





# MENTAL HEALTH ADVISORY COUNCIL MEETING MINUTES

November 12, 2020

<b>Attendees</b>	<b>By Zoom:</b> Emily Wilding (EW), Rod Astbury (RA), Stan Chirenda (SC) <b>In person:</b> Paul Parfitt (PP), Jessica Nguyen (JN), Tracey Young (TY), Richard Oades (RO), Amit Banerjee (AB), Lee Steel (LS), Emma Timms (ET)	Pingelly Recreation and Cultural Centre Thursday, 12 November 2020 9:30am – 12:30pm
<b>Chair</b>	<b>In person:</b> Margaret Doherty (MD)	
<b>Secretariat</b>	<b>In person:</b> Caitlin Parry (CP)	
<b>Guests</b>	<b>By Zoom:</b> <b>In person:</b> Jan Kickett (JC) Aboriginal Elder Denise Kluck (DK) WACH and Wheatbelt Mental Health Consumer Advisory Group Convener Malcolm Jetta (MJ) Founder, Moorditj Youth Foundation Helen Morton (HM) Project Officer, Pingelly Somerset Alliance Inc Jo Drayton (JD) Wheatbelt Suicide Prevention Coordinator, Holyoake	
<b>Apologies</b>	Gemma Powell, Patricia Councillor, Andrew Williams	
<b>AGENDA ITEM</b>	<b>DISCUSSION</b>	<b>ACTION LOG</b>
<b>1. Welcome and apologies</b>	MD welcomed everyone to the meeting and noted apologies.	
<b>2. Welcome to Country</b>	Jan Kickett gave the Welcome to Country. MD acknowledged the traditional custodians of the land and paid respects to Elders past and present.	
<b>3. Acknowledgement of Lived Experience</b>	MD recognised those at the meeting with personal and family lived experiences.	
<b>4. Reflection: WAAMH Report 'Addressing Trauma in WA'</b>	The Council appreciates that WAAMH has provided this report to Council members as it has not yet been made public. MD will contact Taryn Harvey, CEO, WAAMH to give Council members' feedback regarding its current structure, language and potential audience/s as well as enquiring as to WAAMH's plans for promoting the report and supporting implementation of evaluated trauma-informed practice in WA. Council members noted the importance of this document as a valuable resource in supporting the effective and consistent implementation of trauma informed	<b>Action 108:</b> MD to liaise with Taryn Harvey regarding WAAMH's 'Addressing Trauma in WA' Report.

	<p>and competent practice in WA. One strength of the report is its highlighting of the effect of unaddressed trauma on staff and its contribution to toxic workplaces. This is particularly relevant currently when workforces across the mental health and alcohol and other drug areas have and continue to be particularly stretched due to COVID19 responses and increased demands.</p> <p>In discussing the need for creating safe places for both staff and people with lived experience, the Council reflected on how well (or not) it provides a safe space for guest presenters given the robust discussions that can prevail. It was suggested that a brief Survey Monkey could be sent to presenters who have attended since Council meetings resumed in December 2019.</p> <p>Council members agreed to draft Advice to the Mental Health Commissioner regarding the report.</p>	<p><b>Action 109:</b> MD to draft short piece of advice on WAAMH's Trauma Informed Practice Report and circulate to Members for feedback.</p> <p><b>Action 110:</b> CP to investigate creating Survey Monkey form to seek feedback from guest presenters regarding creating a safe and healthy discussion environment.</p>
<p><b>5. Conflicts of Interest</b></p>	<p>No conflicts of interest declared.</p>	
<p><b>6. Acceptance of previous meeting minutes</b></p>	<p>Section 12 YACWA's priorities for mental health – anecdotal increase in AOD use was specific to young people with severe mental health issues because the breakdown of support services. Tracey to send through amended sentence to MHAC address.</p> <p>Under 'regional visit' in the minutes LS' initials are currently LP. CP to amend.</p> <p>With the above amendments, the minutes from the 8 October 2020 meeting were accepted as a true and accurate representation of the meeting.</p>	<p><b>Action 111:</b> TY to send amendments to 8 Oct meeting through to MHAC email address.</p> <p><b>Action 112:</b> CP to amend LS initials in 8 Oct minutes.</p>
<p><b>7. Action Log</b></p>	<p><b>Completed actions:</b> Action 97, Action 98</p> <p><b>Outstanding actions:</b> Action 106 (Council Members to questions within a week)</p> <p>Add Annual Report to Advice Log and update Advices to reflect YPPF, Workforce Strategic and Corrective Services, which have been recently provided.</p>	<p><b>Action 113:</b> CP to upgrade advice log with Annual Report, YPPF, WSF and Corrective Services advice.</p>

<b>8. Budget</b>	MD advised Council members she is continuing to monitor MHAC's Budget and track expenditure to ensure it comes in within budget for 2020-21.	
<b>Morning tea</b>		
<b>9. Individual Presentations</b>	<b>Introduction:</b> MD instigated introductions to Council members, noting those not present at meeting, and guest presenters introduced themselves.	
<p><b>Presentation: Community Advisory Group</b></p>  <p>Partnering With Consumers and Carers</p>	<p>DK provided Council members with an overview of the Wheatbelt Mental Health Service. Programs include: Aboriginal, Child and Adolescent, Youth, Adult and Older Adults. Advised that they provided client-focussed service support via telephone and video conference and have staff who are specialised in their roles. DK outlined the various forms of engagement including public forums/consultations and focus groups.</p> <p>DK spoke of the benefits of partnering with consumer and carers and provided advice on their engagement activities. She provided an overview of the Consumer Advisory Group, which was formed in 2015 and officially launched in 2016. Then in 2018 was supported by the PSQ Officer, DK, and achieved Wheatbelt accreditation.</p> <p>CAG participation includes a number of state-wide committees. CAG consists of 17 members who attend structured meetings every 4 weeks, opportunity for training (such as conflict management training) and access to guest speakers. The CAG has clear goals, a Terms of Reference, revised participation payments and undertakes an annual self-evaluation and the development of a new work plan each year.</p> <p>DK noted some recent achievements are the publication of: quarterly newsletters, client stories booklet, CAG brochure and a CAG logo. DK provided hard copies of these documents for Council members.</p>	
<p><b>Presentation: Moorditj Youth Foundation</b></p>  <p>MYFAC Presentation - Malcc</p>	<p>MJ acknowledged the Traditional Owners of the land and his family's personal connection to the Pingelly area.</p> <p>MJ reflected on his own childhood growing up in this area and shared that his main reason for starting the Foundation was so his children had better advocacy and access to services than he did. MJ provided Council members with an overview of the Moorditj Youth Foundation, a registered Aboriginal foundation which receives both State and Commonwealth funding. The Foundation supports the community in a number of ways, including the Aboriginal Early Childhood</p>	

	<p>Program and the Yidarra10 Project (a 10-week targeted program for Aboriginal young males at risk of offending or reoffending).</p> <p>MJ provided Council members with some of the Foundation’s priorities, including a focus on youth mental health, youth suicide prevention and postvention, strengthening social and emotional wellbeing supports, and establishing disability support services for young people (particularly people with mental disabilities) earlier in life.</p>	
<p><b>Presentation: Pingelly Virtual Village Project</b></p>  <p>Pingelly Virtual Village Project - Hel</p>	<p>HR provided an overview of the Pingelly Virtual Village Project, which is funded through the Commonwealth Department of Social Services. The Project supports older adults and disabled people to stay in their homes until end of life, no matter what level of care they need. It is open to all ages and family groups with minimal membership cost.</p> <p>HR explained that the ‘Virtual Village’ provides the support and connectivity of a traditional aged care home for people in their own homes. Aged care services in the Pingelly area are sparse and with limited access to public transport, many older adults are forced to leave Pingelly. The Virtual Village is supported by the high volunteering rate in the Pingelly area and strong community spirit.</p> <p>The Village will use technology to wrap the community around people, build digital literacy, utilise GENIE (social mapping tool) for vulnerable members, SPARK (digital market place for small acts of kindness) and IntelliCare (smart home technology).</p> <p>A cost-benefit analysis of the Village has been undertaken and even at the biggest discount, it had a more than 2.5 ratio of benefit to cost. But the most important benefits which are not readily quantifiable are the social and humanitarian benefits of ending the heartache and pain of being forced to leave family, friends and home.</p>	
<p><b>Presentation: Pingelly and Other Wheatbelt Community Wellbeing Plans</b></p>  <p>Suicide Prevention in the Wheatbelt - J</p>	<p>JD acknowledged the Traditional Owners of the land and that we were currently in NAIDOC week JD also acknowledged and paid respect to those that have been lost, those that have been bereaved, and those with lived experience of mental health or suicide idealisations.</p> <p>JD provided an overview of her role as the Suicide Prevention Coordinator in the Wheatbelt region, which covers 157,000 sq. kilometres, 200 towns and 43 Local Government Authorities, and an estimated population of 77,480 (as at 2013).</p> <p>JD provided advice on the Mental Health Literacy and Suicide Prevention Training provided in the Wheatbelt, and the development of a Community Wellbeing Plan (CWP), which is a plan that articulates what will happen at a local level to create change for suicide prevention and works in conjunction with alcohol and other drug misuse. JD focused on the Pingelly CWP and outlined the</p>	

	<p>priority areas in this Shire, including short and long-term outcomes. JD highlighted past successful CWP's and how they were able to measure success of these plans, such as an increase in student engagement after the implementation of a school pick up/drop off initiative.</p> <p>JD provided an overview of the Postvention initiatives in place, such as the Suicide Bereavement Service.</p>	
<p><b>10. Questions and Answers</b></p>	<p>Council member queried if a CWP was a public health plan. JD responded that it wasn't, however governments are now mandated to look at wellbeing plans, not just public health plans.</p> <p>Council member reflected that all 4 of the presentations are facing the same struggles in their aligned areas of expertise and noted how the Wheatbelt is not over serviced, as the government reports it is. JD commented on the sheer distance in the areas, such as between Northam and Southern Cross is 5 hours which renders services in Northam inaccessible by people in Southern Cross and its surrounds. JD noted that she did not have the report readily available but suggests an 85% increase of suicide in the Wheatbelt from 2018 to present day. MD queried where that figure is being reported up to and JD advised she reports direct to MHC as part of the boards she sits on.</p> <p>Council members queried whether or not the Wheatbelt services are being accessed by locals and whether they are working for the community. JD gave an example of working with a small, bereaved community who are only able to access a GP on a weekly basis which does not afford community members the flexibility to seek assistance and support when they most need it. LS noted that it has taken consumers 7 weeks to wait for their first appointments once they have been approved for services. DK noted that there is one psychiatrist for the entire Wheatbelt and while telehealth services are critical and available so regional consumers can access services in Perth Metro, people still need to be able to access this i.e. have suitable phone/internet connection/data availability and, access to safe space where they can have a confidential conversation. DK also stressed that even though teleservices are available, community members do not want this to replace face-to-face services. DK advised that the CAG is a strong advocate for placing psychiatric liaison staff in regional hospitals.</p> <p>Council members and presenters discussed how private telehealth use is increasing on a national level, however WA is slower on the uptake. It was also noted that emergencies do not happen within office hours and an individual is not going to improve by seeing a different specialist each fortnight so lack of continuity of care is evident as a challenge to telehealth services. MJ commented that he is working on promoting telehealth services in remote Aboriginal communities</p>	

	<p>as not all community members are aware that they can attend their appointments remotely. Health services who arrange the appointments need to be more proactive in offering and promoting different ways to access services.</p> <p>JD and MJ also discussed the lack of funding available for the 8-12 target group and how this is a critical age group for supports.</p> <p>Council members were very moved by the powerful presentations and thanked presenters for sharing their time and knowledge.</p> <p>MD thanked all presenters on their contributions and noted common strengths between their presentations, such as the strong constant of community spirit and a focus on achieving the best local outcomes informed by local people.</p>	
<p><b>11. Discussions about Presentations</b></p>	<p>MD requested each Council member send their top three priorities and takeaway on what the Commissioner needs to hear from the presentations.</p>	<p><b>Action 114:</b> LS to provide copies of the presentations.</p> <p><b>Action 115:</b> Council members to provide top 3 highlights/feedback on presentations to CP by Wednesday, 25 Nov.</p> <p><b>Action 116:</b> CP to send thank you letters to presenters.</p>
<p><b>12. Advice to the Commissioner</b></p>	<p>Time did not permit this agenda item.</p>	
<p><b>13. Other business</b></p>	<p>Looking forward to the December meeting, MD requested the following from Council members:</p> <ul style="list-style-type: none"> <li>• Generation of questions for the Lived Experience MHEC and CMC discussion at the December Meeting.</li> <li>• Questions for Start Court at December Meeting</li> </ul> <p>MD requested Council members provide questions within a week out of session. CP to send a follow up email.</p>	<p><b>Action 117:</b> Council members provide questions for Lived Experience MHEC and CMC discussion and Start Court by Wednesday, 25 Nov.</p>

<p><b>14. Values Representative</b></p>	<p>RO provided values reflection for the meeting. RO reflected the meeting covered all the key Council values during the course of the meeting, including the Council members' reflection on the Trauma Informed Report.</p> <p>RO reflected the presentations all encompassed the MHAC values really well, including around diversity, inclusivity, holistic way of looking at things, grassroots, exploring innovation and promoting hope.</p> <p>TY reflected on the passionate nature of each presenter and how they're working towards changing things and having a positive impact on things they want to see changed, rather than just working in a job.</p> <p>LS thanked Council members for coming to Pingelly.</p>	
<p><b>Meeting closed at 12:35pm Lunch was held at which additional invited community members joined Council members to continue information sharing and networking.</b></p>		
<p><b>NEXT MEETING</b></p>	<p><b>Thursday, 3 December 2020</b> <b>Mental Health Commission</b></p>	