MENTAL HEALTH ADVISORY COUNCIL MEETING MINUTES February 10, 2022

Attendees	Patricia Councillor (PC) (Deputy Chair), Paul Parfitt (PP), Tracey Young (TY), Richard Oades (RO), Emily Wilding (EW), Pauline Cole (PCole), Virginia Catterall (VC), Jessica Nguyen (JN), Jennifer Wilton (JW), Nafiso Mohamed (NM)	Mental Health Commission Djeran Room, Level 1, 1 Nash Street Perth WA 6004 and MS Teams Thursday, 10 February 2022 08:30am – 12:30am
Chair	Margaret Doherty (MD)	
MHC Support	Caitlin Parry (CP), Larissa Barnao (LB)	
Guests	Jennifer McGrath, Mental Health Commissioner MHC (JM) Cynthia Leal, Assistant Director, Governance and Stakeholder Engagement MHC (CL) Louise Soia, Policy and Service Development Manager, Treatment Services MHC (LS) Breda Ryan, Project Manager Mental Health, WA County Health Service (BR) Molly Kennedy, Senior Project Officer, WA Country Health Service (MK) Ms Lyn Mahboub, Valuing Lived Experience Program, School of Allied Health, Curtin (LM) Dr David Hodgson, Senior Lecturer Social Work, School of Allied Health, Curtin (DH) Rhonda McCullugh, Principal Policy Manger NDIS, MHC (RM) Vanessa Rodrigues, Project Officer NDIS, MHC (VR)	
Apologies	Lee Steel	

AGENDA ITEM	**DISCUSSION**	**ACTION LOG**
1. Acknowledgement of Traditional Owners	The Deputy Chair acknowledged the Whadjuk people of the Noongar Nation. Respects were paid to Elders past, present and future for their knowledge and traditions.	
2. Welcome and apologies	The Chair welcomed attendees, noted apologies and members did a round of introductions.	
3. Recognition of Lived Experience	The Chair recognised those with lived and living experience and acknowledged the emotional labour that comes with it.	
4. Welcome to New Members	The Chair officially welcomed two new members to the Mental Health Advisory Council (Council), Jennifer Wilton and Nafiso Mohamed who provided an overview of their background to other members. Council members welcomed the two new members and the experience and diversity they bring to the Council.	

5. Conflicts of Interest	The Chair noted her conflict of interest as a guest lecturer previously at Curtin University and initial co-design of the Valuing Lived Experience Program (VLEP).	**Note:** Secretariat to update the Conflict of Interest Register.
6. Acceptance of previous meeting minutes	Council members endorsed the 9 December 2021 meeting minutes.	
7. Action Log	**Completed actions:** 189 – noted as completed. 191 – PP advised discussions with the Wheatbelt Community Advisory Group are ongoing regarding the Wheatbelt Transport issue. Item to be noted as completed as it will take time to resolve. **Outstanding actions:** 192 -TBA.	
8. Budget	Year to date budget is on track, updated figures will be provided at the April meeting.	**Note:** Secretariat to provide budget figures with April meeting papers.
9. Mental Health Commissioner Update	Jennifer McGrath, Mental Health Commissioner (Commissioner) attended, joined by Cynthia Leal who recently joined the Mental Health Commission (MHC) as Assistant Director, Governance and Stakeholder Engagement. JM welcomed the two new members of Council. JM provided an update, noting the mental health space is busy due to the community spread of the COVID-19 Omicron variant in Western Australia (WA). JM advised the refocus of the MHC is to ensure support is provided to the most vulnerable in the community. The role of the MHC will be to keep people out of hospitals, using learnings of what has occurred in the Eastern States to inform the process. The following was discussed: • In conjunction with the Department of Health (DoH), the MHC will focus on continuing to be able to provide services to the most vulnerable, particularly in the psychiatric hostels. • In line with advice from DoH, the MHC will focus on the creation of a surge workforce aiming to keep people in their place of residence and providing in-reach clinical care. The aim is to keep residents connected as much as possible. The surge workforce will be offered	**Action 193:** Secretariat to distribute the Surge Workforce job description to members. Members to advise suggested groups that could be approached for employment in a surge workforce, inclusive of contact names (deadline 16 Feb 2022).

	employment for a three to six-month period and training and support will be provided. The three main points of this workforce are: 1. Non-critical MHC staff have been asked to volunteer for non-clinical support roles within the surge workforce to assist in supporting frontline staff. Training for MHC staff undertaking these positions will commence next week. 2. The surge workforce will provide personal care and administrative support to residents. 3. A marketing campaign to recruit a potential workforce outside the MHC will also commence next week and will include targeting niche groups, inclusive of TAFEs and Universities where this type of employment may be relevant to a student's course of study. Volunteers will also be targeted. Council members noted Culturally and Linguistically Diverse (CaLD), Aboriginal and the Department of Justice sectors should be approached as this would also provide diversity within a surge workforce. • The MHC is working with non-government organisations (NGO) to identify their most critical services they undertake to keep people out of the hospitals. This may allow for diversion of some staff to assist in more critical positions. • The MHC has internal teams that liaise with the State Health Incident Coordination Centre (SHICC), the hospital command centre and the State Welfare Incident Coordination Centre (SWICC), for the Department of Communities. The aim is to provide consistent messaging across government however, rapid changes may make this challenging. • Hostels do not currently receive clinical support however, with COVID-19 outbreaks, patients will be unable to attend Emergency Departments (ED). How Community Treatment Teams will link into these facilities is being discussed and General Practitioners will be vital in providing support to these facilities. • All mental health patients must continue to have access to medication and the MHC are working with the Pharmacy Guild to achieve this. The MHC will share updated information with Council once received. • The Royal Flying Doctors and St John Ambulance will assist with distributing medication to the regions and relaxation of rules on opiate replacement therapy collection was queried. • Hostel vaccinations were noted as increasing.	**Action 194:** MHC to advise members how pharmacies will operate when COVID-19 numbers increase in the WA community. **Action 195:** Members to email the Secretariat with suggested efficiencies for the current mental health system that can be implemented without increasing workforce numbers. Responses to then be distributed to the Commissioner. Deadline 21 February 2022. **Note:** Commissioner to be invited to return to April meeting and provide a status update on the mental health workforce.

	A further update on workforce issues will be provided at the April meeting. JM encouraged members to provide suggested innovations that can be implemented based on the current system and workforce, including the personality disorder sector. It was noted that Northam residents have reported being turned away from pharmacies and supermarkets, services that are deemed essential, as they are unable to provide proof of vaccination. JM noted that this should not be occurring and encouraged individuals to approach the local police or community rangers if they witness or experience this, as it is imperative businesses are complying with regulations and that everyone has access to essential services. Members thanked JM for the update and for everything that is being done for people in the mental health, alcohol and other drug areas particularly those in vulnerable populations.	
10. Mental Health Co-Response Team Update  The Mental Health Co Response - MHA	Louise Soia (MHC), Breda Ryan and Molly Kennedy (WAHCS) provided an update on the Mental Health Co-Response Service (MHCR). It was noted that Council members are to receive a presentation from the MHCR team on the ground in Geraldton next month. Council members were provided with Frequently Asked Questions and a presentation on the MHCR Service. MHCR, is a joint service between the WA Police Force (WA Police), the MHC and Health Service Providers. The service aims to divert people away from the justice system and provide early intervention and prevention for those most vulnerable. The main elements of the MHCR are: • The Perth Watch House (PWH) has an authorised Mental Health Practitioner who will be available 7 days a week from July 2022 from 2pm to 12am. • Mobile response teams (MRT) consisting of two police officers and one authorised mental health practitioner in an unmarked car and in plain clothes. They have access to the computer aided dispatch and the Psychiatric Services On-Line System (PSOLIS) which can be updated in real time from the Police Operations Centre (POC) and can assist in deescalating a potential crisis. • A Mental Health practitioner located in the POC who can update information on several jobs at once. Funding via an election commitment has allowed for these services to be expanded from July 2022. This expansion will see: • New mobile teams in the Midwest and the South West.	**Action 196:** Secretariat to distribute the presentation on the Mental Health Co-Response Service to members. **Action 197:** RO to discuss with BR how data from service providers can be fed into PSOLIS.

	• Alcohol and Other Drugs (AOD) support workers and an Aboriginal mental health support worker are to be located in the PWH. Hours of availability will change depending on demand. Their role will be to provide support and advice, including to other watch houses within WA. Tenders for these additional services have gone to NGO's and they will need to adhere to the *Mental Health Act 2014* where relevant. • The current metro mobile teams will also see an expansion from 4 teams to 8 and increased support at the POC. The MHCR service, which commenced in 2016 often means police do not need to attend EDs as they can be directed to other facilities in the first instance if required. With the regional MHCR model, funding was received for WA County Health Service (WACHS) to undertake a feasibility study. This study highlighted the Perth metropolitan model as one of the best models as it ensured mental health practitioner's positions are backfilled if they are not available, ensuring service continuity. Additionally, WACHS also identified the requirement for an Aboriginal Mental Health Officer with the information provided on PSOLIS being vital for the ability to handle situations in a culturally appropriate manner. The model has been evaluated by Edith Cowan University and consumer and carers were consulted. The following was discussed: • Practitioners must have qualifications in Aboriginal Mental Health First Aid and cultural responsiveness, and undertake additional mental health focussed training, inclusive of lived experience, suicide, self-harm and culture-bound syndrome once employed in the role. • Not all mental health services in WA are reflected on PSOLIS as only WA Health Mental Health services have access to PSOLIS. There are many Non-Government Organisations providing mental health services, particularly in regional areas. • No additional CaLD training has been provided. The MHC has indicated CaLD data would be valuable and this will be addressed going forward. • Further discussions are necessary on how to include more consumer and carer voices and how this can be further engaged via service providers.	

BREAK		
11. National Disability Insurance Services MHC Team Update	Rhonda McCullagh and Vanessa Rodrigues (MHC) provided an update on the National Disability Insurance Services (NDIS). The Chair noted the focus of the Council is to ensure members of the community have their needs met particularly those who may be under-represented or marginalised. The discussion would provide an overview ahead of the proposed visit to the NDIS office in Geraldton. • An overview of the NDIS was provided, outlining the associated administration, legislation, eligibility and supports and services available. • 600,000 Australians are living with severe persistent mental illness and only 64,000 or 14 percent of these people are estimated to be eligible for NDIS. One requirement of eligibility is to be under the age of 65. People over the age of 65 are overseen by My Aged Care (MAC), with Aboriginal people able to access MAC from the age of 50. • NDIS Local Area Coordinators are in place to assist with planning once eligibility has been met, however they are unable to assist with gathering evidence to support an application. • There is a gap in this process as to who is available to assist people in the community to gather the necessary documentation for an application, as this is a fundamental component of applying for the service. • There is a lack of psychosocial support and the integration of Mental Health (MH) service providers, as clinicians are not required by NDIS to be involved in the planning process and clinicians are not encouraged or supported, in practice, to be involved. • The NDIS practice of having a "nominated person" i.e. the MH clinician assisting with the application, is not consistent with MH services practice where there are often many changes to the clinician allocated as the Care Coordinator. • By June 2023 it is estimated there will be 14 percent of NDIS participants with a primary psychosocial disability which, at September 2021 stood at ten percent. • There is a National Access Team (NAT) that can review applications to the NDIS that have been denied. A highlighting the difficulty of the application process. RM and VR will provide an update at the April meeting. The presentation will be circulated, and members asked to provide secretariat with targeted questions for the next update.	**Action 198:** Secretariat to distribute the NDIS presentation to members. Members to have questions back to Secretariat by 4 March 2022.

12. Valuing Lived Experience Program	Lyn Mahboub and David Hodgson (Curtin University) provided an update to members on the VLEP. The course was developed as a unit of study to assist those with lived experience coming into the workforce. An advisory group assisted in developing learning outcomes and the curriculum was drafted in conjunction with academics and individuals with lived experience. VLEP is well resourced and supported by the university. It aims to meaningfully embed the voices of people with lived experience of mental distress, trauma, and the use of health and community services into the education of students, academics and professionals. The VLEP employs a community of practice (CoP) model enabling educators to engage in transformational teaching. The CoP meet with educators monthly and support co-design and co-production with lived experience where possible. Feedback from students that have completed the program has been positive, indicating that the use of lived experience educators has helped their understanding of mental health recovery. It has also assisted in providing insight into ethics and created a deeper level of understanding, tackling preconceived ideas in a safe environment. Discussion followed: • VLEP does not specifically include AOD however, this is embedded into university courses in different ways. • Lived experience should be incorporated into nursing and other clinical degrees. However, as those courses sit outside the Allied Health School, it is not within this program's scope. • There is a need for cultural change and support for practitioners to achieve this change. • VLEP provides a program for those with lived experience to critically reflect on their own experiences while in the process of becoming Lived Experience Educators. • VLEP helps to promote critical ways of thinking; different ways to understand distress and support or responses for people with lived experience. It is important for students to have an opportunity to hear some of this narrative prior to starting education, as exposure prevents having to "unlearn" perceptions and ideas later down the track.	**Action 199:** Secretariat to distribute the Valuing Lived Experience presentation to members.
13. Reflection Item	EW provided the reflection item, a recording of the 2021 Youth Parliament adjournment speech by Amy Astill, Youth Premier of WA 2021. Amy kindly offered her recording of the speech to Council members.	**Note:** TY to provide the reflection item for March.

	As a young woman in Kalgoorlie, Amy spoke of her experiences of the mental health system and the high rate of suicide experienced in the Goldfields and other regions. Her experience of watching young people take their own lives was the impetus for Amy to become a local Councillor, to help affect change within mental health and in the community. Council members reflected on the video and discussed: • The challenges that would come for young people speaking out about the impacts of an inadequate mental health system and how eloquent Amy's speech was. • The speech provoked members to question how we can help those who are not heard well so that tragic deaths can be avoided. It also serves to remind us every day we must do better. • The urgency of the issue shone out in the public community message that highlights an expectation that help is available. However, a lack of services in the regions coupled with the geographical vastness creates a significant barrier. The voices of young people need to be heard, regardless of where they are located. Without keeping the person at the centre, the humanity of the work can become lost. It is important that a humane approach guides the Council and the MHC as a whole.	
14. Discussion on presentations and advice to the Commissioner	• RO to draft advice on the value of the VLEP and why the program should be developed further, inclusive of AOD and Personality Disorders. Members to provide feedback to RO for collation. • Feedback will be provided on the NDIS after the second presentation in April.	**Action 200:** RO to draft advice to the Commission on the value of VELP.
15. Other Business	The upcoming Geraldton trip was discussed, noting fully flexible flights have been booked and meetings will proceed online if travel to site is not feasible.	
16. Values Reflection	All Council members provided value reflections as follows: • There was little discussion promoting recovery of individuals as there was a strong focus on COVID-19. • Respect and diversity were achieved, noting there will be more diverse representation on the council with the introduction of new members. • The questions asked were reflective of all views. • Members agreed there had been open discussions, illustrated by the inclusion of the reflection piece on youth voices in parliament.	
Meeting closed at 12:30pm		

NEXT MEETING	**Thursday, 10 March 2022** **Multipurpose Centre, Geraldton**