

MENTAL HEALTH ADVISORY COUNCIL MEETING MINUTES

September 10, 2020

Attendees	<p>By Zoom: Amit Banerjee (AB); Richard Oades (RO); Emily Wilding (EW), Lee Steel (LS), Andrew Williams (AW), Tracey Young (TY)</p> <p>In person: Paul Parfitt (PP), Patricia Councillor (PC)</p>	<p>Djeren Room, Level 1, 1 Nash Street Perth</p> <p>Thursday, 10 September 2020 8:30am – 12:30pm</p>
Chair	In person: Margaret Doherty (MD)	
Secretariat	In person: Bianca Fish (BF)	
Guests	<p>By Zoom: Renae Hodgson (RH), Assistant Director Mental Health Commission</p> <p>In person: Katie Bray (KB), Principal Policy Officer Mental Health Commission; Tony Hassall (TH), Corrective Services Commissioner; Hannah Donaldson (HD) Principal Project Officer Corrective Services.</p>	
Apologies	Rod Astbury (RA), Gemma Powell (GP), Jessica Nguyen (JN), Stan Chirenda (SC),	
AGENDA ITEM	DISCUSSION	ACTION LOG
1. Welcome and apologies	MD welcomed everyone to the meeting.	
2. Welcome to Country	<p>PP gave the Welcome to Country.</p> <p>MD acknowledged the traditional custodians of the land and paid respects to Elders past and present.</p>	
3. Acknowledgement of Lived Experience	MD recognised those at the meeting with personal and family lived experiences.	
4. Reflection: Co-Production: Putting Principles into Practice	<p>Council reflected on the paper, Co-Production: Putting Principles into Practice.</p> <p>Noted one of the major benefits of the paper is that it is an Australian paper that overtly discusses power in the mental health space and provides templates and ideas around how to deal with discussions around power.</p>	
5. Conflicts of Interest	MD declared a conflict of interest for the meeting - MD was involved as an independent consultant on the co-design of a four-hour training module for working with families that is included in the two-week training program for staff at the Casuarina Prison alcohol and other drug service.	

<p>6. Acceptance of previous meeting minutes</p>	<p>RO suggested an amendment to the Minutes be made to reflect that the WA Association of Mental Health's (WAAMH) Individual Placement and Support (IPS) work is delivered all around Australia, not just Western Australia.</p> <p>With the above amendment, minutes from the 13 August 2020 meeting were accepted as a true and accurate representation of the meeting.</p>	
<p>7. Action Log</p>	<p>Completed actions: Action 72, Action 74, Action 75, Action 76, Action 81, Action 83, Action 85, Action 86, Action 68</p> <p>Outstanding actions:</p> <p>Action 73: No further updates. BF will follow up.</p> <p>Action 77 and Action 78: Still waiting to receive papers from SG.</p> <p>Action 79 and Action 80: TH has sent through the WAAMH paper on Trauma Informed Practice. The IPS information should be received shortly. Agreed to use the Trauma Informed Practice report as the reflection item for the October meeting.</p> <p>Action 82: Agreed to invite Sophie Davison to the October meeting to discuss the Mental Health Emergency Response Line (MHERL) and the Young People Priority Framework.</p> <p>Action 84: Jane has not been invited to the October meeting as Council will likely be travelling to Pingelly in November.</p> <p>Action 62: No further updates. BF will follow up.</p> <p>Action 63: No further updates. TY will follow up.</p> <p>Action 25 and Action 26: On hold due to COVID-19</p>	
<p>8. Budget</p>	<p>Noted if Council continue to meet monthly for four hours there will be an overspend in the salaries budget. MD will meet with the Head of System Development, Kim Lazenby, to discuss the MHAC budget moving forward.</p>	
<p>9. CMC Update</p>	<p>The Community Mental Health, Alcohol and Other Drug Council (CMC) held its first meeting on 24 August 2020. A communique from each meeting will be shared on the CMC webpage. MD sits on the CMC in her position as Chair of Council and noted that members will have the opportunity to put forward Agenda items for future meetings.</p>	

	<p>The first meeting of the Mental Health Executive Council (MHEC) was held on 19 August 2020. The communique for this meeting is available of the MHEC webpage.</p>	
<p>10. Community Care Units working group update</p>	<p>The working group met on 7 August 2020 and reviewed the Mental Health Commission’s (MHC) Community Care Unit (CCU) draft tender document. Noted the opportunity to provide feedback on the draft tender had closed before the working group reviewed the tender.</p> <p>Issues of note include:</p> <ul style="list-style-type: none"> • A need for clarity on who is included in the scope of the CCU; • A 20-bed unit is not a home-like environment and will be problematic in terms of catering for person-centred care; • Issues around the 18-month time limit on stay and what flexibility will be available in this regard; • Transition support and the continuum of accommodation support is not clear. Pathways in and out of the CCU need to be clearly defined; and • Management of co-occurring alcohol and other drug issues and the ability of CCU staff to manage difficult and complex behaviours in a trauma competent way. 	<p>Action: BF to ask the MHC CCU team for more information on where the initiative is at and to identify point/s of influence for Council.</p>
<p>11. Mental Health Commission Workforce Strategic Framework</p>	<p>KB and RH joined the meeting to discuss the MHC’s Workforce Strategic Framework (WSF)</p> <p>The WSF has been finalised and is expected to be released publicly during Mental Health Week in October. The WSF is a state-wide framework that organisations, Government, non-government agencies and other sectors can use to identify options for improving their workforce. It includes evidence-informed strategies and actions that aim to assist agencies with improving workforce development and developing the sector.</p> <p>The WSF was developed in consultation with a range of stakeholders including people with lived experience, senior representatives from a range of Government departments, key peak bodies, the WA peer supporters network and key Aboriginal and Torres Strait Islander organisations. Members of the public were also invited to provide feedback on the document.</p> <p>The MHC has worked closely with WAAMH and the Western Australian Network of Alcohol and Other Drugs Agencies (WANADA) to develop implementation initiatives. Implementation initiatives have been developed into four key areas:</p> <ol style="list-style-type: none"> 1. Aboriginal workforce development; 2. Building capacity of the WA peer workforce; 	<p>Action: KB/RH to share, in-confidence, the document on key priority areas for the WSF.</p> <p>Action: KB/RH to share information on LGBTIQ+ consultation that was undertaken as part of the development of the WSF.</p> <p>Action: BF to share link to National Mental Health Workforce Strategy with KB/RH.</p>

	<p>3. Increasing access to employment opportunities in the mental health and alcohol and other drugs sectors; and</p> <p>4. Expanding training to support the provision of trauma informed care and practice in WA.</p> <p>The next phase of the project is for the MHC to develop an implementation plan. The MHC would welcome advice from Council on the four key areas and whether these are appropriate, or if there are other priority areas that the MHC need to consider.</p> <p>Discussed how the outcomes of the WSF initiatives will be measured. Noted that Key Performance Indicators (KPIs) will be included in the implementation plan. The MHC would welcome advice from Council on how outcomes can be measured.</p>	
<p>12. Regional visit</p>	<p>Discussed the regional visit and who Council would like to invite to meet and engage with.</p> <p>Agreed Council would meet in the morning, followed by lunch with community members and then another meeting in the afternoon to consolidate advice for the A/Commissioner.</p> <p>Agreed that Council members attending from Perth will catch a bus together, leaving at 7am as the meeting will begin at 9am. Some Council members identified that they would be travelling independently.</p>	<p>Action: BF to investigate bus/car hire for the regional trip.</p>
<p>13. Advice to the Commissioner</p>	<p>Agreed MHAC will provide advice on the WSF out of session to ensure it is given to the A/Commissioner in a timely manner.</p>	<p>Action: MD to draft advice on the WSF and send to Council members for endorsement out of session.</p>
<p>Morning tea</p>		
<p>14. Corrective Services Commissioner Presentation</p>	<p>TH and HD joined the meeting to discuss mental health in Corrective Services.</p> <div data-bbox="548 1114 604 1177" data-label="Image"> </div> <p>Corrective Services PowerPoint Presentat</p> <p>Current numbers from WA:</p> <ul style="list-style-type: none"> • 6581 prisoners - 5897 males, 684 females • Banksia Hill has 82 prisoners - 73 males, 9 females 	

<ul style="list-style-type: none">• 344 specialist beds are being added to Casuarina Prison <p>Aboriginal representation in prison:</p> <ul style="list-style-type: none">• 40% of males in prison are Aboriginal• 45% of females in prison are Aboriginal• Approximately 5% of Corrections staff are Aboriginal• Strategies are being actively developed to provide a guiding philosophy for Corrections when working with Aboriginal people. <p>Corrective Services has set up a Suicide Taskforce with focus on four key areas:</p> <ol style="list-style-type: none">1. Policies and procedures;2. Staff training;3. Governance of clinical areas; and4. Oversight of the private prisons. <p>Corrective Services would welcome advice from Council on the Suicide Taskforce.</p> <p>Noted there is currently no policy in WA for determining which prison a transgender person is sent to. Corrective Services has agreed to partner with the WA AIDS Council to develop relevant policies in this space. Corrective Services would welcome input from Council on these policies.</p> <p>. Given Corrective Services' growing focus on partnerships, Council members encouraged the development of a policy on co-design noting that the MHC's Engagement policy could provide a template.</p> <p>Agreed that prison is not the place for most people with mental health issues, especially those who are acutely unwell and require involuntary care. The appropriate setting for treatment and care is in a secure forensic mental health unit, rather than a prison setting. However, given the lack of available beds at the Frankland Centre, Corrective Services are planning how best to support people in prison presenting with mental health acuity.</p> <p>TH noted that Katie Bryson who is designing the alcohol and other drug unit at Casuarina Prison, could attend a Council meeting to discuss the unit.</p> <p>TH offered to give Council members a tour of any prison they would like to view.</p>	<p>Action: HD to send information on the modernising of Corrective Services policies and procedures with Council.</p> <p>Action: MD to share Co-Production: Putting Principles into Practice paper with TH and HD.</p>
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<p>15. Discussion about presentations</p>	<p>Council Agreed to draft dot point recommendations for the A/Commissioner following the discussion with TH and HD.</p>	<p>Action: MD to draft dot point recommendations for the A/ Commissioner on mental health and corrective services.</p>
<p>16. Other business</p>	<p><u>Board Chairs Meeting Update</u> As Chair of Council, MD meets regularly with:</p> <ul style="list-style-type: none"> • Bruce Langoulant, Chair of the Disability Services Commission Board; • Esme Bowen, Carers Advisory Council to the Minister; and • Kerry Allen Zinner, Chair of the Ministerial Advisory Council on Disability. <p>At the most recent meeting the Chairs drafted a joint statement for Carers Week.</p>	
<p>17. Values Representative</p>	<p>TY provided feedback on how Council reflected its values during the meeting.</p> <p>Value one: Council continues to advocate for the most unheard voices but could do better to focus on children, who have no voice, and are impacted by the mental health and alcohol and other drug issues of their families and carers.</p> <p>Value two: Council demonstrated a lot of curiosity throughout the meeting, especially during discussions with the Corrective Service Commissioner. Both presentations included discussions around best practice and innovation in mental health.</p> <p>Value three: Discussion on reform in the Corrective Services space appears to promote hope for recovery and looks to be coming together in practice, albeit there are significant gaps and ongoing work to do.</p>	
<p>Meeting closed at 12:40pm</p>		
<p>NEXT MEETING</p>	<p>Thursday, 8 October 2020 8:30am – 12:30pm Djeren Room, Mental Health Commission</p>	