

# MENTAL HEALTH ADVISORY COUNCIL MEETING MINUTES

August 11, 2022

<b>Attendees</b>	Patricia Councillor (PC) (Deputy Chair), Paul Parfitt (PP), Richard Oades (RO), Virginia Catterall (VC), Jennifer Wilton (JW), Nafiso Mohamed (NM), Jessica Nguyen (JN), Lee Steel (LS)	Mental Health Commission Gascoyne Room, Level 2, 1 Nash Street Perth WA 6004 and MS Teams  Thursday, 11 August 2022 08:30am – 12:30pm
<b>Chair</b>	Margaret Doherty (MD)	
<b>MHC Support</b>	Caitlin Parry, Project Officer System Engagement MHC Larissa Barnao, Project Support Officer Governance and System Engagement MHC Kirrily Clark, Senior Project Officer System Development MHC (Observer, Item 12)	
<b>Guests</b>	Dr Robyn Williams, Senior Research Fellow, Curtin University Professor Dorothy Badry, Faculty of Social Work, University of Calgary	
<b>Apologies</b>	Pauline Cole, Tracey Young, Emily Wilding	
<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 for their knowledge and traditions. Members representing other cultures were also recognised.	
<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 this. Individuals who provided a voice of lived experience in underrepresented groups such as LGBTIQ+, Culturally and Linguistically Diverse (CaLD), Aboriginal and Torres Strait Islander were also recognised for their vital input.	
<b>4. Member Check In</b>	Meeting attendees completed a round of check ins.	
<b>5. Declaration of Conflicts of Interest</b>	No declarations of conflicts of interest were declared.	
<b>6. Acceptance of previous meeting minutes</b>	Council members endorsed the 14 July 2022 meeting minutes.	

<p><b>7. Action Log</b></p>	<p><b><u>Completed actions:</u></b></p> <p><b>Action 211:</b> IT issues have caused delays in distributing however, this will be resolved shortly.</p> <p><b>Action 207:</b> The Chair noted Ms Kerry Hawkins and Ms Amanda Waegeli as Mental Health Executive Committee (MHEC)/Community Mental Health, Alcohol and Other Drug Council (CMC) representatives had met with Ms Mary O’Hagan, the inaugural Executive Director of Lived Experience for Victoria’s Department of Health. Ms O’Hagan met with the Mental Health Commissioner (Commissioner) and the advice members provided on consumer and carer representation and lived experience participation training was discussed with Ms O’Hagan. Mental Health Commission (MHC) staff and MD also met with Ms O’Hagan and Mr Tim Heffernan, Deputy Commissioner, NSW Mental Health Commission. The Chair will provide members with a copy the WA Peer Support Network Forum pack where Ms O’Hagan was a guest speaker.</p> <p><b><u>Outstanding actions:</u></b></p> <p><b>Action 210:</b> Meeting to be organised with Wheatbelt Mental Health Worker.</p> <p><b>Action 213:</b> Advice to the Commissioner on LGBTQIA+SB will be discussed later in the meeting.</p> <p><b>Action 214:</b> Members to provide feedback on the Annual Report.</p> <p><b>Action: 205:</b> Clarification from System Wide Data Working Group (SWDWG) on LGBTQIA+ data is still ongoing.</p> <p><b>Action 206:</b> Professor Badry and Dr Williams are attending today’s meeting.</p>	<p><b>Action 215:</b> Chair to provide a copy of the WA Peer Support Network Forum pack to Secretariat for circulation to members.</p>
<p><b>8. Budget</b></p>	<p>The budget was noted.</p>	
<p><b>9. Reflection Item</b></p>	<p><b>Members reflected on Jane Armstrong’s and Emily Wilding’s LGBTQIA+SB Presentations</b></p> <p>Members discussed the following:</p> <ul style="list-style-type: none"> <li>• The importance of employing a dedicated LGBTQIA+SB position, based within the (MHC).</li> <li>• An overall shift in societal views is required, along with a plan on how changes can be positively implemented.</li> <li>• Widespread education within the mental health and alcohol and other drug (AOD) sectors is required to understand the mental health issues and high suicide rates experienced within the LGBTQIA+SB community. This leads into other areas such as the Department of Education for children and young people.</li> </ul>	<p><b>Action 216:</b> The Chair will draft advice to the Commissioner on LGBTQIA+SB presentations based on member’s feedback and a final draft will be circulated for comment.</p>

	<ul style="list-style-type: none"> <li>• The creation of an MHC complaints line, similar to the service provided by the Equal Opportunity Commission, could provide the opportunity for feedback on services. Although this area is not currently legislated, a service such as this would help provide more protection and assist in remediating issues.</li> <li>• There is a lack of statistical data on the number of attempted suicides versus completed suicides. Collection of this data is important however, capturing this information is difficult given the shame associated with suicide and therefore the lack of under-reporting.</li> <li>• Resources for parents are vital in supporting a community, where there are high levels of stigma and discrimination.</li> <li>• It was suggested undertaking a confidential, independent survey of MHC staff to see how many employees identify as members of LGBTIQ+SB communities and how supported they feel in their working environment. As the MHC has a leadership role in the mental health and AOD areas, it is important to trial and implement a successful strategy and practices are the MHC prior to implementation in MH and AOD services where there may not currently be an embedded strategy and practice.</li> <li>• The use of language to indicate a welcoming and inclusive approach to people in LGBTIQ+SB communities is important.</li> <li>• The creation and implementation of easily accessible legal processes and remedies would provide a pathway for reporting issues of stigma and discrimination.</li> <li>• Identifying pronouns when an individual arrives at a service is important as it promotes awareness and inclusivity.</li> <li>• Allyship is important particularly in meetings or areas where there are no designated LGBTIQ+SB roles.</li> <li>• The use of the Rainbow Tick and other identifiers can signal a safe space for people in LGBTIQ+SB communities.</li> </ul>	
<p><b>10. Council member profiles</b></p>	<p>MHAC members agreed that at each meeting, one member will provide an overview of how they became involved in the mental health space.</p>	<p><b>Note:</b> RO to provide the September profile and JN in October.</p>
<p><b>11. Council member updates</b></p>	<p>The Chair noted every member is of unique value bringing their particular skills, strengths, background and perspective to discussions. The Council benefits from the diversity of members who inform its work and its Advice to the Commissioner.</p>	

	<ul style="list-style-type: none"> <li>• Chair             <ul style="list-style-type: none"> <li>○ Co-Chair of the Lived Experience Advisory Group (LEAG) to the Graylands Reconfiguration and Forensic Taskforce (GRAFT), which is addressing future plans for the decommissioning of Graylands and expansion of the forensic mental health area.</li> <li>○ Involved in drafting the Lived Experience (Peer) Framework.</li> <li>○ Involved in the National Stigma and Discrimination project addressing the area of public stigma.</li> <li>○ Founder and Chair of Mental Health Matters 2 Ltd which registered as a charity last year.</li> </ul> </li> <li>• VC             <ul style="list-style-type: none"> <li>○ Member of the LEAG to the GRAFT.</li> <li>○ Member of the Forensic Model of Care (MoC) Working Group.</li> <li>○ Forensic Mental Health Network Consumer Representative.</li> <li>○ Forensic Community Partnership Advisory Group member which is the consumer and carer advisory group to the State Forensic Mental Health Service</li> <li>○ Treasurer and Director of Mental Health Matters 2 Ltd.</li> </ul> </li> <li>• PP             <ul style="list-style-type: none"> <li>○ Involved with the Wheatbelt – Northam Mental Health and Headspace group.</li> <li>○ Contributor to the ‘Our Stories’ program.</li> <li>○ Member of an Aboriginal Elders group which meets up to three times per year.</li> <li>○ Being a member of the Council has provided insight into issues causing suffering outside of the Aboriginal community. This ability to filter information upward, translating and educating to the community and about what’s happening, is vital in making a difference.</li> </ul> </li> </ul>	<p><b>Action 217:</b> Paul Parfitt will introduce Lee Steel to the Northam Project Officer to discuss youth activities.</p>
<b>BREAK</b>		
<p><b>12. Foetal Alcohol Spectrum Disorder</b></p>	<p>Dr Robyn Williams and Professor Dorothy Badry provided an overview of their backgrounds and presented on Foetal Alcohol Spectrum Disorder (FASD).</p> <p>The following was discussed:</p> <ul style="list-style-type: none"> <li>• Dr Robyn Williams’ basis for her PHD arose when a family member asked her to record her experiences as a family member of a young person with FASD.</li> <li>• In Alberta, Canada there are 30 FASD programs and a FASD post-secondary school course.</li> </ul>	

	<ul style="list-style-type: none"> <li>• Dr Robyn Williams and Professor Dorothy Badry along with others’ book <a href="#">‘Decolonising Justice For Aboriginal Youth With Fetal Alcohol Spectrum Disorders’</a> on Aboriginal carers was published in December 2020.</li> <li>• FASD affects both neurological development and behaviour and is considered a ‘whole body’ disorder. Individuals require lifelong support of some description due to permanent brain damage.</li> <li>• The effects of alcohol consumption on the foetus is far greater, and more permanent, than the effects caused by drug intake.</li> <li>• The medical system must ensure frontline staff are trained to recognise and screen for FASD, so caregivers can obtain a diagnosis and receive the assistance they need to avoid children ending up in Child Protection, and within Aboriginal communities the subsequent creation of a second, stolen generation.</li> <li>• Members noted that FASD is not regularly diagnosed in WA and there are delays of up to eighteen months to receive an assessment for a child. Significant work on these delays has been addressed by the Infant, Child and Adolescent (ICA) Taskforce as it was recognised as a critical issue. Dr Williams and Professor Badry advised they are not linked with the ICA Taskforce; the Chair will facilitate an introduction.</li> <li>• It was suggested a template be created for obtaining FASD funding via the National Disability Insurance Scheme (NDIS) as there are numerous individuals who may not be receiving the services they need. Members noted they have raised concerns about access to NDIS with the MHC previously.</li> <li>• The National Aboriginal Community Controlled Organisation (NACCHO) is working on a national FASD proposal however funding remains an issue. It is hoped a FASD training model will also be developed in conjunction with NACCHO.</li> <li>• FASD has been problematic since the introduction of alcohol and it is an issue across all nationalities however, globally, colonisation has created disproportionate levels of FASD within some communities and the misconception that FASD is an Aboriginal or Indigenous issue alone needs to be addressed.</li> <li>• <a href="#">Patches Australia</a> can diagnose adults with FASD however further funding is needed across the board to increase diagnostic capacity.</li> <li>• It is common for siblings in one family to have FASD (diagnosed or undiagnosed) which along with numerous generational cases indicates services are missing the opportunity to prevent further instances within the same family.</li> <li>• FASD is seen as a social disability but, it is often trauma related.</li> </ul>	<p><b>Action 218:</b> Chair to facilitate an introduction between Dr Williams and Professor Badry and the MHC ICA Taskforce team.</p> <p><b>Action 219:</b> Chair to facilitate an introduction between Dr Williams and Professor Badry and the Forensic MoC working group.</p>
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	<ul style="list-style-type: none"> <li>• Diagnosis of FASD often only occurs when an individual is involved in the justice system and a lawyer has advocated for a court-ordered assessment. This may occur when the situation is being dealt with under the Criminal Law (Mentally Impaired Accused) Act 1996.</li> <li>• The average life expectancy of individuals with FASD is 34 years if left undiagnosed. Often adults with FASD experience homelessness, they consume drugs or alcohol and experience mental health or trauma issues. Primary causes of death with FASD individuals is often related to drug overdose or accidental death. There are often comorbidity issues with other serious health issues that lead to death.</li> <li>• The MHC could support better outcomes for people with FASD by:             <ul style="list-style-type: none"> <li>○ Supporting mandatory face to face training across the mental health and AOD sectors.</li> <li>○ Access to assessments and evidence-based interventions.</li> <li>○ Advocacy and support for affected families.</li> <li>○ Resourcing of the mental health and AOD systems to assist those with FASD.</li> <li>○ Promoting and supporting further indigenous led research.</li> </ul> </li> </ul> <p>The Chair noted her appreciation for the richness of the discussions and noted the issues raised. She indicated a concern that this could become a hidden epidemic in the forensic mental health area if proper assessment and interventions are not provided.</p> <p>Members will discuss the advice to the Commissioner at the next meeting.</p>	<p><b>Action 220:</b> Members to discuss advice to the Commissioner on FASD at the next meeting.</p>
<p><b>13. Council member updates continued</b></p>	<ul style="list-style-type: none"> <li>• LS             <ul style="list-style-type: none"> <li>○ Engaged in community regional AOD projects funded by the federal government.</li> <li>○ Involved with Holyoake in youth programs which have made a difference.</li> <li>○ A recent shooting in Pingelly highlighted the effect that incidents have on the community. Services had to be provided from Perth which LS highlighted should be available regionally, in the first instance. Overall, the strength of a small community supporting each other was evident.</li> <li>○ There is an increase in more powerful drugs being available regionally. PP noted this is also the case in Northam. PP will connect LS with the Northam Project Officer in this area to discuss how they address the lack of activities available for youth in the regions.</li> </ul> </li> <li>• PC             <ul style="list-style-type: none"> <li>○ In Meekatharra, discussions with the justice sector are underway to address increasing domestic violence and break ins believed to be occurring due to a lack of marijuana. This is resulting in individuals turning to alcohol and more powerful drugs.</li> </ul> </li> </ul>	<p><b>Action 221:</b> Nafiso Mohamed will speak about her recent meetings with Culturally and Linguistically Diverse service providers at the next meeting.</p>

	<ul style="list-style-type: none"> <li>○ Currently filling the CentreCare Coordinator role until the position is filled.</li> <li>○ Strongly connected with the local Justice network.</li> <li>○ Director of Indigenous Allied Health Australia.</li> <li>● JN             <ul style="list-style-type: none"> <li>○ Involved in the successful readiness of frontline services to accommodate COVID-19 waves.</li> <li>○ Undertaking research on COVID-19 vaccine uptake in mental health patients which has had positive findings.</li> </ul> </li> </ul>	
<b>14. Discussion on presentations and advice to the Commissioner</b>	Time will be allocated at September's meeting to discuss advice to the Commissioner arising out of today's presentation on FASD.	
<b>15. Other Business</b>	<p>The Chair noted the Geraldton trip is scheduled for November and invitations will include:</p> <ul style="list-style-type: none"> <li>● The Geraldton Aboriginal Medical Service.</li> <li>● Community AOD Service.</li> <li>● PC will confirm the Assistant Superintendent at Greenough prison.</li> <li>● Guests from the March 2022 meeting will be invited to the networking morning tea.</li> </ul>	<b>Action 222:</b> Patricia Councillor will provide the Secretariat with a contact for Geraldton Prison.
<b>16. Values Reflection</b>	<p>All Council members provided value reflections as follows:</p> <ul style="list-style-type: none"> <li>● Members were enthusiastic and agreed that discussions on difficult topics were undertaken with respect.</li> <li>● The power of both the individual and the community was highlighted by Dr William's documenting of her Auntie's story and how this in turn, resulted in government support.</li> <li>● MHAC's role continues to be learning and engaging within the mental health sector to inform their advice to the Commissioner to improve support for individuals, families and communities in WA.</li> </ul>	
<b>Meeting closed at 12:23pm</b>		
<b>NEXT MEETING</b>	<b>Thursday, 8 September 2022</b>	