MENTAL HEALTH ADVISORY COUNCIL MEETING MINUTES June 9, 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), Jennifer Wilton (JW), Nafiso Mohamed (NM)	Mental Health Commission Gascoyne Room, L2 1 Nash Street Perth WA 6004 and MS Teams Thursday, 9 June 2022 08:30am – 12:00pm
Chair	Margaret Doherty (MD)	
MHC Support	Caitlin Parry, Project Officer, System Engagement MHC Larissa Barnao, Project Support Officer, System Engagement MHC	
Guests	Ellen Gibson, Senior Project Officer – Immediate Drug Assistance Coordination Centre (IDACC) Treatment Services Management MHC Hudson Delves, Consultant, Nous Samantha Jenkinson, State Director, NDIS Commission	
Apologies	Jessica Nguyen (JN), Lee Steel (LS)	
AGENDA ITEM	**DISCUSSION**	**ACTION LOG**
1. Acknowledgement of Traditional Owners	The 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 and noted apologies. Meeting attendees did a round of check ins focused on the well-being of attendees.	
3. Recognition of Lived Experience	The Chair recognised those with lived and living experience and acknowledged the emotional labour that comes with it.	
4. Reflection Item	NM presented the reflection item: The 'cultural response to trauma and serious violence' Project for discussion. The below was noted: • The reflection item illustrated the benefit of community involvement and how empowering teachers to create a safe space for children enabled them to speak up and advocate for themselves. • Upskilling an individual's capabilities and building resilience in a culturally safe way is important to prevent negative situations occurring again in the future. • Employing Culturally and Linguistically Diverse (CaLD) individuals is not enough, individuals must also be culturally competent and reflect upon issues arising from generational gaps.	**Note**: Secretariat to allocate the reflection item for next meeting.

	• Experiences at school form a large part of an individual's identity and their mental health. • The *Fight's 2020 Report* illustrated the success of the project and how it benefited both students and staff, particularly ethnic minorities and promoted innovative thinking. • Members recognised the benefit of the project, particularly as it examined how the school fits within the community rather than passive engagement of the community, noting this shift in thinking would be beneficial across all mental health services. • Members agreed the Mental Health Advisory Council (MHAC) would benefit by bringing unconscious bias to the surface as self-reflection is the first thing to go in busy times. This ethos should be embedded in the MHAC's values going forward.	
5. Conflicts of Interest	No conflicts of interest were advised.	
6. Acceptance of previous meeting minutes	Council members endorsed the 12 May 2022 meeting minutes.	
7. Action Log	**Action 204 –** Attendance of a representative from the Psychiatry sector to be invited to a future meeting - ongoing. **Action 205** – Mental Health Commission (MHC) System Wide Data Working Group to advise whether LGBTQIA+ data can be captured – ongoing. **Action 206** – Dr Robyn Williams to be invited to discuss Foetal Alcohol Spectrum Disorder – ongoing. **Action 207** - Richard Oades to draft advice on consumer and carer representation and lived experience participation training – ongoing.	
8. Budget	The budget was noted.	

9. Immediate Drug Assistance Coordination Centre (IDAAC) Presentation	The Chair welcomed Ellen Gibson from the MHC and Claire McCullagh and Hudson Delves from Nous. The Immediate Drug Assistance Coordination Centre (IDAAC) service model and consultation process undertaken by Nous was outlined to members via a PowerPoint presentation with the following discussed in further detail: • Nous was engaged to consult on three of the five core service components of the proposed IDAAC Model of Service (MoS). Extensive consultation was undertaken, with emphasis on lived experience, Aboriginals and family and carer consumers. The aim was to identify safe practices to ensure the experience is a positive step in their recovery process. • Nous advised that consultation with CaLD and LGBTQI+ groups had been undertaken by the MHC prior to their engagement. • Referral pathways were identified as an essential component of the MoS, to connect people into the next step of their recovery journey. • The listed exclusion criteria include individuals in active withdrawal which is problematic given this may be the reason they are in crisis. This concern was raised via other forums however, IDAAC is not a medical model and proposed staffing would not be equipped to accommodate individuals experiencing a psychotic episode. Co-occurring issues will eventuate, and the service will screen those in acute psychosis, ensuring they refer to the service they require. • It was noted individuals experiencing acute psychosis would perhaps respond better to the low stimulus environment at IDAAC, rather than an Emergency Department (ED). • Members expressed concern that psychosis is described as a medical issue and this needs to be challenged in order to do business differently and in a way that responds to people's human experiences. Members agreed a commitment to social and emotional well-being is vital and individuals will arrive at the facility with the belief they will receive support, however, under the proposed model may still end up with the traditional approach and be sent to ED. • Police will play a vital role in identifying potential risks and unnecessary presentations to ED and to the justice system. • Members noted the use of the word "intervention" is problematic for people with mental health, alcohol and other drug (AOD) challenges as it conjures up negative feelings and reflects a language of "doing to". Ms Gibson noted this and will review the language used within documentation, noting it should be "warm, friendly and approachable". • In conclusion, members noted: ○ The location and design of the centre must be culturally safe.	**Action 208:** Members to provide feedback to the IDACC service model out of session.

	○ Promotion of the service will be important, particularly for individuals homeless / living on the street. ○ A continual quality improvement model will be essential, particularly to ensure information is captured regarding those who are unable to access the service. ○ Further definition is required regarding how IDAAC proposes to connect people to the services. ○ The service will only be available for individuals 18+, which doesn't support in need. Ms Gibson advised a Service Evaluator will be employed and they will build in continuous improvement, identifying how these types of gaps can be addressed in future adaptations of the model. ○ Clear pathways for how individuals transition out of IDAAC to the next service is required. ○ Capacity building of the service will be essential. ○ Consultation should be undertaken of all proposed groups who may use the service, particularly people from under-represented communities. This needs to happen, to ensure the service is fit for purpose and safe for all potential groups noting consultation was broadened but still not appropriately specific to under-represented groups that will utilise the service. It was agreed that members would provide further feedback out of session as required, at the request of the project team.	
10. BREAK		
11. National Disability Service (NDS) Update	The representative from the National Disability Service (NDS) was unable to attend or send a proxy. Members discussed: • Access and eligibility to NDIS and how this is funded in the community requires further clarification. • Available services to support individuals through the application process to gain eligibility need to be identified. • The MHAC has found it difficult to ascertain what organisations are now available to undertake the work previously done through the Partners in Recovery program to helping individuals test	

	their eligibility and access the NDIS. This illustrates how difficult it would be for individuals of family members, trying to navigate the process without support.	
12. NDIS Commission Presentation	The Chair welcomed Ms Samantha Jenkinson, State Director of the NDIS Quality and Safeguard Commission (NDIS Commission). The following was discussed: • The role of the NDIS Commission was outlined, noting it is an independent regulatory body, focussing on the rights of individuals with disabilities and the services they receive. • Service providers are bound by Practice Standards and a Code of Conduct, outlining how they must engage with clients. Legislation mandates how providers must meet these standards, provide support planning for individuals and gain their feedback as to what services they require. • The NDIS Workforce Capability Framework outlines what is expected of service providers and provides support. It is based on feedback from individuals receiving NDIS services. It outlines practice standards, including what constitutes a registered provider and provides an overview of restricted practises. • Members advised supports need to be in place to reduce chemical restraints over time, and to ensure individuals receiving this treatment have ongoing medical assessments. • Restricted practices are quite commonplace, and members noted that finding a behaviour support person equipped to holistically support people with psychosocial disability can be challenging. Ms Jenkinson noted a member of the Behaviour Support Team could attend a future meeting to discuss this further if required. • NDIS Support Workers are screened at a state level with requirements determined by the state. However, there are unregistered providers who not required to screen their staff. Unregistered providers only need to adhere to the Code of Conduct but do need to report any issues of concerns however are encouraged to undertake screening • Members agreed individuals and carers should be involved and leading the development of their support plan, with supports in place to help individuals make informed choices. • Members queried whether there are Practice Standards requiring service providers to contact mental health services if their client has a psychosocial disability. It was noted this often depends on whether a support coordinator has been allocated to the individual. Ms Jenkinson will send through a link to the practice standard that will apply noting this is only for registered providers. • When an incident occurs, providers must illustrate to the NDIA how they are engaging with individuals to mitigate the risk of future occurrences.	**Action 209:** Samantha Jenkinson to provide link to practice standards for circulation to members.

	• Training requirements for board members of an NDIS provider was discussed, noting this training is required under legislation and presents a challenge to attracting volunteer board members. There is a high level of responsibility involved in operating an NDIS organisation therefore, this level of training is necessary to ensure the focus is on providing effective supports with the rights of the individuals with disabilities at the forefront. • The shortage of available staff continues to be a focus and concern. • Obligations of providers was discussed, in conjunction with the Code of Conduct and the complaints process. Banning orders can be implemented and are placed on the NDIA's website. There is a specialist unit that oversees any fraud complaints. • Making a complaint is a complicated process and within the psychosocial disability space, and in sectors where there are a limited number of providers, individuals do not wish to complain about their services. Members expressed the importance of meaningfully embedding peers within the industry who can advocate for individuals and their families. • Currently there is no funding within the NDIS for carers to navigate the system on behalf of these individuals. • The NDIA aims to raise the quality of the services throughout the entire sector and will look to consult with those with disabilities in the future to see how services can be improved. • Members felt the NDIS system is not easy to understand or navigate and not fit for purpose for such a vulnerable group. The Chair thanked Sam for providing an extra layer of knowledge regarding the NDIS which may change the trajectory of an individuals' life.	
13. Discussion on presentations and advice to the Commissioner	• MHAC will provide written advice to the Mental Health Commissioner (Commissioner) on the IDAAC MoS. • The Chair confirmed that the Geraldton advice has been sent to the Commissioner. • Following a presentation from Jane Armstrong in July, MHAC will draft advice to the Commissioner on applying an inclusive LGBTQI+ lens to mental health, alcohol and other drug challenges. • RO is working on draft advice following Kerry Hawkins and Amanda Waegeli's attendance at the May 2022 meeting. • The Recovery College would like to present to MHAC and will be invited to attend the August meeting.	

14. Other Business	Members were advised the MHC would look to reschedule the Geraldton meeting for 10 November 2022 meeting.	
15. Values Reflection	Members reflected on the meeting: • The reflection item highlighted innovation and hope through community inclusion. • The values of MHAC were clearly identified in the IDAAC discussions and well reflected in the questions asked. • IDAAC is a new service coming into the space and provides hope. • Innovation will be required to obtain the most from the NDIS scheme for people with psychosocial disability. .	
Meeting closed at 11:51pm		
NEXT MEETING	**Thursday, 14 July 2022**	