

MENTAL HEALTH ADVISORY COUNCIL MEETING MINUTES

April 13, 2023

Attendees	Tracey Young (TY), Richard Oades (RO), Jessica Nguyen (JN), Jennifer Wilton (JW), Nafiso Mohamed (NM), Lee Steel (LS)	Mental Health Commission Gascoyne Room, Level 2, 1 Nash Street Perth WA 6004 and MS Teams Thursday, 13 April 2023 08:30am – 12:30pm
Chair	Margaret Doherty (MD)	
Deputy Chair	Patricia Councillor (PC)	
MHC Support	Tanya Dobson, Senior Project Officer, System Development, Mental Health Commission Larissa Barnao, Project Support Officer, System Governance, Mental Health Commission	
Guests	Simon Katteral, Simon Katteral Consulting Niloo Eijkenboom, A/Assistant Director, Governance and Stakeholder Team, Mental Health Commission	
Apologies	Paul Parfitt (PP)	
AGENDA ITEM	DISCUSSION	ACTION LOG
1. Acknowledgement of Traditional Owners	The Deputy Chair acknowledged the Whadjuk people of the Noongar Nation noting she was joining as a Yamatji person from the Naaguja Nation. 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 aggregation of emotional labour, courage and boldness it takes to bring this expertise into the room.	
4. Member Check In	Members did a round table check in.	
5. Reflection Item	Nafiso Mohamed presented the reflection item: :https://www.sbs.com.au/food/article/2020/05/26/how-poor-diet-can-impact-our-mental-health#:~:text=%22Research%20also%20shows%20that%20people,be%20the%20case%20in%20adolescents Members discussed the following: <ul style="list-style-type: none"> Chronic diseases and mental health are often linked, with diet playing a vital role in individual health. Poor quality, highly processed food is often the most economical option which is a factor when income is limited. 	Note: Tracey Young to present a reflection item for the next meeting

	<ul style="list-style-type: none"> Fast food and processed food are often the most convenient option, even for individuals that can afford healthy choices. In low socio-economic areas, fast food franchises are often located in a row, offering cheap food choices. The cost of fresh food in some regional areas makes it prohibitive to purchase. In some regions, this has led to Aboriginal people going back to the land and hunting for traditional food as they can't afford to purchase food from the shops. 	
6. Conflicts of Interest	<p>The Chair noted she has been appointed as a member of the Independence Governance Review (IGR) Working Group. LS noted her involvement by invitation in the IGR consultations as a regional lived experience representative.</p> <p>JN is starting a new job from 15 May in Graylands Hospital so the register will need to be updated in May.</p>	Note: Secretariat to update the Conflict of Interest Register.
7. Acceptance of previous meeting minutes	<p>Council members endorsed the 9 March 2023 meeting minutes with minor amendments.</p> <p>Draft minutes will now be reviewed by the Deputy Chair as well as the Chair prior to sending to members.</p>	
8. Action Log	<p><u>Completed actions:</u> 240, 241, 244.</p> <p><u>Outstanding actions:</u></p> <p>Item 223 – Still in progress.</p> <p>Item 237 – It was acknowledged that retrospectively mapping advice was not possible due to the lack of resources at the Commission. It was agreed that going forward, Council's minutes, actions and advice will be submitted to the Commissioner's office for noting. Advice noted/supported will then be logged for members' information and tracking. Additionally, when guests return to provide an update to the Council, a copy of the previous advice will be provided to Members for their review, along with an overview of outcomes from their advice.</p> <p>Item 243 – Still in progress.</p>	Action 245: Council's minutes, advice and action log will be submitted to the Commissioner for noting
9. Budget	<p>The Council Budget is currently being mapped by Finance and a report will be provided at the next meeting.</p>	

<p>10. MHAC Updates: Terms of Reference, Charter, Board appointments, Skills Matrix, EOI.</p>	<p><u>Terms of Reference (ToR)</u></p> <p>Members discussed amendments to the current ToR with the Chair advising members she has reached the ten-year maximum term of a Board member as per the Premier’s Circular 02/2022. An application will be submitted to Cabinet, pending the Minister’s endorsement, to extend the Chair’s appointment given there was a 1.5 year Council inactivity during that ten-year period.</p> <p>Members agreed the ToR should be reviewed given the current version was last updated in 2018. Particular areas for review are the purpose, role and function and diversity of representation which should include, LGBTIQ+, youth, gender and cultural background.</p> <p><u>MHAC Appointments</u></p> <p>The Chair suggested going out for Expression of Interest for Council appointments as there are several Council vacancies and this would ensure a fair, equitable and merit-based approach, with final approval sought from the Minister for Mental Health and Cabinet.</p> <p><u>Skills Matrix</u></p> <p>Members noted the Skills Matrix, which will be used to plan all future recruitments to ensure that appropriate skill sets and diversity are represented on Council when recruiting new members.</p> <p>The Terms of Reference and the Charter will be sent to members with comments to be provided to the Secretariat via the MHNewtork@mhc.wa.gov.au with feedback due by 21 April 2023.</p> <p>The draft ToR, Skills Matrix and Charter will then be discussed further at the May 2023 MHAC meeting.</p>	<p>Action 246: Members to provide feedback on the ToR, Skills Matrix and Charter via the Secretariat by 21 April 2023.</p>
<p>BREAK</p>		
<p>11. Member Profile</p>	<p>The member profile was provided by Nafiso Mohamed.</p>	
<p>12. Presentation on Mental, alcohol and drug services and system governance –</p>	<p>The Chair welcomed Simon Katteral from Simon Katteral Consulting who is a mental health consultant and provided input into the Royal Commission into Victoria’s Mental Health System (Royal Commission). Mr Katteral also has a strong background in consumer and non-consumer designated roles at the Victorian Mental Illness Awareness Council. His paper on <i>Mental, alcohol and drug services and system governance: Lessons from Victoria</i> had been circulated to members and was taken as read. In light of Western Australia’s (WA) Independent Governance Review</p>	

<p>Lessons from Victoria</p>	<p>(IGR), the following independent advice on what worked well in Victoria and the lessons learnt was discussed:</p> <ul style="list-style-type: none"> • An overview of the Royal Commission was provided noting there was no consumer or family Commissioner representing lived experience. A special advisor to the Chief Financial Officer with lived experience was appointed part way through the review. • There was no consumer designated role across the whole Royal Commission for its two-and-a-half-year duration. • The final report was issued in March 2021 with recommendations currently being implemented. • The recommendations did not have a major focus on outcomes and performance indicators. • There are limited lived experience leadership opportunities in Victoria and there is minimal oversight of human rights issues within justice settings. • Some of the changes arising from the Royal Commission included: <ul style="list-style-type: none"> ○ An Outcomes Performance Framework which identifies what is working within mental health and its connected systems; ○ Regional mental health and wellbeing bodies have been established with consumers, carers and clinicians. They are currently advising on what mental health services require investment, based on commissioning standards such as cultural safety, human rights and partnership; and ○ The Mental Health Commission has been replaced by the Mental Health and Wellbeing Commission which has an additional power to hold Own Motion Inquiries, with greater jurisdiction to look at justice settings. Safer Care Victoria, a quality improvement agency has also been created to improve service standards. • Financial constraints in Victoria have affected social determinants of mental health including reviewing insurance cover for mental health injuries sustained at work. • The Victorian Mental Health Compliance Commission had over 14,000 complaints over a nine-year period. Despite having significant powers, they did not issue one compliance notice and two of the original Commissioners were re-appointed. • Only recommendations arising from the Royal Commission are being implemented, with anything outside of this not being funded. • Community development recommendations have resulted in the expansion of regional and not-for-profit services. 	
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- It was felt the Royal Commission didn't address the deep problems, including the need for cultural change and the system continues to relapse into more of the same. An authorising environment is therefore important, and levers need to be implemented to drive change within the system and create accountability.
- Members noted WA has an additional review mechanism via the Office of the Chief Psychiatrist where the Mental Health Act 2014 (Act) compels the Chief Psychiatrist to undertake clinical reviews of all services against clinical standards which reflect the Act. The frequency of these reviews however was unknown.
- Members felt it was vital to have a separate body focussed solely on the governance and funding of mental health, separate to the Department of Health.
- It was noted the peer workforce has grown significantly in WA, as have peer support networks.
- The justice system in Victoria is not connected to the reforms, noting the Chief Psychiatrist now has oversight of mental health within the Victorian justice system. Recommendations also included a transition support service for individuals being released from prison to ensure they receive appropriate mental health care when they return to the community.

Lessons learnt from Victoria that could inform WA's current IGR process were noted as:

- There does not seem to be a clear framework of Key Performance Indicators (KPI's) to define what is successful and this limits the overall direction. A Monitoring and Performance Plan would be a better option.
- Commissioning can help with investment in types of services but can't really assist with the quality of the services being delivered as the breadth of options between providers is not available.
- Better investment can be achieved by maintaining commissioning to the Mental Health Commission however other options could include investment in regional bodies utilising KPI's by implementing an Outcomes Measurement Framework (OMF).
- Currently WA has limited regulatory oversight and limited quality improvement mechanisms. If there is a mechanism to enforce standards within mental health services, this provides an opportunity to actually improve services.
- WA's current system did not appear to have adequate supports for lived experience representatives with the IGR focussed on 'participation' rather than leadership opportunities or supporting structures.

	<ul style="list-style-type: none"> • Collaborative governance within the current structures may not be possible as it requires more equal power distribution where everyone is working towards the same objective. This can also be undermined by political agendas and priorities. However this can be addressed via OMFs, greater lived experience representation and leadership and more system and govern accountability. • Currently in WA there are few mechanisms for the rights of consumers within the justice system under the Act to be upheld. Creating a specialist mental health complaints body would provide the right forum for change as it would have the authority to focus on improving the system and have the power to resolve issues. It could have the authority to issue compliance notices which if not adhered to, would escalate to becoming a criminal offence. Each complaint is a window into a service and provides the opportunity to resolve issues and create systemic change. It also signals to the entire sector, areas to be addressed and can foster collaboration across services for better overall outcomes for consumers, creating a process of shared accountability. Without accountability, complaints can be easily dismissed, and the power imbalance perpetuated. Complaints also allow a tight feedback loop with appropriate enforcement allowing for micro change to become macro change. • It is important that the Mental Health Commission is trusted by the community and becomes the ‘community’s commission’, particularly given that it is not a statutory body. • The new National Human Rights Act for Australia is looking to enforce mandatory community consultation in any area a decision being made will affect the community. • The Sustainable Health Review (2019) was referenced, noting it highlights community involvement as key to early intervention, diverting individuals from attending hospital, along with the importance of community confidence. • Considerable change management will be required before collaborative governance can effectively take place. <p>The Chair thanked Mr Katteral for his time and the energy he put into understanding the WA context prior to his presentation to the Council.</p>	
<p>13. Discussion on presentations and advice to the Commissioner</p>	<p>Members to provide feedback on Simon Katteral’s presentation via the Secretariat by 20 April 2023. Given the perceived conflict of interest by the Chair, it was agreed that the advice will be approved by the Deputy Chair.</p>	<p>Action 247: Members to email the Secretariat points to be included in the advice to the Commissioner on Simon</p>

		Katteral's presentation by 20 April 2023.
14. Other Business	<p>Members agreed to invite a guest to provide the perspective of an individual's journey from being in remand and transitioning back into the community, to understand the consistency of service and communication processes.</p> <p>Tim Marney has been appointed to lead the new Model of Care Implementation, Banksia Hill Detention Centre / Department of Justice and he will be invited to a future meeting to provide an update, approximately October 2023.</p>	<p>Action 248: Council to invite a guest who can provide an overview of the experience transiting from remand back into the community.</p> <p>Action 249: Tim Marney to be invited as a guest after October 2023.</p>
15. Values Reflection	<p>Council members provided value reflections as follows:</p> <ul style="list-style-type: none"> • The future of mental health was well discussed, noting change is required and having a voice to promote change is important. • Each member's presence was valued, and this was reflected in conversations. • Innovation was explored via discussions on national and international practices. • Diverse representation of the Council is important, and this was evident by Nafiso's member profile. • All members were involved in the robust conversations. • Members continue to recognise that all voices are important and advocating for underrepresented communities was reflected in discussions. • Promoting hope can be achieved via advocacy and accountability, with members agreeing this had been accomplished in discussions. 	
Meeting closed at 11:55am		
NEXT MEETING	Thursday, 11 May 2023	