Expert Reference Group on Mental Health Reform (ERG)
Meeting 1
10 April 2013
10.00am – 1.00pm

National Mental Health Commission (NMHC)

MINUTES

ATTENDEES

Professor Allan Fels, Chair
NMHC
Professor Jayashri Kulkarni
Monash Alfred Psychiatry Research Centre
Mr Darren Carr
Mental Health Council of Tasmania
Dr Peter Norrie
Chief Psychiatrist, ACT
Mr John Feneley
Commissioner, NSW Mental Health Commission
Ms Judy Bentley
Carer Representative
Ms Ailsa Rayner
Consumer Representative
Mr Graeme Purcell
NT Department of Health
Dr Peter Tyllis
Chief Psychiatrist, SA
Mrs Danuta Pawelek
WA Mental Health Commission
Mr Jack Heath
SANE Australia

Ex-Officio
Robyn Kruk
NMHC
Georgie Harman
NMHC

Secretariat
JulieAnne Anderson
JA Projects Pty Ltd

Other attendees
Gary Hanson
AIHW
Pamela Kinnear
AIHW

Observers
Catherine Lourey
NMHC
Jane Moxon
NMHC
Josh Fear
MHCA

APOLOGIES

Harvey Whiteford
University of Queensland
Frank Quinlan
MHCA
1. Welcome and apologies

The ERG:

- Noted attendees and apologies.

- Noted that the role of members of the ERG is to provide expert advice to governments as requested by COAG on a set of aspirational and achievable national indicators and targets based on ‘A Contributing Life’ that will drive transformational change.

- Noted that ERG members have been nominated as experts and are not representatives of any government or organisation.

- Noted that governments have established the Mental Health Reform Working Group (MHRWG), co-chaired by Ministers Butler and Wooldridge, as their vehicle to progress mental health reform and to consider the work of the ERG.

**ACTION 2013.01:**
ERG Chair to confirm the position of members as individual experts in correspondence with the Mental Health Reform Working Group (MHRWG) Co-Chairs

2. ERG Terms of Reference, Membership and Roles

The Committee:

- Noted the draft Terms of Reference, correspondence from the Co-Chairs of the MHRWG and membership list of the ERG.

- Noted that the ERG can suggest changes to the draft Terms of Reference and in discussing the Terms of Reference the ERG noted:
  
  - the proposed timelines for the ERG as the MHRWG has to report to COAG by December 2013 and therefore the ERG ideally needs to report to the MHRWG by late July 2013
  
  - that the ERG should avoid doing specific technical work when there is expertise available in Australia
  
  - that, while the Terms of Reference require the ERG to consider the Heads of Treasury (HoTS) Framework, the ERG does not have the time or resources to undertake detailed technical analyses on the indicators and targets
  
  - that The Roadmap for Mental Health Reform 2012 – 2022 (the Roadmap) should be a starting point for the ERG and not constrain its work
  
  - that definitions will be helpful to guide the work of the ERG and ensure a whole of life approach is taken, that the spectrum of mental health is considered and that targets that are meaningful to people with lived experience, their families, carers and supporters, clinicians, other workers and the community are identified
  
  - that indicators and targets may need to be identified within a matrix or hierarchy, such as the Headline Indicators used in ‘Closing the Gap’
that the ERG had preliminary discussions regarding possible areas for indicators and targets and were all asked to identify their top ten indicators with the potential for transformational change.

that in New Zealand the indicator that drove change was: the percentage of people with a recovery plan that was developed with the person, their family and treating team.

in Canada the Early Development Index is used to collect data for early detection and prevention.

Agreed to recommend the following as the draft Terms of Reference for the ERG:

In making recommendations on national, whole of life, outcome based indicators and targets for mental health, the ERG should consider:

- the range of needs of all Australians with mental health issues and their family and supporters - from having a home to employment, education and health supports, to social connections – and how this range should be reflected in national indicators;

- the range of relevant Australian and comparative international mental health performance indicators and targets, and relevant indicators from other sectors and what indicators will be most influential in achieving systemic change to improve people’s lives;

- if the performance against the indicator should be static, increasing or decreasing;

- listing in order of priority indicators for development that currently do not have sufficiently robust or regular data available; and

- the availability of relevant indicators that may be disaggregated by Indigenous status.

Noted that the ERG has the opportunity to co-opt members to ensure the necessary expertise is accessed and that Jack Heath has been co-opted in this capacity. The formal agreement from the Ministers for this appointment will be sought.

Noted that consultations should include:

- Profit and not-for-profit sector
- Drug and alcohol sector
- Promotion, prevention and early intervention
- Aboriginal and Torres Strait Islander people
- Forensic services and post-release support
- Refugee services
- Consumers of different ages
- Representatives from CALD communities
- Women
- Rural and remote
- Disability
o Suicide prevention sector and those bereaved by suicide
o Homelessness
o Defence personnel
o Trauma services

- Noted that the NSW Mental Health Commission is hosting a workshop in May as part of a project for the NSW Government on homelessness and noted that the recommendations from this work could be brought to the June 2013 ERG meeting
- Noted that a number of committees within the Ministerial Councils have responsibilities and expertise in some of the areas of interest to the ERG and that they will be included within the broad consultation processes

**ACTION 2013.02:**
ERG Chair to write to MHRWG Co-Chairs regarding revised Terms of Reference for the ERG and co-opted member(s) to the ERG

**ACTION 2013.03:**
All members to identify specific peak organisations and/or individuals with expertise to be included in consultations and provide advice to the ERG

**ACTION 2013.04:**
ERG Secretariat to identify relevant Ministerial Councils and other government agencies for inclusion in broad consultations

**ACTION 2013.05:**
ERG members to identify 10 indicators and/or headline indicators and provide to ERG Secretariat by 23 April 2013

### 3. Consultations to support ERG work

The ERG:

- Noted the targeted consultations currently underway or proposed including:
  - International benchmarking through a meeting of state/national and international mental health commissions and state and international colleagues and experts. A follow up meeting of Australian commissions is planned for July 2013.
  - The Mental Health Council of Australia has agreed to include relevant questions in its current Australia wide consultations on targets and indicators.
  - Consultations are being organised with the National Mental Health Consumer and Carer Forum on 6 and 7 May 2013 and the Council of Non-Government Organisations (CONGO) on 21 May 2013.

- Noted that the outcomes from the consultations will be available for the June 2013 ERG meeting
- Noted that the private sector, both for profit and not-for-profit, should be included within the consultations
- Agreed that ERG members will identify key experts and organisations to be included in further targeted consultations
• Noted that the NSW Mental Health Commission is working with ARAFMI to gather additional information to assist in the development of the Commission’s strategic plan

• Noted that a National Summit addressing the premature death of people with mental illness to be co-hosted by the Commonwealth and NSW will be held on 24 May 2013

• Agreed that ERG members may undertake their own consultations to inform the deliberations of the ERG

• Agreed that ERG members would inform the ERG Secretariat of any consultations planned or undertaken and the outcomes

• Noted that the final Terms of Reference and outcomes of the ERG meetings will be provided on the NMHC website

ACTION 2013.06:
ERG members to provide information to ERG Secretariat on any consultations undertaken

ACTION 2013.07:
ERG members to be invited to the CONGO meeting on 21 May 2013

4. Current National Mental Health Data and Indicator Development Activities

Gary Hanson from the AIHW presented to the ERG. In his presentation and background papers, Mr Hanson provided:

• An overview of the range of current Australian performance indicators including those reported in the National Mental Health Report, in the Fourth National Mental Health Plan, the Report on Government Services, the National Health Care Agreements and the ACHS indicators.

• Information on the Heads of Treasuries (HoTs) framework for performance indicators, which the ERG may utilise in determining whether the agreed indicators as a set are conceptually sound

• The preliminary set of targets and indicators originally identified in the Roadmap

• A brief summary of international mental health-related indicators and an overview of the outcomes of some preliminary discussions with Australian and international commissions. It was noted that there is little commonality between the international indicators sets

In discussions, the ERG:

• Noted that a minimum data set is being developed for seclusion and restraint data

• Noted that data on forensic services is gathered via a census and is not undertaken in all years by all jurisdictions

• Noted that the Mental Health Information Strategies Standing Committee (MHISSC) is undertaking work to measure consumer and carer satisfaction

• Noted the role of information technology in gathering timely responses from consumers and carers regarding satisfaction with services
• Noted that mental health standards are being assessed in the revised national accreditation program as well as through the National Mental Health Standards

• Noted that sentinel events reporting is undertaken and data could inform ERG deliberations

• Noted the importance of recovery, noting the work of the Safety and Quality Partnerships Standing Committee (SQPSC) with its Recovery Framework

• Noted the work that is being progressed as part of the National Disability Insurance Scheme (NDIS) including consumer rating of community service providers

• Noted the importance of data being meaningful to consumers, carers and clinicians, and being made available to these groups

• Noted the New Zealand Ipad project which provides real-time data to the team

• Noted that the Ipad project has been undertaken in Australia and information will be obtained

• Noted the challenges of timeliness in national reporting where data takes many months to be available which may be an area the ERG can influence

• Identified areas for measurement including:
  o Access indicators, including access to community services
  o Consumer and carer perspectives
  o Availability of safe and appropriate housing
  o Employment data including workforce satisfaction
  o Physical health
  o Seclusion and restraint
  o Community follow-up
  o Physical health measures including increased life expectancy and reduction in smoking rates
  o Increased research and innovation
  o Accountability and effectiveness in treatment and interventions
  o Measures for older people’s mental health
  o Safety – such as seclusion, restraint and use of involuntary orders

• Agreed to identify headline indicators and/or 10 indicators that should be collected

5. **Other Business**

No other business was identified.

6. **Next meeting**

The next meeting will be a full day meeting is scheduled for 4 June 2013. Items for the agenda include:
• Reports from NMHCCF and CONGO consultations
• Report from MHCA surveys
• Report from NSW Mental Health Commission’s project on homelessness
• Outcomes of Commonwealth and NSW workshop on premature death
• Paper on trends, prepared by AIHW and Secretariat
• Outcomes from ERG member consultations

The ERG:
• Noted that not all members are available for all meetings
• Agreed that the ERG Secretariat would liaise with members regarding availability for meetings

ACTION 2013.08:
ERG Secretariat to identify availability of ERG members for meetings and confirm meeting dates out of session
## Summary of action items

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<tr>
<th>Completion quick guide*</th>
<th>Action Item no.</th>
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* **Note:**
  ✔️ ✔️ = Fully completed
  ✔️ = Partially completed
  ✗ = Not completed
  ? = Further information/direction required