


MENTAL HEALTH ADVISORY COUNCIL MEETING MINUTES

March 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), Lee Steel (LS)	Virtually via MS Teams Thursday, 10 March 2022 08:30am – 11:27am
Chair	Margaret Doherty (MD)	
MHC Support	Caitlin Parry (CP), Larissa Barnao (LB)	
Guests	Sharon Thomson, Regional Manager Midwest Mental Health & Community Alcohol & Drug Service, WA Country Health Service Midwest Lindsey Money, Team Leader, Adult/Older Adult Community Mental Health Team, WA Country Health Service Breda Ryan, Senior Project Manager, WA Country Health Service Mental Health Nathan Johansen, Sergeant WA Police Force Katrina Jackson, Authorised Mental Health Practitioner, Mental Health Co-Response Service Team Violet Evans, Aboriginal Mental Health Coordinator, Mental Health Co-Response Service Team Chris Fitzgerald, Aboriginal Mental Health Worker, Mental Health Co-Response Service Team Nigel Tremain, Chair, Geraldton Community and Carer Advisory Group Veronica Summers, Member, Geraldton Community and Carer Advisory Group	
Apologies	Deborah Woods, Chief Executive Officer, Geraldton Regional Aboriginal Medical Service	
AGENDA ITEM	DISCUSSION	ACTION LOG
1. Welcome and apologies	The Chair welcomed attendees, noting the change of meeting location from a Geraldton site visit to online attendance. No apologies were noted.	
2. Welcome to Country	The Chair gave an Acknowledgement of Country.	
3. Recognition of Lived Experience	Lee Steel recognised those with a living or lived Experience, acknowledging the ‘emotional labour’ that comes with drawing on lived experience expertise in the mental health and alcohol and other drug area. The courage of those with lived experience at the meeting was recognised, as was their desire to facilitate change.	
4. Council Update	The Chair noted the purpose of the meeting was for members to gain a regional perspective from the Mid-West area to assist in providing advice to Ms Jennifer McGrath, Mental Health Commissioner (Commissioner).	

	<p>The minutes of the meeting held 10 February 2022 were accepted and endorsed, inclusive of those amendments tabled by Tracey Young.</p> <p><u>Outstanding actions:</u></p> <p>Action 179 – An invite will be sent next week for Hon Amber-Jade Sanderson MLA, Minister for Mental Health and Ms Elizabeth Mettam MLA, Shadow Minister for Mental Health, to meet with the MHAC. This meeting may be delayed due to the COVID-19 situation.</p> <p>Action 192 – Action item is pending.</p> <p>Action 194 – Awaiting advice from the Commissioner’s Office regarding the operation of pharmacies once COVID-19 cases peak.</p> <p>Action 198 – Members to email the secretariat with questions regarding to the National Disability Insurance Scheme (NDIS) by 17 March 2022. These will be addressed at the April meeting.</p> <p>Action 208 - Richard Oades has drafted advice to the Commissioner regarding the importance of the Valuing Lived Experience Program. Members to provide feedback on the draft advice by 24 March 2022.</p> <p>The Commissioner is scheduled to attend the April 2022 meeting to provide a workforce update. Members will receive an electronic flyer for the COVID-19 Supported Accommodation Assistance Team (formerly Surge Workforce) for distribution to their wider networks.</p> <p>Tracey Young will provide the reflection item for the April 2022 meeting.</p>	
<p>5. Welcome Presenters</p>	<p>The guest presenters for the meeting were invited into the meeting. All attendees took part in a round of introductions.</p>	
<p>6. Presentation 1 – WA Country Health Service</p>  <p>MH Advisory Council 10 3 22.pdf</p>	<p>Sharon Thomson and Lindsey Money from the WA Country Health Service (WACHS) outlined the services they provide, with the following discussed in greater depth:</p> <ul style="list-style-type: none"> • Employment of health professionals has grown within the Geraldton region. • The Child and Adolescent Mental Health Services Education Liaison Program sits within the mental health space, working with the Education Department to deliver educational assistance for individual students whilst providing mental health education to teachers. • WACHS, in partnership with numerous organisations, provides services over a large geographical area inclusive of the Geraldton, Midwest, Gascoyne and Murchison regions. • <i>General Practitioner (GP) Psychiatry Phone Line – Midwest</i> 	

	<ul style="list-style-type: none"> ○ A gap was identified in mental health education for GPs which may result in consumers being referred into the mental health system unnecessarily. ○ From 24 May 2022, GPs will have telephone access to a psychiatrist Monday to Friday between 8am to 5pm. After hours, GPs can access a psychiatrist based in Geraldton. ○ The phone line will extend the reach of specialist mental health care in primary care settings, allowing individuals to remain in the community, however it will not be a referral pathway. ○ Data obtained will identify common requests and primary care service gaps allowing targeted education sessions to be developed around these topics. ○ GPs will have timely access to specialist advice and the service may increase GP confidence in managing common mental health and alcohol and other drug (AOD) issues. ○ It will allow for professional networking and information sharing between mental health and primary care clinicians. ○ The Geraldton service is based on the Great Southern region model which initially received twenty calls a day and has reduced to five calls a day. The service is not in available elsewhere in Western Australia. ● <i>Extended Hours Program (EHP):</i> <ul style="list-style-type: none"> ○ The Extended Hours Community Mental Health Team will provide culturally safe and accessible mental health and AOD health services, 7 days a week, during specified hours. It will respond to urgent presentations with the view of reducing consumers in Emergency Departments (ED). ○ The service will be delivered in several ways, inclusive of telehealth and consumers will have access to peer workers. EHP will adopt a patient centric model, involving patients in their care and increasing consumer and carer input into the provision of services. ○ EHP is planned to commence in Carnarvon within six months and potentially Meekatharra, if ongoing staffing issues can be addressed. ● <i>Geraldton Step up Step down (SUSD):</i> <ul style="list-style-type: none"> ○ The facility opened in February 2021 and Neami National are the non-government organisation providing the psychosocial recovery program. It is a sub-acute facility with ten beds available for stays of up to 28 days with an intervention focussed program that provides support for consumers and families. ○ Consumers can attend the step-down facility as often as required, as long as there has been three weeks since their last discharge. ○ . 	
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	<ul style="list-style-type: none"> • <i>Community Supported Residential Units:</i> <ul style="list-style-type: none"> ○ Fusion Australia oversees the program with 14 beds in shared accommodation for those with a diagnosis of a serious mental health condition. ○ It provides a wraparound service for medium to long term care. ○ Continuity of care is a concern for consumers whose conditions deteriorate, and when they reach 65 years of age and require Older Adult Mental Health support or Aged Care residential care. Members agreed the MHC needs to address outcomes for residents in these circumstances. ○ It was noted the housing shortage in Geraldton has affected the ability to refer new consumers to accommodation services and this situation needs to be addressed. ○ Members were advised alcohol and other drug (AOD) users are accepted into the units and work closely with services, utilising medication to assist with dependence. Consumers are prohibited from using AOD onsite. If it is used offsite and safety issues occur, this is addressed however, this practice has not been a barrier to provision of the service in the past. • <i>Workforce:</i> <ul style="list-style-type: none"> ○ People are returning to the region which has been positive for workforce growth. ○ Mental health training for Registered Nurses is conducted locally with the idea of creating a Centre of Excellence for training Nurse Practitioners in the mental health area. ○ Rotating students through the SUSD facility was recognised as an option for providing opportunities for working with people in designated Lived Experience roles. On the job training was recognised as valuable, noting there are several designated Lived Experiences roles currently within the region and this has been well received. ○ The importance of continuity of care was also discussed, noting the current focus is to stabilise staff employment to create continuity of care and the opportunity to build rapport and trust with individuals. <p>The Chair thanked presenters for their time and for sharing their expertise.</p>	
<p>7. Presentation 2 – Geraldton Regional Medical Service</p>	<p>N/A</p>	

**8. Presentation 3 –
Mental Health Co-
Response Service
Team**



MHAC
Co-Response Preser



The West Mental
Health hospital visit

Breda Ryan, Nathan Johansen, Katrina Jackson, Violet Evans and Chris Fitzgerald presented on the Mental Health Co-Response Service (MHCR). The following was discussed in further detail:

- There are 20 trained co-response officers at the Geraldton Police Station, with two officers rostered across five afternoon shifts. These officers work in conjunction with an enquiry team, the Mental Health Practitioner (MHP) and an Aboriginal Mental Health Worker (AMHW).
- The MHCR is within the main police station, enabling mental health tasks to be addressed outside of normal working hours.
- There has been a reduction in the number of consumers transported to the Emergency Department (ED) from 75% to 25% since the introduction of the MHCR. It has reduced requirements for ambulances, ED staff and police involvement, ultimately allowing services to focus on their core function.
- Consumer care has become a joint responsibility with a collaborative approach between police and health professionals.
- Mental health screenings can now be undertaken at the Geraldton Police Station rather than attending hospital for assessment.
- Consumer information is entered into the Psychiatric Services On-Line Information System (PSOLIS), allowing for more effective information sharing with better outcomes for consumers whilst in custody.
- Increased mental health training has resulted in a reduction of force used with mental health patients as they are now approached in a different manner. This is a positive outcome. Statistics on reduced force are recorded in the MHCR activity log, inclusive of physical restraint use. Both the Mental Health Central Office and the MHC receive these statistics quarterly.
- Members commended the reduction in ED presentations and the reduction in use of force.
- The Geraldton Guardian newspaper has featured an article (attached) on the program’s success.
- Risk factors were discussed, including how they can be avoided and how mentally ill individuals can be assisted to support recovery.
- The inclusion of an Authorised Mental Health Practitioner (AMPH) in the MHCR has been beneficial. Given the close relationships in the Geraldton community, the AMHP has been able to provide valuable information to assist consumers.
- The Aboriginal Mental Health Worker (AMHW) provides an essential Aboriginal health perspective encompassing cultural security and spiritual wellbeing, focussing on the health of the whole person. The introduction of the AMHW has received wonderful community feedback

	<p>with the after-hours availability considered essential. Some consumers can better associate with an AMHW as they are able to identify on a cultural level. The Chair noted that word-of-mouth praise from the community, which is receiving the service, is important.</p> <ul style="list-style-type: none"> • The AMHW position has been embedded in the Geraldton MHCR model as 40% of all calls relate to Aboriginal consumers. • In the Metropolitan MHCR model, the MHP provides information to the Police and MHP responding to calls from their location at the Police Operations Centre. • The Bunbury MHCR is due for launch July 2022 and data will be collected to ascertain whether an AMHW or a Youth Worker would be best suited for the region. • It was agreed Youth Workers can identify with issues experienced by teenagers to 25-year old individuals, with a greater understanding of gender, suicide and sexuality issues. The Chair noted it is important to embed all voices in services provided, including the voice of young people. The negative impact of several people attending a callout was identified as a potential roadblock in young people seeking to access support. • The AMHP can assist consumers in creating long term goals. Katrina noted she is also employed at the clinic, allowing her to tailor plans for individuals she has referred to the service. • Only the AMHP can access confidential consumer data on PSOLIS which is vital in providing the most appropriate care for consumers. • The Chair noted the MHCR model encompassing the AMHW allows for an exchange of cultural knowledge that can be utilised in other areas. Responding effectively will also is helping consumers remain within the community. • The Geraldton Consumer and Carer Advisory Group (CCAG) has been consulted for consumer feedback on the MHCR. <p>Guests were thanked for their presentations and recognised for their ongoing contribution to individuals experiencing mental health challenges and their families in the Geraldton region.</p>	
<p>9. Presentation 4 – Geraldton Consumer and Carer Advisory Group</p>	<p>Nigel Tremain (Chair) and Veronica Summers (Member) from the CCAG gave an overview of their experiences and background. They advised the aim of the CCAG is to be the voice of those who may not be heard, inclusive of:</p> <ul style="list-style-type: none"> • Bridging the gap between services for the most vulnerable consumers, including those with disabilities or those who fear speaking out. • Assisting people with low literacy levels or those who are non-verbal. 	

- Advocating for the use of simple language. The CCAG assisted in the revision of Admission Forms, the Treatment Support and Discharge Plan and brochures. They are now more visual with language which can be easily understood.

CCAG concerns and priorities were noted. These include a need for:

- Reduction of wait times for services in order to reduce anxiety for consumers.
- The inclusion of peer support workers.
- Bridging language barriers.
- Ensuring clinicians understand the needs of the individuals they are treating.
- Diverting children from ED settings to ensure they are not exposed to confronting situations.

CCAG members felt their voice has been heard and they have successfully facilitated change. Additionally, they were pleased with the introduction of the MHCR and the improved outcomes for consumers.

Suggestions on how to streamline the NDIS process was discussed. Interface services were identified as essential to assist individuals in completing paperwork and linking them into the NDIS. CCAG members reported that local NGO services such as AVIVO and Helping Minds are now stretched and can no longer provide this assistance.

Nigel shared his experience of a system that did not provide support for health staff experiencing burnout. Although much progress has been made, it was recognised that supervision and intensive support of staff is vital, particularly in regional areas. It shines a light on the need for public sector services to ensure the mental health of their staff is addressed.

Additionally, specialist intervention in the community is required to ensure early intervention to both children and adults in crisis to reduce ED presentations.

Discussion followed regarding services such as the Safe Haven Café program and the employment of Peer Workers in several metropolitan ED departments through the Choices program to assist individuals presenting with mental health issues.

The Chair acknowledged that hearing the voices of the less represented groups is one of the MHAC's key values. Guests were thanked for shining a light on the need for continuing education

	for clinicians from a lived experience perspective and highlighting that 'coming alongside' consumers is important in obtaining support.	
10. Council Member Wrap Up / Values Reflection	<p>Members reflected on the following:</p> <ul style="list-style-type: none"> • Presentations were excellent and the implementation of the GP / Psychiatry phone support line will likely be positive. • The MHCR highlighted that positive outcomes are achieved via effective collaboration and this program has helped to strengthen relationships across sectors and with the community. • The MHCR highlighted the importance of inclusiveness and diversity in staffing. • It was hoped MHCR pilots are expanded in the near future. • It is valuable to hear what is working well in Geraldton and the Mid-West. 	Action 201: MHAC to draft advice to the Commissioner on learnings from today's presentations.
Meeting closed at 11.27pm		
NEXT MEETING	Thursday, 14 April 2022 Mental Health Commission	