



MENTAL HEALTH ADVISORY COUNCIL MEETING MINUTES

May 14, 2020

Attendees	Attended by Zoom Rod Astbury (RA), Emily Wilding (EW), Andrew Williams (AW), Lee Steel (LS), Tracey Young (TY), Stan Chirenda (SC), Michael Wright (MW), Jessica Nguyen (JN), Amit Banerjee (AB), Richard Oades (RO)	Videoconference Thursday, 14 May 2020 8:30am – 12:30pm
Chair	Attended in person Margaret Doherty (MD)	
Secretariat	Attended in person Bianca Fish (BF)	
Guests	Attended in person <u>Mental Health Commission</u> : Sue Jones (SJ), Stacey Child (SC) (in person) <u>Nous Group</u> : Ian Sheldrake (IS) (in person) <u>AODAB Chair</u> : Colleen Hayward (CH), Attended by Zoom <u>Public Sector Commission</u> : Sarah Dustan (SD), Dan Volaric (DV) (by Zoom) <u>AODAB Members</u> : John Edwards (JE), Mark Montebello (MM), Jill Rundle (JR)	
Apologies	Gemma Powell (GP)	
AGENDA ITEM	DISCUSSION	ACTION LOG
1. Welcome and apologies	MD welcomed everyone and acknowledged GP as an apology for the meeting.	
2. Acknowledgement of Traditional Owners	MD acknowledged the Traditional Owners of the Land.	
3. Acknowledgement of Lived Experience	MD recognised those at the meeting with personal and family lived experiences.	

<p>4. Reflection: Co-Production principle three - mutuality</p>	<p>MD reflected on co-production principle three, mutuality, and how the Mental Health Advisory Council (Council) incorporates this into its work.</p> <p>Mutuality involves people coming together to share different experiences and expertise, to achieve an agreed goal that is mutually beneficial.</p> <p>Members noted there have been some great examples of mutuality during the COVID-19 pandemic.</p>	<p>Action 39: Note LS as the Reflection Presenter for the 11 June meeting.</p>
<p>5. Conflicts of Interest</p>	<p>Nil Conflicts of Interest declared.</p>	
<p>6. Acceptance of previous meeting minutes</p>	<p>Minutes from the 2 April 2020 meeting were accepted as a true and accurate representation of the meeting.</p>	
<p>7. Action Log</p>	<p>Completed actions: Action 31, Action 32, Action 33, Action 35, Action 37, Action 38</p> <p>Outstanding actions:</p> <p>Action 34: BF and MD still to draft advice to the A/Commissioner on the consumer engagement framework</p> <p>Action 36: Will be covered under during Agenda item 9</p> <p>Action 26: Post-postponed due to post COVID-19</p> <p>Action 18: Post-postponed due to post COVID-19</p>	
<p>8. Budget</p>	<p>Council viewed and discussed the budget.</p> <p>Due to an underspend on travel, Council has the opportunity to hold up to two meetings with Lived Experience people. An initial meeting is scheduled for 18 May 2020.</p>	
<p>9. Council Priorities for 2019/20: Working group updates</p>	<p>Council discussed what the output from each working group will be.</p> <p>Agreed each working group will develop a two-page briefing paper on their priority area outlining:</p> <ol style="list-style-type: none"> 1. What the issue is, with a focus on capturing cohorts who often fall through the gaps; 2. Links to other similar initiatives that the Mental Health Commission (MHC) can review; and 3. Recommendations for future areas of focus. 	<p>Action 40: BF to set up meetings for individual priority working groups.</p>

	<p>Upon giving these initial advice notes to the A/Commissioner, Council will request direction on what further advice is required.</p>	
<p>10. COVID-19 updates</p>	<p>Council members gave updates on how COVID-19 is affecting their environments and communities.</p> <ul style="list-style-type: none"> • In the community mental health setting there has not been an increase in crisis presentations, except in the areas of youth and alcohol and other drugs. • Some community members have reported they feel more connected to their community as they are helping to keep people safe and are doing the right thing by staying home. • In-person group activities/therapy are not running, and staff are reporting higher workloads with individual consumers who are not getting the usual support they do from group activities/therapy. • As restrictions lift, delivery of services needs to remain flexible because some consumers will prefer to continue meeting virtually rather than face-to-face. • The use of technology has increased the reach of regional organisations; they can now offer online services to towns they were not able to service before COVID-19. • For some people it has been an opportunity to feel more connected to the community while others feel more disconnected from the community • The uptake of telehealth by Aboriginal people has been quite high. Before COVID-19 there were question marks around the efficacy of telehealth in the Aboriginal community. Post COVID-19 this will prove to be fortuitous given the remoteness of some communities. • Some community members are worried that restrictions are being lifted too soon and are concerned about a second wave and what that may look like. • Research is predicting there will be an increase in suicides over the coming months and we are yet to see the peak of mental health issues due to the pandemic. • Concern was raised over the mental health of FIFO workers as many work swings have now been extended so workers are separated from their families for longer. • Consideration needs to be given to what services and responses we will need most after COVID-19, and what the best options to put in place to meet these needs will be. For example, people did not want to go to emergency departments because they believed they were unsafe. Planning needs to consider the establishment of alternative safe places. The development of different pathways into care that do not rely on the current medically focused pathways also needs to be considered. 	

	<ul style="list-style-type: none"> The impact of the withdrawal of the increases in Job Seeker and Job Keeper allowances is likely to cause significant mental health distress for people. <p>Council discussed the availability and suitability of online platforms for group therapy.</p> <ul style="list-style-type: none"> Lifeline WA has an online group program for survivors of suicide attempts. People with lived experience are co-facilitators of the group with a Lifeline employee. It was recommended that Government to identify one or two online platforms and recommend them to be used for telehealth and online group therapy, so consumers and service providers do not have to download and use multiple apps. The WA Department of Health is now using the Health Direct Videocall service which is a secure and encrypted platform. 	<p>Action 41: AB to share information on Lifeline group therapy with the Council</p>
<p>11. Presentation: Public Sector Commission</p>	<p>Dan Volaric and Sarah Dunstan from the Public Sector Commission joined the meeting to present on accountable and ethical decision making and good governance for Government Boards and Committees.</p> <div style="text-align: center;">  <p>PSC Presentation</p> </div>	
<p>12. Morning tea</p>		
<p>13. Presentation: One Stop Shop</p>	<p><i>Members of the Alcohol and Other Drug Advisory Board (AODAB) joined the meeting at 10:30am</i></p> <p>Sue Jones, Stacey Childs and Ian Sheldrake joined the meeting in person to facilitate discussion on the MHC's One Stop Shop Initiative. Professor Colleen Hayward, Chair of the AODAB also attended in person.</p> <div style="text-align: center;">  <p>One Stop Shop Presentation</p> </div>	
<p>14. One Stop Shop Advice to the Commissioner</p>	<p>Council and AODAB members discussed the OSS initiative with focus on:</p> <ul style="list-style-type: none"> The need for warm referrals that must be accepted by the service to which it is sent; A triage and navigation role for the service; 	<p>Action 42: BF, MD and CH to create initial draft of advice to</p>

	<ul style="list-style-type: none"> • Staff training and skills; • Pilot programs; • How to launch the service; and • A name for the service. <p>It was agreed to write a joint piece of advice on the OSS initiative from the Council and the AODAB. Agreed to keep advice to a two-page maximum. MD thanked the AODAB members for joining the meeting and contributing to the discussion. Members of both the AODAB and the MHAC agreed that it was of benefit to meet and that the Board and the Council could schedule annual joint meetings. <i>Members of the AODAB left the meeting at 12:00pm</i></p>	<p>A/Commissioner and send to AODAB and Council members for comment/feedback.</p>
<p>15. Other Advice to the Commissioner</p>	<p>Agreed to provide an update to the A/Commissioner on COVID-19 as discussed during Item 10.</p>	<p>Action 43: Draft COVID-19 update for the A/Commissioner</p>
<p>16. Other business</p>	<p>COVID-19 Lived Experience Engagement Session</p> <p>MD and BF met with Louise Howe, MHC Consumer to identify a process that is equitable, reflects Council's values and is timely with minimal burden on applicants.</p> <p>51 lived experience people who were recently involved in engagement processes with the MHC or past processes with the Council were sent an email inviting them to express interest in the COVID-19 engagement session.</p> <p>21 people expressed their interest</p> <p>10 panel members will be chosen to maximise diversity. MD, BF and LH are meeting directly after the Council meeting to finalise the process.</p> <p>MHAC members are invited to attend the meeting in a listening capacity.</p>	<p>Action 44: BF to send Council members calendar invite and Zoom link for engagement session.</p>
<p>17. Values Representative</p>	<p>LS provided feedback on how Council reflected its values during the meeting.</p> <p>Value one: The PSC presentation reminded Council of the need to be transparent when meeting and providing advice to the A/Commissioner.</p> <p>Value two: The OSS discussion had a focus on innovation in service delivery.</p>	<p>Action 45: BF to note AB as the Values Representative for the 11 June meeting.</p>

	<p>Value three: The OSS discussion included the need for prevention and recovery for all, not just individual consumers but also their families and carers.</p> <p>Noted the contribution of Council members to the OSS discussion highlighted Council's focus on the three values.</p>	
Meeting closed at 12:29pm		
NEXT MEETING	Thursday, 14 May 2020 8:30am – 12:30pm Videoconference	