Expert Reference Group on Mental Health Reform (ERG)
Meeting 3
16 July 2013
10.00am – 1.00pm
Qantas Meeting Rooms, Sydney Airport

MINUTES

ATTENDEES

Allan Fels, Chair
Darren Carr
Judy Bentley
Ailsa Rayner
Peter Tyllis
Frank Quinlan
Peter Norrie
By teleconference
Robert Parker
Danuta Pawelek
Harvey Whiteford
John Feneley

NMHC
Mental Health Council of Tasmania
Carer Representative
Consumer Representative
Chief Psychiatrist, SA
MHCA
Chief Psychiatrist, ACT
NT Department of Health
WA Mental Health Commission
University of Queensland
Commissioner, NSW Mental Health Commission

Ex-Officio

Robyn Kruk
Georgie Harman
NMHC
NMHC

Secretariat

JulieAnne Anderson
JA Projects Pty Ltd

Other attendees

Gary Hanson
Sue Phillips
AIHW
ABS

Observers

Jane Moxon
Josh Fear
NMHC
MHCA

APOLOGIES

Jack Heath
Jayashri Kulkarni
SANE Australia
Monash Alfred Psychiatry Research Centre
1. **Welcome and apologies**

The ERG:

- Noted attendees and apologies.

- Noted that the purpose of today’s meeting is to finalise the framework of targets and indicators that the ERG will recommend to the COAG Working Group on Mental Health Reform.

2. **Confirmation of the minutes of the ERG meeting, 4 June 2013**

The ERG:

- Confirmed the minutes of the meeting held on 4 June 2013.

**ACTION 2013.13:**
NMHC to publish confirmed minutes on the ERG page on the NMHC website

3. **Review of draft framework of indicators and targets**

The ERG:

- Noted that their task is to identify targets and indicators which are ambitious, achievable, understandable and will drive system change

- Noted the background papers provided to support the discussions at the meeting:
  - The draft framework developed by the ERG at the last meeting
  - The feedback received to date from consultations on the draft framework
  - The list of peak groups, experts and Ministerial Councils consulted with
  - The AIHW feedback on the data elements of the draft framework
  - The Mental Health Council of Australia final report from the consultations it undertook to support the work of the ERG.
  - The Cancer Council NSW and the Mental Health Coordinating Council information regarding smoking and mental illness.

- Noted that the Working Group on Mental Health Reform is progressing work in a range of areas

- Noted that COAG may not meet again in 2013 but the ERG will aim to submit the final document to governments in late July/ early August 2013

- Noted that feedback from other targeted consultations are being received and will be shared with ERG members

**ACTION 2013.14:**
Secretariat to provide further feedback received from stakeholders on the draft framework to ERG members

- Noted that the final version of the framework may need to be produced in different ways to different audiences
Noted that the ERG needs to determine if it will identify ‘targets’ or ‘goals’ in addition to the requirement in the Terms of Reference to make recommendations on national, whole of life, outcome based indicators and targets for mental health.

Noted that some process measures were supported by the consultations, especially by people with lived experience and families/support people.

Noted that some targets will need benchmarks to be established so that measurement may occur over time, but that should not constrain the ambitions of the ERG’s advice.

Noted that some measures may be identified within the qualitative studies to be undertaken by the NMHC.

Discussed the issue of prevalence versus incidence of mental illness as a measure.

Noted the disadvantages of measuring prevalence is the sample size and the ability to capture all members of the community.

Noted the advantages are that measuring prevalence can reflect on health interventions:
  - Can show decreased incidence, through early identification
  - Shortened duration of the illness (30 day prevalence)
  - Decreased severity/impairment

Noted that measuring prevalence over time would demonstrate changes and suggested it was measured every five years.

Noted that recently there has not been a change in overall prevalence but there have been changes in the prevalence for specific disorders and different populations.

Noted that the prevalence study is not currently in the ABS schedule so the ERG could recommend that it be undertaken asap.

Agreed that ‘prevalence of mental illness’ could be an overarching measure.

**ACTION 2013.15:**
Secretariat and Prof Whiteford to liaise regarding development of a measure on prevalence.

Noted that ‘smoking rates’ is a good measure as it covers a number of issues with one target.

Noted the top four targets for each ERG member and identified the following priorities for ERG members:
  - Life expectancy
  - Prevalence
  - Seclusion and restraint
  - Participation
  - Social determinants of mental health
  - Stigma and discrimination
  - Housing
  - Suicide
Government expenditure on mental health, potentially represented as a relative proportion of spending or balance of spending in certain areas, such as the community sector.

- Discussed the issue of funding for mental health services and noted:
  - The need to further consider how to include the private sector, including funding, workforce and service delivery.
  - That consistent funding will allow for major change to occur.
  - Concern that funding through Activity Based Funding will be spent on acute services instead of whole of life, community based services.
  - Acquittal of funds against commitments to mental health budgets is critical.
  - That targets could relate to GDP and burden of disease.
  - Indicators could be focussed on the percentage of funds spent in different areas to ensure a good balance of investment in prevention and early intervention in the community.
  - That the Nous Group and Medibank recently undertook a 'Review of Expenditure and System Design' which took a whole-of-system look at expenditure on supporting people with a mental illness in Australia. The review estimated that the overall cost of supporting people with a mental illness to be at least $28.6 billion annually.

- Discussed the area of suicide and noted in discussions:
  - The approach to capturing data on suicide attempts by people who don’t present to hospital – e.g. someone who presents to GP and talks at a later date to the GP about the attempt.
  - Noted that the indicator could involve the measurement of ED presentations as there are issues for people who are medically cleared at an ED and sent back to the same environment.
  - Noted that the NT data showed that in 60% of suicides there had been no previous contact with a health professional.
  - Noted that the data from the OECD may be impacted by data collection issues.
  - Noted that the target could be benchmarking the improvement in suicide prevention.

- Noted the support from the ERG for the inclusion of a target related to peer workers and that data may be able to be gathered at a state/territory level.

- Noted the issues of stigma, discrimination and mental health literacy.

- Noted that programs that target stigma produce good outcomes.

- Noted that measures of people’s experience are very useful.

- Noted that the private mental health sector uses real-time feedback systems, which are linked to their funding.

- Noted that further development of targets relating to employment participation are needed.

- Note that the area of mental health workforce is important.
4. **Agreement of assessment of relative priorities**

The ERG:

- Identified the following as a possible way of expressing the priorities and targets of the ERG:
  - Macro
    - Prevalence
    - Stigma/Discrimination
    - Spending
  - Micro
    - Well being
    - Life expectancy
    - Housing
    - Participation
    - Seclusion and restraint
    - Suicide

- Agreed that the assessment of relative priorities would be finalised out-of-session

5. **Other Business**

No other business was identified.

6. **Next steps**

The ERG:

- Noted that the ERG had previously agreed that its work would be completed by the end of July or early August 2013.

- Noted that the framework of targets and indicators will be finalised out-of-session and the document supporting the framework will be prepared.

- Noted that the framework will be discussed at the meeting of the mental health Commissions in Perth on 17 July 2013 and the NMHC on 19 July 2013 in Port Hedland.

- Agreed that the penultimate final documents will be circulated to ERG members for comment prior to final submission to the COAG Working Group.

- Noted the thanks of the Chair for their commitment to the task in the short timeframe and the significant efforts of the Secretariat.

- Noted that an appropriate handover of the work of the ERG to the COAG Working Group on Mental Health reform would be arranged.

- Agreed that it would be important to report back to the community and those consulted on the ERGs final advice to governments.

**ACTION 2013.16:**

Secretariat to prepare revised version of the framework of indicators and targets, along with draft report, and circulate to EG members for comment.
## Summary of action items

<table>
<thead>
<tr>
<th>completion quick guide*</th>
<th>Action Item no.</th>
<th>Meeting date</th>
<th>Topic</th>
<th>Action</th>
<th>Responsibility</th>
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<td><strong>Actions from 16 July 2013 Meeting</strong></td>
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<td>✔️</td>
<td>2013.13</td>
<td>16/07/13</td>
<td>ERG minutes</td>
<td>Publish confirmed minutes on the ERG page on the NMHC website</td>
<td>NHMC</td>
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<tr>
<td>✔️</td>
<td>2013.14</td>
<td>16/07/13</td>
<td>Draft framework of indicators and targets</td>
<td>Provide further feedback received from stakeholders on the draft framework to ERG members</td>
<td>ERG Secretariat</td>
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<td>✔️</td>
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<td>2013.16</td>
<td>16/07/13</td>
<td>ERG Secretariat to revise draft framework and disseminate to ERG members for out-of-session consideration and feedback</td>
<td>ERG Secretariat</td>
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<td><strong>Actions from 4 June 2013 Meeting</strong></td>
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<td>04/06/13</td>
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<td>04/06/13</td>
<td>Draft framework of indicators and targets</td>
<td>ERG Secretariat to revise draft framework and disseminate to ERG members for out-of-session consideration and feedback</td>
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<td>✔️</td>
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<td>04/06/13</td>
<td>ERG Secretariat/ NMHC to liaise with ERG members who were unable to attend this meeting to seek their input</td>
<td>ERG Secretariat and NMHC</td>
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<td>04/06/13</td>
<td>ERG Secretariat / NMHC to undertake further consultations with draft framework</td>
<td>ERG Secretariat and NMHC</td>
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### Actions from 10 April 2013 Meeting

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<td>✓ ✓</td>
<td>2013.01</td>
<td>10/04/13</td>
<td>ERG Terms of Reference and Membership</td>
<td>ERG Chair to confirm the position of members as individual experts in correspondence with the Mental Health Reform Working Group (MHRWG) Co-Chairs</td>
<td>ERG Secretariat/Chair</td>
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<tr>
<td>✓ ✓</td>
<td>2013.02</td>
<td>10/04/13</td>
<td>ERG Chair to write to MHRWG Co-Chairs regarding revised Terms of Reference for the ERG and co-opted members to the ERG</td>
<td>ERG Secretariat/Chair</td>
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<td>2013.03</td>
<td>10/04/13</td>
<td>ERG Consultations</td>
<td>All members to identify specific peak organisations and/or individuals with expertise to be included in consultations and provide advice to the ERG</td>
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<td>2013.04</td>
<td>10/04/13</td>
<td>ERG Secretariat to identify relevant Ministerial Councils and other government agencies for inclusion in broad consultations</td>
<td>ERG Secretariat</td>
<td>Letters to be sent once revised draft of indicators and targets is available</td>
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<td>2013.05</td>
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<td>Indicators and targets</td>
<td>ERG members to identify 10 indicators and/or headline indicators and provide to ERG Secretariat by 23 April 2013</td>
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<td>Consultations</td>
<td>ERG members to provide information to ERG Secretariat on any consultations undertaken</td>
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<td>Members to continue to provide information on consultations to be included in final report to COAG</td>
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<td>✓ ✓</td>
<td>2013.07</td>
<td>10/04/13</td>
<td>ERG members to be invited to the CONGO meeting on 21 May 2013</td>
<td>MHCA</td>
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Minutes of 16 July 2013 meeting  
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<td>2013.08</td>
<td>10/04/13</td>
<td>ERG meetings</td>
<td>ERG Secretariat to identify availability of ERG members for meetings and confirm meeting dates out of session</td>
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</table>

* Note:

✔ ✔ = Fully completed
✔ = Partially completed
× = Not completed
? = Further information/direction required