MENTAL HEALTH ADVISORY COUNCIL MEETING MINUTES

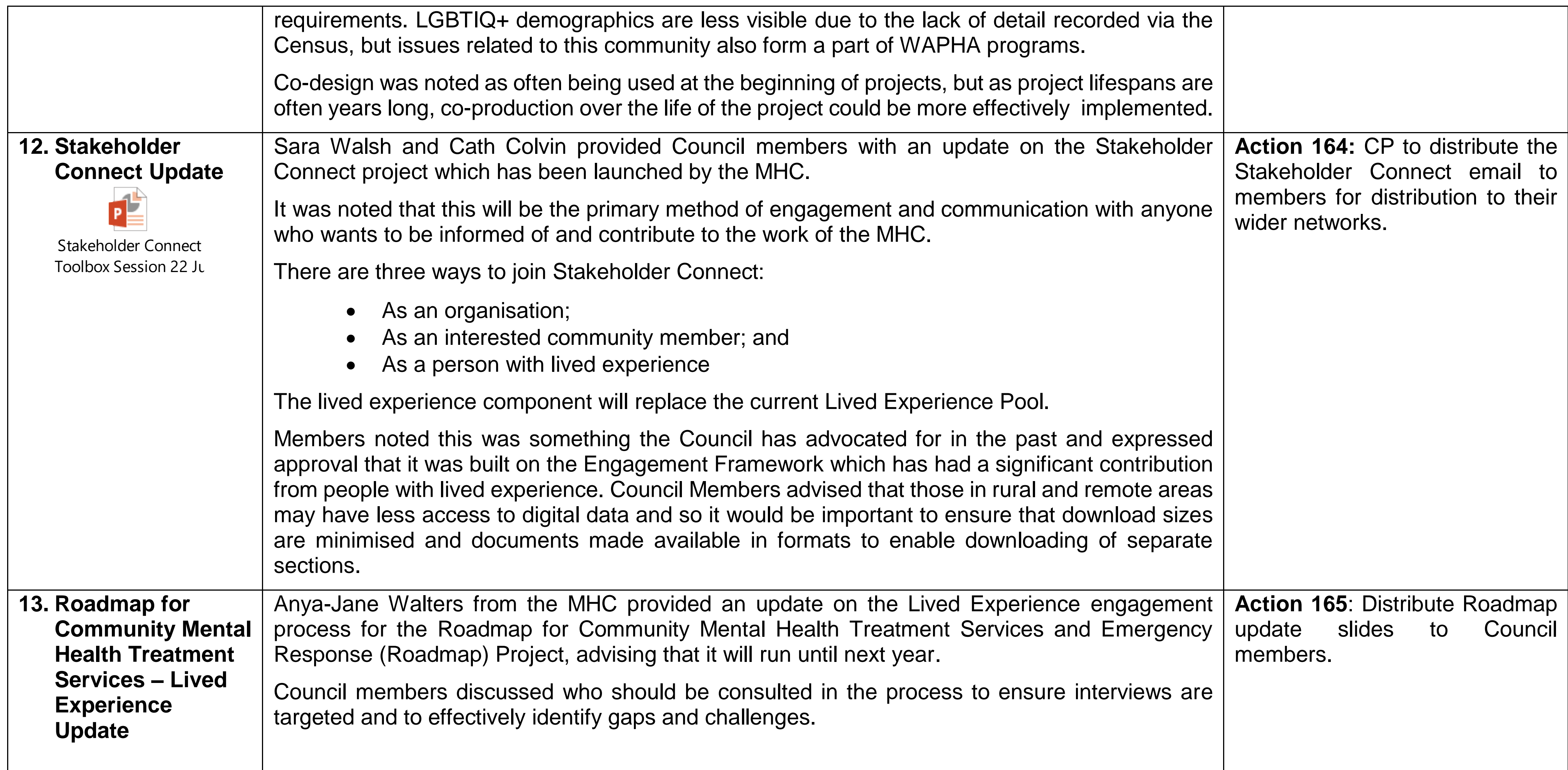
August 12, 2021

Attendees	Lee Steel (LS), Paul Parfitt (PP), Tracey Young (TY), Richard Oades (RO), Emily Wilding (EW), Dr Pauline Cole (PCole), Virginia Catterall (VC), Patricia Councillor (PC)	Mental Health Commission Djeran Room, Level 1, 1 Nash Street Perth WA 6004 and MS Teams Thursday, 12 August 2021 08:30am – 12:30am
Chair	Margaret Doherty (MD)	
Secretariat	Caitlin Parry (CP), Matthew McCoulough-Fry (MM), Larissa Barnao (LB)	
Guests	Kerry Hawkins, Carer Representative, MHEC and CMC Amanda Waegeli, Consumer Representative, MHEC and CMC Learne Durrington, WA Primary Health Alliance Julia Stafford, Alcohol and Other Drug Advisory Board member Belinda Brett, Executive Manager System Development MHC Anya-Jane Walters, A/Assistant Director Strategy and Reform MHC Sara Walsh, Principal Policy Officer System Development MHC Cath Colvin, Stakeholder Liaison Officer System Development MHC	
Apologies	Andrew Williams, Jessica Nguyen, Gemma Powell	
AGENDA ITEM	**DISCUSSION**	**ACTION LOG**
1. Welcome and apologies	The Chair welcomed everyone to the meeting and noted apologies.	
2. Acknowledgement of Traditional Owners	The Chair acknowledged the Traditional Custodians of the land and paid respects to Elders, past and present.	
3. Acknowledgement of Lived Experience	The Chair recognised those at the meeting with personal and family lived experiences and acknowledged all those affected by the current environmental problems we are experiencing, noting these can be stressors for individuals.	
4. Reflection:	Council members reflected on the song provided by Tracey Young. It was noted that the song evoked the helplessness felt by people who are not always able to find assistance when they need it.	**Note:** RO will provide the reflection item for September.
5. Conflicts of Interest	No conflicts of interest were declared.	

6. Acceptance of previous meeting minutes	The minutes from the previous meeting were endorsed.	
7. Action Log	**Completed actions:** It was noted all actions have been completed other than those noted below. **Outstanding actions:** Planning continues for a regional visit. PC will be approached regarding potentially visiting Geraldton. Sophie Davison or a Mental Health Commission (MHC) Graylands Reconfiguration Taskforce Project (GRAFT) contact will be invited to an upcoming meeting to discuss the GRAFT Project.	
8. Budget	The budget continues to be monitored by the MHC following the recent increase in budget allocation.	
9. AODAB Update	Julia Stafford introduced herself and outlined her role on the Alcohol and Other Drug Advisory Board (AODAB), noting that the AODAB has not yet met again since the last Mental Health Advisory Council (MHAC) meeting. Julia provided information on her role on the AODAB and the work she is involved in, particularly where it intersects with the MHC. Julia discussed the pervasiveness of alcohol in advertising and the environment more broadly. The Minimum Unit Price (MUP) of alcohol and its potential impact on rural and remote communities was discussed. It was noted this has been raised previously in several different forums and is not the only measure available to reduce access to cheap alcohol. Sport and recreation spaces in remote communities often rely on alcohol for fundraising initiatives and sponsorship. Discussion took place regarding reducing or denying government funding of sporting organisations that promote alcohol in this way as a potential method to reduce this practice. It was noted that in some regional centres where access to alcohol is limited, there is an issue where tourists consume alcohol in caravan parks, alongside people who either permanently reside there or are transitioning through from mental health services. Council members noted that they have previously provided advice on the MUP of alcohol to the Mental Health Commissioner. Council members also noted alcohol is still making its way into dry	**Action 162:** Julia Stafford to inform the next AODAB member attending the MHAC of MHAC's position on the Minimum Unit Price of alcohol.

	communities (often at greatly inflated prices, referred to as "sly grogging") and queried what is being done to investigate those supplying alcohol in these situations. Council members discussed that people find ways around drinking bans, with illicit stills being set up in some areas and some new stills being marketed as "boutique" drinking. Concerns were questioned whether the true nature of the problem in regional areas is truly being seen or investigated.	
BREAK		
10. Presentation: Consumer and Carer Representatives from MHEC and CMC	Kerry Hawkins, Carer Representative and Amanda Waegeli, Consumer Representative provided an update regarding their work on the Mental Health Executive Committee (MHEC) and the Community Mental Health Alcohol and Other Drug Council (CMC). Over the past year, both Amanda and Kerry have gained a better understanding of the processes and how best to make their voices heard within the MHEC and CMC. Meeting attendees discussed the power imbalances that prevail in these spaces and discussed several potential strategies to shift these, including making connections and building relationships within the groups. It was noted that the MHEC and CMC meet quarterly and it can be challenging to forge relationships when meetings are so infrequent. Council members saw parallels between the solitary nature of the positions held by Kerry and Amanda to those held by Aboriginal Health Officers, where support is often limited. Amanda and Kerry noted most of the support they utilise exists outside of the MHC structure, and the MHC still only has one designated lived experience staff member. It was acknowledged this individual therefore has a large workload, so people seek alternative support mechanisms. Meeting attendees shared their view that there is a long way to go in making structural changes to support lived experience workers and that the rate of change is slow. Amanda and Kerry believe the main priorities the MHC can now address to effect change within the lived experience space are: • Increasing designated lived experience roles within the MHC at a senior level; • Introducing infrastructure such as a Centre of Lived Experience Excellence to support people in the sector more broadly; and • Developing organisational readiness within the MHC and across the sectors to facilitate a diverse lived experience workforce.	**Action 163:** Invite Kerry and Amanda to return to Council in six months' time for a further update.

11. Presentation: WA Primary Health Alliance Update	Learne Durrington, WA Primary Health Alliance (WAPHA) Chief Executive Officer introduced herself and provided an update on the work being undertaken by WAPHA in the area of mental health. WAPHA has been operating since 2016 and is fully funded by the Federal government. It comprises of three primary health networks – Perth North, Perth South and Country WA. This year the Commonwealth is negotiating mental health agreements with states and territories through the National Partnership Agreement to ensure funding pathways and care objectives are aligned. The work of WAPHA is mostly focused on General Practice and enabling patients to get the place-based services they require. In the areas of mental health and alcohol and other drug (AOD), most of the services commissioned by WAPHA address service delivery to people with mild to moderate conditions. The bulk of funding goes to Aboriginal Community Controlled Organisations, Non-Government Organisations, and the WA Country Health Service. It was noted that the WAPHA spending on AOD is considerably less than on mental health. WAPHA is responsible for many outreach programs, professional development programs, and providing pathways for general practitioners to best advice and refer patients. When discussing the 'mental health system', it was noted there are differing perceptions of what this means. Members agreed that the definition needs to include primary health. People trying to access services are generally unaware and not interested in where the funding is coming from, so the differentiation between federal and state services is obvious or relevant to them. Learne acknowledged that many GPs are reporting difficulties around where to progress people presenting with mental health problems who need ongoing care, and how best to support and treat children under twelve who are presenting with mental health problems and who are on the verge of crisis. Council members discussed how relatively well serviced young people in the 12 to 25 age bracket are currently, and that the Infant, Children and Adolescent Taskforce is identifying challenges faced by infants and children in the 0 to 12 age group. The particularly importance of preventative measures for young people were discussed and the lack of funding surrounding preventative programs was acknowledged. Members queried the role of the Census in informing federal funding allocations and Learne advised that while it does inform WAPHA, there are many datasets that are used. Discussions are had with Aboriginal Community Controlled Organisations about Aboriginal community	



	requirements. LGBTIQ+ demographics are less visible due to the lack of detail recorded via the Census, but issues related to this community also form a part of WAPHA programs. Co-design was noted as often being used at the beginning of projects, but as project lifespans are often years long, co-production over the life of the project could be more effectively implemented.	
12. Stakeholder Connect Update Stakeholder Connect Toolbox Session 22 Ju	Sara Walsh and Cath Colvin provided Council members with an update on the Stakeholder Connect project which has been launched by the MHC. It was noted that this will be the primary method of engagement and communication with anyone who wants to be informed of and contribute to the work of the MHC. There are three ways to join Stakeholder Connect: • As an organisation; • As an interested community member; and • As a person with lived experience The lived experience component will replace the current Lived Experience Pool. Members noted this was something the Council has advocated for in the past and expressed approval that it was built on the Engagement Framework which has had a significant contribution from people with lived experience. Council Members advised that those in rural and remote areas may have less access to digital data and so it would be important to ensure that download sizes are minimised and documents made available in formats to enable downloading of separate sections.	**Action 164:** CP to distribute the Stakeholder Connect email to members for distribution to their wider networks.
13. Roadmap for Community Mental Health Treatment Services – Lived Experience Update	Anya-Jane Walters from the MHC provided an update on the Lived Experience engagement process for the Roadmap for Community Mental Health Treatment Services and Emergency Response (Roadmap) Project, advising that it will run until next year. Council members discussed who should be consulted in the process to ensure interviews are targeted and to effectively identify gaps and challenges.	**Action 165**: Distribute Roadmap update slides to Council members.

14. Discussion on presentations and advice to the Commissioner	The Chair advised Council members that the Forensics paper for presentation to the CMC is underway. It was noted that discussions have taken place previously on where forensic mental health services should be based and it is hoped that this discussion will not be had again. Council members commented that the GRAFT taskforce should not be seen as the whole answer to the issues of forensic mental health in WA. Council members discussed the importance of MHC developing its Lived Experience workforce and queried whether the MHAC should be finding a way to provide advice to the Commissioner. Further to this, it would be useful to follow up on the recommendations given to the MHC in relation to Lived Experience as part of corporate induction and organisational readiness. It was noted that the last piece of advice to the Commissioner uploaded to the webpage is from November.	**Action 166:** Council to craft advice on forensic services for the CMC. **Action 167:** MD to follow up whether the MHC's induction recommendations have been adopted. **Action 168:** Update website with MHAC advice.
15. Other Business	Members discussed the Parliament Program and noted that every second or third speaker spoke about mental health. Many stories from young people were harrowing and Emily Wilding noted she would like to collect some of the footage and present it to the council.	**Action 169:** EW to share Parliament Program footage links to CP for distribution to Council members.
16. Values Representative	Emily Wilding was the Values Representative for the meeting and noted the reflection piece presented today provided a sense of hope by facing the idea of helplessness and how we can assist those who are experiencing it. Additionally, Amanda and Kerry provided a reminder to push against the "benevolent paternalism" and unheard voices, and the WAPHA discussion identified the pressures endured by a small group of Aboriginal health workers who are carrying a large load across the system.	**Note:** Values Representative for September meeting to be nominated by CP.
Meeting closed at 12:30pm		
NEXT MEETING	**Thursday, 9 September 2021** **Mental Health Commission**	