



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

engage, empower, enable choice in private mental health

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TWENTY EIGHTH MEETING

PRIVATE MENTAL HEALTH CONSUMER CARE NETWORK (AUSTRALIA)

NATIONAL COMMITTEE

**MONDAY 26 AND TUESDAY 27
AUGUST 2013**

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

**309 LA TROBE STREET
MELBOURNE
VICTORIA**

ENDORSED REPORT AND RESOLUTIONS

Glossary of Terms and Acronyms commonly used in this Report

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

1. OPENING AND WELCOME

The Chair of the Private Mental Health Consumer Carer Network (Australia) [Network], Ms Janne McMahon OAM, opened the Twenty Eighth (28th) Meeting of the Network's National Committee (NC) at 9:30 AM on Monday, 26 August 2013, (the Meeting). The Meeting was held over two days, 26 and 27 August, at the Headquarters of the Royal Australian and New Zealand College of Psychiatrists (RANZCP), 309 La Trobe Street, Melbourne.

1.1 Present

The following representatives attended

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

1.3 Invited Guests

Monday, 26 August 2013

1. Mr Tim Coombs Training and Services Development
Australian Mental Health Outcomes and Classification
Network (AMHOCN)

1.4 Changes in Representation

In opening the Meeting, the Chair welcomed the new South Australia Coordinator for the Network, Associate Professor Sharon Lawn, and the Independent Chair of PMHA, Mr Philip Plummer. Mr Plummer has been appointed to the NC to formalise the relationship between the Network and the PMHA and to provide an additional level of expertise for the NC. The Meeting noted that the Network's New South Wales Coordinator position remains vacant. The Tasmanian Coordinator position is also currently vacant. Ms Lucy Henry is considering an offer of reappointment from 1 July 2013 to 30 June 2015 (*refer to Agenda Item 3.8 below*).

2. REPORT OF LAST MEETING

The Meeting noted a copy of the endorsed report of the Twenty Seventh (27th) meeting of the Network's NC, held on 25/26 February 2013 in Melbourne and made some minor corrections. The Chair reported that a copy of the Report had been posted on the Network's website and electronic copies had been provided to the PMHA, beyondblue and the RANZCP.

3. PROGRESS REPORT AND MATTERS ARISING

The NC updated the following Table of Progress.

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

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

3.1 PMHA Patient Experiences of Care Measure

The PMHA's Centralised Data Management Services (CDMS) is now responsible for the implementation of the PMHA Patient Experiences of Care Measure (PMHA-PEX) developed under the auspice of the PMHA's Quality Improvement Project. The final item content and the framework for analysis and reporting for both the PMHA-PEX Overnight Inpatient Care Survey and the Ambulatory Care Survey have been previously endorsed by the APHA Psychiatry Committee and the NC.

The Chair reported that, since the last NC meeting, the final versions of the PEX Surveys and their accompanying Implementation Guide had been prepared. The meeting then discussed the PEX Survey and Implementation Guide with the Director of the PMHA's CDMS, Mr Allen Morris-Yates, via speaker phone. After answering several questions to the satisfaction of NC Members, the final version of the PEX Survey and its Implementation Guide were endorsed. The Meeting noted a letter of endorsement has been provided to Mr Morris-Yates that covers the following three key areas.

- 1) That consumers and carers were involved at all stages in the development and testing of the surveys.
- 2) That, together with the existing outcome measures, they provide valuable information regarding hospital care.
- 3) That consumers and carers strongly encourage hospitals to implement the measure.

The NC agreed that the wording of the letter may be useful for inclusion in the Forward to the Implementation Guide. A vote of thanks was accorded to Mr Morris Yates for the respectful way in which the Network and its NC had been involved in the development of the PMHA-PEX from inception.

RESOLVED EN BLOC (Chair) carried without dissent

1. *That the National Committee (NC) of the Private Mental Health Consumer Carer Network (Australia) [Network] endorses the final versions of the Private Mental Health Alliance (PMHA) Patient Experiences of Care Measure (PMHA-PEX) Surveys and their Implementation Guide that were developed under the auspice of the PMHA Quality Improvement Project.*
2. *The NC approves the letter of endorsement for the Director of the PMHA's Centralised Data Management Service, Mr Allen Morris-Yates.*
3. *The NC sincerely thanks Mr Morris Yates for the respectful way in which the Network and its NC had been involved in the development of the PMHA-PEX from inception.*

The Meeting noted that the PMHA-PEX Survey instrument together with PMHA-PEX related local analysis and reporting functionality are currently being integrated within the CDMS Hospital Standardised Measures Database (HSMdb). Implementation by Hospitals then will coincide with the release of the next version of the HSMdb this month. Hospitals will be provided with the Survey templates and the detailed Implementation Guide with suggestions about how to offer the Survey. The CDMS

will begin reporting PMHA–PEX statistics back to Hospitals within the *Standard Quarterly Reports* in April 2014.

3.2 Australian Commission for Quality and Safety in Healthcare and National Mental Health Commission

Negotiations continue for representative from the Australian Commission for Quality and Safety in Healthcare (ACSQHC) and the National Mental Health Commission (NMHC) to attend a meeting of the NC. Ms Robyn Kruk, who had accepted an invitation to address this meeting, has resigned as the NMHC Chief Executive Officer (CEO). Ms Georgie Harman is currently acting in that capacity until a new CEO is appointed.

3.3 Investigate producing A3 posters for private hospitals and psychiatrists

Refer to Agenda Item 21 below.

3.4 Policy 11: Payment for consumer and carer participation

The Chair and Ms Kim Werner are currently revising Policy 11 to bring it in line with the NMHC's *Paid Participation Policy for people with a lived experience of mental health difficulties, their families and support people*. Network Coordinators are also discussing this policy with their State Advisory Forums.

3.5 Policy 12: Training and skills development for consumer and carer representatives

The review of Policy 12 has been held in abeyance until after the first meeting of the National Consumer and Carer Peer Work Qualification Reference Group, which is to be held in Sydney on 29/30 August 2013. Mr Norm Wotherspoon and Mr Patrick Hardwick represent the Network on the Reference Group and will be attending this meeting. This Reference Group is one of four reference groups that are supporting the Peer Work Qualification Development Project being coordinated by the Mental Health Coordinating Council of NSW on behalf of Community Mental Health Australia (CMHA). The NMHC has funded CMHA to develop national learning and assessment resources for the Certificate IV in Mental Health Peer Work CHC42912. Ms Carol Turnbull and Ms Moira Munro have been appointed to the Reference Group as Industry Representatives for the private sector.

3.6 Network Budget

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

3.7 QLD Committee

Mr Norm Wotherspoon is in the process of following up the request to consider a discussion paper on psychosis with the Qld Advisory Forum.

3.8 Network Governance 2013–15

The Chair reported that, since the last NC meeting, the Australian Medical Association (AMA) *Agreement for Services 2013–15* (AMA Agreement) had been fully executed to enable the activities of the PMHA, its CDMS, and the Network to continue for another two Financial Years (FYs) from 1 July 2013 to 30 June 2015.

The Parties to the AMA Agreement are the AMA, the Australian Private Hospitals Association (APHA), Private Healthcare Australia (PHA), and the Australian Government. Beyondblue is not a Party to this Agreement as they are no longer providing core funding support for the Network. Over the past 12 months beyondblue has been implementing a new strategic plan under which it will no longer be providing funding support for representative bodies, such as the Network. Beyondblue has recognised that this strategic change has come at a time when funding for the Network was being co-ordinated for FYs 2013–15. In light of this, beyondblue has provided a transitional donation of \$10,000 to support the Network in FY 2013–14 while it adjusts its activities to be in line with its revised core funding. The Chair reported that the Network Executive had subsequently revised the Network budget, in consultation with Mr Plummer, to bring it in line with the funding available for FYs 2013–15. It was noted that any surplus funds be appropriated to the small overspend allocation of Network funds for the years 2013 - 2015.

Since the last meeting of the NC, the AMA and its Legal Policy Adviser also completed a review of the Network's governance documents for FYs 2013–15 in consultation with the Network Executive. The following documents were subsequently accepted by the National Committee and endorsed by the PMHA out-of-session.

1. Position Description Network Chair
2. Position Description Network Deputy Chairs
3. Position Description and Nomination Process Network State Coordinators
4. Information for Consumer and Carer State Advisory Forum Participants
5. Network Code of Behaviour
6. Network Operating Guidelines 2013–15

In line with those governance arrangements, the AMA has formally appointed the following Network office bearers for the term of the AMA Agreement.

Ms Janne McMahon	Independent Chair
Ms Kim Werner	Deputy Chair (Australian Capital Territory Coordinator)
Mr Patrick Hardwick	Deputy Chair (Western Australian Coordinator)
Mr Norm Wotherspoon	(Queensland Coordinator)
Mr Evan Bichara	(Victorian Coordinator)
Assoc. Prof. Sharon Lawn	(South Australian Coordinator)

Ms Lucy Henry is currently considering the AMA offer of reappointment as the Network's Tasmanian Coordinator for FYs 2013–15.

In addition, the National Committee supported the PMHA Independent Chair becoming a PMHA representative on the NC to formalise the relationship between the Network and the PMHA and to provide an additional level of expertise for the NC. The PMHA has agreed that the costs of the Independent Chair of the PMHA attending biannual meetings of the NC will be met from the PMHA budget. The PMHA Director will continue to act as Minutes Secretary to these biannual NC meetings.

4. RISK MANAGEMENT PLAN

The Meeting reviewed and further refined its Network's Risk Management Plan. The revised version of the Plan is set out below.

<i>RISKS CATEGORY</i>	Potential to occur 3=High 2=Medium 1=Low	Impact if it occurs 3=High 2=Medium 1=Low	Total Score	Detail/Explanation
<i>Financial Risks</i>				
1. Reduced Funding	2	3	5	Core Funding – Reductions or Loss Donations – Reductions or Loss
2. Failure to manage Network Budget	1	2	3	AMA, PMHA Director and Network Chair involved in managing the Budget
<i>Strategic Risks</i>				
3. Formation of inappropriate alliances	1	2	3	
4. Adverse reactions to Network	1	2	3	Member dissatisfaction with Network performance
5. Communication crisis	2	2	4	Criticism by member externally
6. Succession planning – key personnel	1	3	4	All State Advisory Forums to have if possible Deputy
7. Viable State Advisory Forums	2	2	4	
8. PMHA	1	2	3	PMHA does not endorse specific Network activity
<i>Hazard Risks</i>				
9. Members health	2	1	3	All office holders particularly vulnerable
<i>Operational Risks</i>				
10. Non-compliance with Network processes	1	3	4	
11. Confidentiality breaches	1	3	4	
12. Internal conflict	1	2	3	
13. Conflict of Interest				Incorporate Declaration of Interests into NC Agenda and update at each NC meeting.

4.1 Conflict of Interests at NC Meetings

During discussion of the Network's Risk Management Plan it was acknowledged that part of the improved governance arrangements for the Network should now include mandating declarations of material (important, relevant) interest at NC meetings. This will help to establish an NC decision-making process that is accountable and transparent to NC Members and retain the credibility and integrity of the Network in the eyes of the public and funders.

For NC meetings, declarations of interest, where appropriate, should include all NC participants. Declarations of interest should be undertaken at the beginning of each NC meeting (and during the meeting, where relevant). The item for declarations of interest should be placed on the agenda after "Apologies and Alternates" but prior to the discussion of minutes or other meeting business. The following wording can be considered as a guideline for inclusion in all subsequent NC meeting agendas.

Declaration of Interest

It is appropriate to draw to the attention of new and continuing NC Members their responsibilities in their capacity as an Officer Bearer of the Network, or participant at NC Meetings.

Chair to call for NC Members to declare:

- (a) Whether any NC Member has a material interest in any of the matters on the agenda; and*
- (b) whether any NC Member has an actual or potential conflict of interest in relation to any matters on the agenda.*

Participation in Meetings of Persons with Declared Conflict

Those participating in NC meetings will have an obligation to withdraw from the discussion and decision-making process for any matter in which they have a material conflict, unless other meeting participants, who do not have a conflict, resolve that the individual(s) should stay.

For NC meetings this withdrawal should extend to the individual removing themselves from the meeting room.

Minutes

All declarations must be formally recorded in the meeting minutes. If there are no declarations, this should also be recorded, ie "there were no declarations".

In relation to an agenda item where a conflict of interest is declared, the minutes should also record any consequent withdrawal of an individual or, alternatively, the resolution to allow the individual(s) to continue to participate/be present.

RESOLVED (Chair) carried without dissent

That the National Committee (NC) of the Private Mental Health Consumer Carer Network (Australia) [Network] requests that all future NC agendas include an item for declarations of interest after “Apologies” but prior to the discussion of minutes or other meeting business. All declarations must be formally recorded in the meeting minutes.

Action: Chair/Secretary

5. NETWORK BUDGET UPDATE

The Chair reported on the Statement of Income and Expenditure prepared for the Network by the AMA, for the FY period 1 July 2012 to 30 June 2013. It was noted that the surplus of \$53,626 remaining at the end of FY 2012–13 had been carried forward into Network Budget for the current 2013–14 FY. This includes previous years carried forward surplus, interest on the Network account held by the AMA, and the \$19,000 or so, of funds held in a separate bank account at BANK SA in Adelaide. The Meeting then discussed some of the BANK SA funds being directed toward NC Members attending the World Hearing Voices Congress. The Congress will be held from 20 to 22 November 2013 at the Melbourne Convention and Exhibition Centre.

Ms Werner explained that the focus of the Congress would be that hearing voices that other people cannot hear is actually a common normal human experience. Termed 'auditory verbal hallucinations' in psychiatry, some people will hear voices and cope with them well. However, hearing malevolent and critical voices can be deeply distressing and may often lead to a psychiatric diagnosis such as schizophrenia. Whilst medication can help many people distressed by hearing voices, it does not help everyone. This conference is intended to provide participants with a state of the art overview of what is known about the experience of hearing voices, and how services could be improved for people who hear voices.

The Meeting then viewed a video presentation by Eleanor Longden: The Voices in my head. Eleanor overcame her diagnosis of schizophrenia to earn a master's in psychology and demonstrate that the voices in her head were “a sane reaction to insane circumstances”. The British psychology researcher believes that the psychic phenomenon of hearing voices is a “creative and ingenious survival strategy” that should be seen “not as an abstract symptom of illness to be endured, but as complex, significant, and meaningful experience to be explored”. Longden spent many years in the psychiatric system before earning a Bachelor of Science Degree and a Master of Science Degree in psychology, the highest classifications ever granted by the University of Leeds, England. Today she is studying for her Doctorate, and lectures and writes about recovery-oriented approaches to psychosis, dissociation and complex trauma.

The Congress will be a collaboration between the consumers and carers, researchers and academics who are beginning to reframe the phenomenon of hearing voices to enable consumers to engage productively with their voices. This more optimistic view of the potential for improved treatments and consequent recovery has broader applicability in mental health and presents an opportunity for significant change.

RESOLVED (Chair) carried without dissent

That the National Committee (NC) of the Private Mental Health Consumer Carer Network (Australia) [Network] authorises some of the Network funds held by the BANK SA in Adelaide being utilised to support NC Members attending the World Hearing Voices Congress to be held in Melbourne from 20 to 22 November 2013.

Action: Chair /NC Members

6. CHILDHOOD TRAUMA AND PARENTS AS CARERS

Ms Werner addressed the meeting on the topic of the additional support that may be needed by mental health carers where the carer is also the parent of the mental health consumer, particularly with the increasing focus on negative early childhood experiences in the later development of mental illness. Many parents who are carers feel that their parenting skills are being called into question and suffer feelings of blame, guilt, and self-doubt.

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

The NC agreed that feelings of blame, guilt, and self-doubt in a parent who is also a carer can interfere with the consumer's treatment, care and recovery. Mental health professionals tend to avoid becoming involved in the situation for a range of reasons. The Meeting agreed that this is clearly a gap in the mental health system that is not being properly addressed. Some substantive work needs to be done to begin addressing this issue. Associate Professor Lawn offered to seek to apply for seeding funds through Flinders University's Faculty Grants process, when these become available and will also look out for a post graduate student who may have interest in some pilot project work for their studies in future.

RESOLVED (Chair) carried without dissent

That the National Committee (NC) of the Private Mental Health Consumer Carer Network (Australia) [Network] requests that the Chair undertake discussions with Dr Choong-Siew Yong and Professor Louise Newman concerning childhood trauma and carers as parents. Associate Professor Lawn will seek to apply for seeding funds through Flinders University's Faculty Grants process, when these become available

and will also look out for a post graduate student who may have interest in some pilot project work for their studies in future.

Action: Chair/Associate Professor Lawn

7 DISCUSSION PAPER 2: INNOVATIVE TREATMENT AND CARE USING IT TECHNOLOGIES

The Meeting reviewed the Network paper titled, *Discussion Paper 2: Innovative treatment and care using IT technologies*, originally developed by the NC in 2010. It was noted that on 1 November 2012, an Item for Telepsychiatry was included in the Medicare Benefits Schedule (Item 353) for psychiatrists. Unfortunately, the uptake by private psychiatrists has been minimal. The Meeting also noted the brochures recently produced for consumers and families by the RANZCP on *telehealth* and the discussion paper titled, *TeleHealth & eMental Health in Australia*, produced by the Lifeline Foundation. It was agreed that the Network's Discussion Paper 2 should be reviewed, as many of the issues it raised have now been attended to. The Chair agreed to undertake the review.

RESOLVED (Chair) carried without dissent

That the National Committee (NC) of the Private Mental Health Consumer Carer Network (Australia) [Network] requests the Chair review the Network paper titled, Discussion Paper 2: Innovative treatment and care using IT technologies, with a view to encouraging uptake of these technologies.

Action: Chair

8 ANTIPSYCHOTIC MEDICATIONS

The issue of anti-psychotic medications has been on the Network's agenda since it was first raised in the Network submission to the Senate Select Committee of 2004. The Meeting noted a copy of this portion of that submission, as set out below.

9 USE OF LOW DOSE ATYPICAL ANTI-PSYCHOTIC MEDICATION IN THE PRIVATE MENTAL HEALTH SECTOR

Apart from patients with a diagnosis of schizophrenia, and very recent approval for maintenance use for Bipolar 1 Disorder, the new atypical anti-psychotics are not approved under the Pharmaceutical Benefits Schedule to be used for any other conditions in private practice.

There is strong evidence that these medications can be used in low doses to very usefully treat other disorders, particularly mood disorders. Currently, psychiatrists working in the public hospital system are able to prescribe these medications for disorders other than schizophrenia and bi-polar 1 disorder. Psychiatrists in private practice, however, are not. This effectively prohibits them from providing evidence-based best practice for a great many of their patients. This is a bureaucratic decision based entirely on cost. There is a strong argument for the Senate Select Committee to investigate and correct this anomaly.

RECOMMENDATION 4

That the urgent changes to the Pharmaceutical Benefits Schedule are required to enable psychiatrists in private practice to prescribe atypical

anti-psychotic medication to treat disorders other than schizophrenia and Bipolar 1 Disorder.

The Chair reported that a member of the SA State Advisory Forum requested that the issue of cost again be raised with the NC. At the moment he is the carer of his aged wife and the costs associated with the dispensing of her anti-psychotic medications alone is in the vicinity of \$175 per month. This is because these medications are not currently listed on the PBS for mental illnesses, other than schizophrenia and Bi-Polar 1.

Pharmaceutical companies are currently trialling anti-psychotic medication for PTSD and it is thought that submissions to the Pharmaceutical Benefits Advisory Committee (PBAC) have been made. The Network has also raised this issue with the Pharmacy Guild in a letter dated 19 February, 2013. After discussion, it was agreed that the Chair should write to PBAC and raise this as an issue for consumers and their carers.

RESOLVED (Chair) carried without dissent

That the National Committee (NC) of the Private Mental Health Consumer Carer Network (Australia) [Network] requests the Chair write to the Chair of the Pharmaceutical Benefits Advisory Committee concerning the need for changes to be made to the Pharmaceutical Benefits Schedule to enable psychiatrists in private practice to prescribe atypical anti-psychotic medication to treat disorders other than schizophrenia and Bipolar 1 Disorder.

Action: Chair

9. AUSTRALIAN MENTAL HEALTH OUTCOMES AND CLASSIFICATION NETWORK

The Chair reported that Mr Tim Coombs from the Training and Services Development section of the Australian Mental Health Outcomes and Classification Network (AMHOCN) had accepted an invitation to attend and address this Meeting. The Meeting noted that AMHOCN was established by the Australian Government in December 2003 to provide leadership to the mental health sector to support the sustainable implementation of the outcomes and casemix collection as part of routine clinical practice.

AMHOCN aims to support states and territories and to work collaboratively with the mental health sector to achieve the vision of the introduction of outcomes and casemix measures. AMHOCN consists of three components: a data bureau responsible for receiving and processing information; an analysis and reporting component providing analysis and reports of submitted data; and a training and service development component supporting training in the measures and their use for clinical practice, service management and development purposes.

Currently, the Australian Government has contracted the following organisations to undertake these roles: Strategic Data Pty Ltd – Data Bureau; The University of Queensland – Analysis and Reporting; and The NSW Institute of Psychiatry – Training and Service Development.

The Chair welcomed Mr Coombs to the meeting to discuss the Carer Experiences of Care Project and the Living in the Community Questionnaire (LCQ). A brief summary of Mr Coombs presentation is set out below.

9.1 Carer Experiences of Care Project

Australia, like many other western countries, has increasingly recognised the need for carer involvement in the development and delivery of mental health services, and this had been reflected in changing mental healthcare policy. The Fourth National Mental Health Plan identified as an area of quality improvement consumer and carer experiences and perceptions of care. The National Standards for Mental Health Services and Implementation guidelines reflect these statements and strongly support consumer and carer involvement in development, planning, delivery and evaluation of mental health services. Currently, however, there is no nationally consistent tool for measuring carer experiences of mental health service provision across Australia.

The Australian Government's Mental Health Information Strategy Standing Committee (MHISS) agreed that a carer experiences of service provision measure was a priority area for information development and AMHOCN was asked to support an initiative to progress the development of such a measure. A Technical Advisory Group was established and AMHOCN undertook a literature review which aimed to inform the selection of an existing or, if required, development of a new draft instrument. Using a set of hierarchical criteria, which included alignment with the carer standard of the National Standards for Mental Health Services, the literature review identified the Victorian Consumer and Carer Experiences Questionnaires (CandCEQ) – Carer Version as having potential for trialling, but also requiring additional modification.

Further development work has occurred on the measure and a formal proof of concept trial of the measure is in the process of being conducted.

9.2 The Living in the Community Questionnaire (LCQ)

The Training and Service Development component of AMHOCN (AMHOCN TSD) has been funded by DoHA to develop a consumer self-report measure that focuses on aspects of social inclusion and recovery. With the Activity Participation Questionnaire (APQ-6) as a foundation a Technical Advisory Group has steered the development of the measure. The development cycle has included a national consultation on the measurement of social inclusion, a literature review and a small pilot of an early version. From this development process has emerged the Living in the Community Questionnaire (LCQ).

AMHOCN TSD has taken this measure to a proof of concept trial, that has included the collection of the measure as part of routine clinical practice, specific test retest reliability testing and online completion of the measure by a representative sample of the Australian population. This has created three data sets which are currently the subject of data analysis.

It is envisaged that further analysis and development work will occur in the coming months with a view to reporting on the measure in March 2014.

9.3 Training

AMHOCN provides an opportunity for staff working in Australian public sector mental health services to undertake online training in the measures that make up the National Outcomes and Casemix Collection (NOCC). For Child and Adolescent mental health workers, this includes the Health of the Nation Outcome Scales Child and Adolescent (HoNOSCA), the Childrens Global Assessment Scale (CGAS) and the Factors Influencing Health Status (FIHS). For those working with Adults, this includes the Health of the Nation Outcome Scales (HoNOS), the Life Skills Profile 16 (LSP) and the Focus of Care (FOC). Those working with Older Persons can access training in the Health of the Nation Outcome Scales 65+ (HoNOS65+), the Life Skills Profile 16 (LSP), the Focus of Care (FOC) and the Resource Utilisation Groups – Activities of Daily Living (RUG–ADL). Online training involves:

- a review of the measures, including a review of the rating rules and special considerations when rating the measures;
- a practice rating the Health of the Nation Outcome Scales measure appropriate to your needs; and
- the completion of a knowledge test.

A general discussion followed and Mr Coombs answered several questions.

The Chair thanked Mr Coombs for his presentation. Mr Coombs agreed to provide a copy of the presentation for NC Members.

10 NETWORK COORDINATOR REPORTS

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

1. Identify issues of potential national significance for consumers and carers in the various private sector settings.
2. Provide feedback as requested to State Coordinators on current Network activities and priorities.
3. Foster links with established consumer and carer groups in private hospitals.
4. Promote the interest and involvement of the State Advisory Forum.

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

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

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

10.1 Queensland

The Meeting noted the following activities for Queensland.

- Mr Wotherspoon is speaking with counselling students at TAFE about the Network.
- Mr Wotherspoon is working with the Quality and Risk Coordinator for Belmont Currumbin and Dubbo private hospitals to look at having an expanded committee, which will have responsibility for developing ways to improve partnerships and consultations with consumers and carers.
- Executives of several hospitals and other groups in Queensland have joined the Network as Friends.

The Network's next Queensland Advisory Forum will be held on Tuesday, 17 September 2013 at Belmont Private Hospital, in Carina. Mr Patrick McGurrin has been appointed as the CEO at Belmont.

The NC noted that Norm will be filmed on 27 August 2013 by the RANZCP President as part of the College's Post Traumatic Stress Disorder Project.

10.2 Victoria

The Meeting noted the copy of the report on the Network's Victorian State Forum convened by Mr Evan Bichara, at the Delmont Private Hospital on 24 March 2013. One of the issue that arose was a request for more frequent meetings, by teleconference. Ms McMahan indicated she would be very willing to facilitate such teleconferences for Evan.

Mr Bichara reported that the Network's next Victorian State Advisory Forum and Planning Day will be held at the Albert Road Clinic in Melbourne on Friday, 13 September 2013. All Victorian Members and Friends of the Network will be invited to attend. Ms Werner will facilitate the Forum, which will focus on the Network's activity and its systemic advocacy.

The Meeting noted that Mr Bichara co-manned the Network Stand with Mr Wotherspoon and Ms Ruth Carson at the THeMHS Conference held in Melbourne last week.

Mr Bichara will be speaking at a forum on carer engagement in the near future.

10.3 South Australia

The Meeting noted reports on the Network's South Australian Forums held on 18 April and 20 June 2013 at the Adelaide Clinic. Associate Professor Lawn, reported

on the robust discussions that took place around the issues that are on the Network NC agenda. Participants have agreed to also meet informally on a quarterly basis over coffee and tea.

10.3 Western Australia

Mr Hardwick, reported on progress with Network activity in Western Australia. Mr Hardwick is hoping to be able to visit some of the other private hospitals in October. Patrick will also invite the following private facilities to participate in a Network Advisory Forum in November.

- Perth Clinic
- Hollywood Private Hospital
- The Marian Centre
- Sentiens

Mr Hardwick is also organising a meeting of the all the national representatives of consumer and carer public and private interagency groups under the auspice of the Network. The NMHC and some other organisations relevant to the COAG Reform agenda will be invited to attend to discuss what they are doing in relation to the national mental health agenda. Ms McMahon offered to assist Mr Hardwick with this meeting and suggested that it may be worthwhile inviting the CEOs of the private hospitals listed above.

10.4 Tasmania

The Chair advised that there have been difficulties in organising an Advisory Forum in Tasmania, but further discussions are underway to progress an Advisory Forum for Tasmania.

10.5 Australian Capital Territory (ACT)

Ms Werner, briefed the Meeting on the sustained difficulties of establishing a representative structure for consumers who receive treatment and care in the private sector and their carers in the ACT. The ACT lacks the strong hospital base evident in other jurisdictions. There is only one small co-located private psychiatric facility, which services areas around Canberra. The consumers and their carers that use the facility are usually not based in Canberra. Many private sector consumers who are Canberra-based choose to be treated in Sydney, for a range of reasons. Even public sector consumers and carers have found it difficult to identify anyone for Ms Werner who would have sufficient experience and understanding of the private sector to be able to make a meaningful contribution. While the situation has improved slightly it is clear that there will be ongoing difficulties in the ACT.

On the basis of these ongoing concerns, Ms Werner tendered her resignation as ACT Coordinator and Network Deputy Chair indicating that she would very much like to continue in a role that might better suit the legal, governance and policy skills Kim brings to the Network and its NC. Ms Werner left the Meeting to enable this development to be discussed by the NC *in camera*.

The outcome of the *in camera* discussion was agreement to relinquish the position of the second Deputy Chair for the Network, currently occupied by Ms Werner, and redirect the funding for that role to the new position of Governance and Policy Officer for the Network and its NC.

Upon return to the Meeting, the NC accepted Ms Werner's resignation and offered her the position of Governance and Policy Officer for the Network. Ms Werner accepted the position and the Meeting confirmed Mr Patrick Hardwick as the sole Deputy Chair for the Network going forward. The NC requested that Network Members in the ACT be advised of Ms Werner's resignation and a Call for Nominations for the position of Network Coordinator for the ACT be issued to ACT Network Members. The Call for Nominations should include a copy of the Position Description and Nomination Form.

RESOLVED EN BLOC (Chair) carried without dissent

1. *That the National Committee (NC) of the Private Mental Health Consumer Carer Network (Australia) [Network] accepts the resignation of Ms Kim Werner as Deputy Chair of the Network and Network Coordinator for the ACT.*
2. *That the NC directs that the position for a second Network Deputy Chair be relinquished and requests the funding for that role be redirected to the new position of Network Governance and Policy Officer as of 27 August 2013 onwards.*

Action: Secretary/AMA

3. *That the NC appoints Ms Kim Werner to the position of Network Governance and Policy Officer effective from 27 August 2013 and confirms Mr Patrick Hardwick as the sole Deputy Chair for the Network from that date. The NC requests Ms Werner to undertake the following.*
 - (a) *Prepare a Position Description for the Network Governance and Policy Officer.*
 - (b) *Review and where necessary revise the Network Operating Guidelines 2013–15 and the relevant Network Officer Bearer Position Statements to reflect both the newly created position for the Network Governance and Policy Officer and a sole Deputy Chair for the Network.*

Action: Ms Werner

4. *That the NC requests that, a Call for Nominations for the position of Network Coordinator for the ACT be issued to ACT Network Members in accordance with the Network's Nomination and Appointment Process for State Coordinators. The Call for Nominations should include a copy of the Position Description and Nomination Form.*

Action: Chair/Secretary

11 NATIONAL MENTAL HEALTH CONSUMER CARE FORUM REPORT

The National Mental Health Consumer Care Forum (NMHCCF or Forum) comprises a consumer and carer representative from each state and territory, ARAFMI, Carers Australia, Grow, Consumers Health Forum, and beyondblue Ltd. This forum operates under the auspices of the Mental Health Council of Australia (MHCA), which was originally commissioned by the Australian Government to provide the infrastructure and support for consumer and carer issues to be raised nationally. These issues are then progressed through the MHCA.

The Network representative on the NMHCCF, Mr Hardwick, reported on the last meeting of the Forum held on 18/19 March 2013 in Melbourne. Some of the matters discussed included the following.

11.1 Representation

Several changes in representation have occurred. The Forum ACT Carer Representative, Judy Bentley has retired and been replaced by Jeanette Milford. The Culturally and Linguistically Diverse (CALD) representative has stepped down and will now be sourced through the Mental Health in Multicultural Australia. Jean Platts, a founding member of the Forum, has resigned and a selection process is underway for a new Queensland Carer representative. The Carer representative for Victoria is also being selected. The new consumer representative for Bluevoices is Ms Annabeth Bateman.

11.2 MHCA

The MHCA CEO, Mr Frank Quinlan, attended and spoke to Forum Members about the challenges of the current political environment and the importance of strong advocacy work in the lead up to the federal election.

MHCA has some concerns regarding the rules for the National Disability Insurance Scheme Eligibility (NDIS) and the NDIS Taskforce has agreed it would be beneficial to road test some real life examples.

The MHCA also has concerns with Activity Based Funding and lack of consultation with consumers and carer and the community mental health sector.

The MHCA is preparing a publication on mental health and well being.

The linkage between the MHCA Board and the Forum has been strengthened and the MHCA Board Consumer and Carer representatives will be invited to future Forum meetings as observers.

11.3 Forum funding

The Forum has agreement from the States and Territories for funding for the next two years, but there is no guaranteed funding after that time. The key to securing further funding is to specify what the Forum does and the contribution it makes to the national mental health reform agenda.

11.4 Council of Australian Governments

Robyn Kruk, CEO of the NMHC, attended Day 2 of the Forum and thanked Members for their input into the Commission's first national report card, [*A Contributing Life: the 2012 National Report Card on Mental Health and Suicide Prevention*](#). In December 2012, the Council of Australian Governments (COAG) welcomed the Report Card and agreed to provide a response that would “*include national indicators and targets for mental health reform.*”

A new Ministerial Working Group on Mental Health Reform was established by COAG. The Working Group is co-chaired by the Minister for Mental Health and Ageing, The Hon. Mark Butler and Victorian Mental Health Minister The Hon. Mary Wooldridge.

COAG asked the NMHC to chair an Expert Reference Group (ERG) to support the Working Group. The ERG provides independent advice to the Working Group on Mental Health Reform. Its main task is to provide advice on a new set of national, whole of life, outcome indicators and targets that will drive transformational change and be understood by the community change. The Membership of the ERG is set out below.

ERG Membership

National Mental Health Commission	Professor Allan Fels AO (Chair)
Consumer and Carer Representatives nominated by the NMHCCF	Ms Ailsa Rayner Consumer representative Ms Judy Bentley Carer representative Ms Margaret Springgay (proxy Carer representative if Ms Bentley is unavailable)
Australian Government	Mr Frank Quinlan Mental Health Council of Australia
Victoria	Professor Jayashri Kulkarni Monash Alfred Psychiatry Research Centre
Western Australia	Mrs Danuta Pawelek WA Mental Health Commission
Tasmania	Mr Darren Carr Mental Health Council of Tasmania
Northern Territory	Mr Graeme Purcell NT Department of Health
Queensland	Professor Harvey Whiteford University of Queensland and Queensland Centre for Mental Health Research
South Australia	Dr Peter Tyllis SA Department for Health and Ageing
Australian Capital Territory	Dr Peter Norrie ACT Health Directorate
New South Wales	Mr John Feneley NSW Mental Health Commissioner
co-opted by the Chair	Mr Jack Heath CEO SANE Australia

Ms Kruk also discussed issues requiring national support and future areas of work. The Commission subsequently co-hosted two workshops in May 2013 specifically for consumers and carers to provide expert advice in relation to setting appropriate indicators and targets for mental health reform and to assist the Commission in developing a participation and engagement framework. A Memorandum of Understanding between the Commission and Forum was signed during these May workshops. This partnership will help encourage sector collaboration and enable the voices of mental health consumers and carers to inform policy and drive informed improvements in the systems and services that provide support.

11.5 Forum Forward Plan 2012–15

The Forums Forward Plan for 2012–15 includes six priority directions.

1. National Mental Health Reforms
2. Psychosocial disability and disability sector linkages
3. Workforce development and education
4. Forum partnerships and alliances
5. Accountability and promotion
6. Consumer and Carer research

In small working group sessions members identified actions and recommendations under each of the priority areas. It was agreed that new working groups need to be established to undertake the following.

- Progress the actions from the Rights, Disability and Mental Health Forum.
- Review state and territory workforce development activities and consumer and carer participation.
- Collate information and evidence base for peer workforce and develop a strategy for the expansion of peer workforce across Australia.
- Identify potential NMHCCF partnerships and alliances and formalise relationships with jurisdictions and organisations with representatives on the NMHCCF.
- Update consumer and carer participation policy.
- Consider marketing and promotional opportunities for the NMHCCF.
- Promote and support research led by consumers and carers.

Membership for the working groups will be drawn from within the Forum with any additional representatives drawn from the National Consumer Carer Register. The Forum Secretariat is developing a matrix outlining all the representation for the Forum of all the registered members.

11.6 Other activity

The National Mental Health Services Planning Framework Project Reference Group has had a final meeting as this project is drawing to a close (refer to Agenda Item 14.2.3).

The Forum has two consumers and a carer currently working on a advocacy brief on Borderline Personality Disorder.

The Forum has developed a style guide for position papers, which Mr Hardwick will provide for Ms Werner. Mr Taylor also provided a copy of the AMA and RANZCP Style guides for Ms Werner.

Forum Members discussed issues relating to the apparent lack of national minimum standards for the administering of Electroconvulsive Therapy (ECT) and the training requirements of psychiatrists. The following concerns were raised.

- States and territories each have different legislative requirements
- The potential number of mental health consumers having ECT in an involuntary capacity
- Without national standards, ECT is not ordered or administered in a consistent way.

The Forum agreed to write to the Royal Australian and New Zealand College of Psychiatrists (RANZCP) enquiring about current ECT protocols and guidelines and to seek clarification from the Safety and Quality Partnership Standing Committee (SQPSC). It was also agreed that an advocacy brief be drafted on this issue as a helpful reference for consumers and carers.

Mr Hardwick briefed Forum Members on the proposed consortium-based project for working with carers of people with a mental illness. While the Forum agreed that it would like to be included in the consultation process for the project, it declined participation in the consortium for the project.

12 MENTAL HEALTH NURSE INCENTIVE PROGRAM

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

Mr Hardwick reported that the MHNIP evaluation was conducted during 2012 and the final report released on the Department of Health and Ageing (DoHA) website on 24 December 2012. The *[DoHA Evaluation of the Mental Health Nurse Incentive Program Final Report](#)* concluded the program to be highly successful in ensuring patients with severe mental illness receive coordinated clinical care services.

Following the release of the Final Report and initial consultations with stakeholders earlier this year, DoHA will continue stakeholder consultations through 2013 to re-

design the MHNIP to address the findings of the evaluation. Key issues for consideration are:

- program arrangements to deliver more equitable service distribution and manage demand in line with program resource allocation;
- appropriate program funding arrangements; and
- strengthened operational arrangements and timely and relevant data collection.

DoHA has established an expanded MHNIP Expert Reference Group, which will play a key role in the re-design of the program. Mr Hardwick, who is the carer member of the Reference Group, reported on its first meeting, held in Canberra in June 2013. It is anticipated that the next meeting will be held in September 2013.

One of the concerns in the evaluation was the geographic distribution of the services was not very equitable. The Derived Patients as % of Target population were as follows.

NSW	Vic	Qld	SA	WA	Tas	NT	ACT	Total
40.9%	126.6%	61.7%	27.7%	23.2%	109.3%	0.0%	9.0%	64.1%

The Reference Group is looking at why the MHNIP was not taken up in certain areas. The MHNIP requirement that only mental health nurses credentialed with the Australian College of Mental Health Nurses (ACMHN) could be recruited was seen as one barrier. This may need to be reviewed, particularly when some nurses who are not credentialed by ACMHN hold post graduate qualifications in mental health.

Another problem has been the funding for the program was capped in the Federal Budget in May 2013, with demand for the program exceeding initial expectations of 36,000 services a year. The capping of the funding is resulting in organisations opting out of the program in the face of escalating costs.

After discussion, it was agreed that re-designing the program to make it equitable will be a difficult task.

13 WORLD MENTAL HEALTH DAY AND MENTAL HEALTH WEEK 2013

Every year on 10 October, the World Health Organisation (WHO) joins in celebrating the *World Mental Health Day*. The day is celebrated at the initiative of the World Federation of Mental Health and WHO supports this initiative through raising awareness on mental health issues using its strong relationships with the Ministries of health and civil society organisations across the globe. WHO also develops technical and communication material and provides technical assistance to the countries for advocacy campaigns around the World Mental Health Day.

The theme of World Mental Health Day in 2013 is “Mental health and older adults”.

World Mental Health Week is held each year between 6 and 13 October to coincide with World Mental Health Day. The aim of Mental Health Week is to promote social and emotional wellbeing to the community, encouraging people to maximise their

health potential, enhancing the coping capacity of communities, families, individuals and increasing mental health recovery.

Mr Wotherspoon spoke to this agenda item and suggested that the Network e–News Alert would be a good vehicle for advertising these events and any activities that private facilities might undertake as part of these celebrations for day patients and inpatients.

After discussion, the Chair agreed to devote the Network’s September e–News Alert to providing information on these events. An email will be sent to all private hospital CEOs indicating that the Network would be willing to advertise any local activity they may be undertaking to celebrate these events in the September e–News Alert.

RESOLVED (Chair) carried without dissent

That the National Committee (NC) of the Private Mental Health Consumer Carer Network (Australia) [Network] requests the September 2013 edition of the Network’s e–News Alert be devoted to providing information on World Mental Health Day and World Mental Health Week. The Chief Executive Officers of private psychiatric facilities should be invited to provide information on any local activity they might wish to advertise in the September e–News Alert.

Action: Chair

14 NETWORK EXECUTIVE OFFICER REPORTS

The purpose of this Standing Agenda Item is for the NC to receive reports from the Executive Officers of the Network on the activities undertaken and opportunities sought on behalf of the Network. The Executive of the Network is currently comprised by the Chair, Ms McMahon, and the Network’s two Deputy Chairs, Mr Hardwick, and Ms Werner. These Executive Officers participate in a wide range of activities related to and on behalf of, the Network. On that basis, some additional background information and internet links have been incorporated into the reports below for the benefit of new NC Members.

14.1 Network Deputy Chair 1 (Ms Werner)

Ms Werner reported that most of her time since the last meeting of the NC had been devoted to the substantive work involved with the review of the Network’s governance arrangements with the AMA. That review included the following.

- Position Description Network Chair
- Position Description Network Deputy Chairs
- Position Description and Nomination Process Network State Coordinators
- Information for Consumer and Carer State Advisory Forum Participants
- Network Code of Behaviour
- Network Operating Guidelines 2013–15

The final versions of these documents were accepted by the Network Executive and endorsed by the PMHA out–of–session.

The Meeting noted that Ms Werner also participated with the other members of the NC Executive and Mr Plummer in the revision of Network budget to bring it in line with the funding available for FYs 2013–15.

14.1.1 MHCA Members Policy Forum and CONGO

Ms Werner attended both the MHCA Members Policy Forum, held on 20 May, and the MHCA's second meeting of the Council of Non-Government Organisations on Mental Health (CONGO), held on 21 May 2013, in Canberra.

The morning session of the Members Policy Forum included a report on MHCA activities and a report on MHCA State and Territory consultation workshops. The workshops were conducted to identify areas where the MHCA and its members can capitalise on their unique position as advocates to progress mental health reform and improve the lives of people affected by mental illness in Australia. After that, an overview was provided on the MHCA's transitioning to Company by Limited Guarantee. Updates were then provided on both the NDIS and the Partners in Recovery program by Departmental Officers from FaHCSIA and DoHA. The updates were followed by discussion of key advocacy platforms for the MHCA to take into the 2013 Federal Election campaign, with the afternoon then being devoted to discussion of the strategic priorities for the MHCA's next Strategic Plan.

On the following day and in collaboration with the National Mental Health Commission, MHCA convened the CONGO to assist in the process of developing national indicators and targets for national mental health reform – ahead of the COAG process to finalise the 10 Year Road Map for Mental Health Reform. CONGO was facilitated by the CEO of the NMHC, Ms Robyn Kruk, to gather views on which national indicators and targets would show whether governments and service providers are making a genuine difference in the lives of people with mental health difficulties. CONGO gave members and other stakeholders an opportunity to participate directly in the COAG processes.

14.1.2 Carers Roundtable

On 27 March 2013, Ms Werner attended the mental health carers roundtable in Canberra. The roundtable was co-hosted by Carers Australia and the MHCA and participants included representatives from Carers Australia, MHCA, NMHCCF, Mental Health Carers Arafmi Australia, Mental Health in Multicultural Australia (MHiMA), beyondblue, Victorian Mental Health Carers Network (VMHCN), PMHCCN and the Children of Parent with a Mental Illness (COPMI) national initiative.

The purpose of this roundtable was to provide an opportunity for mental health carers and carer organisations to discuss issues of national importance and to consider how to collaboratively strengthen the national carer voice. Participants discussed national issues important to mental health carers, including the NDIS, the 2013 Federal Election, communication between carers at state and national levels, and the need for a national mental health carer peak body.

The outcome of the roundtable was agreement for this carer collaboration to begin to develop a strong national representative mental health carer voice that ensures mental

health carers have a voice in national reform. To progress that goal, Carers Australia will undertake a mapping exercise to identify potential collaborating organisations and the MHCA will ensure communication between collaboration participants continues.

The MHCA has prepared a report on the roundtable, [*Carers Roundtable Report*](#).

14.2 Network Deputy Chair 2 (Mr Hardwick)

Mr Hardwick reported that since the last NC meeting he had provided a presentation to around 150 pharmacists at a mental health conference in WA. Some of the other activities Patrick is involved with have been summarised below.

14.2.1 Mental Health and Community Pharmacy Project

The [*Mental Health and Community Pharmacy Project*](#), is funded by DoHA as part of the Fifth Community Pharmacy Agreement Research and Development Program managed by the Pharmacy Guild of Australia. This three-year research project, started in late 2011, to investigate the needs of mental health consumers with illnesses such as depression and anxiety. Their expectations and experiences of community pharmacies is being documented and the data compiled will inform a major new strategy to train pharmacists to engage consumers to help them better manage their medications. A further meeting is to take place in September 2013.

14.2.2 National Carer Strategy Implementation Reference Group

The [*National Carer Strategy Implementation Reference Group*](#) is part of the Families, Housing, Community Services and Indigenous Affairs portfolio, and functions in an advisory capacity. The National Carer Strategy Implementation Reference Group (NCSIRG) is involved in assisting with monitoring the progress of initiatives under the [*National Carer Strategy*](#) and provides advice to Government on the development of the second and third Action Plans, yearly progress reports and the 2015 Evaluation Framework. The NCSIRG comprises Government Departments, 12 peak organisations and two carer representatives with PMHCCN and Mr Hardwick. The group meets bi-annually and additional meetings are held on an as the needs basis during the implementation of the Strategy. There has been two meetings of this Group to date.

14.2.3 National Mental Health Service Planning Framework

The [*National Mental Health Service Planning Framework*](#) (NMHSPF) is one of the key initiatives contained in the Fourth national mental health plan (specifically action 16). With funding provided by DoHA, the NMHSPF project is being led by NSW Ministry of Health in partnership with Queensland Health and other jurisdictions. The anticipated outcome of the project is to achieve a population based planning model for mental health that will better identify service demand and care packages across the sector in both inpatient and community environments. It is intended the NMHSPF will have the following characteristics.

- *Flexible and portable* – The NMHSPF will be flexible to jurisdictional adaptation, and will be presented in a user friendly format. However, some technical aspects cannot be altered or the validity of the product will be compromised.

- *Not all, but many* – To ensure national viability, the NMHSPF will not account for every circumstance or service possibly required by an individual or group, but will allow for more detailed understanding of need for mental health service across a range of service environments.
- *Not who, but what* – The NMHSPF will capture the types of care required, but will not define who is best placed to deliver the care. Decisions about service provision will remain the responsibility of each state/ territory and the Australian Government.
- *Evidence and expertise* – The NMHSPF will identify what services 'should be' provided in a general mental health service system. Contemporary mental health practice, epidemiological data and working with key stakeholders with diverse expertise will underpin the technical, clinical and social support mechanisms that will form the content of the framework.

The project is being supported by the following groups.

- (1) Executive Group, made up of senior mental health representatives from all Australian jurisdictions
- (2) Modelling Group
- (3) Three expert working groups as follows.
 - Primary Care / Community / Non Hospital Expert Working Group
 - Psychiatric Disability Support, Rehabilitation and Recovery Expert Working Group
 - Inpatient/ Hospital Based Service Expert Working Group

Consumers and carers also participate as members on the Modelling Group and each of the three expert working groups, and on a Consumer and Carer Reference Group of which Mr Hardwick is a Member.

It is anticipated that the project will be completed by the end of 2013 and a final meeting will take place in October.

14.2.4 National Consumer and Carer Peer Work Qualification Reference Group

Mr Wotherspoon and Mr Hardwick represent the Network on the Reference Group and will be attending the 29/30 August Meeting. Further information concerning this Group is provided under Agenda Item 3.5 above.

14.2.5 ACSQHC Advisory Group for the scoping study on implementation of National Standards in Mental Health Services

Mr Hardwick and Ms McMahon are members of the ACSQHC Advisory Group for the scoping study on the implementation of the *National Safety and Quality Health Service Standards* (NSQHS) and the *National Standards for Mental Health Services*

(NSMHS). The NSQHS and the NSMHS have been developed to guide continuous improvements in safety and quality in health care delivery. They incorporate principles of engaging in partnership with the people who use services, and supporting their recovery. The Commission, in collaboration with the National Mental Health Commission, is conducting a [scoping study](#) on the implementation of both sets of standards in mental health services in the public, private and community managed sectors.

14.2 Network Chair

Due to time constraints, the Chair mostly restricted her report to the ongoing negotiations for the proposed consortium-based project for working with carers of people with a mental illness. The inclusion in the 2013–15 work plan of the PMHA's Collaborative Care Models Working Group (CCMWG) of the establishment of a supportive and iterative process between the proposed consortium-based carer project and the CCMWG was discussed. It was agreed that inclusion in the work plan should assist the negotiations around securing funding for this project as it is a collaborative acknowledgement of the need for the Network to be doing work in this area.

The Chair also reported on continued involvement with the RANZCP, the APS, and the APHA. The Meeting noted that the Chair and Mr Hardwick have been invited to attend the meeting of the PHA's Mental Health Committee to be held in Melbourne tomorrow, 28 August 2013. This meeting has arisen from some issues that have been raised by a Network Member that the private health insurers are keen to address (refer to Agenda Item 18 below).

The Meeting noted that there is approximately \$1,000 remaining in the 2012 Borderline Personality (BPD) Conference Budget that should be used for BPD related conference activity. After discussion it was agreed that the remaining funds should be used to assist a few Network members to attend the 2013 BPD Awareness Day Conference in Sydney. It was also agreed that the NC should be prepared to act in an advisory capacity for organisers of these annual BPD conferences.

15 MENTAL HEALTH PEER WORKERS WITHIN THE PRIVATE SECTOR

In June 2010, the Network developed the *Discussion Paper 1: Models for Consumer and Carer Participation within the Private Sector* (refer to Agenda Item 16 below), which identified the elements involved in participation including the role of consumers and carers as peer support workers.

The Meeting discussed how consumer carer participation in the private sector has progressed since that time and the barriers that currently exist to the development of a consumer and carer peer workforce. It was agreed that some of the barriers for the private sector will include professional indemnity insurance, cost containment, and control. For example, as soon as a consumer advocate becomes a paid employee of a private hospital, rather than a volunteer, then their advocacy role has the potential to create a fundamental tension with their employer.

After further discussion, the Chair agreed to prepare a discussion paper on peer workers in the private sector in consultation with Associate Professor Lawn and Mr Wotherspoon.

The Meeting agreed that Discussion Paper 1 did not require review at this stage.

RESOLVED (Chair) carried without dissent

That the National Committee (NC) of the Private Mental Health Consumer Carer Network (Australia) [Network] requests that the Chair prepare a discussion paper on Peer Workers in the Private Sector in consultation with Associate Professor Sharon Lawn and Mr Norm Wotherspoon.

Action: Chair/Associate Professor Lawn/Mr Wotherspoon

16 PRINCIPLES FOR COLLABORATION, COMMUNICATION AND COOPERATING BETWEEN PRIVATE MENTAL HEALTH SERVICE PROVIDERS

The Chair invited Mr Taylor to brief the Meeting on this Agenda Item in his capacity as Chair of the PMHA's CCMWG. Mr Taylor reported that the most recent activity of the CCMWG was the development of *Principles for Collaboration, Communication and Cooperation between Private Mental Health Service Providers* (Principles). The aim of the Principles is to ensure that mental health professionals dealing with the care of people with a mental illness are able to refer, collaborate and communicate effectively, and where necessary, share care.

Recently the Principles were fully endorsed by the following organisations what are also willing to have their organisational insignia included on the cover of the final document.

- The Royal Australian and New Zealand College of Psychiatrists (RANZCP)
- Australian Psychological Society (APS)
- Australian College of Mental Health Nurses (ACMHN)
- Australian Association of Social Workers (AASW)
- Occupational Therapy Australia (OTA)

The Royal Australian College of General Practitioners (RACGP) is very supportive of the Principles document and would like to see it produced with an indication that the RACGP participated in its development. The RACGP views this document as a positive contribution to aid better communication and collaboration between mental health professionals and they would be glad to promote this document as an 'accepted clinical resource' to RACGP members.

All of the above organisations are supportive of the proposed implementation strategy as agreed below.

- (1) Request the Mental Health Professionals Network (MHPN or Network), to disseminate the Principles via webinars and through the MHPN for discussion at local Network meetings.
- (2) Dissemination of the Principles by the respective mental health professional training organisations through their normal communications channels, for example via email and inclusion in Newsletters.

- (3) Inclusion of the Principles as a resource for use in vocational training programs of mental health professionals.
- (4) Inclusion of the Principles as a resource for mental health professionals Continuing Professional Development (CPD) programs and events, particularly those that relate to establishing and working in private practice.

The representatives of the other organisations that comprise CCMWG (AMA, APHA, PHA and the Network), have all agreed that the Principles would be a very useful tool for initiating discussions around referral and communication practices, both toward the end of a mental health professional's training and after they have entered private practice.

The PMHA is now seeking the Network's advice as to whether the Network would be willing to endorse the Principles document and have the PMHCCN insignia included on its cover, or whether the Network would prefer it is produced with an indication that the PMHCCN participated in its development.

The copy of the Principles document that had been circulated with the agenda and papers for the Meeting was considered and endorsed.

After further discussion, it was agreed that the front cover of the Principles document should include the following wording.

The Private Mental Health Consumer Carer Network (Australia) believes the implementation of these Principles will lead to better outcomes for consumers and carers. The Network strongly endorses the Principles and encourages their uptake within clinical practice.

RESOLVED (Chair) carried without dissent

That the National Committee (NC) of the Private Mental Health Consumer Carer Network (Australia) [Network] endorses the Principles for Collaboration, Communication and Cooperation between Private Mental Health Service Providers (Principles) developed by the Private Mental Health Alliance's Collaborative Care Models Working Group. The NC requests that consideration be given to the front cover of the Principles document including the following wording.

"The Private Mental Health Consumer Carer Network (Australia) believes the implementation of these Principles will lead to better outcomes for consumers and carers. The Network strongly endorses the Principles and encourages their uptake within clinical practice."

Action: Mr Taylor

17 SMOKING IN PRIVATE HOSPITALS

The Network developed an *External Policy Statement 1: Smoking by Mental Health Patients within Private Hospital Settings* in October 2009, which was reviewed and updated in February 2013.

The Network's Victorian State Coordinator, Mr Bichara, was a member of an 'ethics' panel which discussed Smoking in inpatient settings at the RANZCP Congress in May 2013. There were very strong responses from the psychiatrists present at this presentation who viewed the physical health of their patients who smoked as a primary objective of their care together with attending to their mental health problems.

Associate Professor Lawn tabled and spoke to a copy of her paper titled, *Achieving smoke-free mental health services: lessons from the past decade of implementation research.*¹ The evidence is now even stronger that people can quit and want to quit, if provided with adequate support and that smoke-free policy is not detrimental.

Mr Plummer mentioned that employers have clear legal obligations to ensure that work environments are free of tobacco smoke. Employers who allow smoking in their workplace are at risk of being sued either by employees or members of the public who suffer ill health as a result of being exposed to passive smoking. Mr Hardwick concurred that the legal and public health obligations are making it increasingly difficult for facilities to accommodate smoking areas for patients. One of the private psychiatric hospitals in WA is completely smoke free. Patients who wish to smoke must leave the grounds of the facility.

The NC also discussed the range of strategies that are employed by some private hospitals to help people quit smoking.

After further discussion, the NC agreed that the Network's *Policy Statement 1: Smoking by Mental Health Patients within private hospital settings*, should be reviewed and expanded. Associate Professor Lawn agreed to provide some further ideas for this Policy.

RESOLVED (Chair) carried without dissent

That the National Committee (NC) of the Private Mental Health Consumer Carer Network (Australia) [Network] requests that Network's Policy Statement 1: Smoking by Mental Health Patients within private hospital settings, be reviewed and updated in line with current research and practice.

Action: Chair/Associate Professor Lawn

18 CONSUMERS AND HEALTH INSURANCE

The Meeting considered *in camera* a range of issues raised by a Network Member related to private health insurance and hospital day programs and treatment programs together with the advice provided by health insurers to the Chair on these issues.

During the course of these discussions the NC also acknowledged concerns over the increasing trend toward third parties seeking to gain access to patient records and the wider current debate on discrimination in insurance products.

¹ Lawn, S., Champion, J. (2013) Achieving smoke-free mental health services: lessons from the past decade of implementation research. *International Journal of Environmental Public Health* 10, 4224–4244.

At the end of the discussion, it was agreed that matters that are relevant to Network Members related to private health insurance should be discussed in the first instance with the PHA Mental Health Committee tomorrow, prior to determining what actions the Network might wish to take.

RESOLVED (Chair) carried without dissent

That the National Committee (NC) of the Private Mental Health Consumer Carer Network (Australia) [Network] requests the Chair and the Deputy Chair discuss matters that are relevant to Network Members concerning private health insurance with the Mental Health Committee of Private Healthcare Australia at its meeting to be held in Melbourne on 18 August 2013.

Action: Chair/Mr Hardwick

19 NETWORK WORK PLAN 2013–15

The Network Workplan 2013–15 (Workplan) was developed to guide the activities of the Network under the auspice of the AMA Agreement for Services 2013–15 for the two financial years 1 July 2013 to 30 June 2015. The Parties to the AMA Agreement, have requested that the AMA not allow any additional activity to be undertaken that is not specifically identified in the agreed work plans of the Network (and the PMHA and its CDMS) unless it is first assessed and approved by the PMHA. Where a significant issue arises that requires new or additional Network activity to be undertaken, the PMHA considers the matter in relation to the following.

- a) What is the benefit of the activity?
- b) Does the activity fit within agreed priorities?
- c) Can the activity be conducted within existing resource constraints?
- d) What are the risks associated with the activity?
- e) Can the risks be sufficiently managed to enable the activity to be undertaken?
- f) How are the risks to be managed?

The PMHA can approve new or additional Network activity to be undertaken within available resource constraints, however, before the PMHA approves any new or additional Network activity outside of existing resource constraints, the resources required to enable that activity to be undertaken must be separately costed and promptly referred to the PMHA to determine if, and how, the additional funding is to be obtained.

Accordingly, the Network Workplan is a living document that is evaluated at each meeting of the NC and modified as necessary. The Meeting then reviewed the Workplan and determine priorities for the next 6 months.

19.1 Meeting with the AMA Secretary General

The Chair reported that Ms Anne Trimmer had commenced duties as the new Secretary General of the Federal AMA. Previously, Ms Trimmer was the Chief Executive Officer of the Medical Technology Association of Australia (MTAA). Prior to joining the MTAA, Anne had an extensive career in the legal profession, practising law as a commercial partner of a major Australian law firm.

Ms Trimmer has held several leadership positions in professional and educational bodies, including a period as President of the Law Council of Australia, Deputy Chancellor of the University of Canberra, and Chair of the Australian Government's Advisory Council on Intellectual Property.

Anne also chairs the Centre of Excellence in Vision Sciences at the Australian National University and is a director of Research Australia and Plan International Australia and in 2003, she was awarded a Centenary Medal for services to law and society.

Having completed his contract with the AMA, the previous Secretary General, Mr Francis Sullivan, left the AMA in December 2012 to take up a new position as CEO of the Truth, Justice and Healing Council, a role within the Catholic Church managing the issues and ramifications of the Royal Commission into Child Abuse.

The Meeting noted that the Chair had written to Mr Sullivan and thanked him for all his support and guidance during his term as AMA Secretary General.

It was agreed that an introductory meeting should be sought with Ms Trimmer for Network Executive Officers, if possible, to coincide with the next PMHA Meeting to be held on 1 November 2013 in Canberra.

19.2 Additional Patron

The Chair reported that Mr John McGrath AM had accepted the invitation to become a Patron of the Network. It was agreed that Mr McGrath should be invited to attend the next meeting of the NC.

After updating, the revised version of the Workplan was endorsed and adopted.

RESOLVED EN BLOC (Chair) carried without dissent

1. *That the National Committee (NC) of the Private Mental Health Consumer Carer Network (Australia) [Network] endorses and adopts the Network Work Plan 2013–15, as amended at the 28th meeting of the Network held on 26/27 August 2013 in Melbourne.*
2. *That the NC requests that a meeting be sought with the new Secretary General of the Australian Medical Association, Ms Anne Trimmer, for the members of the Network Executive, if possible, to coincide with the next meeting of the Private Mental Health Alliance (PMHA) to be held in Canberra on 1 November 2013.*

Action: Secretary

3. *That the NC requests that the Chair invite the new Patron of the Network, Mr John McGrath, to attend the next NC meeting.*

Action: Chair

4. *That the NC requests that the Chair write to the Department of Health and Ageing to thank them for funding the project that resulted in the development*

*and dissemination of the Information Booklet for Families and other Carers.
A copy of the Booklet should also be provided to the PMHA for information.*

Action: Chair

21 PROMOTIONAL MATERIALS

The Chair reported that 10 May 2013 meeting of the APHA Psychiatry Committee supported the development and distribution of an A3 poster for private hospitals.

The Meeting noted that 500 good quality promotional pens have been ordered, which will be inscribed with the Network details and the words *Join Now!* www.pmhccn.com.au

The Chair will also organise magnetic name tags for NC Members.

22 OTHER BUSINESS

There was no other business.

23 NEXT MEETING

The Chair will advise of the timing and date of the next face-to-face meeting of the Network NC, which will be held in the first half of 2014.

Janne McMahon OAM
Chair

Phillip Taylor
Minutes Secretary