Attendees Chair Secretariat Guests Apologies	Virginia Catterall (VC), Dr Pauline Cole (PCole), Patricia Councillor (PC), Richard Oades (RO), Paul Parfitt (PP), Andrew Williams (AW), Tracey Young (TY) Margaret Doherty (MD) Caitlin Parry (CP), Matthew McCoulough-Fry (MM) Jill Rundle, WANADA Jessica Nguyen (JN), Gemma Powell (GP), Lee Steel (LS), Emily Wilding (EW)	Mental Health Commission Djeran Room, Level 1, 1 Nash Street Perth WA 6004 and MS Teams Thursday, 8 April 2021 08:30am – 11:30am
AGENDA ITEM	DISCUSSION	ACTION LOG
1. Welcome and	The meeting was opened by the Chair and apologies were noted.	
apologies	It was noted that Stan Chirenda had stepped down from the Council due to work commitments.	
2. Acknowledgement of Traditional Owners	The Chair acknowledged the Traditional Custodians of the Land and paid respects to Elders past, present, and emerging	
3. Acknowledgement of Lived Experience	The Chair acknowledged those at the meeting and those in the wider community with personal and family lived experiences.	
 4. Reflection: Dr Brene Brown - Embracing Vulnerability <u>https://www.youtube.co</u> <u>m/watch?v=AO6n9Hm</u> <u>G0qM&ab_channel=So</u> <u>undsTrue</u> 5. Conflicts of 	Council members watched a clip from Brene Brown, PhD on Embracing Vulnerability. Members noted the number of people who go into the Arts later in life and discussed that this is when they're prepared to be vulnerable enough to pursue creativity. Members discussed the vital importance of clarity and precision in the work that we do, how bringing out vulnerability means bringing out honesty and openness. Members agreed on rotating the responsible person for delivering the reflection component at the Council meetings. Andy Williams accepted the opportunity and will provide the reflection at the next meeting.	Action 136: Andy Williams to provide the reflection item for the May meeting.
5. Conflicts of Interest		

MENTAL HEALTH ADVISORY COUNCIL MEETING MINUTES

April 8, 2021

6.	Acceptance of previous meeting minutes	The minutes from the previous meeting were endorsed.	
7.	Action Log	Completed actions:	
		All actions from the March meeting were listed as complete.	
		Outstanding actions:	
		NIL	
8.	Budget	The Chair advised Council members that a favourable response was received from the Commissioner regarding extending Council meetings back to four hours, and recruiting a Deputy Chair, however are still waiting on formal advice of this decision.	
9.	WANADA Presentation	Jill Rundle joined Council members for discussion on the Co-Occurring Capability Review Tool (the Tool), to follow on from the March meeting.	
	(continued) and Discussion	It was noted that one of the requirements of federal funding, was to adopt the tool for co-occurring alcohol and other drug (AOD) and mental health issues. Members noted that this tool could be useful for public mental health and non-government organisations to look at ways to enhance their services. The WA Primary Health Alliance recommended that this be developed in collaboration with regional centres. The tool is nearly ready to be deployed and it can be utilised as a working document with the means for organisations to undertake a self-review and identify gaps that may be addressed.	
		There is an expectation that each organisation would have a number of standards with which they are complying. This tool is a qualitative measure and is a means to determining opportunities by the service to better meet the needs of people with co-occurring issues. Western Australian Network of Alcohol and other Drugs Agency (WANADA) has been able to incorporate this tool in their processes.	
		The Alcohol and other Drug and Human Services Standard (the Standard) is a quality management system standard against which human services can achieve certification. This standard is being used in a range of services including by Aboriginal, Youth, and LGBTIA+ services. It helps to identify the population which an organisation serves, how effectively that population is engaged with and how the engagement process is informed by that population.	

10. CMC Update	The Chair provided an update on the Community Mental Health, Alcohol and Other Drug Council (CMC), and advised that a communique is made publicly available on the Mental Health Commission website following each meeting. Council members discussed the possibility of working on a Forensics paper to take to the CMC as a way to bring attention to current issues. It was agreed that the Chair would work on this with select Council members.	Action 137: Invite Learne Durrington, CEO, WAPHA to the Council meeting in June/July.
BREAK		
11. Council Members	Council members engaged in discussion addressing the following question:	Action 138: Council members to provide written input into the question posed by COB Monday, 19 April.
Roundtable (5 mins each)	"What short-term (6 month) solutions could be brought to improve / rectify issues relating to mental health arising in your area of work / expertise?".	
	It was noted that providing mental health nurses with a Medicare code to provide services similar to those of a GP i.e. mental health care plans, would be useful.	
	Increased services based within Primary Care services would address the issue of State mental health services losing time doing triage and paperwork. It was noted that the Psychiatric Liaison Nurse position in some metro Emergency Department services is only available for one 12-hour shift daily. Peer support workers in Emergency Departments would alleviate some of the pressure, as would providing a low-stimulus environment for patients. Reference was made to a Ruah Community Services peer-based program called Choices which is run at Royal Perth Hospital and a similar initiative which is underway at Fiona Stanley Hospital.	
	Members highlighted that mandatory training of all workers regarding mental health foundations, including core-competencies, risk-management and innovations of which they may not be aware would help to raise mental health literacy and effective responses. Knowledge can generate change, as well as up-skilling those already in the workforce. It was noted that training undertaken must be reinforced through supervision and accountability.	
	It was questioned whether cultural awareness programs that are being used are having an impact on people in health services, as there is an evident disparity in the services being provided to Aboriginal and non-Aboriginal consumers. It was noted that cultural awareness training in the form of an online 'tick box' or short video with multiple choices to 'pass' the training is not sufficient and	

MENTAL HEALTH ADVISORY COUNCIL MEETING MINUTES

April 8, 2021

	Mental Health Commission			
NEXT MEETING	Thursday, 13 May 2021			
Meeting closed at 11:30am				
14. Values Representative	The Values Representative noted that the Council values and principles were evident during the meeting, with members actively engaging in the discussion regarding the Co-Occurring Capabilities Tool, and the roundtable discussion. It was noted that Council members bring with them views using different lenses and all aspects of their expertise.	Tracey Young		
13. Other Business	Final report of the Royal Commission into Mental Health – Victoria: Video			
12. Discussion on roundtable and advice to the Commissioner	 Council members discussed the presentations given by the guest today: Advice to the Commissioner regarding WANADA further development and implementation of the Tool should be supported. 	Action 139: Patricia Councillor to provide feedback on the Tool document, for forwarding to Jill Rundle.		
	Members noted that access to a suitable range of accommodation options continues to be an issue, even more now with the end to the moratorium on evictions which was introduced during the pandemic. There is Government housing stock that has been sitting vacant for a long time, which could be released and utilised. It was noted that Pathways in Bunbury had a supportive landlord program, with the housing owned by the Department of Housing. Carnarvon has considerable numbers of unoccupied public housing. It was suggested that strengthening and expanding existing programs with private landlords to offer greater access to housing and the provision of an extension of the moratorium for people on low income would help to prevent mental health issues for people experiencing housing insecurity or possible homelessness.			
	more in depth and meaningful training should be provided. A strong training base is required but it must be able to be malleable to suit different regions and Country.			