

|   |   |   |
|---|---|---|
| <b>Attendees</b>                                | Rod Astbury (RA), Emily Wilding (EW), Richard Oades (RO), Andrew Williams (AW), Stan Chirenda (SC), Amit Banerjee (AB)<br>Lee Steel (LS) attended by teleconference (regional).<br>Michael Wright (MW) attended from 9:40am – 12:28pm<br>Jessica Nguyen (JN) attended from 8:30am – 11:00am<br>Tracey Young (TY) attended from 8:30am – 11:35am | Gascoyne Room, Mental Health Commission<br>Level 1, 1 Nash Street, Perth WA 6000<br>Thursday, 13 February 2020 8:30am – 12:30pm   |
| <b>Guests</b>                                   | Helen McGowan (HM)  |   |
| <b>Chair</b>                                    | Margaret Doherty (MD)   |   |
| <b>Secretariat</b>                              | Bianca Fish (BF)  |   |
| <b>Apologies</b>                                | Gemma Powell (GP)   |   |
| <b>AGENDA ITEM</b>                              | <b>DISCUSSION</b>   | <b>ACTION LOG</b>   |
| <b>1. Welcome and apologies</b>                 | MD welcomed everyone and acknowledged GP as an apology for the meeting.   |   |
| <b>2. Acknowledgement of Traditional Owners</b> | MD acknowledged the Traditional Owners of the Land.   |   |
| <b>3. Acknowledgement of Lived Experience</b>   | MD acknowledged those around the table with personal and family lived experiences.  |   |
| <b>4. Reflection</b>                            | Council discussed the first principle of Co-production, Assets, and reflected on how Council works to meet this principle.<br>Agreed the Principles of Co-Production will be discussed and reflected on at each meeting as to how they may be reflected in MHAC activities.   | <b>Action 9:</b> Note RA as the lead for reflection at the March meeting to reflect on co-production principle two, capabilities. |
| <b>5. Conflicts of Interest</b>                 | Council viewed the Declaration of Interest table.<br>Nil Conflicts of Interest declared.  |   |

|   |   |  |
|---|---|--|
| <p><b>6. Acceptance of previous meeting minutes</b></p> | <p>Minutes from the 5 December 2019 meeting were accepted as a true and accurate representation of the meeting.</p> <p>Council discussed the possibility of putting the minutes from each meeting onto the Website.</p> <p>Agreed preferred format for Minutes will be to record a succinct summary of the meeting covering key discussion points, agreements and action items.</p>   | <p><b>Action 10:</b> BF to find out if advice from MHAC can be made public on request or if this is the Commissioner's decision.</p>   |
| <p><b>7. Action Log</b></p>                             | <p>Completed Actions: Action 1, Action 2, Action 3, Action 4, Action 5, Action 6, Action 8.</p> <p>Action 7 will be discussed during the meeting.</p>   |  |
| <p><b>8. Budget</b></p>                                 | <p>Council viewed and discussed the budget.</p> <p>There is a projected underspend in salaries for the current financial year.</p> <p>Council discussed the possibility of holding extra 'working group' meetings to develop advice.</p>  |  |
| <p><b>9. Council priorities for 2019/20</b></p>         | <p>In a scheduled meeting with the Chair on 10<sup>th</sup> February, the A/Commissioner has identified three possible priorities for Council.</p> <ol style="list-style-type: none"> <li><b>1. Community Care Units (CCUs):</b> How does the Mental Health Commission (MHC) ensure any future CCUs meet the needs of people with multiple unmet needs?</li> <li><b>2. Community treatment:</b> What could community treatment look like? Are there more innovative ways to design and deliver community treatment to ensure the best possible outcomes for individuals and families being delivered?</li> <li><b>3. One-stop-shop:</b> As a solution for the system navigation problem? What could this look like?</li> </ol> <p>As each of the above topics is broad and to ensure timely advice is given to the Commissioner, Council agreed to create working groups for each priority. A key focus of the next MHAC meeting will be to design a template to ensure advice is presented in a congruent way reflecting Council values.</p> <p>Council discussed the idea of creating a template for working groups to work from.</p> <p>Council discussed the possibility of holding an extra meeting to discuss these priorities and agreed the 13 March 2020 Council meeting would be extended to an all-day meeting.</p> <p>Noted that Strategy Two of the Sustainable Health Review is 'improve mental health outcomes'.</p> | <p><b>Action 11:</b> MD/BF to create a template for working groups to use when developing advice.</p> <p><b>Action 12:</b> BF to set up all-day meeting for 12 March 2020.</p> <p><b>Action 13:</b> BF to send a copy of the Sustainable Health Review to members.</p> |

|   |   |  |
|---|---|--|
| <p><b>10. Presentation – Mental Health Network Co-Leads</b></p> | <p>Mental Health Network (MHN) Co-Leads, Rod Astbury (Community Co-Lead) and Dr Helen McGowan (Clinical Co-Lead) attended the meeting to discuss how the MHN and the Council can complement each other.</p> <p>Noted the MHN does not have a Terms of Reference document but there are documents outlining the role and objectives of the MHN. The MHN role is described by three objectives: Engaging, learning and informing.</p> <p>Discussed how the MHN could support Council through the MHN membership.</p> <p>Noted the topic of Service Integration is a priority for both the MHN and the Council.</p> <p>Noted that both the MHN and the Council are in the space of giving advice to the Commissioner; agreed that ideally advice given would be congruent unless there are clear reasons for points of difference.</p> <p>It was discussed how the MHN and Council could model integration. One possibility was an informal check-in with the other party as part of information-gathering while advice is being developed.</p> <p>RA and HM provided answers to the questions provided in writing by Council members.</p> | <p><b>Action 14:</b> BF to send members the MHN registration link.</p>   |
| <p><b>11. Discussion of presentation</b></p>                    | <p>Council discussed the role of the MHN, how it could act as a facilitator for service integration and help to dissolve silos.</p> <p>Agreed that working with the MHN will allow Council to be better informed in the advice they give to the Commissioner.</p> <p>Council agreed to advise the Commissioner that the MHN and Council will work congruently. Agreed advice will include:</p> <ul style="list-style-type: none"> <li>• There will be open communication with the MHN Co-leads to ensure advice is consistent wherever possible;</li> <li>• Council will work with the MHN Co-Leads to promote service integration and the need for consumers and families to be at the centre of service integration; and</li> <li>• Council is committed to working in close collaboration with the MHN, through the Co-Leads, to best inform the Commissioner.</li> </ul> <p>Council discussed the possibility of creating a joint communique with the MHN Co-Leads about service integration.</p>   | <p><b>Action 15:</b> BF/MD to draft advice to the A/Commissioner about how the Council will work with the MHN. Advice will be sent to members for comment and endorsement and sent to the A/Commissioner before the March meeting.</p> |

|  |  |  |
|--|--|--|
|  | <p>Council discussed the differences between the MHN and the Council:</p> <ul style="list-style-type: none"> <li>• The MHN is focused around services (design, best practice and experiences of people)</li> <li>• Council is focused on what a person’s experience is. Council is very proactive in going into the community and talking first hand with lived experience people to hear about their experiences.</li> <li>• Council is also more engaged at a strategic level while The MHN is more involved in design work and practice of services.</li> </ul>   | <p><b>Action 16:</b> MW to send information on Critical Time Intervention to Council members.</p>  |
| <p><b>12. Advice to the Commissioner</b></p> | <p>Council discussed CCUs and the need for service integration to break down the silos and ensure vulnerable populations will be accommodated.</p> <p>Agreed that Council should provide advice about what this high level integration between clinical services and non-government organisations needs to look like, and how it should work.</p> <p>Agreed that members will start thinking about the three priority areas, so working groups can be established at the March meeting and work can begin on constructing advice.</p>  | <p><b>Action 17:</b> Members to think about the three priority areas, and identify which working group they would like to be part of.</p>  |
| <p><b>13. Other Business</b></p>             | <p><b>Corrective Services Commissioner</b></p> <p>The Corrective Services Commissioner has indicated in a meeting with MD that he would be happy to present to Council.</p> <p>Agreed by members it would be useful for the Corrective Services Commissioner to attend a meeting given the high number of people in prisons with mental health issues and the need to ensure smooth transitions to community services. .</p> <p>Possible questions for the Corrective Services Minister were discussed. Questions to include:</p> <ol style="list-style-type: none"> <li>1. What transition services are available for people transitioning from prison back into the community?             <ol style="list-style-type: none"> <li>(a) How are these services customised to meet individual needs?</li> </ol> </li> <li>2. What services are available in prison for people with serious mental health issues?</li> <li>3. Given the publically available reports on the current state of mental health services in prison, what are the plans for improvement?</li> </ol> <p><b>Calendar of meeting dates</b></p> <p>Discussed the year calendar for meetings.</p> | <p><b>Action 18:</b> BF to send invitation to Corrective services Commissioner to attend a future meeting.</p> <p><b>Action 19:</b> Lee to email Margaret with contact details to organise a Neighbourhood Centre visit.</p> |

|   |  |   |
|---|--|---|
|   | <p>Agreed to meet in community settings where video-conferencing is available.</p> <p>Agreed to hold a meeting at a neighbourhood centre in May as the meeting falls during Neighbourhood Centre Week and the theme is ‘Loneliness: the solution is Community’</p> <p>Discussed the idea of meeting with the Alcohol and Other Drug Advisory Board (AODAB) to build a relationship and look for opportunities for collaboration. Agreed by members to invite the AODAB to meet with Council.</p> <p>Discussed holding a regional visit in August. Council members to think about possible locations for a regional visit.</p> <p>Noted 10 September is R U OK Day. Council discussed the possibility of an event on R U OK day with MHC staff.</p> <p>Noted that previously the December meeting has been held in the first week of December not the second. Agreed to move December meeting to 3 December 2020.</p> | <p><b>Action 20:</b> MD to discuss AODAB and MHAC meeting with AODAB Chair.</p> <p><b>Action 21:</b> BF to update calendar invite for December meeting.</p> |
| <p><b>14. Values Representative</b></p> | <p>EW provided feedback on how Council had reflected its values during the meeting.</p> <p>Value one: Diversity was upheld in many conversations throughout the meeting.</p> <p>Value two: Covered during the majority of the meeting and often underpinned discussions on how priorities will be addressed.</p> <p>Value three: Not touched on as much as the first two values. The meeting was more focused on the service and structural levels than individual paths and journeys.</p>   | <p><b>Action 22:</b> note RO as the values representative for the March meeting.</p>  |
| <p><b>Meeting closed at 12:28pm</b></p> |  |   |
| <p><b>NEXT MEETING</b></p>              | <p><b>Thursday, 12 March 2020</b></p> <p><b>8:30am – 12:30pm MHAC meeting; 1:00pm – 3:00pm working group meetings</b></p> <p><b>Mental Health Commission, 1 Nash Street Perth</b></p>  |   |