



## ANNUAL REPORT 2019-20

### Background

The Mental Health Advisory Council (the Council) was initially appointed by the Honourable Helen Morton MLC, Minister for Mental Health, Disability Services in May 2011. The Council took a break in July 2018 for the purposes of undertaking a recruitment process for new members to replace Council members whose terms had expired. There was an enthusiastic response to the recruitment process following which eight new members were appointed by the Honourable Roger Cook MLC, Deputy Premier; Minister for Health; Minister for Mental Health in October 2019. A specific Aboriginal recruitment process was co-designed with the Mental Health Commission (MHC), Council Chair, Dr Michael Wright and the MHC's Elders-in-Residence, Uncle Charlie and Aunty Helen Kickett. This successful process resulted in the appointment of Mr Paul Parfitt and Ms Patricia Councillor to the Council in June 2020.

The current members of the Council are:

Ms Margaret Doherty (Chair)

Mr Rod Astbury (continuing)

Mr Amit Banerjee (continuing)

Dr Michael Wright (continuing to 30 June 2020)

Mr Stan Chirenda

Ms Patricia Councillor

Ms Jessica Nguyen

Dr Richard Oades

Mr Paul Parfitt

Ms Gemma Powell

Ms Lee Steel

Mr Andrew Williams

Ms Emily Wilding

Ms Tracey Young





## Diversity

A specific focus of the recruitment processes in 2018 was to ensure a diversity of membership on the Council. There was a particular emphasis on recruiting members from groups and communities which are often under-represented in decision making processes. In addition to two Aboriginal members, the current Council includes members from:

- regional and rural areas (Broome, Bunbury, Northam, Pingelly);
- the LGBTIQ community; and
- culturally and linguistically diverse backgrounds.

A number of members identify as having experiences of mental distress and/or alcohol and other drug use as individuals or as family members or caregivers.

Council members bring skills, knowledge and expertise from a range of settings and backgrounds. These include backgrounds as health practitioners (nursing, psychiatric, social work, pharmacy), researchers and youth workers, community support/development managers, staff and volunteers. Members have held roles in executive leadership, management and frontline work in public, private and community-managed organisations.

Further information about individual Council members can be found [here](#).

One of the first pieces of Advice developed and delivered by the newly convened Council was on 'Inclusive Language and the LGBTI community'. The Advice is available [here](#).

## Purpose

The purpose of 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 provides a forum for information exchange between key stakeholders as well as discussion about broad strategic issues relating to mental health.

## Role and Function

The Council is tasked with providing 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.

Additional information is available in the Council's Terms of Reference [here](#).

Executive support is provided to the Council by the MHC. Ms Bianca Fish has held the role of Project Officer during this time period. The Council would like to thank Bianca for the commitment, professionalism and enthusiasm she brings to this role and to the support of Council members.



The Public Sector Commission provided the Council with a briefing in May 2020 in respect to appropriate governance, ethics and code of conduct.

## **Meetings**

The Council is required to meet no less than four times per year according to its Terms of Reference. Traditionally it has held meetings monthly, excluding January. Meetings are generally three to four hours in duration and may be attended in person, by video-conference or an online platform.

The first meeting of the newly convened Council was held in December 2019 with the second meeting held in February 2020. Given the COVID-19 pandemic, meetings from March to June 2020 were held via an online platform in line with physical distancing requirements and regional travel restrictions.

The Minutes of Council meetings are available [here](#).

## **Values**

The Council is committed to working in line with its values which were co-designed with consumers and family members.

The values are:

- Value and respect diversity and work in an inclusive and accessible way with particular sensitivity to advocating for the most unheard voices;
- Explore innovation in mental health with curiosity and seek out the best local, national and international practices; and
- Promote hope for recovery for individuals with mental ill-health and their families and carers.

A values representative is appointed for each Council meeting. The role of the values representative is to observe and reflect back to Council at the end of the meeting on how well (or not) Council reflected its values in the processes and content of the meeting. This reflective process helps to keep the values alive and front and centre of Council's work.

## **Priorities**

The Council priorities for the 2019/2020 period have been:

- The Aboriginal recruitment process;
- Service integration;
- The MHC's 'One Stop Shop' initiative;
- Community Treatment;
- Community Care Units; and
- Co-production.

The development of these priorities was delayed by the need to quickly respond to and proactively provide advice to the Acting Commissioner with respect to the COVID-19 pandemic and its impact on mental health and alcohol and other drug use in the community.



## Action:

### The Aboriginal recruitment process

- It was agreed that the traditional recruitment process undertaken in 2018 to fill a number of vacancies on the Council was not culturally appropriate for Aboriginal and Torres Strait Islander candidates which resulted in a low response from those communities.
- The Elders-in-Residence at the MHC were recruited to advise and to be involved in developing a more culturally appropriate recruitment process. Meetings were held between the Council Chair, the Aboriginal member, MHC representative and the Elders to co-design an appropriate recruitment process.
- This process included the development of suitable information flyers which were distributed through relevant networks; a morning tea and Q & A session which was hosted by the Elders, the Council Chair and the Aboriginal representative of the Council and supported by the MHC's Aboriginal Advisory Group.
- The morning tea was followed by one-to-one meetings between interested attendees and the Elders, Council Chair and Council's Aboriginal representative.
- The process resulted in the successful recruitment of two Aboriginal Council members.
- More detailed information on the process is available [here](#).
- It is noteworthy that this process is now being used in other parts of the MHC.



### Service Integration

- The Mental Health Network (MHN) is an independent entity under the governance of the MHC which has undertaken work in this area. Information on the MHN is available [here](#).
- The MHN Co-Leads and the Council met in February 2020 and agreed to work together to provide consistent advice wherever possible to the Commissioner.
- It was also agreed to promote service integration and the need for consumers and families to be at the centre of service integration.

Working groups have been formed to focus on the areas of the MHC's 'One Stop Shop' initiative; Community Treatment and Community Care Units.



### The MHC's 'One Stop Shop' initiative

- An information and update presentation was delivered to Council by MHC executive staff and Nous Consultancy.
- The Alcohol and other Drug Advisory Board joined the Council for this presentation following which joint advice has been developed and provided to the Acting Commissioner.

### Community Treatment

- Working Group meetings have been held which resulted in key questions being developed.
- A presentation by the MHC's procurement area is scheduled for July 2020.
- Other key stakeholders will also be liaised with in regard to this critical area.

### Community Care Units

- Working Group members have researched and sought out models in relation to this initiative.
- Key stakeholders are being identified for liaison purposes.

### COVID-19

- Members provided initial proactive feedback to the Acting Commissioner in March 2020 when the effects of the pandemic were quickly being realised. This feedback was generated from Council members' own extensive networks and focussed on the impact on regional and rural communities as well as vulnerable groups.
- A Lived Experience panel was convened by Council in May 2020 which included a diverse range of consumers and family members from metro and rural areas. Co-designed advice was developed and provided to the Acting Commissioner. This Advice was subsequently shared with the Mental Health and Alcohol and other Drug COVID-19 Taskforce and the Department of Communities.
- Updated COVID-19 advice was given to the Acting Commissioner in June 2020.
- The Council Chair has participated in a number of Ministerial Roundtables convened by the Minister for Mental Health in relation to COVID-19 and Recovery.

### Co-production

- The Council remains committed to encouraging the adoption of co-design and co-production in the design, development, delivery and review of services and policies which affect people with mental health and alcohol and other drug use.
- Co-production is a standing item on the agenda of each Council meeting.
- A reflection is held on a Co-production principle at the beginning of each meeting.
- The principles of Co-production are printed on each agenda.

### **Conclusion**

The Council is excited and enthusiastic to have the opportunity to provide independent and robust advice to the Acting Commissioner and to support the transformation of the mental health and alcohol and other drug sectors to best meet the needs of individuals, family members and carers as well as supporting those who work in services.

Margaret Doherty  
Chair  
Mental Health Advisory Council  
9 July 2020