MENTAL HEALTH ADVISORY COUNCIL MEETING MINUTES July 14, 2022

Attendees	Patricia Councillor (PC) (Deputy Chair), Paul Parfitt (PP), Tracey Young (TY), Richard Oades (RO), Pauline Cole (PCole), Virginia Catterall (VC), Jennifer Wilton (JW), Lee Steel (LS)	Mental Health Commission Gascoyne Room, Level 2, 1 Nash Street Perth WA 6004 and MS Teams Thursday, 14 July 2022 08:30am – 12:00pm
Chair	Margaret Doherty (MD)	
MHC Support	Caitlin Parry, Project Officer System Engagement MHC Larissa Barnao, Project Support Officer, Governance and System Engagement MHC	
Guests	David McMaster, Director System Development, MHC (DM) Jane Armstrong, LGBTQIA+ Officer, East Metropolitan Health Service (JA)	
Apologies	Emily Wilding, Jessica Nguyen, Nafiso Mohamed	
AGENDA ITEM	**DISCUSSION**	**ACTION LOG**
1. Acknowledgement of Traditional Owners	The Deputy Chair acknowledged all people of the Noongar Nation along with the other cultures represented within the room (virtual and physical). 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.	
4. Check In	Meeting attendees completed a round of check ins.	
5. Reflection Item	Jennifer Wilton presented the reflection item Census 2021 data shows Australians are less religious and more culturally diverse than ever - ABC News: Council members reflected on: • This was the first census where participants could identify as male, female or non-binary. • Results show an increase in participants who identify as Aboriginal and Torres Strait Islander. • The cultural diversity of Australia was highlighted, noting Indian is the second most spoken language in Australia. • The statistics highlighted the prevalence of mental health issues broken down by sub-demographics. • Suicide as a cause of death was recorded as the fifteenth highest cause in 2021 compared with thirteenth highest in 2019 and twelfth highest in 2015. Members noted these figures do	**Note**: The videos contained in Jane Armstrong's presentation will be distributed for discussion as the August reflection item.

	not capture the actual number of suicide attempts which is considered to be thirty times the actual number of completed and recorded suicides. • Members continued to express their disappointment at the exclusion of gender diverse and Culturally and Linguistically Diverse (CaLD) identifiers within the 2021 Census, despite these communities and individuals experiencing high trauma and a noted reluctance to seek help. This can contribute into successful completion of first suicide attempt from people in these communities. • Members noted the continued challenge to define what 'mental health' actually means. • The United Nations has released figures predicting that in fifty years, India will overtake China as the highest population globally. The Chair noted that this prediction, among other factors, indicates that the MHAC needs to strengthen its multicultural focus.	
6. Conflicts of Interest	The Chair noted a conflict of interest as the Co-chair of the Lived Experience (Peer) Workforce Framework Steering Committee.	**Note:** Secretariat to update the Conflict of Interest Register.
7. Acceptance of previous meeting minutes	Council members endorsed the 9 June 2022 meeting Minutes.	
8. Action Log	**Completed actions:** Action 201, Action 208 and Action 209. **Outstanding actions:** Action 178 (pending), Action 179 (pending), Action 204 (pending), Action 205 (ongoing), Action 206 (pending). Action 207 – Richard Oades has drafted advice on consumer and carer representation and lived experience participation training. The draft will be circulated to members for final comment before it is forwarded to the Mental Health Commissioner.	
9. Budget	The budget was noted.	
10. Lived Experience (Peer) Workforce Strategy	The Chair welcomed David McMaster, Director System Development, MHC who provided an overview of his background and discussed the Lived Experience (Peer) Workforce Strategy, noting the following:	

	• Having worked in both clinical and management roles, DM holds wide experience in mental health services, trauma services and working with the peer workforce. • The MHC has prioritised building a peer workforce in a safe, responsive and managed way, and has funding to embed specific Lived Experience roles within Health Service Providers. The funding includes training for Peer Supervisors however, ensuring there are sufficient peer workers who have been trained to fill these positions is a priority. The creation of a peak body to oversee the development of the peer workforces is also underway. DM noted the Mental Health Minister - the Hon Amber-Jade Sanderson MLA - is enthusiastic about expanding the peer workforce in order to improve mental health outcomes for individuals. • Responding to the needs of LGBTIQ+ communities is a priority within the MHC and a system wide approach will be undertaken to link in with what is already established, including the WA LGBTI Health Strategy 2019-2024. • Members agreed that strong partnerships are essential to ensure Service Agreements are effectively implemented. Members discussed linking future funding to Key Performance Indicators within agreements and believed that services should be required to illustrate how they have partnered with the community, including under-represented communities, to obtain better outcomes. It was noted that services must be easy to find and what they have to offer easily understood in order to communicate about them to community members. This cannot effectively occur without partnerships with community organisations and not just within the mental health, alcohol and other drug areas but in allied areas such as housing and family and domestic violence. • The MHC plans to meaningfully embed the voices of consumers and family and significant others in its work. • The need to shift away from Big Psychiatry (as described in a previous Reflection piece by Mary O'Hagan) was reflected upon in order to break down the current siloed approach and create a necessary shift, as evident in the prevention-based approach seen in schools. • PP noted that last week in Northam, a Wheatbelt Mental Health Service worker instigated a meeting with an Elder to discuss using a more cultural approach to improve the mental health outcomes. It is a great example of working out how to incorporate culture into mainstream systems. The high rate of suicide among Aboriginal communities continues to be of great concern and finding solutions by looking outside current mainstream strategies is essential. PP believes that incorporating bush tucker, remedies, back to country and cultural knowledge will be positive, with Elders leading the way to more appropriate care for Aboriginal people.	**Action 210:** PP and Wheatbelt Mental Health Worker to be invited to provide an update on the incorporation of a more cultural approach to mental health for the Aboriginal community in Northam.

	• The Chair will invite the Wheatbelt Mental Health Worker and PP to provide an update on how the cultural inclusion approach is progressing mental health outcomes within the community.	
11. Community Mental Health, Alcohol and Other Drug Council – Update	The Chair provided an update from the Community Mental Health, Alcohol and Other Drug Council meeting held on 29 June 2022, noting members will receive a formal communique from the meeting: • The implementation of the Infant Child and Adolescence Taskforce (ICA) report recommendations is a key priority for the current government. Thirty-two recommendations were accepted, and a Committee will oversee their implementation over a four-year period. Members of the Committee include representatives from the Lived Experience workforce, consumers and family members/carers and Aboriginal communities. The ICA recommendations also support the implementation of a Lived Experience (Peer) workforce. • The reporting structure and scope of the Mental Health Executive Committee (MHEC) is under review. The two-yearly review will therefore be postponed for twelve months. • Work continues on the Graylands Reconfiguration Taskforce and the Aboriginal Advisory Council of Western Australia has been consulted to ensure their input is meaningfully incorporated. • Capacity building and building a range of responses within the community sector continues to be a challenge. The focus is still on the acute crisis end of the sectors and there needs to be additional safe spaces to which to divert people.	
BREAK		
12. LGBTQIA+ Project Officer East Metropolitan	The Chair welcomed Jane Armstrong, LGBTQIA+ Officer at East Metropolitan Health Service. JA tabled a paper outlining mental health issues within the LGBTQIA+ community and the following was discussed in further detail: • JA holds the only designated LGBTQIA+ role (2 days per week) within a Health Service Provider in Western Australia. • The majority of the LGBTQIA+ research originates from the Eastern States although this is improving. • Unconscious bias affects how we support individuals in a health setting, and it is important to address this. Being authentic and inclusive is key to customer focussed care and this needs to be at the forefront of any service offering.	

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- The Chair noted the 2021 Australian Census (Census) did not gather LGBTIQ+ data despite the Australian Bureau of Statistics releasing a LGBITQ+ standard just prior to the Census. Members hoped this data would be included in the next Census to enable availability of better data to support for LGBTIQA+ individuals.
- JA noted discussions around non-binary facilities such as toilets can make people uncomfortable and this needs to be addressed within medical settings to improve outcomes for individuals. Removal of binary signage within some hospitals is being considered.
- The Pride in Diversity Program offers a range of services for employers to support changing staff culture, noting this is an important first step.
- In Australia, the Diagnostic and Statistical Manual of Mental Disorders has removed Homosexuality as a mental disorder. However, it still contains references in a few places and work continues to have these references removed.
- The health and wellbeing of the LGBTIQA+ community was discussed noting:
  - Statistics show that between 18% to 20% of the Australian population identify as LGBTIQA+ however this is likely higher.
  - It was estimated that approximately 30% of all mental health consumers at North Metropolitan identify as LGBTIQ+.
  - The Private Lives 3 Report issued by La Trobe University in 2021 notes 31.2% of LGBTIQA+ individuals felt they had good mental health compared with 56.4% of the general population.
  - Alcohol and other Drug use is high amongst LGBTIQA+ individuals at 44.4%.
  - Homelessness is experienced by 35% of all transgender males and continues to grow.
- The history and timeline of the LGBTIQA+ community was discussed which provided a background in the stigma and discrimination faced by the communities nationally and internationally.
- Members questioned whether the data provided includes figures specifically relating to individuals who identify as Aboriginal and Torres Strait Islander. JA will send this data to members via the Secretariat.
- One member raised the issue of sexual abuse encountered by members of the Stolen Generation and how this experience resulted in a distancing from and fear of the LGBTIQA+ community by some Aboriginal people of that generation despite that abuse not necessarily being committed by a member of the LGBTIQA+ community . . . It is difficult to know how to address this as it is rarely spoken about and it is essential to look at the Australian context, including within Aboriginal culture, when providing research findings.

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Action 211: JA to provide members with a report on Aboriginal and Torres Strait Islander LGBTIQA+ statistics.

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	• Work continues to ensure "normative surgery" for Intersex individuals cannot be undertaken without the individual person's consent (and therefore, not when the individual is a young child which has happened in the past). • The use of pronouns can indicate how a person identifies and is positive for inclusivity. • It was noted that the data collected in the Psychiatric Services Online Information System (PSOLIS) does not appropriately identify gender for a new person referred to a service and there is no accurate way to capture this information, or an individual's cultural background. JA advised this is being addressed and a sex and gender field and pronoun field will be fed into PSOLIS. Another issue is a person's name originally recorded on their Medicare card could not be amended, despite a name being legally changed with gender reassignment. This will also be addressed in the upcoming PSOLIS modifications. • JA will provide members with a copy of her presentation along with relevant reports via the Secretariat. The Chair acknowledged what it takes to initiate change and thanked JA for sharing her personal and professional knowledge and experiences.	**Action 212:** Secretariat to distribute JA's presentation and links to relevant reports for Member's consideration.
13. Discussion on presentations and advice to the Commissioner	• The Chair thanked RO for compiling the Lived Experience advice. This will be circulated to members for final comment prior to submission to the Mental Health Commissioner. • Following the presentations from Emily Wilding and Jane Armstrong, members to provide key recommendations on LGBTIQA+ via the Secretariat by 22 July 2022.	**Action 213**: Members to provide advice regarding LGBTIQA+ via the Secretariat by 22 July.
14. Other Business	The Chair noted whilst completion of an Annual Report for MHAC is not a requirement, it provides an opportunity to illustrate the work the Council has undertaken. A draft will be sent to members for their review and comment.	**Action 214:** Members to provide feedback on draft Annual Report.
15. Values Reflection	Council members provided value reflections as follows: • Presentations were clear and authentically outlined strengths and challenges which instilled hope given the promising work underway. • The Council came together as a whole for some confronting conversations which instils hope. • Presenters acknowledged they had a safe space to hold challenging conversations which was positive. • Looking to the future, the Council needs to consider inclusivity in all that it does. • A background update on and from members was considered useful and will be formally incorporated in the agenda.	**Note:** Member updates to be included as an ongoing agenda item.

Meeting closed at 12:00pm.	
NEXT MEETING	**Thursday, 11 August 2022**