



Friday, February 20, 2015

Submission's Officer
Independent Hospitals Pricing Authority

RE: Public Consultation Paper 1: Development of the Australian Mental Health Care Classification

Thank you for the opportunity to provide comment on the paper releases in January 2015.

I wish to address a number of concerns and issues with the AMHCC and its development.

Firstly, the timing of the release and period of the consultation for this paper seriously compromise the development of a very critical development project for mental health services in Australia.

The public consultation paper was released over the summer holiday period when many stakeholders had limited capacity to review, consult with their respective constituencies and provide considered responses to the IHPA. For the vast majority of stakeholders in mental health, this would represent the first opportunity to be informed of and review the development of the AMHCC.

Further, the consultation window, comes at a time when almost all NGOs in the mental health sector, and their respective peak bodies, are singularly focused on future funding. Over 150 mental health community service providers, face uncertainty over funding. All of these organisations and many others, have been engaged in the National Mental Health Commission review and there is total uncertainty as to what lies ahead given that the Government has not made report public. The dismantling of Medicare Locals and tendering processes for Primary HealthCare Networks also compromised, if not scuttled, any opportunity for the primary care sector to contribute to this review.

My comments are based on my current active involvement with service providers over five jurisdictions – this is not a perception.

My point is that there is very limited capacity of the community mental health sector, and indeed many others, to provide a considered response to this paper. That will, compromise both the utility and take up of the outcomes from this project. And that is something we have seen time and time again in relation to mental health planning and policy deployment over the past 23 years.

Secondly, the development of the AMHCC has been a largely obscured process. Very little of the drafting has been accessible to stakeholders in the sector and none of it has been subject to peer review. This is very concerning.

The IHPA since assuming responsibility for the project from the Department of Health and Ageing in 2012, has required that any person outside the Commonwealth or state/territory bureaucracies, be unable to discuss or share information, drafts of the classification system and supporting document. This has meant that while there has been some minimal representation from beyond the public sector officials, they have been effectively 'gagged' from sharing information and seeking wider input.

This again has been a practice I have witnessed in relation to other mental health reviews and developmental projects. It is counter-productive in that it compromises the relevance, utility and ownership of the outcomes across what is a diverse and sometimes conflicted sector.

It is regrettable that the work carried out by DOHA and the IHPA has lacked transparency. The earliest work commenced in 2008-9 – nearly seven years ago – yet this consultation paper is the first opportunity for stakeholders to review and comment. I am not aware of any open tender process during this time, but stand to be corrected.

Whilst chair of the National Advisory Council on Mental health and responsible for the preparation of papers for the then Minister, Hon Nicola Roxon, I sought briefings on the classification system: none were forthcoming. In the period since, there has been not been publicly accessible drafts of the Classification system. In contrast, classification systems for mental health services developed by the European Commission and WHO are in the public domain; as are the peer reviewed papers over the past 15 years.

On the face of it, it appears that the Australian Classification system in mental health has taken place in isolation from these international efforts such as the European Service Mapping Schedule (ESMS), the Description and Evaluation of Services and Directories in Europe (DESDE) or the Data Standards for Mental Health Support Decision Systems in the US/FN10 and FN11 reports. Indeed there is no evidence in the draft consultation paper of this work which has occurred at both sides of the Atlantic and that has already provided comparisons across a dozen European Union countries (including the UK, Italy, Finland and Norway¹).

An explanation as to why this considerable body of work is not referenced is required. Has it been considered and rejected? Why has Australia embarked on this work as if it is 'novel'?

Thirdly, the classification system has some problems. The published taxonomy of services (dated 2013) appears to be outdated. I understand that a revised taxonomy (dated 2014) has been produced.

¹ Some of this literature can be found at <http://www.edesdeproject.eu/download.php> and <http://www.edesdeproject.eu/training.php>.

Further the proposed Australian system does not allow for international comparisons so it prevents global assessment, comparison and benchmarking. Related to this, there has been little testing and no external (peer) evaluation.

The proposed taxonomy itself has problems of commensurability, as different units of analysis are included in a single classification system. The AMHCC relies on semantically defined classifications that lends itself to opinionated application and could be unnecessarily complex.

In Conclusion

Time does not permit me to provide a more complete critique of the draft paper. I look forward to the IHPA's response to submissions.

Yours sincerely

A handwritten signature in black ink, appearing to read 'John Mendoza', written over a light grey rectangular background.

John Mendoza
Adj Professor & Director