

# COMMUNITY MENTAL HEALTH, ALCOHOL AND OTHER DRUG COUNCIL (CMC)

## TERMS OF REFERENCE

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### 1. INTRODUCTION AND PURPOSE

On 4 March 2020, the Minister for Mental Health announced several new governance arrangements for mental health, alcohol and other drug services in Western Australia, including the establishment of a Mental Health Executive Committee (MHEC), to be chaired by the Mental Health Commissioner. The establishment of the MHEC, which relates to the public health system, is being complemented and balanced by the establishment of the Community Mental Health, Alcohol and Other Drug Council (the CMC), which relates to the community sector.

The aim of the CMC is to strengthen integration and accountability of mental health, alcohol and other drug services within the community sector. The CMC will also focus on improving partnerships, in particular with the public health system and strengthen consumer focused care, to ensure that lived experience is central to policy development and service delivery.

The creation of the CMC follows the release of the *Final Report of the Review of Clinical Governance of Public Mental Health Services in Western Australia*, which was itself a recommendation of the Sustainable Health Review's *Final Report to the Western Australian Government* and the *Review of Safety and Quality in the WA Health System, A Strategy of Continuous Improvement, Interim Report*.

As a key governance mechanism for the mental health, alcohol and other drug system, the CMC will be leading the implementation of the Government's intentions and objectives for mental health, alcohol and other drug services provided by the community sector in Western Australia.

The intentions and objectives for the mental health, alcohol and other drug system are comprehensively set out in *Better Choices, Better Lives, Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025*, the associated *Plan Update 2018*, and the *WA State Priorities, Mental Health, Alcohol and Other Drugs 2020-2024*. Critically, these intentions and objectives include ensuring that mental health, alcohol and other drug services are efficient, sustainable, recovery-focussed, consumer-led, and integrated.

### 2. ROLE AND FUNCTIONS

The purpose of the CMC is to lead the continuous development of a mental health, alcohol and other drug system that is efficient, sustainable, recovery-focussed, consumer-led, and integrated, in particular by:

1. Driving, across the community sector, the development, reform and delivery of mental health, alcohol and other drug services, which are set out in the *Better Choices, Better Lives, Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025*, the associated *Plan Update 2018*, the *WA State Priorities, Mental Health, Alcohol and Other Drugs 2020-2024*;
2. Driving the implementation of the mental health, alcohol and other drug related strategies set out in the Sustainable Health Review's *Final Report to the Western Australian Government* across the community sector;

3. Ensuring that care provided through the system is consumer-focused by:
  - making lived experience central to the development and delivery of mental health, alcohol and other drug policies and services; and
  - improving partnerships with the public health system;
4. Ensuring that community sector staff are engaged in the development and delivery of these improvements to mental health, alcohol and other drug policies and services;
5. Strengthening the integration of mental health, alcohol and other drug policies and services, in recognition of the frequent co-occurrence of the related needs;
6. Guiding and supporting system-wide improvements in safety and quality assurance;
7. Providing advice to Government regarding the COVID-19 Coronavirus response and recovery planning, particularly in relation to mental health, alcohol and other drug matters;
8. Providing policy advice to Government regarding mental health, alcohol and other drug matters for progressing through national forums;
9. Supporting the MHEC in the delivery of its objectives; and
10. Any other matters impacting on mental health, alcohol and other drug services for Western Australians, as requested by the Minister for Mental Health.

### **3. MEMBERSHIP**

The CMC will comprise 11 members, as set out below:

Commissioner, Mental Health Commission – Chair  
Chief Medical Officer, Mental Health – Deputy Chair  
Chair, Mental Health Advisory Council  
Chair, Alcohol and Other Drug Advisory Board  
Chairperson, Aboriginal Health Council of WA  
Chief Executive Officer, Consumers of Mental Health WA  
Chief Executive Officer, Western Australian Association for Mental Health  
Chief Executive Office, Western Australian Network of Alcohol and other Drug Agencies  
Chief Executive Officer, Western Australian Primary Health Alliance  
Consumer representative\*  
Carer representative\*

\*These consumer and carer representatives will be members of both the MHEC and the CMC.

Members are appointed by the Minister for Mental Health based on their formal roles within the member organisations. The Consumer and Carer Representatives are appointed for a two-year term and are eligible for extension for a maximum of two-terms. Members must reside in Western Australia.

The roles and responsibilities of the Chair, Deputy Chair and other members of the CMC are set out in the CMC Charter.

### **4. PROXIES**

Proxies will not be allowed except under exceptional circumstances and with prior agreement from the Chair. Requests to provide a proxy should be forwarded in writing to the Chair, via the CMC secretariat, at least three days prior to the date of the meeting. All those attending as proxy members

need to be provided with sufficient authorisation to speak on behalf of the member they are representing.

## **5. CONDUCT**

Members are required to comply with the CMC's Charter.

In particular, members will be required to declare any potential, perceived and actual conflicts of interest. These conflicts, and the way in which they will be addressed, will be maintained in a register by the CMC's secretariat.

In the course of the CMC's operations, members may have access to information that constitutes sensitive personal information or sensitive government information. Members must treat this material as strictly confidential and will be required to sign an agreement to this effect.

These conduct requirements are set out in more detail in the CMC Charter.

## **6. MEETINGS**

The CMC meets on a quarterly basis. Additional meetings may be convened by the Chair.

The processes for developing meeting agendas, submitting papers (including submission templates), and circulation of meeting papers, are covered in the CMC Charter.

A communique summarising the discussions at the CMC meetings will be published on the Mental Health Commission's website following each meeting. The Chief Executive Officer of each non-government organisation on the CMC will be requested to provide this communique directly to the Chair of their board.

These Terms of Reference and the CMC's Charter will also be published on this webpage.

## **7. SECRETARIAT**

Secretariat support for the CMC will be provided by the Mental Health Commission.

Minutes of meetings and other records are developed and maintained by this secretariat unit, as covered by the CMC Charter.

## **8. REPORTING**

The operations, decisions and recommendations of the CMC will be reported to the Minister for Mental Health, through the Chair of the CMC, after each meeting. Where appropriate, recommendations of the CMC may be provided, through the Minister for Mental Health, to Cabinet, and to the State Recovery Controller.

An overview of the CMC's activities will be reported annually as part of the Mental Health Commission's Annual Report.

## **9. LIAISON, CONSULTATION AND ENGAGEMENT**

The CMC will draw on, and be informed by:

- Advice from MHEC - the communique issued after each meeting will be provided to the MHEC to facilitate this;
- The Stakeholder Engagement and Partnership Framework; and
- Consultation mechanisms directly related to specific initiatives.

The Chair will also seek to meet regularly with the Co-Chairs of the Aboriginal Advisory Council of Western Australia to discuss forward work agendas, including any requests for feedback and advice on matters of common interest.

The CMC may establish time-limited advisory or working groups that meet more frequently. These working groups may include non-Committee members as required.

#### **10. REMUNERATION OF MEMBERS**

Non-salaried members of the CMC will receive remuneration in accordance with the Mental Health Commission's *Consumer, Family, Carer and Community Paid Participation Policy*.

#### **11. REVIEW**

A review of the effectiveness of the CMC will be conducted within two years of the first meeting of the CMC. The Chair of the CMC will be responsible for organising the review. The findings of the review and any recommendations arising from it will be provided to the Minister for Mental Health.

#### **12. RELATED DOCUMENTS**

Community Mental Health, Alcohol and Other Drug Council Charter

Commissioner's Instruction No.7 – *Code of Ethics*

Commissioner's Instruction No.8 – *Codes of Conduct and Integrity Training*

Conduct Guide for Public Sector Boards and Committees

Mental Health Commission, *Consumer, Family, Carer and Community Paid Participation Policy* - <https://www.mhc.wa.gov.au/media/2649/consumer-family-and-community-paid-partnership-policy-april-2019.pdf>