MENTAL HEALTH ADVISORY COUNCIL MEETING MINUTES September 9, 2021

Attendees	Jessica Nguyen (JN), 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, 9 September 2021 08:30am – 12:30am
Chair	Margaret Doherty (MD)	
Secretariat	Matthew McCoulough-Fry (MM)	
Guests	Debora Colvin (DC), Independent Co-Chair of the Lived Experience Advisory Group on the Graylands Relocation and Forensic Taskforce Dr Sarah Pollock (SP), Chief Advocate Mental Health Advocacy Service Lauren Atkinson (LA), Senior Project Manager Mental Health Commission	
Apologies	Andrew Williams, Gemma Powell	
AGENDA ITEM	**DISCUSSION**	**ACTION LOG**
1. Welcome and apologies	The Chair welcomed everyone to the meeting and noted apologies. Members noted that the meeting is taking place on R U OK day and acknowledged the importance of the day.	
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 and that these can be stressors for people. The emotional labour of those with a lived experience in these discussion was also highlighted to members.	
4. Reflection:	Council members reflected on the Journey of Wellbeing video from the Aboriginal Health Directorate. Members discussed the disparity between the systems of laws and the difficulty of those returning to Country after being part of the Stolen Generation and the problems people had in reintegrating with community. It was also noted that there are ongoing difficulties experienced by Aboriginal people in the education and legal systems, as well as in adhering to cultural traditions. The issues with COVID-19 and how to support Aboriginal people while avoiding another Stolen Generation were also considered. It was acknowledged that this needs to be considered in conjunction with the Emerging Directions paper released by the Infant, Child, and Adolescent Taskforce (ICA	**Note:** PC has volunteered to provide the reflection item for the next meeting.

	Taskforce) particularly given the high number of children currently being removed from Aboriginal families and communities to care.	
5. Conflicts of Interest	The Chair advised that she has been appointed as the Co-Chair of the Lived Experience Advisory Group (LEAG) on the Graylands Reconfiguration and Forensic Taskforce (GRAFT). Lee Steele and Virginia Catterall advised that they have both applied to be part of the LEAG on the GRAFT.	
6. Acceptance of previous meeting minutes	The minutes from the previous meeting were endorsed.	
7. Action Log	**Completed actions:** Other than those below, all outstanding actions have been completed. **Outstanding actions:** 154: Discussions are being held regarding the budget for the Geraldton visit on 10 March 2022. 168: The MHC Communications team are working on this. 169: EW is working on obtaining the links, however there are some concerns with privacy.	
8. Budget	A budget breakdown was requested to be presented at each meeting, so a discussion can take place on year to date figures and variances. It was noted that the Council is on budget.	**Action 170:** Budget breakdown to be provided to members.
9. AODAB Update	Sara Walsh advised that the Alcohol and Other Drug Advisory Board (AODAB) are meeting next week and are focussed on strengthening the relationship with the MHAC. Further update will be provided post the upcoming AODAB meeting.	
BREAK		
10. Presentation: Debora Colvin Snapshot Survey link available here.	Debora Colvin (DC) presented on the history of the GRAFT. It was noted that Graylands has been a stand-alone mental health service for a long time and a verbal overview of the ward structure and other facilities on site was provided. The GRAFT is being led by the Department of Health (DoH) and the membership has an independent Chair, Hon Jim McGinty (former Health Minister and Chair of North Metro	**Action 171:** Secretariat to provide link to Snapshot Surveys to members.

	Health Service). Debora advised that she was formerly the Chief Mental Health Advocate and Dr Sarah Pollock has now taken over this role. To give an indication of the level of strategic membership of the GRAFT, it was noted other GRAFT members with voting rights include: • Director General from the DoH; • Mental Health Commissioner; • Director General from the Department of Justice; • Under Treasurer from Department of Treasury; • Director General Department of Communities; • Director General Department of Premier and Cabinet; and • Director General Department of Communities. Non-voting members include: • Chief Medical Officer at the Mental Health Commission; • Jodie South and Michael Moltoni from the Department of Health who are data specialists; • Tony Dolan, A/ Chief Executive of North Metropolitan Health Service, and • Sean Whitmarsh from the Department of Finance. The role of GRAFT is to inform the McGowan Government's planning and investment decisions regarding the Graylands Hospital site, forensics services and the nearby Selby Older Adult Mental Health Service but includes broader consideration of impacts across the mental health system. One of the first tasks undertaken by GRAFT was to get some modelling of the whole mental health system. The modelling is a new piece of work which has never been undertaken before in WA by the Health Department. It draws on various data, including the MHC Snapshot survey, and information for the forensic work came from Queensland. DC provided an overview of the various scenarios being considered in the modelling which included the closure of Graylands, not closing Graylands, and whether services currently not funded were funded or not. The number of beds required, and the types of	

	beds are included in the modelling. The current modelling does not include people under the age of sixteen, however this work is now being done with the ICA Taskforce. DC said the lack of available beds in the forensic mental health space is now well noted and accepted. Apart from hospital acute beds, two options which are in place in some other jurisdictions and are included in the modelling are: Secure Extended Care Units (SECUs) which refer to secure long-stay beds. There are currently no SECUs operating in Western Australia and these units would accommodate people who may pose a potential risk to themselves or others or who may be subject to Custody Orders. The second option - are Community Care Units (CCUs) which would provide non-acute community-based beds (with one due to open in WA). The models of care that go with these types of facilities will need to be considered, as well as the location requirements of such facilities. A Clinical Advisory Group and a LEAG are currently being formed to provide advice to the GRAFT and their first input will be into the modelling and to options for the forensic site. The forensic modelling is showing that a significant increase in bed numbers is required, as the current system only has 30 beds at the Frankland Centre. DC also provided information on a Market Led Proposal (MLP) to Government by private company, Hesperia. The MLP offers a solution which Hesperia say would reduce the size of an odour buffer zone around the nearby waste water treatment plant with a view to unlocking land at Graylands (and for other land holders in the area). This would allow some land currently within the odour buffer zone, to be sold off commercially for housing etc. The proposal is that the parties benefitting would use income from the sale of the land to pay for the solution offered by Hesperia. Only part of the Graylands site is currently within the buffer zone and it includes wards like the Frankland Centre, Murchison and Ellis wards. The proposal can be viewed on the Government's MLP website. Members discussed the types of 'beds', noting that at Graylands there are Acute 'beds' as well as Hospital Extended Care Service (HECS) beds, which are distinct from the 30 Forensic inpatient beds at the Frankland Centre, and the 4 beds at the Murchison Ward	

	for Frankland Centre Custody Order people. These 4 beds used to be 8 beds at the Hutchinson Unit, and the Murchison ward configuration is very different to what individuals experienced previously at the Hutchinson Unit. The Hutchinson unit was closed due to the building no longer meeting the required standards. It was also noted that there are no beds specifically for women on the Murchison Ward or in the Frankland Centre. The current waitlist for HECS beds at Graylands was also considered and discussed in relation to the modelling being done by GRAFT. The April 2021 Snapshot survey by the MHC was discussed. Members discussed the twenty-five percent of individuals who are currently in hospital beds due to lack of appropriate community supported accommodation as evidenced by the Snapshot survey. It was noted that there are insufficient types and number of community supported accommodation options available. There are licensed psychiatric hostels which provide accommodation however, they offer little in the way of recovery support which should be accessible via the National Disability Insurance Scheme. They do not receive the same level of funding as other community supported accommodation options. It was recognised that Community Supported Residential Units have numerous programs to support people and may be a steppingstone to independent living. Individualised Community Living Support services and models of care were also discussed, noting that a bottleneck in these models has always been the availability of appropriate accommodation. It was acknowledged that the Disability Justice Centre applies a narrow criterion when selecting people considered eligible for admission to this centre. Furthermore, community concerns around the individuals who would be eligible for access to this centre has hampered the efficacy and has seen it operate under-capacity since it opened. Members queried whether there is enough Aboriginal representation on the GRAFT, particularly given the over-representation of Aboriginal people in the forensic system. It was also noted that there may be a lack of community representation in the development of the models of care. Day hospital beds and hospital-in-the-home ‘beds’ were also discussed.	

11. Chief Mental Health Advocate – Dr Sarah Pollock 20210907_MHAC stat review MHAS iss	Dr Sarah Pollock (SP) provided an overview of the work being done by the Mental Health Advocacy Service (MHAS). SP introduced herself and provided some background on her experiences in the mental health sector, noting that she has been involved in many research projects and has led teams which included numerous individuals working in dedicated lived experience roles. Prior to coming to Western Australia, SP was seconded into the Victorian Royal Commission (VRC) into Mental Health Services to provide her experience in non-government organisations, system configuration and policy. She has also been an expert witness to the VRC on mental health and housing and some aspects of community mental health provision. SP noted the lack of sub-acute services and a comprehensive rehabilitation pathway in Western Australia. Members discussed issues related to communication methods, timely access to care, Treatment Support and Discharge Plans, Personal Support Person notifications, protection for hostel residents and protection for patients on locked wards. It was noted that there is significant work being done in these areas and the importance of keeping a person-centred approach at the forefront of the Statutory Review of the Mental Health Act 2014 (the Act). SP advised that there needs to be thoughtful analysis regarding input from consumers and families or carers to ensure how their feedback relates to the legislation is considered. The MHAS submission to the statutory review the Act will be focussed on three main issues that stem from, and flow back to the Act. These are: technical issues with the legislation itself, implementation of the Act, and broader issues concerning consumers. There is a risk that respondents to the community engagement process will describe their experiences with the Act in terms of services, not directly related to the Act. Therefore, it will require thoughtful analysis to indicate whether the topic identified, or subject of feedback is a legislative issue, an implementation issue or a broader system issue The consent of the individual and the rights of the individual needs to be considered at all aspects of the review. It was noted Treatment Support and Discharge Plans (TSDP) are mandatory and have the potential to leverage the focus to a consumer-based system. However, the failure to provide a consistent or standardised TSDP template has not seen this shift in focus occur. If there are deficits in housing or other areas, these are also supposed to be noted on the TSDP. There are TSDP templates however, it appears that many staff are unaware of them or do not have sufficient time to complete them.	**Action 172:** Secretariat to provide presentation to members.

	Use of unreasonable force was also addressed and the MHAS has found that there are instances where it has been determined unreasonable force has been applied. It is unclear in some situations as to who provides direction on how someone may be restrained - whether it is the clinical team or the security team that take the lead. Additionally, having uniformed guards on wards may make some people feel unsafe, while for others it may help them to feel secure. It was also noted that there needs to be different approaches used in inpatient care and patient transport scenarios. The term 'reasonable' force was considered, and it was acknowledged that this is a subjective term. Adequate training of staff on how to best respond to individuals who are in distress may be required, and this may lead to a paradigm shift in how people are responded to. This ties in with the trauma-informed focus on care which is being discussed in the broader sector. MHAS will also advocate for consumers to be able to advise the gender of the person that they want to conduct a physical search of them, or at the very least, the right to say who they do not want to search them (in terms of the gender of the person carrying out the search). Problems with evidence presented orally versus in writing to the Mental Health Tribunal was discussed. It was acknowledged that written evidence often is seen as more substantive than oral evidence which indicates a bias against the consumer as oral evidence is often how consumer input is delivered. MHAS is considering submitting to the Statutory Review of the Act that anyone on an authorised ward should be given access to the MHAS and for MHAS to be notified of their admission regardless of whether the person have been admitted voluntarily or involuntarily. It was noted that there are no oversight mechanisms to determine the percentage of voluntary consumers who are experiencing restraint, seclusion, or loss of phone access. The rights of consumers in voluntary wards are potentially being violated when they are required to sign paperwork upon admission stating that they will take their medications and follow the direction of psychiatrists. The experiences of consumers in Emergency Departments (EDs) were also discussed, including how those experiences are being collected and addressed. It was acknowledged that any restraint or seclusion while a person is in an Emergency Department is being carried out under a duty of care provision and not under the Mental Health Act. Therefore, reporting and access to the MHAS is limited or not required. MHAS is considering whether a requirement to report any instances of restraint or seclusion in ED to the Chief Psychiatrist would be preferable. MHAS would also like to receive formal notification when a child is admitted to an adult ward and notification when children are admitted on a referral form (1A or 3C Form) in regional areas.	

	Members discussed the advocacy model used by the MHAS which, for adults, is a pure advocacy model. This means that the MHAS advocate will faithfully represent the wishes of the individual having discussed their rights and consequences with them. This is distinct from the 'best interests model' which is used by the MHAS when working with children. SP advised that MHAS will work with the treatment team to advocate for the consumer's preferences. It was also noted that the relationship between the MHAS and treatment teams is usually good as all concerned have the consumer's well-being as their primary concern.	

12. Mental Health Act 2014 Statutory Review Project – Update  MHAC 9 September 2021.pptx	Lauren Atkinson (LA) provided an update on the Mental Health Act 2014 Statutory Review Project (the Review). LA spoke to members about the background to the Review and provided information on the Review's focus. The engagement process used in the Review has and will continue to engage the public to garner feedback. This will include an option for people to leave a telephone message in any language, of up to five minutes, which will then be translated. It was noted that there are consumer and carer representatives on the Steering Committee for the Review. The Aboriginal Health Council of WA and Aboriginal Health Services, as well as other Aboriginal Community Controlled Organisations, have been approached to provide feedback from clients. The Review has also worked with the Office of Multicultural Interest to engage thirty culturally and linguistically diverse groups to provide feedback. Members discussed and provided feedback on the current survey process and structure, advising that references to the Act have proven to be a barrier to consumers who did not feel that they understood the Act well enough to answer. Lauren advised that changes can be made to better encourage feedback. The Department of Premier and Cabinet Aboriginal Engagement Division has also been engaged to meet with Aboriginal communities to talk about individual experiences. There is also a community grant process available to facilitate services to engage with individuals, families and carers to provide feedback on the Review. Lauren also advised that although the Review can only act on feedback which directly relates to legislation, all feedback will be disseminated to the appropriate areas and agencies to ensure the feedback is addressed.	**Action 173:** Members to contact Lauren Atkinson via email at statutoryreview@mhc.wa.gov.au if they would like further information.

13. ICA Emerging Directions Paper	The Chair gave an update on the Emerging Directions paper which has been released by the Infant, Child, and Adolescent Taskforce. It can be accessed via this link . The Emerging Directions paper is now available for comment via an online feedback form and working groups have also been given areas of the paper for discussion and feedback. Tracey Young's work group is focussing on "crisis" and members provided her with feedback from MHAS to be included. Members discussed access to crisis services and the roadblocks people may encounter whilst waiting to get a response, such as being faced with an impersonal recorded message, and how this can exacerbate their situation.	**Action 174:** Sara Walsh to circulate a summary document on the Taskforce survey for members to complete with feedback. **Action 175:** Members to provide TY with feedback relating to "crisis" situations by 13/09/2021.
14. Discussion on presentations and advice to the Commissioner	Invitations will be sent directly to MHAC members from the Office of the Honourable Stephen Dawson MLC, Minister for Mental Health. Members have been requested to email questions to SW for the Minister prior to the meeting so they can be collated.	**Action 176:** Members to provide Sara Walsh with questions for the Minister for consideration.
15. Other Business	None were noted.	
16. Values Representative	Council members reflected on the values represented during the meeting and noted that: • The approaches made by members toward the guest speakers was respectful yet direct; • The willingness to accept feedback demonstrated by Lauren and her and her team's efforts to ensure all voices are heard in the Review process are commendable; and • There was a lot of systemic language and terminology used at the meeting today and it is important to remember that it is incumbent on the council members to translate this to people at a grassroots level.	
Meeting closed at 12:30pm.		
NEXT MEETING	**Thursday, 14 October 2021** **Mental Health Commission**	