



Council Members

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(Chair)
- Rod Astbury
- Dr Amit Banerjee
- Margaret Doherty
- Dr John Edwards
- Pam Gardner
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- Petra Liedel
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From the Chair:

The 3rd MHAC Forum - The new Mental Health Act, six months on...

Providing more education and information to consumers, their families and carers about the requirements of the new Mental Health Act ('the Act') in relation to Care/Discharge Plans was a key outcome from the Mental Health Advisory Council's (MHAC) third Forum held on May 11th.

Sue Gilliett, the Forum moderator, led a panel comprising Dr Nathan Gibson, Debra Colvin, Jo Brown, Monica Taylor, Helen Sanders, Dr Gordon Shymko and Michael Mitchell in discussing some of the positive outcomes and areas that still need attention following the release of the Stokes Report and the implementation of the Act.

As well as Care/Discharge Plans, other areas that were highlighted for attention included:

- ⇒ The urgent need, as expressed in the Ten Year Plan, for additional transitional housing for mental health patients
- ⇒ The problem of achieving consistent policy outcomes due to the governance structures within the Department of Health
- ⇒ The challenges in achieving change in regional areas due to staffing difficulties
- ⇒ The need for continued training and monitoring of all involved in the delivery of mental health services to ensure that the outcomes envisaged in in the Stokes Report and the Act are achieved

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The MHAC has now begun preparing advice to the Mental Health Commissioner based on the input provided during the Forum.

As was indicated during the Forum, it will take some time and effort to achieve the change in culture as envisaged when the Act was drafted.

It would seem from the Forum that while a reasonable start to achieving this change has been made, we still have a long way to go to achieve the desired outcome of better and more responsive mental health services for all population groups.

Barry MacKinnon
 Chair - Mental Health Advisory Council

Collaboration and Partnership - Rod Astbury

At the recent MHAC Forum which examined the progress of implementation of the Stokes Review and the Mental Health Act, panel members identified collaboration and partnership as essential to successfully implementing these reforms.

Both the WA government's *Delivering Community Services in Partnership Policy*, and the Mental Health Commission's Mental Health Alcohol and Other Drugs Services 10 Year Plan: *Better Choices Better Lives*, recognise that collaboration and partnership with the person and their family at the centre is necessary to improve consumer, family and carer service experience and outcomes.

This collaboration is essential between citizens in need of services, mental health, alcohol and other drug services across primary care, community and hospital-based

services, policy makers and commissioners of services.

Collaboration and partnership exists on a continuum determined by the degree of commitment, intensity, durability and adaptation involved.



"...collaboration and partnership are essential to successfully implementing these reforms"

Greater investment of effort and time is required along the continuum, with greater potential benefits in value added and needs met as a result.

Good partnership requires:

- Time invested into its development
- A process of relationship

building and getting to know and understand each other

- Active leadership
- The parties to identify a common purpose and clear vision
- The purpose and process of the partnership to be captured in writing
- Clear decision-making processes underpinning the relationship
- Demonstrated respect and trust
- Open and regular communication
- No hidden agendas
- Safety for parties to articulate, discuss, disagree and work out issues
- An ability to compromise and demonstrate flexibility.

References available upon request.

Member Profile: Dr Bernadette Wright

My first career ambitions were to be an astrophysicist and I embarked on University studies to fulfil that career goal. But it was my minor in psychology, coupled with the challenges that came with having an intellectually disabled older brother, that brought me to a crossroad and to abandon my aspirations towards the cosmos.

My family had moved to New Zealand from Indonesia. I remember how my parents found it extremely difficult to access services for my brother. They neither knew the system nor were confident enough to advocate for him due to the language barrier. For a long time, their strong cultural values influenced how they communicated with services they contacted, acting with deference – not wanting to offend nor to be perceived as demanding. The notion of self-expression, exercising their rights, articulating their concerns and thoughts were not behaviours with which they were comfortable.

Transitioning from a collective culture to an individualist culture and adopting its normative behaviours and attitudes took years.

Some influences of the original culture will always remain. Even today, one generation on, these original cultural values can strongly influence how I behave and think in a range of situations. It can be very frustrating as it opens myself to critical judgment.

My interest in transcultural mental health arose from all these experiences of the challenges surrounding migration, acculturative stress and the intergenerational issues that can lead to mental health deterioration. I believe there is still much work to be done in developing a system in which strategies for addressing the mental health needs of ethnoculturally diverse groups are meaningful, not tokenistic. I feel privileged to be able to advocate for this on the Council.





Snapshots from the MHAC Forum

'Cultural Shift': its meaning in the spirit of the Act and Co-Production - Dr Amit Banerjee

Parts of the cultural shift necessary in mental health practice has possibly been codified into law with the promulgation of the Mental Health Act 2014 in Western Australia.

With laws come sanctions. In my opinion, there still needs to be more change in the practice values and norms within the mental health sector in WA before sanctions start getting implemented.

I believe that the keys to bringing about cultural shift include further incorporating recovery principles into mainstream psychiatric practice; educating the broader community about the need for taking positive risks to improve the quality of life of those affected by mental illness; and, making a strong push to break down the silos of mental health and drug and alcohol treatment.

A colleague recently showed me an advertisement for recovery-focused psychiatrists willing to be part of the Collaborative Recovery Model (CRM) Workforce Development Team for a metropolitan specialist mental health service. CRM is an evidence-based model

of care developed at the University of Wollongong. I wondered when we would see something similar in WA. Instead of 'crisis management plans', we should be using 'personal safety plans'. The primary management plan for the patient should be called a 'recovery care plan'. These changes could be implemented quickly in WA, if there was the will.

Positive risk taking should never mean abandoning people when they are at their most vulnerable. There needs to be close and empathic support for people during such times, but preferably outside the psychiatric hospital. There needs to be acceptance in the community that repeated hospitalisations, disempowerment and re-traumatisation in an attempt to keep people safe could be inimical to recovery.

I have learnt that 'co-production' is a term used in sociological studies of science and technology, where technical experts and other groups in society generate new knowledge and technologies together. The Mental Health Advisory Council could be regarded as such an interdisciplinary group, of which I am delighted to be a member.

Instead of 'crisis management plans' we should be using 'personal safety plans'

Values of the Mental Health Advisory Council

Value and respect diversity and work in an inclusive and accessible way with particular sensitivity to advocating for the most unheard voices;
Explore innovation in Mental Health with curiosity and seek out the best local, national and international practices; and;
Promote hope for recovery for individuals with mental ill-health and their families/carers