



The Sydney  
children's  
Hospitals Network

care, advocacy, research, education

TRIM Ref: SCHN15/853

Submissions  
Independent Hospital Pricing Authority  
PO BOX 483  
DARLINGHURST NSW 1300

To Whom it May Concern

**Re: Independent Hospital Pricing Authority (IHPA) Public Consultation - Development of the Australian Mental Health Care Classification**

The Sydney Children's Hospitals Network (SCHN) recognises that at present there is no single classification used for mental health services in Australia and that although the Australian Mental Health Care Classification (AMHCC) builds on consultations undertaken by the University of Queensland (UQ), and targeted consultation undertaken by IHPA through the AMHCC Mental Health Costing Study there is a relatively small focus on children and young people.

SCHN is a participant organisation in the NSW component of the IHPA AMHCC Mental Health (MH) Costing Study and requests that IHPA note the following responses in relation to the public consultation questions:

- ***Important factors to draw from international experiences in classifying mental health care***
  - There is limited international literature available to suggest that costing MH children and young people through the inclusion of a single paediatric tertiary referral service develops a robust model and costing framework. Therefore SCHN suggests that the MH classification continues to be reviewed post-implementation through a flexible costing arrangement for paediatric health care services.
  - The Fourth National MH Plan recognises that the focus of care may be different across the lifespan, yet there has been limited progress on classifying services and needs for children and young people.
- ***Important considerations in the national context***
  - Despite the remit of the AMHCC to consider all services under the broader Mental Health Care Type (MHCT) including children and young people, the approach to the Study is concerning to SCHN. For children and young people there has been inadequate comparative data collected nationally throughout the study periods to support rigorous development. This is particularly important for such varied and complex population groups, across developmental stages.

- **Other principles that should be considered in developing the AMHCC**
  - SCHN supports the principles developed by the AMHCC and recommends additional items to recognise complexity in health systems, patients and their families. It is recommended that the AMHCC consider the inclusion of multiple morbidities (diagnosis +/- life events +/- disadvantage) not merely diagnosis when determining classes and categories. This approach supports a matrixed view of MH that recognises patients across classes that may experience comorbidities, social disadvantage and/or other social determinants of health.
  - SCHN recommends consideration also be given during development of the AMHCC to 'at risk' situations for children and young people relating to social disadvantage, poor coping skills, parent-child relationship difficulties, child protection, out of home care and domestic violence.
  - SCHN suggests that a focus on collaborative relations with partner organisations be encouraged to provide appropriate, connected MH care to children and young people. Particularly through the Departments of Education, Family and Community Services, and Non-Government Organisations (NGOs).
  
- **Further data or other limitations of which the AMHCC should be aware**
  - Limitations experienced by SCHN during the Study are provided below but are not limited to:
    - The 'Phase of care'. This approach was a useful concept that considered the changing level of service required over time. This was challenging for clinicians because to determine the phase of care over time the shift between phases was often subtle.
    - Consultation Liaison. Children and young people experience mental health through varied and complex admissions to community, inpatient and outpatient health facilities and programs. This complexity can affect the capture of appropriate information through data systems owing to mental health being coded as a secondary or tertiary diagnosis.
  
- **Other cost drivers that should be considered in the development of the AMHCC**
  - Social interventions.
  - Physical investigations.

SCHN continues to support the development of the AMHCC and looks forward to working with IHPA to ensure the needs of children and young people with MH in Australia are met. Should you require further information please contact Alison Lee, Network Clinical Program Director - Priority Populations on 02 9845 2110 or email [alison.lee@health.nsw.gov.au](mailto:alison.lee@health.nsw.gov.au)

Yours sincerely



(Dr) Michael Brydon  
A/Chief Executive

Date: 13/2/15