

MENTAL HEALTH ADVISORY COUNCIL

REVISED TERMS OF REFERENCE MAY 2018

1. PURPOSE

The purpose of the Mental Health Advisory Council (the Council) is to bring together representatives from the Western Australian community to provide high level advice and input to the Mental Health Commissioner (Commissioner) regarding major issues affecting Western Australians with mental health problems, their carers and service providers.

The Council will provide a forum for information exchange between key stakeholders as well as discussion about broad strategic issues relating to mental health.

2. ROLE AND FUNCTION

The Council will provide independent, highly focused and practical advice to the Commissioner, on mental health issues including:

- Implementation of the Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025;
- Effective implementation of the *Mental Health Act 2014*;
- Aspects of work program(s) developed by the Commissioner and the Council;
- Reform, strategy implementation and broad directions for enhancing mental health and well-being;
- Improvements to funded programs to better support people with mental illness, including through better coordination and integration of existing mental health programs; and
- Appropriate strategies for developing and implementing mental health programs for people with particular needs.

The Council will do this by:

- identifying and communicating the issue;
- researching what works to fix the problem;
- identifying strategies to address and prevent the problem; and
- identifying priorities and making recommendations to the Mental Health Commissioner.

In addition, the Council will:

- Act as a consultative forum to ensure that advice to Commissioner reflects the broad range of views and experience of people with mental illness, their families and carers;
- Consult and liaise with the mental health and related sectors, including mental health consumers and carers, professionals and providers in the non-government sector, the

private sector and the public sector;

- Provide advice on specific issues as requested by the Commissioner on an ad hoc basis;
- Identify risks and issues that emerge;
- Provide feedback on the effectiveness of strategies adopted and actively contribute to problem solving and identifying potential improvements where there are identified issues;
- Provide a vehicle for consumers and communities to identify and communicate existing and emerging addiction and mental health issues;
- Provide suggestions on ways to improve quality, access and sustainability of mental health services in Western Australia;
- Provide ongoing feedback about what is working well in the mental health system, areas for improvement and how to improve them;
- Provide feedback to the Mental Health Commission about strategies to further engage all stakeholders on mental health care delivery;
- Work in collaboration with the Alcohol and Other Drugs Advisory Board to achieve a coordinated focus on alcohol and other drug use issues and mental illness;
- Develop an Annual Work Plan; and
- Develop an Annual Report by September 30th each year of progress against its Annual Work Plan for report to the Commissioner.

2.1 Advice

The primary function of the Council is to provide advice to the Commissioner on the basis of the work program developed by the Council and the Commissioner as well as on any issues requested by the Commissioner on an ad hoc basis.

The Council is also expected to provide advice on any additional issues that arise in the mental health sector through their work with carers, consumers, sector professionals, clinicians etc.

The Commissioner will provide a template for expected advice and include specifications on the advice if so required.

2.2 Work Program

A work program will be developed by the Council in collaboration with the Commissioner to plan activities and projects for a six monthly period to be reviewed by the Chair and the Commissioner on a three monthly basis to ensure changing priorities are addressed. The work program will provide guidance to the Council on where the focus of their advice to the Commissioner is best placed. The Council can request additional information from the Commissioner to provide the best possible advice within specified timeframes.

The work program will also assist in ensuring that Council, where possible, receives requests for advice in a timely manner and can access further information if required.

3. REPORTING

The Council will report to the Commissioner through the Chair of the Council.

4. MEMBERSHIP

The Chair and the Deputy Chair of the Council, along with other members, will be appointed by the Minister for Mental Health, through normal Cabinet approval processes.

In addition to the Chair, the Council will have no more than 13 other members. The Deputy Chair will also be selected from these 13 members. Membership will consist of selected individuals across a range of sectors relevant to mental health care and outcomes. Members will be able to nominate as either representatives of an organisation or as individuals. Members will be selected on the basis of their experience and ability to contribute to the provision of advice to the Commissioner.

Required Membership:

- Some members sitting on the Council will have a lived experience of receiving mental health services. Additionally, some members will have experience as a carer of someone with a lived experience of mental illness. These members will be selected via an Expression of Interest process;
- Some members sitting on the Council will identify as being of Aboriginal or Torres Strait Islander descent;
- Where possible, a person between the ages of 16 and 25 will sit on the Council to advise on youth perspectives and needs in the mental health sector;
- Some members sitting on the Council will be from regional areas and have experience of issues affecting people with mental health problems; and
- One member from the Drug and Alcohol Advisory Board will sit on the Council and vice versa.

Members will be appointed by the Minister for Mental Health on the joint recommendation of the Chair and the Commissioner. Applications for membership will be widely advertised. Initial appointments from 2015 onwards will reflect a staggered approach to ensure continuity of membership over time as well as turn over of members. These will be for either a two, three or a four year term. All members will have an option of an extension to their terms of membership in consultation with the Chair, to a maximum of four years. Existing members can serve on the Council for a maximum of six years.

The Chair and Deputy Chair shall not be subject to a maximum term (in total).

The Minister may remove a member from the MHAC if the Minister is satisfied the member:

- a) has been guilty of misconduct; or
- b) is unable to perform their duties; or

- c) has neglected his or her duties or performed them incompetently; or
- d) has been absent without permission of the Chairperson from 3 consecutive meetings of which due notice was given; or
- e) has an irresolvable conflict of interest.

Should a position be vacated before tenure expires, a proxy appointment can be made with the concurrence of the Chair and the Commissioner for the remainder of the tenure.

5 OPERATING PROCEDURES

5.1 Chairing of Meetings

The Chairperson is appointed by the Minister for Mental Health and is responsible for chairing meetings of the Council.

5.2 Deputy Chairperson

The Deputy Chairperson is appointed by the Minister for Mental Health.

In the absence of both the Chairperson and the Deputy Chairperson, members present at the meeting shall elect a member present to chair the meeting.

5.3 Meetings

The Council will meet no less than four times a year in addition to out of session work as required. It is expected that the Chair and members of the Council attend no less than 75% of meetings per year.

The Council will have fixed terms and be reviewed after a five-year period. Continuation of the Council will be at the discretion of Cabinet, on advice from the Minister for Mental Health.

5.4 Executive

Council will select an Executive of three Council members comprising the Chair, Deputy Chair and one other Council member who will be responsible for signing off on all advice given by the Council to the Commission and whose responsibility it will be to provide urgent advice to the Commissioner in the event that a Council meeting cannot be held. Where possible, alternative means of communication including email, Skype and teleconferencing will be used to ensure all Council members are included in advice and decision-making processes.

5.5 Quorum

As a minimum, a quorum will require attendance from at least 7 members. Members will not be able to appoint proxies.

5.6 Secretariat

The Council secretariat is currently hosted by the Mental Health Commission. The secretariat is responsible for preparing and distributing the minutes, agendas, making a record of each meeting, following up on any matters arising from meetings and communicating with members on relevant matters relating to the business and conduct of the meetings. The Council is to provide a minimum of two months' notice to the Council secretariat, following approval by the Commissioner, for the organisation of regional meetings and visits.

In order to maintain the Council's independence when providing advice, keeping records of deliberation and documenting community engagement and consultation, the Council will provide through its budget a Council secretariat independent of the Mental Health Commission. This person will be responsible for preparing and distributing minutes and agendas, scheduling presenters, organising Council and sub-committee meetings and events (including travel) and will provide reports to Council on its budget and expenditure. This person will liaise with the Mental Health Commission for information requests, work program updates and budget approvals. They will also be responsible for ensuring Council records are kept of any engagement and consultation, advice from the mental health sector, sub-committee meetings and other Council business.

5.7 Voting

At a meeting decisions will be determined by a simple majority of members present at the meeting. Where all members do not all agree, issues raised will be documented.

Decisions may be made between meetings by written votes from members including through email. The resolution must be put to all members and the decision will be determined by at least 50% of the members.

5.8 Confidentiality and Conflict of Interest

Members of the Council will be required to sign a 'conflict of interest' form. Conflict of interest is defined as any instance where a Council member has a direct financial or other interest which influences, or may appear to influence, proper consideration within the Council on a matter or proposed matter.

The proceedings and records of the Council are to be considered non-confidential unless agreed otherwise.

Notwithstanding, specific items may require a measure of confidentiality. When confidential issues are raised the membership must take care to protect the confidentiality of all forms of information disclosed directly or indirectly within the Council.

Every member has the right to confidentiality within the meeting if required.

Confidentiality may be requested by an individual member and/or the meeting may determine that specific information is to be treated as confidential.

5.9 Sub-committees

The Council has the ability to establish sub-committees, comprising Council members, to perform specific tasks or responsibilities that relates to Council matters.

Minutes of sub-committee meetings and a Chair update must be provided at MHAC meetings as requested.

5.10 Supporting consumer, family and carer participation

Where consumer, family and carer input is sought, these individuals are eligible for participation payments in line with the Mental Health Commission's "Consumer, Family, Carer and Community Paid Partnership Policy"¹ (**Attachment 1**).

These payments will come from the Council budget.

6. CONTACT WITH THE MEDIA

The Chair of the Council is to be the spokesperson. All media requests are to be directed to the Chair for determination of action required, in accordance with the Mental Health Commission's Media Management Policy² (**Attachment 2**). Other Council members will not make public statements to the media regarding Council matters.

7. REMUNERATION AND TRAVEL EXPENSES

Council and sub-committee members will be remunerated in accordance with Government Guidelines for Boards and Committees.

Council and sub-committee members are subject to the Premier's Circular 2010/02, *State Government Boards and Committees* and Public Sector Commissioner's Circular 2009/20, *Reimbursement of Travel Expenses for Members of Government Boards and Committees*.

These Circulars highlight the need to comply with the Mental Health Commission's Travel Policy and Operational Guidelines³ (**Attachment 3**).

The Chair is required to co-sign the Travel Proposal Form, the Travel Reconciliation Statement and the Consumer Participation Payment Forms.

¹ <https://www.mhc.wa.gov.au/media/1317/paid-partnership-policy.pdf>

² Mental Health Commission's Media Management Policy, 2016.

³ Mental Health Commission's Travel Policy and Operational Guidelines, November 2015.

7.1 BUDGET

The Chair will be responsible for ensuring that both salaries and other expenditures are managed within the allocated budget and will sign off on monthly expenditure. As funder of the Council, the Commissioner will receive regular reports on the budget from the Chair.

The Commissioner or Assistant Commissioner Planning, Policy and Strategy will approve any Council expenditure for payment including remuneration of members, travel reimbursement, forums, catering, venue hire etc.

Any capacity to commission research or extensive consultation would need to be considered separately and procured through the Mental Health Commission in accordance with Mental Health Commission and Government Procurement Policies.

The Council expenditure must not exceed its allocated salaries or other goods and services budget each financial year.

8. RECORDS

The secretariat is to prepare a record of each meeting. The secretariat shall keep a file of at least the following:

- Agendas, reports and minutes of meetings; and
- Correspondence, advice notes, information packages, papers tabled at meetings and papers circulated other than with agendas.

The Council's Annual Report is to be placed on the Mental Health Commission's website.

The files are the property of the Mental Health Commission and must be preserved in accordance with the *State Records Act 2000* and the *Freedom of Information Act 1992*. The *Health Services (Quality Improvement) Act 1994* may also apply to the documents.

As at 7 May 2018

ATTACHMENT 1

[Mental Health Commission's Consumer, Family, Carer and Community Paid Partnership Policy](#)

ATTACHMENT 2

[Mental Health Commission's Media Management Policy](#)

ATTACHMENT 3

[Mental Health Commission's Travel Policy and Operational Guidelines](#)

Related attachments:

- [Travel Proposal Form](#)
- [Travel Reconciliation Statement](#)
- [AP6 Consumer Participation Payment – Kilometre](#)
- [ST3 Travel Reimbursement Request](#)
- [AP2 Reimbursement of Expenses – Subsidy Payments](#)