

MENTAL HEALTH ADVISORY COUNCIL MEETING MINUTES

July 9, 2020

Attendees	<p>By Zoom: Andrew Williams (AW); Amit Banerjee (AB); Richard Oades (RO); Emily Wilding (EW). Lee Steel (LS) joined the meeting at 9am Jessica Nguyen (JN) left the meeting at 10:30am</p> <p>In person: Paul Parfitt (PP), Patricia Councillor (PC), Tracey Young (TY), Rod Astbury (RA)</p>	<p>Kambarang Room, Level 1, 1 Nash Street Perth</p> <p>Thursday, 9 July 2020 8:30am – 12:30pm</p>
Chair	In person: Margaret Doherty (MD)	
Secretariat	In person: Bianca Fish (BF)	
Guests	In person: Elaine Paterson (EP), MHC Assistant Commissioner, Purchasing, Performance and Service Development; Tammy Ford (RC), MHC Assistant Director, Sector Development; Joanne Clifford (JC), MHC Principal Program Officer, Health Relationship Purchasing; Cliff Collard (CC), MHC Manager, Strong Spirit Strong Mind Aboriginal Program	
Apologies	Stan Chirenda (SC); Gemma Powell (GP)	
AGENDA ITEM	DISCUSSION	ACTION LOG
1. Welcome and apologies	MD welcomed everyone and acknowledged SC and GP as apologies for the meeting.	
2. Welcome to Country	PP gave the Welcome to Country.	
3. Acknowledgement of Lived Experience	MD recognised those at the meeting with personal and family lived experiences.	
4. Reflection: Co-Production principle four – networks	<p>TY reflected on co-production principle five – blur roles.</p> <p>Blurring roles is about removing tightly defined boundaries between professionals and recipients to enable shared responsibility and control. Everyone brings something special and different to the table. We need to blur roles, listen with an open mind and work with people not at people.</p> <p><i>“When people are listened to shift happens”</i></p>	Action 60: Note PC as the reflection lead for the 13 August 2020 meeting.
5. Conflicts of Interest	Nil conflicts of interest declared.	

6. Acceptance of previous meeting minutes	Minutes from the 11 June 2020 meeting were accepted as a true and accurate representation of the meeting.	
7. Action Log	<p>Completed actions: Action 34, Action 46, Action 47, Action 49, Action 50, Action 51, Action 52, Action 53, Action 54, Action 55, Action 57, Action 58, Action 59</p> <p>Outstanding actions:</p> <p>Action 48 will be discussed at the August meeting. Agreed to move the regional visit to the November meeting.</p> <p>Action 56 to be completed.</p> <p>Action 25, Action 26 and Action 18 are on hold due to COVID-19.</p>	
8. Budget	Council discussed the budget for 2020/2021. Noted MD requested a budget increase and the 2020/2021 budget is currently being finalised by the Mental Health Commission (MHC).	
9. Communications Strategy	<p>Council can provide a conduit from the community to the Commissioner. For this to happen successfully community members need to know that Council exists, what Council does and how they can contact Council.</p> <p>Council previously had a newsletter called Council Chatters. Discussed reinstating the newsletter or something similar, to increase community awareness about Council. Options discussed were:</p> <ul style="list-style-type: none"> • Newsletters; • One-page communique on what Council does and how Council provides advice to the Commissioner; • Council Facebook page; • Holding meetings in community; • A regional visit; and • Making the Council webpage more visible on the MHC website. 	<p>Action 61: Investigate if Council can have a Facebook page.</p>
10. Community Treatment	<p>EP, TF and JC attended the meeting to discuss community treatment with the Council.</p> <p>JC gave an overview of the review of non-admitted services the MHC engaged KPMG to complete. The review looked at 2017 and 2018 data and has established a comprehensive baseline. There are eight recommendations from the review and the executive summary of the</p>	

	<p>report will be publicly released around August/September. The final report will go up through the Mental Health Executive Committee (MHEC).</p> <p>Agreed the Council will provide input into the next steps of the non-admitted services project.</p> <p>The review collected minimal information on the profile of consumers accessing services as the review was more focused on commissioning practices. Noted the MHC is working with the Department of Health (DoH) to improve this information, data pool and data linking.</p> <p>Agreed there needs to be more integration between clinical services and non-government services. Noted the MHC has a draft tender out for a new Community Care Unit (CCU) that talks about clinical services being imbedded in the service.</p> <p>Discussed the recent announcement by the Minister for Mental Health about \$24 million going into an extra 20 mental health beds at Fremantle Hospital.</p> <p>Discussed what will be put in place from COVID-19 learning in regard to keeping people well and in their community when they would traditionally have needed up in an emergency department.</p>	<p>Action 62: JC to review tables for information on profile of consumers accessing services.</p>
<p>11. Morning tea</p>	<p><i>JN left the meeting at 10:30am</i></p>	
<p>12. Community Treatment presentation discussion</p>	<p>Council discussed the community treatment discussion and how to move forward in providing advice to the Commissioner.</p> <p>Agreed to give staged advice on community treatment to the Commissioner.</p> <p>Discussed providing advice on:</p> <ul style="list-style-type: none"> • A model of care community treatment; • The development of more meaningful KPIs for mental health by the MHEC; and • The elements required for a consistent funding framework. 	<p>Action 63: TY to get information on the model used by the Rockingham Community Mental Health service with a CMO imbedded in the clinical team.</p>
<p>13. Discussion on culturally appropriate community treatment</p>	<p>CC attended the meeting to discuss culturally appropriate community treatment for Aboriginal people. PC and PP also contributed to the discussion.</p> <p>Discussed what works well for Aboriginal people in terms of community treatment.</p> <p>Aboriginal people need to be consulted from the beginning and need to be part of the entire process. Need to consult with family groups and services local to the community. Aboriginal communities can look after each other but we need to ensure they are funded adequately and supported.</p>	<p>Action 64: RO to share tip sheet developed with Aboriginal Health Workers in the South West on what works for Aboriginal people with Council.</p>

	<p>Local Aboriginal mental health services need to be supported. The MHC needs to ensure rural and remote communities are set up correctly with funding, so services have the capacity and skills to look after people rather than needing to send them away from their community.</p> <p>Discussed Red Dust Healing as a community-based support program.</p> <p>The use of traditional healing and traditional medicine is included in the Mental Health Act. Services need to be more aware of and using traditional healing appropriately and more often.</p>	<p>Action 65: Contact the Mental Health Advocacy Service about advocating for traditional healing under the Mental Health Act 2014.</p>
<p>14. Advice to the Commissioner</p>	<p>Agreed to provide advice to the Commissioner on culturally appropriate community treatment for Aboriginal people.</p> <p>Agreed to provide advice to the Commissioner on the use of and training of staff on the Psychiatric Services Online Information System (PSOLIS) and query Next Step not having access to this program.</p>	<p>Action 66: MD to draft first piece of advice on community treatment and send to Council members for feedback</p>
<p>15. Other business</p>	<p>Response letter from the A/Mental Health Commissioner</p> <p>Council discussed the response letter received from the A/Commissioner regarding advice provided by Council to date.</p> <p>Noted that as recommended in the Inclusivity in Language advice, EW will be presenting to MHC staff on the use of inclusive language.</p> <p>Future presenters</p> <p>Council discussed who they need to hear from at future meetings to help inform advice to the Commissioner.</p> <p>Agreed to invite the Corrective Services Commissioner to the September meeting.</p> <p>Agreed to invite Consumers of Mental Health WA (CoMHWA) to the August meeting to discuss what consumers want from community treatment and issues around the use of PSOLIS for non-clinical staff.</p> <p>Agreed to invite the WA Association for Mental Health (WAAMH) to the August meeting to discuss rebalancing the system and the integration of community treatment and community support.</p>	<p>Action 67: Invite Corrective Services Commissioner to the September meeting.</p> <p>Action 68: Council members to send in suggestions for questions for the Corrective Services Minister.</p> <p>Action 69: Invite CoMHWA and WAAMH to the August meeting.</p> <p>Action 70: Tracy to find a contact for the Psolis Users' Group (PUG)</p>
<p>16. Values Representative</p>	<p>EW provided feedback on how Council reflected its values during the meeting.</p>	<p>Action 71: Note GP as the values representative</p>

	<p>Value one: This was covered well during the meeting, especially through the discussion on culturally appropriate community treatment. Noted that continued advocacy from regional and rural members is invaluable.</p> <p>Value two: Exploring 'what next' was not done explicitly through the meeting but Council did give a good critique of what is currently available as a step one.</p> <p>Value three: This was not covered explicitly but Council did undertake a thorough critique of community services.</p>	<p>for the 13 August 2020 meeting.</p>
<p>Meeting closed at 12:15pm</p>		
<p>NEXT MEETING</p>	<p>Thursday, 13 August 2020 8:30am – 12:30pm Djeren Room, Mental Health Commission</p>	