Attendees  Chair  Deputy Chair  MHC Support  Guests  Apologies  Non-Attendees		Tracey Young (TY), Richard Oades (RO), Virginia Catterall (VC), Jennifer Wilton (JW), Lee Steel (LS)  Margaret Doherty (MD)  Kasey Roache, Tanya Dobson  Lived Experience Representative  Paul Parfitt (PP), Patricia Councillor (PC),  Jessica Nguyen (JN), Nafiso Mohamed (NM)	Mental Health Commission Gascoyne, Level 2, 1 Nash Street Perth WA 6004 and MS Teams Thursday, 11 May 2023 08:30am – 12:30pm
AG	GENDA ITEM	DISCUSSION	ACTION LOG
1.	Acknowledgement of Traditional Owners	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.	
2.	Welcome and	The Chair welcomed attendees and noted apologies.	
	apologies	Chair welcomed Virginia Catterall back to the Council following her reappointment.	
3.	Recognition of Lived Experience	The Chair recognised those with lived and living experience and acknowledged the emotional labour that comes with it. The emotional courage and persistence required to bring this expertise was both recognised and appreciated.	
4.	Member Check In	Members did a round table check in.	
5.	Reflection Item	Tracey Young presented the reflection item, providing context regarding a lack of research around Aboriginal and Torres Strait Islander grandparents raising their grandchildren and what culturally safe and cultural supports are available to grandparent carers in Australia: <a href="https://www.mentalhealthcommission.gov.au/News-and-media/media-releases/2022/October/Local-communities-are-central-to-mental-health-bec">https://www.mentalhealthcommission.gov.au/News-and-media/media-releases/2022/October/Local-communities-are-central-to-mental-health-bec</a>	Note: Lee Steel to provide reflection item for next meeting.

			T
		Members discussed the following:	
		<ul> <li>The role of Department of Communities to focus on adaptability and intersection of services to assist individuals who are navigating complex service systems, including Indigenous families, LGBTQ families and families with disability.</li> <li>Members agreed on the need for community development and structural determinants, such as poverty and other disadvantages, to be effectively addressed</li> </ul>	
		<ul> <li>There is currently no family peak body in WA for mental health which presents a structural gap as there is no funded entity for systemic advocacy for families where mental health challenges are being experienced.</li> <li>Majority of other states and territories do have funded mental health peak bodies for families.</li> </ul>	
6.	Conflicts of Interest	<ul> <li>Chair declared being an independent Lived Experience member of the IGR Working Group.</li> <li>Virginia Catterall acknowledged her participation in IGR consultations and her appointment as proxy member for the Community Mental Health and Other Drug Council and for the Mental Health Executive Committee. Virginia acknowledged her appointment as Consumer Representative of the Mental Health Leads Sub-Committee.</li> <li>Lee Steel acknowledged her work on the IGR</li> </ul>	Note: Secretariat to update the Conflict of Interest Register.
7.	Acceptance of previous meeting minutes	Council members endorsed the 13 April 2023 meeting minutes.	
8.	Action Log	Completed actions: These were discussed and noted.	
		Outstanding actions:	
		Action 233: Lunch and learn sessions being planned for June with Leonie Dick.	
		Action 243: Advice was sent to the Commissioner and any feedback from the Organisational Change team will be brought back to the Council. The minutes from 13 April 2023 and action log will be progressed to the A/Commissioner for noting and approval to be published on the MHAC webpage.	
		Action 249: Chair advised to keep action on hold	

9. Budget	Members were updated on:	
	<ul> <li>A/Commissioner has confirmed previous approval of an increase in the MHAC budget to extend to 2022/2023 out years. MHAC Budget going forward is \$116,106.</li> </ul>	
10. Presentation on the experience transiting from remand back into the community by Guest Speaker	The Chair introduced the guest speaker, Marisha Gerovich, who provided an overview of her lived experience and her Lived Experience expertise on navigating and transiting from imprisonment back into the community and assisting others to do so in a peer role.  Marisha kindly outlined her experience in some detail to inform members as to some of the very real and often unseen experiences of people with criminal justice involvement. Marisha also spoke of the challenges and barriers facing people going into prison, being detained for a period of time and transferring back to the community either on parole or at end-of-sentence. There are particular challenges facing women and mothers with dependent children and young people.  Members discussed the below barriers facing people transiting from remand to community:  - Continuity of care is vital and beneficial to individuals to keep from reoffending, including	
	<ul> <li>appropriate handovers to keep hope and maintenance of ongoing care;</li> <li>Maintaining relationships with service providers accessed in prison when back in the community was highlighted as a key support particularly with a warm hand-over provided between the individual practitioners involved.</li> <li>Financial – many people exit prison with very little money and need to access Centrelink payments promptly (if this has not already been established). If people are not financially able to support themselves or be supported with the basics, they may often find little option but to return to criminal activities.</li> <li>Lack of capacity building within government agencies due to a one-size-fits-all approach. Adaptability is essential for assisting with recovery.</li> <li>Housing and accommodation – the need for safety, stability, and a consistent point of contact for agencies.</li> <li>Covid has exacerbated and highlighted existing accommodation issues and gaps in service provision.</li> <li>Limited resources for staff working in community mental health and alcohol and other drug services resulting in staff burn out and inability to provide appropriate services, particularly to individuals and families with multiple, unmet needs.</li> <li>Limited intersectionality and coordination of services for people re-engaging in mental</li> </ul>	

- Limitations within foster care services and utilising child and adolescence referrals. Referrals for child and adolescent mental health remain valid for a period of 12 months. If that time lapses individuals are moved back to the bottom of the list so accessing help is really challenging, particularly if families are moving around due to housing challenges.
- If individuals are perceived and present as mentally well and can articulate clearly, this may result in longer wait periods to access services as the focus is on responding to people in crisis.

## Members acknowledged positive processes:

- The WA Strong Families program provided accountability, appropriate resources, and effective processes however, it is no longer funded. There is a similar program in Tasmania entitled Strong Families, Safe Kids https://strongfamiliessafekids.tas.gov.au/.
- The appropriate use of language and positive experiences should be fed back to services as a learning opportunity about how to make positive impact, as well as prevent burn out for workers.

Members discussed the below recommendations suggested by the guest speaker:

- 1. Collaboration should be attached to funding. Agencies should be putting forward how they're going to include meaningful collaboration at all levels of services. Collaboration between services is required to enable gradual phased change and effectively meet an individual's intersectionality needs.
- 2. Incentivise adaptability in programs to meet the individuals' specific needs of who is accessing the program. Move from person centred to person led services and programs by negotiating how the resources that are available can be best utilised and implement this into policies.
- 3. Bolstering the workforce to ensure capacity building for agencies and communities to engage in co-production. Improving numbers of Lived Experience (Peer) Workforce roles can help to address workforce shortages and ensure service providers have a workforce to suit various people in diverse spaces.

## **BREAK**

11. Member Profile	Virginia Catterall provided the member profile.	Note: Margaret allocated Member Profile for next meeting.
		Patricia allocated Member Profile for the following meeting.
12. MHAC Updates:	Members discussed -	Action 250: Circulate
Terms of Reference,	Terms of Reference:	link to members for the online induction for
Charter, Online	- The Terms of reference incorporating member's input is with the Chair for review. The	Committees and Boards
inductions	Terms of Reference will be circulated to members for endorsement before being progressed to the Commissioner for final endorsement.	Action 251: All members
	Charter –	due for reappointment to fill in the new CV
	<ul> <li>Processes are being refined within the charter including:         <ul> <li>Members agreed that the minutes, action log, advice and Internal Briefing Note should progress to the Commissioner for comment</li> <li>A register for advice has been created which will record when written Advice has been sent to the Commissioner and responses received.</li> </ul> </li> </ul>	template
	Online inductions:	
	<ul> <li>Members were notified of the Department of Premier and Cabinet (DPC) online induction and training for members of boards and committees. The link for the induction to be circulated to members post meeting.</li> <li>Members were in support of new members to MHAC to complete the online induction and for this process to be included in the charter</li> </ul>	
	Performance reviews:	
	<ul> <li>Members noted that a Performance Review process will be introduced for member reappointments as required by the DPC</li> <li>There is a new CV Template for Board/Council members, which will be emailed to members whose terms are expiring and who may wish to be re-appointed.</li> </ul>	

13. Discussion on presentations and advice to the Commissioner	<ul> <li>Transiting back into community from remand: <ul> <li>The presentation identified the need for:</li> <li>Collaboration and collaborative practices to be capacity built and embedded in funding models to incentivise adaptability and person led services.</li> <li>Advocating for Lived Experience (Peer) work positions to alleviate various workforce pressures, particularly due to some workforces taking 4 to 6 years to be developed.</li> <li>Recognising the mental health impacts and increased pressure on mental health when change happens in prison environments, particularly when transferring between prisons and remaining in remand for prolonged periods of time. There are few programs available to people on remand.</li> <li>Acknowledging the positive impact of continuity of care through prolonged connections with organisations when transiting from remand. Recognising that relationships are important in encouraging stability and motivation, with particular emphasis on connections through relational processes rather than transactional processes.</li> </ul> </li> <li>Providing Mental Health Peer Support Workers in prisons; training programs on mental health peer support in addition to existing peer support programs. The program could also be used to establish credentialed peer workers, creating further opportunities for employment pathways when returning to the community.</li> </ul>	Action 252: Advice to the A/Commissioner to be drafted by the MHAC Secretariat and email to Chair/members for review and approval
14. Other Business	<ul> <li>1. Independent Governance Review Advice: Richard and Patricia compiled the MHAC Advice on the IGR for the A/Commissioner. The Chair did not revise this Advice due to Conflict of Interest.</li> <li>2. National Safety and Quality Standards – Community Managed Organisations in mental health services. Members discussed the advice regarding mechanisms to effectively implement monitoring standards in Western Australia, particularly regarding the Safety and Quality Standards. Members raised concerns regarding lack of clarity or poorly defined processes and the need for clear and well-defined standards. Members discussed the need for Lived Experience Leadership and achieving better outcomes for people through governance processes.</li> </ul>	
15. Values Reflection	Council members provided Values reflections as follows:  • Level of hope that the Marisha and Virginia's experiences provided	

## MENTAL HEALTH ADVISORY COUNCIL MEETING MINUTES

May 11, 2023

	<ul> <li>Innovation of allowing funding models to have brokerage funding that's not tied to specific outcomes, but which allow agencies to meet real needs of people, Marisha had provided an example of a service which purchased a fridge for her as she had nowhere to keep food. This plus the purchase of a washing machine directly met her needs at that time.</li> <li>Reminder of the space that we are in and the challenges which frontline practitioners are managing.</li> </ul>
Meeting closed at 12:30pm	
NEXT MEETING	Thursday, 08 June 2023