


MENTAL HEALTH ADVISORY COUNCIL MEETING MINUTES

April 14, 2022

Attendees	Patricia Councillor (Deputy Chair), Paul Parfitt, Tracey Youn, Richard Oades, Emily Wilding, Pauline Cole, Virginia Catterall, Jessica Nguyen, Jennifer Wilton, Lee Steel	Microsoft Teams Thursday, 14 April 2022 08:30am – 11:30am
Chair	Margaret Doherty (MD)	
MHC Support	Caitlin Parry, Project Officer System Engagement MHC	
Guests	Rhonda McCullagh, A/Assistant Director, Strategic Management Operations MHC Vanessa Rodrigues, Project Officer NDIS MHC	
Apologies	Nafiso Mohamed	
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 and noted apologies.	
3. Recognition of Lived Experience	The Chair recognised those with lived and living experience and acknowledged the emotional labour that comes with it. It was noted that it is Easter week and the holidays can be a difficult time for many.	
4. Reflection Item	Tracey Young presented the reflection item: Experts by experience are invaluable in mental health: but how exactly? Members discussed the following: <ul style="list-style-type: none"> The article was a great read that spoke to the real 'grit' of what it takes to bring a lived experience perspective to the table. The difference between using 'big L, big E' and 'little l, little e' and the distinction between being in a designated Lived Experience role and being someone who carries their lived experience with them, however is in a different non-designated role. Meeting attendees agreed that the Mental Health Advisory Council (Council) meetings are a safe space where they feel the lived experience voices are listened to, acknowledged and respected. Acknowledged that there are a lot of organisations and services who welcome and engage well with lived experience voices and others who do not. It is apparent within some 	Note: Margaret Doherty to provide reflection item for next meeting.

	<p>organisations or projects that they are not yet ready to safely engage with lived experience perspectives. Including people with lived experience in consultations can be tokenistic. It is important that those inviting an individual to participate as a designated Lived Experience representative are genuine in their intent and keen to learn from the conversation and input and share decision making power.</p> <ul style="list-style-type: none"> • Within the community or public services, lived experience input can become a way of validating what a sector/institution is already doing rather than becoming a transformative force. It is important that people know why they're asking for the input and be willing to act on it. • It was acknowledged that bringing lived experience to discussions can seem difficult although there are tools and resources in place to support this. • Those people who have lived experience but are not in a designated role in which they are required to draw upon their Lived Experience expertise were recognised and appreciated. 	
<p>5. Conflicts of Interest</p>	<p>None declared.</p>	
<p>6. Acceptance of previous meeting minutes</p>	<p>Council members endorsed the 10 March 2022 meeting minutes.</p>	
<p>7. Action Log</p>	<p>Completed actions: Action 201</p> <p>Outstanding actions: Action 194 (when possible), Action 192 (ongoing), Action 179 (pending), Action 178 (pending), Action 149 (pending) and Action 26 (pending)</p>	
<p>8. Budget</p>	<p>Council members noted the budget update provided.</p>	
<p>9. NDIS / COVID-19 Update</p>  <p>NDIS presentation - MHAC April 2022.pd</p>	<p>Rhonda McCullagh and Vanessa Rodrigues addressed pre-proposed questions from Council members on the National Disability Insurance Scheme (NDIS), specifically the psychosocial space:</p> <ul style="list-style-type: none"> • Question 1: Will the NDIS pay for a private psychiatrist? Answer: No, the NDIS does not replace or fund mental health or treatments services provided through the health system. Psychiatrists have a role in providing evidence of a significant and permanent disability as part of the assessment process for the NDIS, however this is funded by the applicant or through public mental health services. The NDIS produces a document which outlines what supports are available: NDIS Pricing Arrangements and Price Limits 2021/22. It was acknowledged that psychiatric support is not the same service as what is 	<p>Action 202: Council to invite Samantha Jenkinson, State Director NDIS Quality and Safeguards Commission, to present at future meeting to hear from an NDIS strategic perspective with respect to issues relating to psychosocial</p>

	<p>available from the NDIS through Positive Behaviour Supports and that all clinical supports are still the responsibility of the health system.</p> <ul style="list-style-type: none"> • Question 2: What services exist to support people to access the NDIS Answer: The NDIS access processes is time-consuming and complex. Local Area Coordinators (LAC) can assist with: <ul style="list-style-type: none"> ○ Understanding and accessing the NDIS ○ Creating an individual's plan ○ Implementing the plan ○ Reviewing the plan <p>The Remote Community Connector (RCC) Program is in place, as well as the Transition Support Project tspforall, Living My Best Life and National Psychosocial Support Measure. It was noted that the RCC is not available in the Wheatbelt, only in Northern WA and the Goldfields area. This leaves the Wheatbelt with no appointed LAC in the area which is a significant gap in services. It was noted that the NDIS assessment looks at the functional capacity of the applicant NOT the diagnosis and this is a common misconception of what to focus on in a NDIS application for an individual applying in the area of psychosocial disability.</p> <ul style="list-style-type: none"> • Question 3: What funded services exist to advocate around the quality of service provided? Answer: The NDIS Quality and Safeguards Commission is an independent agency established to improve the quality and safety of NDIS supports and services. They regulate NDIS providers, provide national consistency, promote safety and quality services, resolve problems and identify areas for improvement. The NDIS Commission can take complaints from anyone, not just participants. A six-month project was undertaken by the MHC to identify resources developed through various funding sources which will benefit the mental health sector, consumers, carers and families. These resources are available on the MHC website. • Question 4: What research exists around impact of NDIS on families, given that much of the carer respite funding was rolled into NDIS which is individual-focused. Answer: Carer Gateway is now the national carer support service. MHC awaiting response from Carers WA and Helping Minds. Carer supports funded by MHC include, Carers WA, Helping Minds, MIFWA, Wanslea (Family support services including Grandparent carers, foster carers etc). No research regarding the impact on families was identified. 	<p>disability access and service</p> <p>Note: MHC to circulate NDIS questions/answers slides to members.</p> <p>Note: MHC to circulate the NDIS 'cheat sheet' from Jennifer Wilton to members.</p>
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	<p>Members discussed:</p> <ul style="list-style-type: none">• There are still many problems with the NDIS, particularly over the application process and for people with psychosocial disability. The NDIS system is not focused so much on diagnosis but rather requires evidence of the functional impact on a person’s capacity as a result of their disability and the permanency of the condition.• General mental health plans are still the remit of the health system and have their own challenges, such as the gap payment for practitioners.• Identifying and accessing a psychiatrist who is familiar with the language and process required to prove eligibility for NDIS can be challenging.• There are some providers that are well-versed on how to assist in completing an NDIS application, however finding and gaining access to this assistance is difficult. This is especially the case when individuals are significantly affected by their mental health condition and where a provider may not have insight into the individual and their holistic needs.• It was noted that the NDIS is Commonwealth funded and the Mental Health Commission (MHC) does not have control over the issues with the scheme (language etc). Instead the MHC has control over ensuring those not eligible for NDIS are supported or those working to complete an application have access to suitable supports to do so.• It was highlighted that when an online search is made for NDIS support in WA through a browser, the MHC does not come up on the first page of options. This may mean that people searching for assistance are not finding the resources document which the MHC has compiled. A suggestion was provided for MHC IT Support to optimise the search engine capacity to enable this.• The public mental health system does not currently seem to have a good understanding of the supports that are available to help someone gather the evidence they need to test their eligibility as to what is available as support. Support being different to treatment and management. It was noted that support normally comes from family and friends but not everyone has this or the support they do have are not equipped for the challenges associated when navigating the NDIS system.• For eligibility purposes, the NDIS require a condition be permanent, which doesn’t sit well with a recovery model largely adopted the mental health sector.• Members agreed they would like to hear from a representative from the strategic NDIS space before crafting advice to the Mental Health Commissioner (Commissioner).	
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	Time did not allow for a COVID-19 update but the MHC confirmed that a weekly update will be emailed to Council members moving forward.	
BREAK		
10. Infant Child and Adolescent Taskforce Update	<p>Council member Tracey Young is a member of the Interagency Advisory Taskforce for the Ministerial Taskforce into Public Mental Health Services for Infants, Children and Adolescents aged 0-18 years in Western Australian (ICA Taskforce). The final report of the ICA Taskforce was released in March 2022. The Government has committed to implementing all 32 recommendations and to the state-wide, system-wide reform of infant, child and adolescent mental health services. Tracey provided a reflection and the following was discussed:</p> <ul style="list-style-type: none"> • The Advisory Taskforce had representation and advocacy from the least heard voices, for example rural and remote communities, aboriginal communities, people from LGBTIQ+, cultural and linguistically diverse and consumer and carer communities. The inclusion was transformative instead of tokenistic. • Respect was demonstrated to those with lived experience who participated in the process. The prominence of the acknowledgement of country, the recognition of lived experience and the Lived Experience Foreword in the report were noted and are reflective of the MHAC's values. • Members noted recommendations put forward focusing on regional and remote communities seemed practical, such as updating digital systems and improving sufficient bandwidth to accommodate greater uptake in telehealth. • It was noted the language in the report might suggest that the Non-Government Organisation (NGO) sector could better position themselves to collaborate. However, members agreed that the NGO sector is already approachable and ready to collaborate, suggesting barriers may exist in parts of the public mental health area. • The ICA Taskforce meetings were a safe space and the processes involved were governed well. • Members are keen to see work on the recommendations progress and see how the workforce shortage issue is addressed in this case. 	
11. Members' COVID-19 Updates	N/A	

<p>12. Discussion on presentations and advice to the Commissioner</p>	<p>The Chair confirmed that advice has been drafted on the presentations received at the 10 March 2022 meeting. Members discussed encouraging the MHC to tap into the data available on reduced use of force by WA Police when responding to calls, noting that the Mental Health Co-Response Team is working well in Geraldton to reduce the likelihood of a situation escalating to violence. Members noted the importance of utilising people who work within services on the ground who have relationships with community members and who would be able to assist in de-escalating call outs, rather than having a tactical support unit attend a call out which may escalate the situation.</p> <p>Members agreed that the advice will be circulated out of session for input to the recommendations.</p> <p>Members discussed inviting more family members to a future meeting. It was agreed that this may be a piece of work that the Council picks up again, especially given the impact of COVID-19 on individuals and families. It was acknowledged that this topic needs to be managed in a certain way to ensure a safe space for people attending and sharing their stories and to also manage expectations as to what the Council’s purpose is and what it is not, in terms of making changes within the sector and providing advice to the Commissioner.</p> <p>Members discussed the Corrective Services area, noting the high number of fatalities in prisons already this year. It was noted that funding for functional assessments required for NDIS assessments in prison comes from the prison’s budget as people in prison are not able to access Medicare. The main focus for a prison budget is around maintaining security operations and day-to-day management of the site and not on funding mental health services. Members agreed that there is a lot to consider in the justice space given the impact on people with mental health, alcohol and other drug challenges who are over-represented in the population. Members noted that the current Commissioner of Corrective Services could be to be invited to a Council meeting given the previous Commissioner attended in September 2020.</p>	<p>Action 203: Members to provide input into advice re: regional presentations.</p> <p>Note: MHC to include list of upcoming invitees to the meeting agenda for transparency purposes.</p>
<p>13. Other Business</p>	<p>N/A</p>	
<p>14. Values Reflection</p>	<p>Council members reflected on the presentations and discussions at the meeting, noting that usually there is a balance in the discussion between hopeful content and problems or issues, however today that balance was skewed more to a problem focus. Members agreed that it is important, to introduce something positive at each meeting as a way of also safe-guarding the mental health of meeting attendees and to orient the meeting to what works as well as what does not. The Chair agreed that this meeting challenged the ‘hopefulness’ value and that we need to be more diligent in ensuring we ask presenters to also include what is working well in their updates.</p>	

	<p>In the interest of injecting some innovation and hope into the meeting, a member shared a story about a recent interaction they had where they were able to assist someone who was struggling to link with a service provider. This highlights the importance of supporting people so that services can work well for them. This needs to happen by services, however individuals who are able to help where they can, can really make a positive difference.</p>	
<p>Meeting closed at 11:30pm</p>		
<p>NEXT MEETING</p>	<p>Thursday, 12 May 2022</p>	