

# MENTAL HEALTH ADVISORY COUNCIL MEETING MINUTES

October 13, 2022

<b>Chair</b>	Margaret Doherty (MD)	Mental Health Commission Gascoyne Room, Level 2, 1 Nash Street Perth WA 6004 and MS Teams  Thursday, 13 October 2022  08:30am – 12:00pm
<b>Attendees</b>	Patricia Councillor (PC), Paul Parfitt (PP), Richard Oades (RO), Virginia Catterall (VC), Jessica Nguyen (JN), Nafiso Mohamed (NM), Jennifer Wilton (JW)	
<b>Guests</b>	Mr Michael Watts, Chairperson, WA Recovery College Ms Naomi Carter, Principal, WA Recovery College Dr Mike Verheggen, WA Branch Chair, Royal Australian and New Zealand College of Psychiatrists Gillie Anderson, Policy Officer, Royal Australian and New Zealand College of Psychiatrists	
<b>MHC Support</b>	Cath Colvin, A/Principal Policy Officer System Engagement MHC Caitlin Parry, Project Officer System Engagement MHC Larissa Barnao, Project Support Officer Governance and System Engagement MHC	
<b>Apologies</b>	Pauline Cole, Tracey Young, Lee Steel	
<b>AGENDA ITEM</b>	<b>DISCUSSION</b>	<b>ACTION LOG</b>
<b>1. Acknowledgement of Traditional Owners</b>	The Deputy Chair acknowledged the Whadjuk people of the Noongar Nation. Respects were paid to Elders past, present and future. Their knowledge, traditions, memories and understanding of the land, waterways and seas were recognised. Other Aboriginal peoples represented at the meeting were also acknowledged.	
<b>2. Welcome and apologies</b>	The Chair welcomed attendees and noted apologies.	
<b>3. Recognition of Lived Experience</b>	The Chair recognised those with lived and living experience and acknowledged the emotional labour that comes with drawing upon it. Whilst Mental Health Advisory Council (Council) members are not represented in a designated Lived Experience capacity, the Council strives to create a safe place for members to bring their lived experience perspectives to discussions.	
<b>4. Member Check In</b>	Meeting attendees completed a round of check ins to encourage discussions are founded in a relational nature rather than a transactional one.  The Chair noted that Caitlin Parry is moving to another role within the Mental Health Commission (MHC) and expressed the Council's gratitude for the exceptional support she had provided.	
<b>5. Reflection Item</b>	The Deputy Chair provided the reflection item: <a href="#">The Value of Deep Listening – The Aboriginal Gift to the Nation</a> with members noting the following:	<b>Note:</b> Jessica Nguyen will provide the reflection item for the December meeting.

	<ul style="list-style-type: none"> <li>• Deep listening helps to keep us mentally on track in a space where service providers can be there for clients and ‘listen’ to them, not ‘hear’.</li> <li>• Self-reflection is a good personal tool. We often want to fix a situation however, there is value in stepping back, in the first instance, and truly listening to oneself as well as to the other person.</li> <li>• Effective leadership requires deeply listening before acting.</li> <li>• Members recognised the value of sharing and understanding people’s narratives within a therapeutic setting, given individuals experiencing mental health concerns have often encountered numerous traumas in their lives. These traumas need to be heard and believed before effective assistance can be provided.</li> <li>• Aboriginal people find the concept of deep listening can be a strong and powerful tool to assist them in their own journey.</li> <li>• It is important to reflect on our own individual beliefs and values and identify and challenge biases and prejudices we carry. Listening to others and being present when they speak is an important step towards developing effective and compassionate responses.</li> </ul>	
<b>6. Conflicts of Interest</b>	RO noted that he is a Board Member of the Recovery College WA (RCWA).	
<b>7. Acceptance of previous meeting minutes</b>	Council members endorsed the 8 September 2022 meeting minutes.	
<b>8. Action Log</b>	<p><b><u>Completed actions:</u> 207, 214, 216, 217, 220, 221, 224.</b></p> <p><b><u>Outstanding actions being addressed by the Secretariat:</u> 179, 210, 223, 225, 226, 227.</b></p>	
<b>9. Budget</b>	The budget was noted.	
<b>10. Presentation: Recovery College</b>	<p>The Chair welcomed Mr Michael Watts and Ms Naomi Carter from RCWA. The presentation covered a range of information much of which is available at <a href="https://warecoverycollege.org.au/">https://warecoverycollege.org.au/</a></p> <ul style="list-style-type: none"> <li>• RCWA is currently renegotiating its contract with the MHC, which is due to end in in 2023, and is seeking additional funding to ensure integrity with the co-produced, community-focussed model and to expand the level of partnerships and educational offerings.</li> <li>• RCWA will provide the Council with further information for consideration in the Council’s discussions with the Commissioner.</li> </ul>	<p><b>Action 230: MHAC to consider RCWA in discussions with MHC.</b></p> <p><b>Action 231: Nafiso Mohamed to contact</b></p>

	<ul style="list-style-type: none"> <li>Barriers experienced include insufficient time to investigate facilitation of courses in regional areas given the considerable work required. Language is also a barrier and courses for the Culturally and Linguistically Diverse (CaLD) demographic are not currently offered. NM will contact WARCA out of session to discuss this further.</li> <li>A five-day Educator Foundation Program is offered and there are currently one hundred and twenty educators with a broad range of experience, inclusive of Lived Experience with mental health, substance challenges, carers and family members.</li> <li>Local Action Committees guide and oversee the development of the colleges in their region. These include paid positions and have key functions including education, administration, Aboriginal representation, and representation connected to the community.</li> <li>The RCWA is working towards First Nations representation at a governance level and is exploring the possibility of co-creating a First Nations College in an appropriate partnership to support First Nations community members.</li> <li>Presenters' contact details will be shared with members along with the PowerPoint presentation.</li> </ul> <p>The Chair recognised the importance of building a strong foundational structure and thanked the presenters for the informative discussion.</p>	<p><b>RCWA regarding provision of courses to CaLD demographics.</b></p> <p><b>Action 232: MHC Secretariat to distribute the PowerPoint presentation and contact details to members.</b></p>
<b>BREAK</b>		
<p><b>11. Member Profile</b></p>	<p>Jessica Nguyen provided the Member Profile.</p>	<p><b>Note: Tracey Young will provide the update in December.</b></p>
<p><b>12. Presentation: Royal Australian and New Zealand College of Psychiatrists</b></p>	<p>The Chair introduced Dr Mike Verheggen and Gillie Anderson who provided an overview of the Royal Australian and New Zealand College of Psychiatrists (RANZCP). The following was discussed in further detail:</p> <ul style="list-style-type: none"> <li>RANZCP represents five hundred and fifty members in WA, comprised of four hundred and forty qualified psychiatrists, with the remainder in various stages of training.</li> <li>RANZCP's primary focus is to represent its members, set professional standards and administer continuing education.</li> <li>RANZCP represents its members to governments, health services and other stakeholders.</li> </ul>	

	<ul style="list-style-type: none"> <li>• Members’ current concerns include developing and training the mental health workforce and building relationships with stakeholders to ensure they are included in decision-making processes.</li> <li>• Current challenges include:             <ul style="list-style-type: none"> <li>○ There is still considerable work required to achieve a truly recovery focussed environment as the systems and supports are not currently in place. It was noted the ‘gold standard’ for community-based recovery is Trieste, Italy and members discussed the key elements of that system. An individual’s recovery and wellbeing are dependent on several factors, and these still need considerable development within WA, before a true recovery environment can be achieved.</li> <li>○ In recent years, competitive tendering processes for clinical and non-clinical services in WA have resulted in competition for resources which has been a barrier to working in an integrated and collaborative manner. The areas of treatment, prevention, rehabilitation, and recovery within the mental health space are all equally important and require sufficient funding at each stage, to adequately address mental health outcomes. In general, psychiatrists would be supportive of an approach that targets all areas of the mental health system, to close the current gaps.</li> <li>○ Members continue to report unsustainable workloads that prevent them from spending sufficient time with individuals to provide the best recovery-based treatment and care.</li> </ul> </li> <li>• Psychiatrists often feel recovery outcomes for an individual would improve if they received community-based care as opposed to restrictive treatment within a hospital environment which be counterproductive. There are, however, risk-adverse structures that place psychiatrists in a legal position whereby they may risk losing their registration. Psychiatrists submit written recommendations to the Mental Health Tribunal suggesting an individual should be voluntarily admitted under the Mental Health Action 2014 (Act) and these submissions are often declined. If the Mental Health Tribunal were to support holding a portion of the risk associated with voluntary treatment of an individual detained under the Act, this would help to promote true recovery-focussed treatment for individuals.</li> <li>• The expansion of what is defined as ‘mental health’, has helped to combat associated stigma however, this has led to the spectrum of mental health expanding beyond acute element. This has led to an expansion of treatment services that has often not been undertaken in an integrated manner, with links between services. This has been it difficult to keep track of all the services that are available and provide effective referrals and pathways.</li> </ul>	
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	<ul style="list-style-type: none"> <li>• The effective integration of community-based mental health hubs in Trieste was discussed. All aspects of clinical treatment, psychosocial care, rehabilitation, and recovery are hosted within the same organisational structure, embedding them together and closing gaps between services. Trieste also has different intake and exclusion criteria, noting the current system in WA hinders referrals to Hospital in the Home due to risk management criteria.</li> <li>• The psychiatry sector broadly supports community treatment and services.</li> <li>• Sharon Taylor has joined the WA Branch Committee of RANZCP in a dedicated Lived Experience role. Ms Taylor will contribute to course content including Continuing Professional Development programs completed by psychiatrists Accredited training will also be co-designed.</li> <li>• RANZCP continues to work jointly with non-government organisations on the Graylands Reconfiguration and Forensic Taskforce (GRAFT) to campaign for a more comprehensive community-based recovery model.</li> <li>• There are different scopes of practice between psychiatrics and non-clinical staff so a truly integrated service with community-based treatment will reduce bed requirements in the longer term. Successful prevention will reduce the need for further downstream interventions and acute services however, the benefits of this would not be seen within acute services for ten to twenty years.</li> <li>• The psychiatry sector is supportive of an integrated spectrum of services around community based clinical treatment and intervention, allowing a longer-term focus to treatment. For this to be truly effective, it must be fully integrated, and this will possibly change the role of the psychiatrist, noting in the early stages of sub-acute care, psychiatry would likely be an indirect role. This approach would allow for integrated care coordination and would promote continuity of care for individuals.</li> <li>• The current governance and funding structures were seen to hinder the progression of an integrated process noting alignment of these would assist. Clearly defined oversight of commissioning bodies and a clear central point of accountability is also vital.</li> </ul> <p>The Chair thanked Dr Verheggen for his presentation and insight into the psychiatry sector.</p>	
<p><b>13. Discussion on Presentations and Advice to Commissioner</b></p>	<p>Members reflected on the WARC presentation noting:</p> <ul style="list-style-type: none"> <li>• The presentation was informative, hopeful, innovative, and progressive.</li> <li>• The information RCWA will be providing out of session will help form the advice to the Commissioner.</li> </ul>	

	<ul style="list-style-type: none"> <li>The Council will facilitate an introduction between RCWA and the Geraldton Community and Carer Advisory Group.</li> </ul> <p>Members reflected on the RANZCP presentation noting:</p> <ul style="list-style-type: none"> <li>It was unclear how the psychiatry model could be integrated and whether it would be a bio-medical model or co-leadership.</li> </ul> <p>When inviting future guests, the Council will ask presenters to provide feedback on what they believe the impact is to the community from the services they offer. This will also enable members to explain content more easily in a relevant context, in their roles outside of the Council.</p>	<p><b>Action 233: The Secretariat to facilitate an introduction between RCWA and the Geraldton Community and Carer Advisory Group.</b></p>
<p><b>14. Other Business</b></p>	<p>The Chair provided an update as follows:</p> <ul style="list-style-type: none"> <li>WA Lived Experience (Peer) Framework (Peer Framework) was officially launched during Mental Health week. Copies of the Framework were distributed to members in attendance.</li> <li>The link to the new Peer Framework will be emailed to members.</li> <li>The MHC project team addressing the Statutory Review (Review) of the <i>Mental Health Act 2014</i> would like to meet with MHAC members on Wednesday, 16 November 2022 to obtain their feedback on the Review. A calendar invite will be sent to members.</li> <li>Members will advise the secretariat of potential guest presenters they wish to attend future meetings.</li> </ul>	<p><b>Action 234: MHC Secretariat will email the link to the WA Lived Experience (Peer) Framework to members.</b></p> <p><b>Action 235: Members to advise the Secretariat of potential guest presenters.</b></p>
<p><b>15. Values Reflection</b></p>	<p>All Council members provided value reflections as follows:</p> <ul style="list-style-type: none"> <li>Presentation content was difficult to understand and going forward, the Council will ask different questions of presenters to ensure relevance to the Council's work.</li> <li>There could have been further diversity in the discussions.</li> <li>The hope of recovery was strongly promoted in discussions.</li> </ul>	
<p><b>Meeting closed at 12:03pm</b></p>		
<p><b>NEXT MEETING</b></p>	<p><b>Thursday, 10 November 2022.</b></p>	