



Government of **Western Australia**
Mental Health Commission

Mental Health Executive Committee

COMMITTEE CHARTER

This document outlines the key governance arrangements of the Mental Health Executive Committee (MHEC) in relation to its function, composition and processes.

This Charter will also serve the Mental Health Leads Sub-Committee.

Documents that should be read in conjunction with the MHEC Charter are the:

- MHEC Terms of Reference (**Attachment 1**);
- MHEC Code of Conduct (**Attachment 2**);
- MHEC Confidentiality Agreement (**Attachment 3**);
- Public Sector Commission's Conflict of Interest Guidelines (**Attachment 4**);
- MHEC Conflict of Interest Register (**Attachment 5**).

1. Purpose, role and function

1.1 Purpose

On 4 March 2020, the Minister for Mental Health announced several new governance arrangements for mental health, alcohol and other drug services in Western Australia, including the establishment of a Mental Health Executive Committee (the MHEC), to be chaired by the Mental Health Commissioner.

The aim of the MHEC is to strengthen integration and accountability [of mental health, alcohol and other drug services] within the public health system. The MHEC will also focus on improving partnerships, in particular with the community sector and strengthen consumer focused care, to ensure that lived experience is central to policy development and service delivery.

The creation of the MHEC followed the release of the Final Report of the Review of Clinical Governance of Public Mental Health Services in Western Australia, which was itself a recommendation of the Sustainable Health Review's Final Report to the Western Australian Government and the Review of Safety and Quality in the WA Health System, A Strategy of Continuous Improvement, Interim Report.

As a key governance mechanism for the mental health, alcohol and other drug system, the MHEC will be leading the implementation of the Government's intentions and objectives for mental health, alcohol and other drug services provided by the public health system in Western Australia.

The intentions and objectives for the mental health, alcohol and other drug system are comprehensively set out in Better Choices, Better Lives, Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025, the associated Plan Update 2018, and the

*We're working for
Western Australia.*

WA State Priorities, Mental Health, Alcohol and Other Drugs 2020-2024. Critically, these intentions and objectives include ensuring that mental health, alcohol and other drug services are efficient, sustainable, recovery-focussed, consumer-led, and integrated.

1.2 Role and Function

The role and function of the MHEC are set out in the Terms of Reference, which are provided at **Attachment 1**. Of particular note, the purpose of the MHEC is to lead the continuous development of a mental health system and alcohol and other drug system that is efficient, sustainable, recovery-focussed, consumer-led, and integrated. It will do this by:

1. Driving, across the public health system, the development, reform and delivery of mental health, alcohol and other drug services, which are set out in the Better Choices, Better Lives, Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025, the associated Plan Update 2018, the WA State Priorities, Mental Health, Alcohol and Other Drugs 2020-2024;
2. Driving the implementation of the mental health, alcohol and other drug related strategies set out in the Sustainable Health Review's Final Report to the Western Australian Government across the public health system;
3. Ensuring that care provided through the system is consumer-focussed by:
 - making lived experience central to the development and delivery of mental health, alcohol and other drug policies and services; and
 - improving partnerships with the community sector;
4. Ensuring that clinicians are engaged in the development and delivery of these improvements to mental health, alcohol and other drug policies and services;
5. Guiding and supporting system-wide improvements, including those developed through the Mental Health Leads Sub-Committee;
6. Strengthening the integration of mental health, alcohol and other drug policies and services, in recognition of the frequent co-occurrence of the related needs;
7. Guiding and supporting system-wide improvements in safety and quality assurance, including those developed through the Co-Leadership Safety and Quality Mental Health Reference Group;
8. Providing advice to Government regarding COVID-19 Coronavirus response and recovery planning, particularly in relation to mental health, alcohol and other drug matters;
9. Providing policy advice to Government regarding mental health, alcohol and other drug matters for progressing through national forums;
10. Supporting the Community Mental Health, Alcohol and Other Drug Council (CMC) in the delivery of its objectives; and
11. Any other matters impacting on mental health, alcohol and other drug services for Western Australians, as requested by the Minister for Mental Health.

2. Membership

Membership of the MHEC comprises 10 members, as set out below:

- Commissioner, Mental Health Commission (Chair)
- Chief Medical Officer, Mental Health (Deputy Chair)
- Director General, Department of Health
- Chief Executive, Child and Adolescent Health Service
- Chief Executive, East Metropolitan Health Service
- Chief Executive, North Metropolitan Health Service
- Chief Executive, South Metropolitan Health Service

- Chief Executive, WA Country Health Service
- Consumer Representative*
- Carer Representative*

**The Consumer and Carer representatives will be members of both the MHEC and the CMC.*

All appointments to the MHEC are for a period of two years.

3. Key Principles for Operation and Decision Making

3.1 Key Principles for Operation

The MHEC will operate in accordance with the following principles:

- the functions and purpose of the MHEC (as set out in the Terms of Reference) will be properly fulfilled;
- the MHEC will act in accordance with good governance practice;
- the MHEC will act in the public interest;
- the MHEC will act in the interests of the mental health and alcohol and other drug system as a whole;
- members will treat one another with respect and courtesy, with members working together as equals; and
- members will participate in discussions in an active and constructive manner and will ensure that there is a balanced opportunity for each member to ask questions, express ideas, and offer opinions.

3.2 Key Principles for Decisions Making

The MHEC will make decisions in accordance with the following principles:

- the MHEC will ensure that each of its decisions is valid (for further information, see below);
- the MHEC will make decisions that are in the public interest (for further information, see below);
- the MHEC will make decisions in the interests of the mental health and alcohol and other drug system as a whole;
- MHEC members will strive to reach consensus on decisions; and
- MHEC members will work in partnership and be collectively accountable for the MHEC's decisions, with members actively participating in each decision and remaining loyal to the decisions of the MHEC once made.

Ensuring decisions are valid

The MHEC will ensure that each of its decisions is valid, including that it is consistent with:

- the purpose, functions, and powers of the MHEC;
- the quorum and key principles for operation and decision-making process; and
- all applicable laws and related obligations.

Ensuring decisions are in the public interest

The MHEC will also ensure that each of its decisions is in the public interest, including that it:

- is ethically sound and fair (e.g. consistent with the Code of Conduct);
- is consistent with government policy; key strategic documents for the mental health, alcohol and other drug system as set out in the Better Choices, Better Lives, Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025, the associated Plan Update 2018, and the WA State Priorities, Mental Health, Alcohol and Other Drugs 2020-2024; and any directions, guidelines, and/or statements of obligation or expectation issued by the Minister; and
- may involve various considerations, such as acting reasonably; the proper administration of services; public health and safety; open, transparent and accountable services; the right to patient and family privacy; and exposing corrupt or serious maladministration.

3.3 Quorum

A quorum consists of six members.

4. Role of the Chair, Deputy Chair and Members

The Chair is required to lead the MHEC, ensure that it operates effectively, maintains a strategic focus, monitors performance and manages the MHEC's principal relationships.

The Deputy Chair will support the Chair in the above tasks. The Deputy Chair will also undertake the role and functions of the Chair in their absence and be available to undertake the responsibilities of the Chair in instances where the Chair actually or potentially has a conflict of interest.

The role of MHEC Members is to contribute their leadership, knowledge and experience to the MHEC's work, draw on their networks across their relevant HSP or consumer/carer network, consult on behalf of the MHEC and engage support for the MHEC's work.

5. Code of Conduct

The standards of behaviour expected of Members are summarised in the attached Code of Conduct (**Attachment 2**).

Members are expected to familiarise themselves with the contents and, where appropriate, sign the acknowledgment provided to indicate that they will uphold the Code of Conduct.

6. Conflicts of Interest

Members will be required to declare any potential, perceived or actual conflicts of interest. These conflicts, and the way in which they will be addressed, will be maintained in the Conflict of Interest Register by the MHEC's Secretariat.

In accordance with the requirement to manage Conflict of Interest, at the start of each MHEC meeting:

- the Chair will ask all members present to state whether their interests as recorded in the Conflict of Interest Register are complete and correct in respect to any item on the agenda (**Attachment 3**);
- if there are no changes, the minutes will note that 'all members present confirmed that their entries in the Conflict of Interest Register are complete and correct'; and
- if any changes are declared, these will be recorded in the minutes for entry into the register.

An interest must be declared even if it is already recorded in the Conflict of Interest Register. Any conflicts will be dealt with by the MHEC in accordance with the Public Sector Commission's Conflict of Interest Guidelines (**Attachment 4**). A Member who declares a conflict of interest may be asked to leave the room for all discussion and decision-making on the issue relating to their Conflict of Interest.

7. Confidentiality

The MHEC is committed to communicating details of its work widely and operating with transparency where possible.

Notwithstanding this commitment, in the course of the MHEC's operations, members may have access to information that constitutes cabinet-in-confidence, commercial-in-confidence or sensitive personal information. Members must treat this material as strictly confidential. The Confidentiality and Non-disclosure Agreement is provided at **Attachment 5** and members are expected to familiarise themselves with the contents and, where appropriate, sign the agreement provided.

8. Reporting

The operations, decisions and recommendations of the MHEC will be reported to the Minister for Mental Health, by the Chair, after each meeting.

9. Working Groups and Consultation Networks

9.1 Working Groups

The Mental Health Leads Sub-Committee will be established to assist in guiding and supporting system-wide improvements and reform.

The MHEC may also establish time-limited advisory or working groups to achieve its objectives, which may meet more frequently. These groups may include non-MHEC members as required.

9.2 Consultation Networks

The Secretariat will facilitate consultation across the sector, should members need to obtain information on particular agenda items.

In particular, the Secretariat will support the Consumer and Carer representatives in establishing consultation networks of people with lived experience, across both mental health and alcohol and other drug networks, to obtain and gather information so as to enable relevant lived experience to be considered as part of all agenda items.

10. External Communications

All external communications on behalf of the MHEC will be conducted through the Chair.

The MHEC will operate openly and transparently and commits to distributing information regarding its activities widely, where appropriate.

A Communique outlining the actions and outcomes from MHEC meetings will be made available to the public via the Mental Health Commission website following each meeting.

The Chief Executive Officer of each HSP on the MHEC will be requested to provide this Communique directly to the Chair of their respective HSP Board and actively communicate the work of the MHEC with their operational teams.

Similarly, the Consumer and Carer representatives will be requested to use this Communique to consult and liaise with their networks.

The MHEC Charter and the Terms of Reference will also be published on the Mental Health Commission's webpage.

11. Meeting Arrangements and Secretariat Support

11.1 Scheduled Meetings

The MHEC will meet on a quarterly basis. Additional meetings may be convened by the Chair.

Representatives outside of the MHEC membership may be invited to attend and present on particular agenda items as required. This will require approval of the Chair, through the Secretariat, prior to attendance.

11.2 Non-scheduled meetings

MHEC meetings may also include other non-scheduled meetings at which Members carry out MHEC related duties, such as community consultations, meetings with stakeholders, attending workshops and seminars promoting the work of the MHEC etc. Members are to report back to the MHEC on outcomes or issues.

11.2 Secretariat Support

Secretariat support for the MHEC will be provided by the Mental Health Commission.

The Secretariat will provide a draft agenda and call for agenda items six weeks prior to each meeting, with all papers to be submitted to the Secretariat at least 10 working days prior to the meeting. The Secretariat will finalise the agenda and papers and circulate these to MHEC members five days prior to the meeting.

Minutes of meetings and other records will also be developed and maintained by the Secretariat. Draft Minutes will be provided within 10 working days of the meeting being held.

The Secretariat will also undertake to consult with the MHC's Chief Finance Officer on all submissions that have funding implications, as appropriate.

12. Sitting Fees

Participation payments and reimbursement of out of pocket expenses are offered to consumer, family, carer and community members who are engaged in MHEC activities in line with the MHC Consumer, Family, Carer and Community Paid Partnership Policy, which can be found at <https://www.mhc.wa.gov.au/media/2649/consumer-family-and-community-paid-partnership-policy-april-2019.pdf>

The Secretariat will:

- provide the Chair and Deputy Chair with a list of Members who are eligible for sitting fees; and
- assist eligible Members to apply for sitting fees, arrange attendance and maintain a record of the approved meetings.

13. Review

A review of the effectiveness of the MHEC will be conducted within two years of the first meeting of the MHEC. The Chair of the MHEC will be responsible for organising the review. The findings of the review and any recommendations arising from it will be provided to the Minister for Mental Health.

MHEC TERMS OF REFERENCE

MENTAL HEALTH EXECUTIVE COMMITTEE (MHEC)

TERMS OF REFERENCE

1. INTRODUCTION AND PURPOSE

On 4 March 2020, the Minister for Mental Health announced several new governance arrangements for mental health, alcohol and other drug services in Western Australia, including the establishment of a Mental Health Executive Committee (the MHEC), to be chaired by the Mental Health Commissioner.

The aim of the MHEC is to strengthen integration and accountability [of mental health, alcohol and other drug services] within the public health system. The MHEC will also focus on improving partnerships, in particular with the community sector and strengthen consumer focused care, to ensure the lived experience is central to policy development and service delivery.

The creation of the MHEC followed the release of the *Final Report of the Review of Clinical Governance of Public Mental Health Services in Western Australia*, which was itself a recommendation of the Sustainable Health Review's *Final Report to the Western Australian Government* and the *Review of Safety and Quality in the WA Health System, A Strategy of Continuous Improvement, Interim Report*.

As a key governance mechanism for the mental health, alcohol and other drug system, the MHEC will be leading the implementation of the Government's intentions and objectives for mental health, alcohol and other drug services provided by the public health system in Western Australia.

The intentions and objectives for the mental health, alcohol and other drug system are comprehensively set out in *Better Choices, Better Lives, Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025*, the associated *Plan Update 2018*, and the *WA State Priorities, Mental Health, Alcohol and Other Drugs 2020-2024*. Critically, these intentions and objectives include ensuring that mental health, alcohol and other drug services are efficient, sustainable, recovery-focussed, consumer-led, and integrated.

2. ROLE AND FUNCTIONS

The purpose of the MHEC is to lead the continuous development of a mental health, alcohol and other drug system that is efficient, sustainable, recovery-focussed, consumer-led, and integrated, in particular by:

1. Driving, across the public health system, the development, reform and delivery of mental health, alcohol and other drug services, which are set out in the *Better Choices, Better Lives, Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025*, the associated *Plan Update 2018*, the *WA State Priorities, Mental Health, Alcohol and Other Drugs 2020-2024*;
2. Driving the implementation of the mental health, alcohol and other drug related strategies set out in the Sustainable Health Review's *Final Report to the Western Australian Government* across the public health system;
3. Ensuring that care provided through the system is consumer-focussed by:
 - making lived experience central to the development and delivery of mental health, alcohol and other drug policies and services; and
 - improving partnerships with the community sector;
4. Ensuring that clinicians are engaged in the development and delivery of these improvements to mental health, alcohol and other drug policies and services;
5. Guiding and supporting system-wide improvements, including those developed through the Mental Health Leads Sub-Committee;

6. Strengthening the integration of mental health, alcohol and other drug policies and services, in recognition of the frequent co-occurrence of the related needs;
7. Guiding and supporting system-wide improvements in safety and quality assurance, including those developed through the Co-Leadership Safety and Quality Mental Health Reference Group;
8. Providing advice to Government regarding COVID-19 Coronavirus response and recovery planning, particularly in relation to mental health, alcohol and other drug matters;
9. Providing policy advice to Government regarding mental health, alcohol and other drug matters for progressing through national forums;
10. Supporting the Community Mental Health, Alcohol and Other Drug Council (CMC) in the delivery of its objectives; and
11. Any other matters impacting on mental health, alcohol and other drug services for Western Australians, as requested by the Minister for Mental Health.

3. MEMBERSHIP

The MHEC will comprise 10 members, as set out below:

Commissioner, Mental Health Commission – Chair
Chief Medical Officer, Mental Health – Deputy Chair
Director General, Department of Health
Chief Executive Officer, Child and Adolescent Health Service
Chief Executive Officer, East Metropolitan Health Service
Chief Executive Officer, North Metropolitan Health Service
Chief Executive Officer, South Metropolitan Health Service
Chief Executive Officer, WA Country Health Service
Consumer representative*
Carer representative*

*The consumer and carer representatives will be members of both the MHEC and the CMC.

The roles and responsibilities of the Chair, Deputy Chair and other members of the MHEC are set out in the MHEC's Charter.

4. PROXIES

Proxies will not be allowed except under exceptional circumstances and with prior agreement from the Chair. Requests to provide a proxy should be forwarded in writing to the Chair, via the MHEC secretariat, at least three days prior to the date of the meeting. All those attending as proxy members need to be provided with sufficient authorisation to speak on behalf of the member they are representing.

5. CONDUCT

Members will be required to comply with the MHEC's Charter.

In particular, members will be required to declare any potential, perceived and actual conflicts of interest. These conflicts, and the way in which they will be addressed, will be maintained in a register by the MHEC's secretariat.

In the course of the MHEC's operations, members may have access to information that constitutes sensitive personal information or sensitive government information. Members must treat this material as strictly confidential and will be required to sign an agreement to this effect.

These conduct requirements are set out in more detail in the MHEC Charter.

6. MEETINGS

The MHEC meets on a quarterly basis. Additional meetings may be convened by the Chair.

The processes for developing meeting agendas, submitting papers (including submission templates), and circulation of meeting papers, are covered in the MHEC Charter.

A communique summarising the discussions at the MHEC meetings will be published on the Mental Health Commission's website following each meeting. The Chief Executive Officer of each Health Service Provider on the MHEC will be requested to provide this communique directly to the Chair of their respective Health Service Board.

These Terms of Reference and the MHEC's Charter will also be published on this webpage.

7. SECRETARIAT

Secretariat support for the MHEC will be provided by the Mental Health Commission.

Minutes of meetings and other records are developed and maintained by this secretariat unit, as covered by the MHEC Charter.

8. REPORTING

The operations, decisions and recommendations of the MHEC will be reported to the Minister for Mental Health, through the Chair of the MHEC, after each meeting. Where appropriate, recommendations of the MHEC may be provided, through the Minister for Mental Health, to Cabinet, and to the State Recovery Controller.

An overview of the MHEC's activities will be reported annually as part of the Mental Health Commission's Annual Report.

9. LIAISON, CONSULTATION AND ENGAGEMENT

The MHEC will draw on, and be informed by:

- Advice from the CMC - the communique issued after each meeting will be provided to the CMC to facilitate this;
- The Stakeholder Engagement and Partnership Framework; and
- Consultation mechanisms directly related to specific initiatives.

The Chair will also seek to meet regularly with the Co-Chairs of the Aboriginal Advisory Council of Western Australia to discuss forward work agendas, including any requests for feedback and advice on matters of common interest.

The MHEC may establish time-limited advisory, working groups or sub-committees that meet more frequently. These working groups may include non-MHEC members as required.

10. REMUNERATION OF MEMBERS

Non-salaried members of the MHEC will receive remuneration in accordance with the Mental Health Commission's *Consumer, Family, Carer and Community Paid Participation Policy*.

11. REVIEW

A review of the effectiveness of the MHEC will be conducted within two years of the first meeting of the MHEC. The Chair of the MHEC will be responsible for organising the review. The findings of the review and any recommendations arising from it will be provided to the Minister for Mental Health.

12. RELATED DOCUMENTS

Mental Health Executive Committee Charter

Commissioner's Instruction No.7 – *Code of Ethics*

Commissioner's Instruction No.8 – *Codes of Conduct and Integrity Training*

Conduct Guide for Public Sector Boards and Committees

Mental Health Commission, *Consumer, Family, Carer and Community Paid Participation Policy* - <https://www.mhc.wa.gov.au/media/2649/consumer-family-and-community-paid-partnership-policy-april-2019.pdf>

MHEC CODE OF CONDUCT

MESSAGE FROM THE CHAIR

As members of the MHEC, we have a key role in leading the implementation of the Government's intentions and objectives for mental health, alcohol and other drug services provided by public Health Service Providers (HSPs) in Western Australia. In doing so, we are committed to:

- Acting in accordance with the MHEC Charter;
- Being accountable and transparent;
- Collaborating across the public health system to strengthen integration and accountability;
- Improving partnerships, in particular with the community sector;
- Striving to reach consensus and make decisions that are in the public interest and in the interest of the system as a whole;
- Ensuring lived experience is central to policy development and service delivery; and
- Communicating the MHEC's work openly and transparently where appropriate.

The Code of Conduct sets out principles, standards and expected behaviours that reflect our commitment to working together in an inclusive, respectful and productive environment.

It empowers us in our respective roles and responsibilities in a way that not only outlines expected conduct but also demonstrates our commitment to ethical behaviour, integrity and accountability.

The Code of Conduct provides a reference point to assist us in understanding our obligations regarding the MHEC and in ensuring that our work is in the best interests of the Western Australian community.

Jennifer McGrath, A/Mental Health Commissioner

ETHICS AND ACCOUNTABILITY

This Code of Conduct explains the behavioural standards for ethical and accountable conduct. It should be read in conjunction with the MHEC Charter and Terms of Reference.

Personal behaviour

Members are expected to act professionally and ethically, and to carry out their roles with integrity and with regard for both the government's policies and priorities and the public interest.

Members of the MHEC will:

- be well informed about the role and purpose of the MHEC;
- actively contribute;
- engage with their networks to progress the work of the MHEC; and
- put the public interest ahead of their own and other Members' personal and pecuniary interests by acting with loyalty, in good faith, ethically and with integrity.

Communication and official information

The MHEC is committed to communicating details of its work widely and operating with transparency where possible. A Communique summarising the discussions at the MHEC meetings will be published on the Mental Health Commission's website following each meeting. The Chief Executive Officer of each Health Service Provider on the MHEC will be requested to provide this Communique directly to the Chair of their respective Health Service Provider Board and actively communicate the work of the MHEC with their operational teams.

Similarly, the Consumer and Carer representatives will be requested to use this Communique to consult and liaise with their networks.

In the course of the MHEC's operations, members may have access to information that constitutes cabinet-in-confidence, commercial-in-confidence or sensitive personal information. Members must treat this material as strictly confidential and, where appropriate, will be required to sign a declaration to this effect.

Members will:

- actively communicate the work of the MHEC to their respective HSP Boards and operational teams or similarly, the Consumer and Carer representatives will be requested to consult and liaise with their networks of consumers and family/carers as relevant;
- respect confidentiality of information; and
- respect the boundaries of their role by not using information obtained through the MHEC for personal, commercial or political gain.

Fraudulent or corrupt behaviour

Fraud is defined as dishonest activity causing actual or potential financial loss to a person or organisation.

Corrupt conduct occurs when a member uses or tries to use their position for personal advantage or to the detriment of others.

Community confidence in ethical decision making, and in the MHEC, is put at risk if fraudulent or corrupt behaviour occurs.

Members will:

- not engage in fraudulent or corrupt behaviour; and
- report suspected instances of this behaviour to the Chair who will consider the appropriate response.

Use of public resources

Members of the MHEC are required to use the Government's resources responsibly.

Members will:

- avoid unnecessary and/or inefficient use of public resources;

- maintain appropriate documentation to support claims for sitting fees, travel and accommodation and use of other public resources; and
- ensure that public resources are only used for MHEC related business.

Record keeping and use of information

Correspondence and documents created or received relating to the MHEC's business are considered to be government records, and as such are subject to the provisions of the *Freedom of Information Act 1992*.

Members will:

- ensure that recorded information under their control (in paper or electronic form) is stored safely, securely and appropriately; and
- be diligent in handling MHEC records and sensitive documents.

Conflicts of Interest

When personal, social, commercial or political activities interfere or have potential to influence the MHEC's work, a conflict of interest may exist that must be resolved.

A conflict of interest may be actual, perceived to exist, or potentially exist and take various forms.

For example, information received through the MHEC may lead to perceived or real conflicts of interest by giving advantage to an employer or interest group.

While it is not necessarily a problem to have a conflict of interest, it must be declared and managed accordingly.

Members will:

- report actual, potential or perceived conflicts of interest to the Chair or Secretariat prior to a meeting; and
- ensure that relationships with individuals, organisations and groups known to them do not affect their ability to provide impartial and reasonable advice.

Reporting suspected breaches of the Code

Suspected breaches of the Code of Conduct should be reported to the Chair or the Secretariat, Mental Health Commission.

The Chair or Secretariat will consider an appropriate response following advice from the Public Sector Commission.

Acknowledgement

I acknowledge and accept the MHEC Code of Conduct.

Name: _____

Signature: _____

Date: ____/____/2020

MHEC CONFLICT OF INTEREST REGISTER

It is the responsibility of each Member to inform the Chair or the Secretariat of an *actual conflict, potential or perceived conflict of interest*, consistent with the MHEC Code of Conduct. This can be done verbally or in writing at any time, but it is important that it occurs before discussion of a relevant meeting agenda item.

This Register is used by the Secretariat to record conflicts of interest brought to the attention of the Chair of the MHEC and recorded in the minutes of quarterly meetings.

The 'Conflicts of Interest Declaration' is a standing agenda item at all meetings of the MHEC and may also be declared and discussed at a MHEC meeting.

Name of Member	Description of Interest	Date of Disclosure	Actual, Potential or Perceived	Action Taken (Record, Restrict, Recruit, Remove, Relinquish, Resign)
e.g. SMITH, John	Member of agency ABC	7/3/18	Perceived	Record

PSC CONFLICT OF INTEREST GUIDELINES

MHEC CONFIDENTIALITY AND NON-DISCLOSURE AGREEMENT

1. CONFIDENTIAL AND PROPRIETARY INFORMATION

As a member of the MHEC, you may have access to Confidential and Proprietary Information that is sensitive. Any unauthorised use or disclosure of this information would cause serious and irreparable injury to the MHEC.

- 1.1 The MHEC requires that Confidential Information must be kept strictly and absolutely confidential and always handled as required in accordance with the MHEC's Code of Conduct and the Mental Health Commission's Conflicts of Interest Policy and Guidelines.
- 1.2 The MHEC requires that all persons authorised to have access to Confidential Information acknowledge their obligations to uphold confidentiality.
- 1.3 You are subject to a duty of confidentiality under the common law when you receive or have access to confidential information.

2. NON-DISCLOSURE

You acknowledge that:

- 2.1 You agree to use your best efforts to safeguard the Confidential and Proprietary Information of the MHEC, and to prevent the unauthorised, negligent or inadvertent disclosure thereof.
- 2.2 You shall not, without the prior written approval of the Chair of the MHEC, directly or indirectly, disclose the Confidential and Proprietary Information to any other person or business entity.
- 2.3 You shall promptly notify the Chair in writing of any unauthorised, negligent or inadvertent disclosure of Confidential and Proprietary Information.
- 2.4 You shall only use Confidential and Proprietary Information for the completion of your member duties, as specified in the Terms of Reference, and never for your personal gain.
- 2.5 You shall be liable under this agreement to the MHEC for any disclosure in violation of this agreement.

3. DECLARATIONS

You acknowledge that:

- 3.1 Any changes in circumstances relating to criminal offences or if there is a discontinuance of essential qualification or membership required for your position is reported to the MHEC Chair or the Secretariat, Mental Health Commission.

4. CONSEQUENCES OF A BREACH OF CONFIDENTIALITY

Any breach of your confidentiality obligations may be considered misconduct and may lead to the following consequences, as applicable:

- 4.1 Your misconduct may result in the termination of your membership within MHEC.
- 4.2 Your misconduct, if it is likely to constitute a breach of section 81 of the *Criminal Code* in relation to unauthorised disclosure of official information may be reported to the Police.
- 4.3 Your misconduct may be reported to the Corruption and Crime Commission (CCC).

4.4 Your misconduct may be considered to be in breach of discipline and may be dealt with in accordance with the *Public Sector Management Act* and the Department of Premier and Cabinet's 'Disciplinary Procedures Guide'.

CONFIDENTIALITY AND NON-DISCLOSURE AGREEMENT

I, _____, agree with and acknowledge this entire agreement.

MEMBER

Member Name

Signature

_____/_____/_____
Date

WITNESS

Witness Name

Signature

_____/_____/_____
Date

CHAIR

Chair

Signature

_____/_____/_____
Date