

9th December, 2005

Ms. Lana Racic,
Director,
Acute Care Access & Financing Section,
Acute Care Strategies Branch,
Department of Health and Ageing,
GPO Box 9848,
CANBERRA CITY. ACT 2601

Dear Ms. Racic,

Thank you for the opportunity of making this Submission.

The *National Network of Private Psychiatric Sector Consumers and Carers* (National Network) represent consumers and their carers who are members of private health insurance funds, together with people who received their treatment and care from private mental health settings. We are the peak *consumer and carer* organization within private mental health and the authoritative voice for consumers and carers concerning the policies and practices of provider and funder organizations.

The National Network was formed in 2002, initially by the Australian Private Hospitals Association, Psychiatry Sub-Committee, to promote the interests of the community requiring private mental health services. It is an integral part of key policy and decision-making processes, including representation to the Strategic Planning Group for Private Psychiatric Services (SPGPPS) and the Australian Private Hospitals Association's Psychiatry Sub-Committee.

The National Network is growing in membership, recognition and reputation. Earlier this year, we made five very important submissions on behalf of our members. In September of this year, the National Network was called to give evidence to both the Senate Select Committee on Mental Health, Parliament House, Adelaide and the House of Representatives Standing Committee on Health and Ageing, Inquiry into Health Funding, Parliament House, Canberra.

It is in this capacity that the National Network would like to make this Submission regarding *Mainstreaming of Private Sector Outreach Services Program*.

Yours faithfully,

Ms. Janne McMahon

Chair



**NATIONAL NETWORK OF PRIVATE PSYCHIATRIC SECTOR
CONSUMERS AND CARERS**

SUBMISSION

**MAINSTREAMING OF PRIVATE SECTOR OUTREACH
SERVICES PROGRAM**

CONSULTATION PAPER

NOVEMBER 2005

The National Network welcomes the move by the Australian Government, Department of Health and Ageing to better simplify and streamline the application and approval processes to enable private hospitals with psychiatric beds and health funds, to provide and fund outreach services.

We have been calling for legislative and regulatory amendments around Outreach Services in Submissions made this year to the Senate Select Committee on Mental Health; the House of Representatives Standing Committee Department of Health and Ageing Inquiry into Health Funding; in an article published by the Australian Medical Association's publication to General Practitioners, members of Parliament, other interested parties and other Papers.

Outreach Services provided for consumers of mental health services are a proven way of preventing hospitalization and should this occur, then reducing the length of their stay. Providing appropriate support so that consumers can remain in their own homes and familiar environment is very welcomed.

Extracts:

We have reproduced below the following two extracts from our consultation process with regard to this Paper:

"From the consumer's point of view, I think it is an excellent proposal. Had the Outreach Services (as proposed in this paper) been available in the past, I may not have required 4 hospital admissions, and I may not have been forced to move from one part of the State to another in order to be near the Hospital."

From a carer's perspective:

"I am strongly in favour of many points in the Hospital in the Home, or Outreach Services; patients get better quicker at home! BUT their carers need full involvement with any care plan. Staff education is most important to make services flow from the hospital into the 'home ward' smoothly. If all the legislative changes really come into being, everyone should benefit"

Alternate referrals:

At the last count of approximately 46 private hospitals with psychiatric beds, 18 have Approved Outreach Programs. For the smaller private psychiatric hospitals, the costs of infrastructure and personnel to provide these services when they may only have 10 or so beds in a co-located mental health unit, appears to be prohibitive.

We therefore recommend, that if a private hospital with psychiatric beds cannot provide this service, then there must be protocols, practices and funding mechanisms in place to enable consumers to access the Outreach Services of a larger private hospital that does, even though they have not been an admitted inpatient of that facility.

Definitions:

One of the greatest areas of contention appears to be the definition of 'admitted patient' particularly in mental health. We are calling on the Australian Government, Department of Health and Ageing to re-determine this definition in its application to legislation, and proposed legislative reform.

We can say that we welcome the proposed changes for the qualifying and funding of Outreach Services, however we note in the consultation paper the insertion of; '*a provision to enable the Regulations to prescribe the kind of services that will be regarded as qualifying 'outreach services' and the kind of services that will not be regarded as qualifying as 'outreach services'*

As we have identified earlier, Outreach Services have proven to be a means of preventing hospitalization in the first place. In mental health, it is sometimes argued that whilst a consumer is in receipt of this service, it is not necessarily a true substitute for acute inpatient care, but more of a preventative or maintenance type program, and therefore an 'add on' service. We maintain that without such services, inpatient admissions increase. Additionally, there also appears confusion as to what 'substitution' really means.

Funding change:

Privately insured consumers welcome the changes that will enable health funds to fund Outreach Services more readily. We note Section 19 in particular, which identifies that health funds will be able to more easily, approve funding for these services.

We also note in section 4.1 *Benefits for Consumers:* that the Consultation Paper expresses the view that the proposed changes *will make it easier for privately insured patients to access services that can be covered by a fund hospital table from their home.* We ask if this implies that all health funds are required to fund Outreach Services if they are provided by the consumer's private psychiatric hospital?

Also noted in the same section, under the proposed changes consumers will be able to *more easily obtain access to services.* This clearly is on the premise that Outreach Services are available in the private psychiatric hospital. Please note our comments and recommendation under *Alternate Referrals* above.

Powers of the PHIO:

We welcome the expansion of the role of PHIO. Quite rightly it will provide an appropriate mechanism for the resolution of complaints. However, will the PHIO have the capacity to make a determination that will ensure the rights of consumers/health fund members?

Consultation:

As we have already identified, the *National Network of Private Psychiatric Sector Consumers and Carers* is the peak consumer and carer organization within private mental health. We ask that we be further consulted in relation to the proposed amendments.

Thank you for extending the deadline for this submission.

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