MENTAL HEALTH ADVISORY COUNCIL MEETING MINUTES September 8, 2022

Chair	Margaret Doherty (MD)	Mental Health Commission Gas Room, Level 2, 1 Nash Street Perth WA 6004 and MS Teams Thursday, 8 September 2022 08:30am – 12:00pm
Attendees	Paul Parfitt (PP), Tracey Young (TY), Richard Oades (RO), Emily Wilding (EW), Virginia Catterall (VC), Jessica Nguyen (JN), Nafiso Mohamed (NM), Lee Steel (LS)	
Guests	Jamie Foley, A/ Principal, Principal Project Officer, Department of Health Ms Michelle Gadellaa, A/Manager, Mental Health Projects and Secretariat Graylands Reconfiguration and Forensic Taskforce, Department of Health Ms Samantha Amato, Senior Project Officer, CLIMI Project, State Forensic Mental Health Service, North Metropolitan Health Service Ms Cynthia Leal, Assistant Director Governance and System Engagement (Observer)	
MHC Support	Caitlin Parry, Project Officer System Engagement MHC Larissa Barnao, Project Support Officer Governance and System Engagement MHC	
Apologies	Patricia Councillor, Pauline Cole, Jennifer Wilton	

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. The Chair acknowledged PP in his capacity not only as a member, but as an Elder within the Aboriginal community.	
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 takes courage for those who choose to lead with lived experience and we need to be mindful of the courage and resilience it takes to bring this expertise to the fore on an ongoing basis.	
4. Member Check In	Meeting attendees completed a round of check ins to encourage discussions of a relational nature rather than a transactional nature. EW advised she is stepping down from her role as a member of the Council as she has accepted a full-time position with City of Canning managing the Youth Services. Council extends their congratulations and gratitude to EW for her time on the Council. Council will invite EW to return as a guest next year to provide members with an LGBTIQA+SB update.	**Action 223:** Emily Wilding to provide an LGBTIQA+SB update next year.

5. Reflection Item	The Chair provided the reflection item: The Hope Challenge **(YouTube 13:20-15:52).** Members noted "hope' needs to be designed into services and form part of the Models of Care (MoC) design process. This approach is important in the alcohol and other drug (AOD) and mental health sectors, as it considers the complexities and cooccurring instances which are vital when designing a MoC. This will be illustrated in later discussions regarding the Graylands Reconfiguration Forensic Taskforce (GRAFT) MoC.	**Note**: Secretariat to allocate the reflection item for the next meeting.
6. Conflicts of Interest	The Chair noted her role as Co-chair of the GRAFT MoC Working Group.	
7. Acceptance of previous meeting minutes	Council members endorsed the 11 August 2022 meeting minutes.	
8. Action Log	**Completed actions: 215, 218, 219, 222.** **Outstanding actions:** **Action 179:** An invite will be extended to Western Australia's Minister for Mental Health and an update provided at the next meeting. **Action 207:** Members feedback on the consumer and carer representation and lived experience participation training is due by 15 September 2022. **Action 214:** Feedback on the draft Annual Report is due by 16 September 2022. **Action 216:** Members to provide feedback on the draft LGBTIQA+SB advice by 16 September 2022. **Action 220:** Will be completed this meeting. **Action 221:** Will be completed this meeting.	
9. Budget	The budget was noted.	
10. Presentation: Forensic Model of Care	The Chair welcomed Ms Michelle Gadellaa, Ms Jamie Foley and Ms Samantha Amato who presented on the GRAFT Forensic MoC. The following was discussed in further detail: • The purpose of GRAFT is to outline patient requirements with the forensic component based upon "needs based" modelling, a new approach.	**Action 224:** Secretariat to circulate the presentation to members along with presenters' contact details.

	• Utilising the existing Graylands site was the best option, allowing for the current Frankland Centre to remain open. An Application for Concept Approval and a Business Case was approved in the 2023-24 State Budget. • GRAFT has identified expansion of forensic services as a priority. The proposed Forensic MoC must be presented by the end of 2022 and will incorporate a contemporary, service led approach. • The project team reviewing the Western Australian Criminal Law (Mentally Impaired Accused) Act 1996 (CLMI) are located within the State Forensic Mental Health Service and they have led the development of the MoC, within the governing legislation. A core Working Group was established to ensure a co-designed process, inclusive of lived experience, regulators, service providers, advocates and carers and family. • Further consultation has been undertaken to gain specialist feedback from youth forensics, Aboriginal and LBGITQA+ groups. • The MoC has been developed to inform what is built, ensuring it incorporates the values, principles and mission of the GRAFT. The importance of a value led service that is needs driven, trauma informed, and person centric, is vital. • The proposal incorporates separate units. Those with lower security needs will be able to come together in a welcoming, bright environment. • The draft MoC has been widely circulated for feedback, inclusive of input from LGBTQIA+ and Aboriginal expertise. • The Frankland Centre surveys have concluded and enabled consumers to provide personal insight into what facilities and services they would like to see incorporated in a new service. • The MoC will soon be provided to the architects - Silver Thomas Hanley - who are experienced in developing hospital facilities. • If the business case is approved, the project definition planning stage will begin, further refining the planning. • The MoC does not currently incorporate Foetal Alcohol Spectrum Disorder (FASD) into the mental health and intellectual disability space however its inclusion will need to be progressed. • There will be a separate MoC for youth will which incorporate the needs of people with neuro divergence. • A neuro divergence workshop will be held in the week commencing 12 September to gain an understanding of the needs from experts within the field. • Workforce will need to be addressed in the next phase of work.	

	• Culturally safe spaces for Aboriginal people will be embedded into the environment and an Aboriginal workforce will help achieve a relationship centric approach. The Chair noted the Co-chairs of the Working Group had met with the Aboriginal Health Council of Western Australia. • A separate entrance will be designated for child and youth access in accordance with Section 303 of the Mental Health Act. Discussion took place around age parameters, noting age requirements change varies within the health and justice areas, making it complex to configure the site. These requirements will be discussed with the architect. • Members noted the COVID-19 pandemic, highlighted poor air flow within current building designs. It was noted specialists of infectious diseases will address this later in the planning process. • Members recognised that consumers come into the forensic space with many issues and these need to be incorporated into how a service should look, so it can help individuals join the community again. • Members recognised that consumers at Graylands will be detained under the *Mental Health Act 2014* and an increase of beds at this facility will enable those severely in need of treatment and care to receive the care they require. Prisons are a place of detention and hospitals are a place of hope. Ideally this expanded facility will promote early prevention and provide support in a safe place, ultimately providing more hope. The Chair thanked the presenters for their time and effort, noting the depth, breadth and momentum of the work that has been undertaken, recognising the passion and commitment of those involved. The GRAFT and MoC presents the opportunity to build something that will be gold standard in the forensic space.	
11. Discussion on Presentation	Council members discussed the following in relation to the presentation: • The Chair will write to the Mental Health Commissioner (Commissioner) on the Council's behalf, noting members were encouraged that GRAFT consultations included those with lived experience and Aboriginal and LGBITQA+ perspectives. • The GRAFT team will be invited to provide a further update in May 2023 after the State budget has been released.	**Action 225:** The GRAFT team will be invited to provide an update after the May 2023 State budget has been released.
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12. Member Profile	Richard Oades provided the inaugural Member Profile.	**Note:** Jessica Nguyen will provide her member update at the next meeting, followed by Tracey Young.
13. Input to Advice: Foetal Alcohol Spectrum Disorder Presentation	Members reflected on Professor Badry and Dr Williams' presentation on Foetal Alcohol Spectrum Disorder (FASD) noting: • It was noted numerous FASD identifiers also relate to children with autism and there is a danger of being simplistic when addressing this complex issue. • Members questioned what lessons can be learnt from Canada, noting their work in the field is further ahead. The screening tools and specialist teams which Canada has in place are integral to the success of their program. • The 'tsunami' of FASD ahead will require significant discussion as to how this will affect the forensic mental health area. This needs to be considered along with immediate expansion of services as they are largely unequipped to handle the current workload. Services need to be included in a holistic method, as early as possible, with the challenge being to communicate in a way that mothers do not experience guilt for consuming alcohol during pregnancy which has sometimes occurred before the mother is aware that she is pregnant. • Additionally, services for people with FASD should be mainstream and not "bolted on and approached as a complexity that needs to be addressed from the start. • Members noted the average life expectancy of an individual with FASD is 34 years of age, so this must be addressed early in an individual's life to help them cope with the disability, as the damage cannot be repaired. • Currently there is minimal early intervention and a number of barriers are experienced. Diagnosis is essential in the first instance and this often does not often happen until late in life, often within a youth justice setting. • It was noted intergenerational trauma may be a contributing factor, making it a whole of community issue. Alcohol consumption is often a response of untreated trauma and requires further education, support and treatment options. • The Mental Health Commission (MHC) offers a suite of training around the intervention of alcohol use during pregnancies.	

	• Members discussed the significant number of individuals from Banksia Hill Detention Centre who are thought to have FASD but have not been diagnosed or screened. If this screening is not completed initially, it places the responsibility onto the next service. • The Infant, Children and Adolescent (ICA) Taskforce is currently facilitating one-day codesign workshops to generate the required fifteen MoCs. The Chair discussed with Dr Sophie Davison, Western Australia's Chief Medical Officer Mental Health, re the inclusion of FASD in all MoCs, as it is an emerging issue for the entire health care system. Data from the Telethon Institute of Child Health and Banksia Hill Detention Centre was discussed, noting the facility had the highest rate of FASD in a detention centre internationally. A universal screening tool is required, and families need to be included in to support the individuals. • Members noted the State-wide Standardised Clinical Documentation used by all Western Australian health services, document SMSH902. This eight-page assessment document indicates whether additional assessments need to be undertaken. It was agreed FASD indicators could easily be incorporated into the initial document. Document control is facilitated by the Mental Health Unit and the Department of Health. • The difficulties of diagnosing FASD were discussed, noting it requires speciality diagnosis which is lengthy, and is comprised of numerous parts. Delays experienced in the current system are due to the complexity of the process, for example, specialised staff are not available at an inpatient unit. In the community, diagnosis would be even more difficult, as it would take a month of seeing a patient and observing them to ascertain whether they may have FASD. The online FASD Toolkit is thirty pages in length. To reduce the current delays, more appropriately trained psychiatrists and neuro psychiatrists would be required in the public sector. • Education of parents and education staff on FASD within a school setting would be beneficial. An early 'tick box' built into the school system would assist with diagnosis, however obtaining maternal information could be difficult due to the stigma. It is therefore important to normalise FASD, minimising the stigma, as it is a lifelong disability and diagnosis will help individuals live the best life possible. There can be good outcomes if it is recognised early, and the impact can be minimised. • It was recognised that advice on alcohol consumption has changed with no alcohol before or during pregnancy, being a social support network message. • The Chair noted advice to the Commissioner could incorporate the mental health challenges experienced by high suicidal rates of those with FASD. The ICA Taskforce and Networks are	

	a platform for raising awareness of FASD, as it is a health issue that overlaps with both forensic mental health, and mental health in general.	
14. Meetings with Culturally and Linguistically Diverse Service Providers – Update	Nafiso Mohamed provided an update on Culturally and Linguistically Diverse (CaLD) Service Providers and the discussions identified: • Barriers of access included language, stigma and cultural barriers. • NM visited multicultural service providers to identify what support they provide. These discussions identified cultural and language barriers as their main issues. Although many employees of CaLD services are from CaLD communities, younger people find it difficult to access the services as they feel unsafe due to age barriers. The services are often more suited to older CaLD consumers with age barriers and cultural competency of the second generation an issue as young CaLD adults have a different understanding, particularly around AOD and mental health. • It was noted many referrals are received from Justice, creating further delays for other consumers requiring services and may result in access to services only once individuals are in the judicial system which is less than optimal. • The CaLD services visited confirmed that they see presentations of numerous AOD and mental health issues but are themselves unable to provide responses to people with AOD, mostly due to funding and a lack of training. They do not have a vast workforce available to provide services. • Currently there is a lack of CaLD data available, and many communities are underserviced. NM identified a new federal agency called the Australian Multicultural Health Collaborate which advocates for CaLD consumer health on a wider scale. This should help to address the larger issues such as the availability of data. • Co-design of services is essential to ensure services deliver what is needed. • There is an absence of young CaLD people with lived experience informing these activities, noting that participation is valued. It was agreed that a CaLD workforce, reflecting all age groups is essential, allowing youth to advocate for their generation and multiculturality. It is important their perspectives are included. • The expansion of the lived experience peer workforce would create a more targeted approach to building the youth lived experience CaLD workforce and the promotion of scholarships into these communities could assist. • CL will discuss options with the multicultural network to ascertain how it can contribute from a youth perspective, noting the age gap is an important issue.	**Action 226:** Cynthia Leal to advise members how CaLD youth are being incorporated into the ICA Taskforce. **Action 227:** Nafiso Mohamed to provide the Secretariat with a list of

	• CL will ascertain how CaLD youth are currently being imbedded into the ICA Taskforce and advise members. • NM will send a list of CaLD providers to the Secretariat to assist with connections.	young CaLD representatives in the workforce.
15. Community Mental Health, Alcohol and Other Drug Council Annual – Update	The Chair provided an update as follows: • The ICA Taskforce is a priority. The Secretariat will email members a link to the ICA MoC information on the MHC website. • Work continues on the Community Mental Health Treatment Services with a number of existing projects in this space being reviewed, and re-shaped. • The GRAFT forensic MoC is a large piece of work and business cases are being submitted to Treasury. A capital build would currently take approximately five years, requiring an interim plan, so this is a key area to be addressed. • The issues around Workforce continue to be discussed and the expansion of the lived experience workforce will provide an additional resource. • The MHC is currently advertising for a Level 7 Senior Project Officer. This position is the highest level designated Lived Experience position with the MHC, who is committed to growing the designated workforce.	**Action 228:** Secretariat to email members link to further information on the ICA Taskforce MoCs.
16. Mental Health Advisory Council Annual Report	Chair noted the draft Annual Report has been circulated with comments due back via Secretariat by 16 September 2022.	**Note:** Members to provide feedback via secretariat by 16 September.
17. Other Business	The Chair noted the following other business: **Geraldton Trip:** • Members to advise the Secretariat whether they will be travelling to Geraldton and attending the meeting in person. • A visit to Greenough Regional Prison has been confirmed. Geraldton guests from the last meeting will be invited to attend the Meet and Greet networking session. • In light of general under resourcing of emergency departments (ED) regionally, members would like to connect with the Geraldton ED to ascertain how many patients are being sent to Perth and what resources they would require locally, in order for people to receive treatment within their own community. The secretariat will connect with Sharon Thompson at Midwest Mental Health and Community and Drugs Service and provide an update.	**Action 229:** Secretariat will speak to Sharon Thompson regarding Geraldton ED.

	Peak Body Services Review Advisory Group: • There will be three meetings for this review. The peak bodies in question are the WA Association for Mental Health and Western Australian Network of Alcohol and other Drug Agencies. • The review will consider how the MHC and peak bodies work effectively and collaboratively within the new governance structure of the Mental Health Executive Committee and the Community Mental Health, Alcohol and Other Drug Council. The Chairs and Chief Executive Officers of the peak bodies will attend the meetings and Sue Ash is the independent Chair of the Advisory Group. • Current service agreements expire June 2023. • EY has been appointed to undertake the review.	
18. Values Reflection	All Council members provided value reflections as follows: • The reflection piece provided hope for recovery, and this framed the discussions of the day which was important. • Presentations were diverse and represented innovation and promoted hope for recovery. • The clear lens of diversity is important when appointing council members to ensure all voices are heard. This was clearly reflected in the discussions.	
Meeting closed at 11:58am		
NEXT MEETING	**Thursday, 13 October 2022.**	