li>○ The Best Buys</li> <li>○ Consumer and Carer Mental Health Network promotion and prevention - one day, Commonwealth funded workshop in Melbourne on 22<sup>nd</sup> March.</li> <li>○ EOI's are sought for a PMHCCN consumer and carer rep.</li> </ul>	<p><b>Ms McMahon – email details about The Best Buys workshop in Melbourne 22 March.</b></p> <p><b>EOI's sought for PMHCCN rep</b></p>
<p><b>12. Transcranial Magnetic Stimulation</b></p>	<p>Chair welcomed invited guest Dr Bill Pring who provided a detailed summary and discussion.</p>	<p><b>Ms McMahon – liaise with Dr Pring regarding advocating to health insurance funds (other than Medibank) for TMS to be available as a day patient, and to clarify public patient access.</b></p>

	<p>Digital Health Dr Pring provided a detailed presentation on the new initiative, Digital Health.</p> <p>Invitation to the Network: Digitally Enabled Health Care - EOI for 5 consumers high level policy round table.</p>	<p><b>Ms McMahon – Draft letter to Private Health Australia</b></p> <p><b>Ms McMahon – Write to Commonwealth regarding raising a Medicare item number for TMS.</b></p> <p><b>Ms McMahon – Find research from consumer perspective on benefits of TMS</b></p> <p><b>Consider Survey – or take it to the NMHCC Forum - enquire what is peoples responses to TMS (including negative ones)</b></p> <p><b>Ms McMahon – distribute link for EOI for Consumer Health Forum in Sydney 28 March</b></p> <p><b>Dr Pring – email link for Health Care Home Initiative</b></p> <p><b>Dr Pring – circulate research Data Security – Block Chain</b></p>
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<p><b>13. Standing Reports</b></p> <p><b>11.1 NMHCCF Report</b></p> <p><b>11.2 MHA</b></p> <p><b>11.3 National Consumer Carer Register</b></p>	<p>Ms McMahon welcomed everyone to the 2<sup>nd</sup> day.</p> <p>Pro Lawn reported on:</p> <ul style="list-style-type: none"> <li>• West Java Project - Dept of Foreign Affairs Fellowship enabled four mental health consumer advocates to come to Australia for a few weeks. Their program involved visiting NGOs, meeting the Mental Health Commissioner and learning about our community visitor scheme. They have no community mental health service. They were introduced to the peer support and recovery concepts. Ms McMahon and others presented to them on lived experience advocacy.</li> </ul> <p><b>NMHCCF Report</b></p> <p>Mr Hardwick reported on:</p> <ul style="list-style-type: none"> <li>• The Forum has a new logo, style guide and PowerPoint template.</li> <li>• Advocacy Briefs <ul style="list-style-type: none"> <li>○ Seclusion and Restraint</li> <li>○ Stigma and Discrimination</li> <li>○ Supported Accommodation</li> <li>○ ATSI (still in draft form)</li> </ul> </li> <li>• Elections new co-chairs Emma Donaldson (Vic) and Lorraine Powell (WA)</li> <li>• Review of NMHCCF has taken place</li> <li>• Mr Wotherspoon is on the planning committee for NMHCCF &amp; National Register 2-day national forum workshop, which will include private sector issues and the Peer Support project (Lynne English).</li> </ul> <p><b>MHA</b></p> <p>Mr Hardwick reported:</p> <ul style="list-style-type: none"> <li>• Change in secretary of Department of Health, and the relationship with the Ministers office.</li> <li>• Minister is well aware of PMHCCN</li> <li>• MHA working hard on gaps opening up in NDIS transition.</li> </ul>	<p><b>Ms McMahon – brochures and pens to Mr Wotherspoon for NMHCCF &amp; National Register - combined 2-day national forum workshop</b></p>
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	<p><b>National Consumer Carer Register</b></p> <p>Mr Jiggins reported:</p> <ul style="list-style-type: none"> <li>• Listening to peoples view and imparting them to the Register.</li> </ul> <p>Mr Bichara reported:</p> <ul style="list-style-type: none"> <li>• Evan will raise issue about pay rates</li> <li>• Evan on NART national assessment referral and triage expert advisory group</li> </ul> <p>Mr Hardwick reported:</p> <ul style="list-style-type: none"> <li>• New committee opportunities</li> <li>• MHC Aust Housing and Research Institute</li> <li>• Aust Institute of Health and Welfare – Mental Health Information strategy</li> <li>• National Mental Health performance sub committee</li> </ul> <p>Ms Bentley reported:</p> <ul style="list-style-type: none"> <li>• Interest in a proxy from the PMHCCN on the Forum</li> </ul> <p>Ms McMahon discussed:</p> <ul style="list-style-type: none"> <li>• David Butt, formerly CEO NMHC appointed to do a Safety Project for carers and consumers.</li> <li>• PMHCCN have practice and informal policy regarding members adverse response to agenda items</li> </ul>	<p><b>Mr Wotherspoon &amp; Mr Hardwick – ask secretariat for the Forum and Register if the carer and consumer representatives on committees/working groups etc could be provided.</b></p> <p><b>All - send email to Ms McMahon regarding who is to be proxy from PMHCCN.</b></p>
<p><b>14. Membership Officer's Report</b></p>	<p>Mr Wotherspoon provided an update on membership of friends per jurisdiction as attached to the Agenda and Papers.</p> <ul style="list-style-type: none"> <li>• Agreed we delete members who have recently joined from Sengal, Haiti, Zimbabwe and Malaysia, as most likely spam.</li> <li>• Members increased by over 80 members since last meeting</li> <li>• Aim to increase Consumer and Carer friends.</li> </ul>	<p><b>Ms McMahon – delete members from Sengal, Haiti, Zimbabwe and Malaysia.</b></p>

<p><b>15. Multi-Cultural Officer's Report</b></p>	<p>Mr Bichara provided a presentation.</p> <ul style="list-style-type: none"> <li>• Mr Bichara speaking on Vocation and Mental Health – as opposed to therapy – and its' merit for recovery.</li> <li>• Mr Bichara speaking on recovery in Multi-Cultural Sane Aust Project for Community Encounters (for Victorian police force).</li> <li>• Submitted abstract for Themhs 2018 on mental health &amp; spirituality.</li> </ul>	<p><b>Mr Bichara – prepare contributions for next Multi-cultural e-Alert.</b></p> <p><b>Ms McMahon - Contact Alan Morris Yates from PPHDRAS sourcing data on multicultural admissions for mental health.</b></p> <p><b>Ms McMahon – liaise with Dr Pring regarding contacting RANZCP if interested in conducting a brief survey of psychiatrists to determine numbers of private clients with CALD background.</b></p>
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<p><b>16. Network Work Plan</b></p>	<p>The Chair discussed the Network Work Plan:</p> <ul style="list-style-type: none"> <li>• No changes to current Work Plan.</li> <li>• Progressing nicely.</li> <li>• Objective 6 – may review marketing strategy for website and app, may seek support through someone like MHA communication department.</li> <li>• Will amend next Work Plan to note that costs of THEMHS conference increasing.</li> <li>• Reporting requirements have been met.</li> </ul>	<p><b>Ms McMahon – contact MHA communication seeking suggestions re marketing strategies</b></p>
<p><b>17. Update on Projects</b></p> <p><b>17.1 Carer Website</b></p> <p><b>17.2 Carer Guide App</b></p> <p><b>17.3 Peer Workforce</b></p> <p><b>17.4 Demonstration Project</b></p>	<p>Chair Ms McMahon and Deputy Chair Mr Hardwick updated the Board:</p> <p><b>Carer Website</b></p> <ul style="list-style-type: none"> <li>• Mr Hardwick provided a Powerpoint presentation</li> </ul> <p><b>Carer Guide App</b></p> <ul style="list-style-type: none"> <li>• Project substantially concluded.</li> <li>• Lawyer –Developing Privacy statement for the network, so Terms and Conditions on App will direct users to PMHCCN website.</li> <li>• Copyright - Will send to UK carers trust to ensure copyright.</li> </ul> <p><b>Feasibility study into the establishment of a member based organisation for the peer workforce in Australia</b></p> <ul style="list-style-type: none"> <li>• To include both consumer and carer peer workers</li> <li>• Public and Private sector</li> <li>• Literature review completed</li> <li>• Consultations running from Dec 2017 – mid-may 2018</li> <li>• Some minor changes to the Agenda as each consultation conducted.</li> <li>• Keen to get our feedback.</li> </ul> <p><b>Demonstration Project</b></p> <ul style="list-style-type: none"> <li>• Concluded</li> </ul>	

	<b>Completed Projects – On-line e-learning resources Project</b>	
<b>18. Assisted Suicide or Euthanasia</b>	<p>Dr Pring provided a substantial presentation to the Board on many of the issues associated.</p> <p>Mr Plummer - on Board of Palliative Care Australia</p> <ul style="list-style-type: none"> <li>• No item number to talk to patients about palliative care</li> <li>• Important for everyone to have an Advanced Care Directive, Will and Power of Attorney</li> <li>•</li> </ul>	
<b>19. Other Business Next Meeting</b>	<p><b>Other Business</b> None.</p> <p><b>Next Meeting</b> The next Meeting of the Network NC is scheduled to be held as follows: <u>5/38th Network Meeting</u> Day 1: Mon 27 August 2018 Day 2:Tues 28 August 2018 Adelaide Clinic 33 Park Terrace, Gilberton SA 5081</p> <p>The Meeting concluded at 2:00 PM.</p> <p>Janne McMahon OAM Chair</p>	<p>Karen Bailey Minutes Secretary</p>