

Attendees	<p>By Zoom: Amit Banerjee (AB); Richard Oades (RO); Emily Wilding (EW), Gemma Powell (GP), Lee Steel (LS), Jessica Nguyen (JN)</p> <p>In person: Paul Parfitt (PP), Patricia Councillor (PC), Tracey Young (TY), Rod Astbury (RA), Andrew Williams (AW)</p>	<p>Djeren Room, Level 1, 1 Nash Street Perth</p> <p>Thursday, 13 August 2020 8:30am – 12:30pm</p>
Chair	In person: Margaret Doherty (MD)	
Secretariat	In person: Bianca Fish (BF)	
Guests	In person: Jennifer McGrath, A/Mental Health Commissioner, Shauna Gaebler, CEO CoMHWA, Taryn Harvey, CEO WAAMH	
Apologies	Stan Chirenda (SC)	
AGENDA ITEM	DISCUSSION	ACTION LOG
1. Welcome and apologies	MD welcomed everyone to the meeting.	
2. Welcome to Country	PP gave the Welcome to Country.	
3. Acknowledgement of Lived Experience	<p>MD recognised those at the meeting with personal and family lived experiences.</p> <p>MD paid respect to the late Andris Markovs who had participated in the Mental Health Advisory Council (Council) COVID-19 lived experience panel. MD acknowledged Andris as a leader in the lived experience space and extended sympathies on behalf of the Council to his family.</p>	
4. Reflection: Co-Production principle six – catalysts	<p>PC reflected on co-production principle six – catalysts.</p> <p>A human catalyst is a person who acts as a catalyst to facilitate a system process without getting consumed in the reaction. A catalytic leader knows how to hold the centre, put community outcomes before personal or organisational agendas, maintain neutrality and commit to outcomes. Council members can be the catalysts for change through regular meetings, including out of session input and feedback, community consultation, research, sharing of their own experiences and robust conversations.</p> <p>Noted Council has now reflected on all the principles of co-production and discussed what future reflection items may be.</p>	Action 72: MD to share the paper 'Co-Production: Putting Principles into Practice' with Council for reflection at the September meeting.

<p>5. Conflicts of Interest</p>	<p>Nil conflicts of interest declared.</p>	
<p>6. Acceptance of previous meeting minutes</p>	<p>Minutes from the 9 July 2020 meeting were accepted as a true and accurate representation of the meeting.</p>	
<p>7. Action Log</p>	<p>Completed actions: Action 60, Action 64, Action 65, Action 66, Action 67, Action 69, Action 71. Action 56, Action 18.</p> <p>Action 61: Council may be able to share posts on the Mental Health Commission’s (MHC) Facebook page. Agreed to share each Council member’s biography on the Facebook page, along with information on how to connect with Council.</p> <p>Action 48: GP, RO and LS need further clarification about what the regional trip will look like. Agreed the regional trip would be to Pingelly on 12 November 2020.</p> <p>Action 70: The PSOLIS Users Group has been devolved, and each of the Health Service Providers (HSPs) has data custodians. Agreed that if needed, TY can ask for information on PSOLIS from the Department of Health (DoH) on behalf of Council.</p> <p>Outstanding actions: Action 62</p> <p>Action 63: TY has been in contact with the service lead and program manager who were both interested to talk with Council. Due to a critical incident at the service, the conversation has not progressed. TY will follow this up.</p> <p>Action 68: Discussed questions for the Corrective Services Commissioner.</p> <p>Action 25 and Action 26 are on hold due to COVID-19.</p>	<p>Action 73: BF to discuss Council Facebook posts with the MHC Communications team.</p> <p>Action 74: BF to find out if the MHC or the DoH own PSOLIS.</p> <p>Action 75: MD to contact Sue Jones to ask what data system the One Stop Shop (OSS) will use, and for an update following the July workshops.</p> <p>Action 76: LS, GP, RO to meet to further refine the regional trip including what presenters and resources are required.</p>
<p>8. Budget</p>	<p>Noted the 2020/21 budget is still being finalised by the MHC.</p>	
<p>9. Use of VC for meetings</p>	<p>Discussed the use of videoconferencing (VC) versus face-to-face meetings.</p> <p>Agreed to continue using a mix of VC and face-to-face meetings.</p> <p>Regional members were asked to continue to liaise with BF re planning for face-to-face attendance.</p>	

<p>10. Mental Health and Alcohol and Other Drug Governance Update</p>	<p>JM attended the meeting to discuss recent internal changes at the MHC and changes to the Mental Health and Alcohol and Other Drug Governance Structure.</p> <p>The MHC moved into its new interim structure on 10 August 2020. JM asked for Council members to provide any feedback they have, or hear, about the interim changes.</p> <p>The MHC has been working towards the first meeting of the Mental Health Executive Committee (MHEC) on 19 August 2020 and the Community Mental Health and Alcohol and Other Drug Council (CMC) on 24 August 2020.</p> <p>Noted there is consistency across the two groups: The Mental Health Commissioner is the Chair of both; the Chief Medical Officer, Mental Health (CMO) is the Deputy Chair of both and the same Consumer and Carer representatives sit on both. The agenda items will be similar and there will be a communique produced from each meeting that will be available publicly.</p> <p>MD will sit on the CMC in her role as Council Chair. MD will feed back information from the CMC to the Council and vice versa.</p> <p>There will be a Sub-Committee set up under the MHEC made up of the HSP mental health leads and one other staff member. The CMO will chair this Sub-Committee which will meet monthly.</p> <p>Over the coming months, the MHC will be working to complete an Engagement and Partnership Strategy. The MHC is also developing a Young People Priority Framework (Framework) which is aimed to be finished by the end of November 2020. JM invited EW to provide input to the development of the Framework. The Framework will be for young people aged 12 years to 24 years; a Children’s Framework will be developed following this.</p>	
<p>11. CoMHWA Presentation</p>	<p>SG joined the meeting to discuss CoMHWA’s perspective on Community Treatment.</p> <p>SG gave an overview of CoMHWA as the state-wide peak body for people who have personal experience with mental health issues.</p> <p>Discussed privacy, confidentiality and access issues with PSOLIS.</p> <p>Discussed the Hospital to Home and the Choices programs. These programs have highlighted peer involvement in discharge planning and discharge awareness for people who are transitioning home. Both programs will be evaluated.</p>	<p>Action 77: SG to share paper on integration with Council.</p> <p>Action 78: SG to share information on the Hospital to Home and Choices programs with Council.</p>
<p>Morning tea</p>		

<p>12. WAAMH Presentation</p>	<p>TH joined the meeting to discuss WAAMH’s perspective on the integration of community support and community treatment.</p> <p>WAAMH received a grant from Lotterywest to help build a new model for sector development, engagement and support. It is called the Mental Health CARE Hub with five streams of activity. This will help support the mental health sector to operate and engage.</p> <p>WAAMH has presented a range of sector development priorities to the MHC to increase capacity and confidence in the non-government organisation (NGO) sector to be able to work alongside community treatment. There is an opportunity for collaborative sector development initiatives that build the capacity of both the community treatment and NGO sectors concurrently. WAAMH has developed a report on how a systematic approach to trauma informed practice might be developed for Western Australia.</p> <p>WAAMH has been advocating for the balancing of the mental health system to align with the Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025. WAAMH launched a campaign earlier this year called Prevent, Support, Heal. This campaign is primarily about bringing people with lived experience together with the sector.</p> <p>WAAMH and WANADA have been completing work on building the capacity of mental health and alcohol and other drug services to respond to people with co-occurring needs.</p> <p>WAAMH provides the fidelity reviews, capacity building and support for the Individual Placement and Support program in several Headspace sites across Australia and several other community treatment services. This involves connecting vocational expertise with mental health services so that employment is included in recovery journeys.</p>	<p>Action 79: TH to share WAAMH’s report on a systematic approach to trauma informed practice in WA with Council.</p> <p>Action 80: TH to share information on WAAMH’s Individual Placement and Support (IPS) work.</p>
<p>13. Discussion about presentations</p>	<p>Council discussed the presentations from WAAMH and CoMHWA and how they might help to shape Council’s advice on community treatment.</p>	
<p>14. Advice to the Commissioner</p>	<p>Noted the draft of the first advice on community treatment has been completed. Members agreed to provide any feedback by 20 August 2020.</p> <p>Discussed whether Council needs to meet with someone from the MHC procurement team to further discuss the procurement process. Agreed this was not required.</p> <p>Agreed to invite the new CMO, Dr Sophie Davison to the September meeting to discuss community treatment as a broader systemic issue.</p>	<p>Action 81: Members to provide feedback on community treatment advice by 20 August 2020.</p> <p>Action 82: Invite Sophie Davison to the September meeting.</p>

<p>15. Other business</p>	<p>Linkwest</p> <p>Discussed documents from Linkwest outlining the network response to COVID-19. Agreed to invite Linkwest CEO, Jane Chilcott to the October meeting.</p> <p>Formal correspondence</p> <p>Council has received formal correspondence from the A/Commissioner including:</p> <ul style="list-style-type: none"> • a response to the One Stop Shop advice; • a response to the Consumer, Carer and Family member engagement advice; and • an email acknowledging the Council Annual Report. <p>National Mental Health Workforce Strategy</p> <p>MD is on the taskforce for the National Mental Health Workforce Strategy as the peer and lived experience representative. There are five priority areas for the strategy.</p> <p>Community Care Units</p> <p>The working group met recently and will table their work at the September meeting.</p>	<p>Action 83: BF to send JM a digital copy of the Linkwest documents.</p> <p>Action 84: Invite Jane Chilcott to the October meeting.</p> <p>Action 85: MD to share link to information on the National Mental Health Workforce Strategy.</p>
<p>16. Values Representative</p>	<p>GP provided feedback on how Council reflected its values during the meeting.</p> <p>Value one: Council met value one consistently throughout the meeting by advocating for the most unheard voices via questions and discussions related to prisoners with mental health and alcohol and other drug issues, by providing input into Aboriginal and rural and remote community needs and through the discussion with CoMHWA.</p> <p>Value two: Council met value two by looking for the best local and international practices and sharing information and papers with each other, by exploring different ways to support people with mental health and alcohol and other drug issues and by challenging ideas about what we have always done.</p> <p>Value three: Council met this value through discussions on community supports for consumers, their families and carers, trauma informed recovery and gaps in services, ensuring co-design is genuine whereby individuals with mental health and alcohol and other drug issues are providing input, and by discussing the integration of services.</p>	<p>Action 86: Note TY as the values representative for the September meeting.</p>
<p>Meeting closed at 12:35pm</p>		

NEXT MEETING	Thursday, 10 September 2020 8:30am – 12:30pm Djeren Room, Mental Health Commission
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