



MENTAL HEALTH ADVISORY COUNCIL MEETING MINUTES

February 4, 2021

Attendees	Andrew Williams (AW), Jessica Nguyen (JN), Lee Steel (LS), Paul Parfitt (PP), Tracey Young (TY), Patricia Councillor (PC), Richard Oades (RO), Emily Wilding (EW), Gemma Powell (GP), Dr Pauline Cole (PCole), Virginia Catterall (VC)	Zoom Meeting (due to COVID19 restrictions) Thursday, 4 February 2021 08:30am – 11:30am
Chair	Margaret Doherty (MD)	
Secretariat	Caitlin Parry (CP), Matthew McCoulough-Fry (MM)	
Guests	Emma Timms (ET), Principal Policy Officer, Mental Health Commission (MHC) Dr Nathan Gibson (NG), Chief Psychiatrist, Office of the Chief Psychiatrist Ms Debora Colvin (DC), Chief Mental Health Advocate, Mental Health Advocacy Service Professor Colleen Hayward (CH), Chair, Alcohol and Other Drugs Advisory Board	
Apologies	Stan Chirenda (SC)	
AGENDA ITEM	DISCUSSION	ACTION LOG
1. Welcome and apologies	The meeting was opened by the Chair at 08:30am and apologies were noted.	
2. Acknowledgement of Traditional Owners	MD acknowledged the traditional custodians of the land and paid respects to Elders past and present.	
3. Acknowledgement of Lived Experience	MD recognised those at the meeting with personal and family lived experiences. Acknowledged all those affected by the current environmental problems we are experiencing and that these can be stressors for people.	
4. Welcome to New Members	MD welcomed Dr Pauline Cole and Ms Virginia Taylor, the newest members of the Mental Health Advisory Council (Council) recently appointed by the Minister for Mental Health. MD welcomed Colleen Hayward to the meeting in her capacity as Chair of the Alcohol and Other Drugs Advisory Board (AODAB) and advised Council members that one member from AODAB would be attending each Council meeting moving forward, in line with both the Council and AODAB Terms of Reference (ToR) which states the requirement of membership overlap between the two advisory bodies.	
5. Reflection: WAAMH Report on	No further discussion on the Report.	

Community Supports		
6. Conflicts of Interest	No conflicts of interest declared.	
7. Acceptance of previous meeting minutes	PC advised her name was left off the previous attendance list. With this change the meeting minutes from December are endorsed.	
8. Action Log	<p><u>Completed actions:</u></p> <p>Action 118: NG and DC guests at today’s meeting.</p> <p>Action 119: CP emailed Lived Experience acknowledgement from website to Council members, this is also available at the bottom of the agenda.</p> <p>Action 120: Added the WAAMH Community Support Document to the Reflection Item for today’s meeting.</p> <p>Action 122: Sent Kerry and Amanda thank you letters for attending the December meeting.</p> <p>Action 123: Sent thank you letter to the MHC for their ongoing support and for attending the morning tea in December.</p> <p>Action 124: Some Council members provided advice and advice has since received by Commissioner.</p> <p><u>Outstanding actions:</u></p> <p>Action 121: Ongoing</p> <p>Action 110: CP has draft questions for circulating.</p> <p>Action 77 & 78: MD to follow up with SG.</p> <p>Action 62: MD to follow up with JC.</p> <p>Action 63: Tracy Young to provide update.</p> <p>Action 26 & 25: Postponed to 2021 due to COVID.</p>	

<p>9. Budget</p>  <p>Mental Health Advisory Council - Re</p>	<p>MD advised that she met with Mental Health Commissioner (Commissioner) before Christmas, discussing the challenges around the budget and what steps are being taken. The Commissioner responded noting the work being done by the Council and the steps taken to reduce overspending. MD is hopeful that the request to increase the Council budget for the 2020/21 financial year will be met.</p>	
<p>10. Productivity Commission Briefing</p>	<p>ET provided Council members with an update on the Productivity Commission Inquiry into Mental Health (PC Report). It was noted that there is nothing ground-breaking in the report that hasn't already been identified, and that the PC Report should be viewed in association with recommendations from the National Suicide Prevention Task Force advice and WA's existing reform agenda.</p> <p>Council members were advised that the Australian Government is currently conducting a public consultation process which ends on 10 February 2021, with the National Federation Reform Council requesting all jurisdictions to complete a stocktake of existing funding for mental health programs by the end of April 2021. ET and a representative from the Department of Premier and Cabinet are working on setting up a jurisdictional working group to inform that work. This includes looking at where new funding can be included in the agreement and identifying priorities in WA. Council members questioned whether this is an exercise to determine what is needed or does this include the problems services currently face. ET advised that at this stage, the process is more about identifying areas that require further investment. It was advised that the stocktake exercise scope will be established by the end of February 2021.</p> <p>The working group met at the beginning of February and the stocktake is due to be concluded by the end of April 2021. It was noted that the importance of Alcohol and Other Drugs being included in this process as this has been raised on a number of platforms. Council members discussed that this move towards outcomes is very welcome as for several years, the areas they have worked in have been verbalising the increasing need to shift toward an outcomes-based model. ET agreed that this is a change that many have been advocating for and the Mental Health Commission (MHC) is very pleased that this is happening.</p>	<p>Action 125: ET to provide dot points to CP for distributing to members.</p>
<p>11. Guest: Dr Nathan Gibson Focus: Statutory Review of the</p>	<p>Dr Nathan Gibson provided Council members with an overview of his role and an update into the Statutory Review of the <i>Mental Health Act 2014</i> (the Act). MD advised Council members that NG and DC were given the below questions to consider:</p>	<p>Action 126: Invite NG to upcoming Council meeting once the statutory review process has progressed.</p>

<p>Mental Health Act 2014</p>  <p>Nathan Gibson Presentation to MHAC</p>	<p>(1) What is working well with the <i>Mental Health Act 2014</i>;</p> <p>(2) What is not working; and</p> <p>(3) What would you see as the top 3-5 priority areas and actions to be taken to achieve the best possible outcomes for individuals detained and treated under the Act and their families and supporters.</p> <p>NG delivered the attached PowerPoint presentation to Council members which addressed these questions as well as referencing recent OCP reviews and reports including the 2018 Homicide Review; Sexual Safety Guidelines and Review into the treatment of Ms Kate Savage by Child and Adolescent Mental Health Services. Council members discussed the importance of better engagement processes and noted the “where practicable” clause in relation to culturally appropriate services are misused, and it is important that people don’t default to the idea that something is not practicable because it takes more work. It was noted to invite NG to a future Council meeting once the statutory review process has progressed.</p>	
<p>BREAK</p>		
<p>12. Guest: Ms Debora Colvin Focus: Statutory Review of the Mental Health Act 2014</p>	<p>Ms Colvin provided Council members with an overview of her role and an update into the statutory review of the Act, advising that her attendance at the meeting was to provide feedback from the Mental Health Advocacy Service (MHAS) and address pre-empted questions. DC advised that she would be leaving her current role at MHAS on the 25th February 2021, however will be taking up the role as Chair of the steering group for the statutory review.</p> <p>DC noted that much of the Act is about locking people up to prevent people injuring themselves and others. However as soon as you lock someone up, they become vulnerable. The priority from the review is towards making the process client focused and paying attention to carers rights, as one of the biggest impacts on rights for consumers is around the appointing of a guardian or administrator.</p> <p>In relation to What Works Well, DC identified:</p> <ul style="list-style-type: none"> • Timelier advocacy contact with involuntary patients on wards with parameters in place to contact adults within 7 days and children and young people within 24 hours. • The MHAS is notified of involuntary patients as they are admitted and with young people, the MHAS often works as facilitators between families, clinicians, child protection and disability services under a ‘best interests’ model of advocacy. 	<p>Action 127: DC to provide dot points to CP to distribute to members.</p>

	<ul style="list-style-type: none"> • Mental Health Tribunal (MHT) hearings are more frequent and MHAS has worked hard to increase representation at these hearings. <p>In terms of What is Not Working, DC identified:</p> <ul style="list-style-type: none"> • Under the old Act, the MHAS was required to visit hostels every two months This requirement is no longer in place and now a hostel must request a visit, but MHAS funding does not allow for this to happen in all cases. Hostel residents are a vulnerable group and protection for these residents is lacking. • It is unclear as to whether Carer Notification is working well enough, as notes must be made when clinicians are unable to contact carers and the data suggests that the effort to do so is not there. • The need for a separate panel of independent psychiatrists to provide Further Opinions. • Sections of the Act are not being complied with in relation to Aboriginal and Torres Strait Islander people. The MHAS undertook an Inquiry into Services for Aboriginal and Torres Strait Islander People and Compliance with the Mental Health Act 2014 from which there were 15 recommendations. The Minister has asked the new Mental Health Executive Group to report back on the implementation of these recommendations in twelve months. • A need to strengthen practice regarding giving people access to Elders and Aboriginal health workers. There is a “where practicable” clause in the Act which is being abused. <p>Council members acknowledged that without the MHAS service, people would struggle even more to have their rights met and noted it had been uplifting to hear today just how much detail is going into the review. Council members thanked DC for her time and all of the work the MHAS continues to do.</p>	
<p>13. Discussion on presentations and advice to the Commissioner</p>	<p>Council members discussed the presentations given by today’s guests:</p> <ul style="list-style-type: none"> • CH advised Council members that she does some work with the Centre for Social Impact (CSI) at UWA and was recently appointed to the CSI board and is happy to take any information to the group as necessary. • Council comments that it was interesting that the top priorities from the two offices are different, but unsurprising given the different approaches by the two statutory agencies. • There is distinct disappointment in the lack of promise fulfilment by the implementation of the Act to families in their ability to be heard and meaningfully included in meetings. 	

	<ul style="list-style-type: none"> • Council members discussed the inherent problems with the way in which people are employed into workplaces where the Act prevails and noted there needs to be a change in induction practices. 	
14. Other Business	<ul style="list-style-type: none"> • MD advised Council members that the TheMHS Cultural Security Symposium is on Tuesday, 9 February 2021 with four former and current Council members presenting as part of the panel. • The Community Mental Health Alcohol and Other Drug Council (CMC) communique from the latest meeting is available on the MHC website and a link has been provided to all Council members. • The MHC has invited the Council to provide feedback on the Model of Service for the Youth Mental Health and Alcohol and Other Drug Homelessness service. Council members are requested to provide feedback by Thursday, 18 February 2021. • The MH AOD Taskforce has reconvened, with the current focus on making sure that all service providers have access to masks and ensuring there are clear lines of communication during the ongoing COVID-19 situation. 	<p>Action 128: CP to send out a follow up email on the MHC YMHAOD Homelessness service for people to send feedback by 18th Feb.</p> <p>Action 129: CP to send Thank You letters to Ms Colvin and Dr Gibson.</p>
15. Values Representative	<p>PC was the values representative for the meeting and noted that the value and respectfulness of diversity in working in an inclusive and accessible way was evident when advocating for the most unheard voices. She acknowledged that the mandatory Zoom format this month introduces new complexities and it has been hard to pinpoint each person, but everyone touched on the values, and acknowledged that Council meetings always begin with the acknowledgement of country and of those with lived experience. PC commented that the Aboriginal community is one of the most tested, trialled and surveyed people in the world noting that it is one thing to compile data and statistics but another to do something with that information moving forward.</p>	<p>Note: GP has volunteered to serve as Values Representative for the next meeting.</p>
Meeting closed at 11:30am		
NEXT MEETING	<p>Thursday, 11 March 2021 Mental Health Commission</p>	