

Mental Health Advisory Council

TERMS OF REFERENCE

1. PURPOSE AND FUNCTIONS OF THE MENTAL HEALTH ADVISORY COUNCIL

1.1 Purpose

The purpose of the Mental Health Advisory Council (MHAC) is to bring together representatives from the Western Australian community to provide high level, independent advice, and input to the Mental Health Commissioner (Commissioner) regarding major issues affecting Western Australians with mental health challenges, their families, carers and service providers. MHAC will provide a forum for information exchange between key stakeholders as well as discussion about broad strategic issues relating to mental health.

1.2 Function

MHAC will provide independent, highly focused, and practical advice to the Commissioner, on mental health issues including:

- Effective implementation of the Mental Health Act 2014;
- Effective implementation of the Western Australian Mental Health, Alcohol and Other Drug Services Plans;
- Reform, strategy implementation and broad directions for enhancing mental health and well-being;
- Improvements to funded programs to better support people with mental health challenges, including through better coordination and integration of existing mental health programs;
- Appropriate strategies for developing and implementing mental health programs for people with particular needs, including ways to improve quality, access and sustainability of mental health services in Western Australia; and
- Any other issues as requested by the Commissioner on an ad hoc basis.

To fulfill its functions, MHAC will:

- Work with the Commissioner to develop aspects of its work plan;
- Consult with relevant stakeholders (including mental health consumers, their families and carers, mental health professionals and providers in the public and private sectors) to ensure that advice to the Commissioner reflects the broad range of views and experience of people with mental health challenges, their families and carers;
- Identify emerging risks and issues by liaising with consumers, communities and professionals;
- Provide feedback on the effectiveness of strategies adopted and actively contribute to problem solving and identifying potential improvements where there are identified issues;
- Provide ongoing feedback about what is working well in the mental health system, areas and options for improvement; and
- Provide feedback to the Mental Health Commission (Commission) about strategies to further engage all stakeholders on mental health care delivery.

1.3 Annual Work Plan

The MHAC and the Commissioner will work together to develop a shared set of strategic priorities to inform the MHAC's work. These will be set out in an Annual Work Plan.

2. MEMBERSHIP

2.1 Structure

MHAC will be comprised of up to 14 members.

The membership of MHAC will comprise:

- The Chair;
- The Deputy Chair; and
- Up to 12 members.

2.2 Appointments of members

All members of the MHAC will be appointed by the Minister for Mental Health (Minister) on the joint recommendation of the Chair and the Commissioner and through normal Cabinet approval processes. Members are appointed based on their leadership, experience, knowledge, interest and expertise in the Mental Health sector and do not represent specific organisations or professions. Members will be resident in Western Australia. To ensure the advice provided is considerate of the diverse perspectives, members are likely to have expertise in mental health within and across a range of communities, settings, and age cohorts.

2.3 Required Membership

- There should be at least one member with lived experience of accessing mental health services.
- There should be at least one member with experience as a family member/carer of someone with a lived experience of mental health challenges.
- There should be at least one member who identifies as being of Aboriginal or Torres Strait Islander descent.
- There should be at least one member between the ages of 16 and 25 to provide a youth perspective on the matters MHAC examines.
- There should be at least two members from regional areas with experience of issues affecting people with mental health challenges.
- There should be at least one member who identifies within an LGBTQIA+ community.
- There should be at least one member from an ethno-culturally and linguistically diverse background.

One member can represent one or more of the categories outlined above.

An effort should be made to ensure gender diversity on MHAC.

A targeted approach may be undertaken to identify members with specific skills and backgrounds to fill particular vacancies. A culturally secure recruitment process will be undertaken to recruit suitably qualified members from Aboriginal and Torres Strait Islander communities.

2.4 Duration of membership

- Members will be appointed for an initial term of up to three years and considered for reappointment at the discretion of the Minister.
- Individual membership to the MHAC should not exceed 10 years in total.

3. CONDUCT

Members are required to comply with the MHAC's Charter and Code of Conduct, act professionally, and to carry out their roles with integrity and with regard for both the government's policies and priorities and the public interest.

In addition, members are expected to uphold the Commission values of respect, collaboration, inclusiveness, transparency, accountability, and ethical decision making.

3.1 Conflicts of Interest

Members of MHAC will be required to sign a 'Conflict Of Interest' form. These conflicts, and the way in which they will be addressed, will be recorded in a register maintained by MHAC's Secretariat.

Conflict of interest is defined as any instance where an MHAC member has a direct financial or other interest which influences, or may appear to influence, proper consideration within the MHAC on a matter or proposed matter.

3.2 Confidentiality

During the MHAC's operations, members may have access to information that constitutes confidential or sensitive personal or government information. Members must treat this material as strictly confidential and will be required to sign an agreement to this effect.

4. MEETINGS

4.1 Frequency

The MHAC will meet no less than four times per year. Additional meetings may be convened by the Chairperson.

4.2 Quorum

A quorum consists of 50% of members + 1 member.

4.3 Decision making process

Whenever possible, MHAC decisions will be determined by consensus of members present at the meeting. Where members do not all agree, issues raised will be documented and a vote will be held to determine a decision. Notwithstanding this, members will have collective accountability for decisions made by the MHAC.

5. SECRETARIAT

The MHAC Secretariat is provided and resourced by the Commission.

Minutes of meetings and other records are developed and maintained by this Secretariat unit, in accordance with the *State Records Act 2000*.

6. BUDGET

The Commission allocates yearly operating budget to MHAC. The Chair is responsible for ensuring that MHAC is managed and operates within its operational budget.

7. REPORTING

MHAC will report to the Commissioner through the Chairperson.

At the discretion of and by joint agreement of the Chair and Commissioner, MHAC advice, recommendations and meeting Minutes or communiques may be published on the Commission's website.

The records of MHAC will be subject to the *WA Freedom of Information Act 1992*. MHAC will provide an annual report to the Commissioner and the Minister by 30 September each year. The annual report should include an overview by the Chair, a summary of matters discussed by the MHAC throughout the year and any other information that may be relevant to the Commissioner's consideration.

8. EXTERNAL COMMUNICATIONS AND MEDIA CONTACT

MHAC members will not make public statements or respond directly to media requests in their capacity as a member of the MHAC. All media requests should be directed to the Chair for determination of action required, in accordance with the Commission's Media Management Policy.

9. REMUNERATION

The Minister determines the MHAC members' remuneration and allowances upon the recommendation of the Public Sector Commissioner and in line with State Government Boards and Committees – Premier's Circular 2022/02.

9.1 Supporting Consumer, family and carer participation

Where consumers, family and carer input are sought and being provided outside of a paid Lived Experience (Peer) role, these individuals are eligible for participation payments in line with the Mental Health Commission's 'Consumer, Family, Carer and Community Paid Participation Policy'.

10. RELATED DOCUMENTS

Mental Health Act 2014

Mental Health Advisory Council Charter

Commissioner's Instruction No.7 – *Code of Ethics*

[Commissioner's Instruction No.8 – Codes of Conduct and Integrity Training](#)

[Governance of WA Government Boards and Committees \(www.wa.gov.au\)](http://www.wa.gov.au)

Mental Health Commission's 'Consumer, Family, Carer and Community Paid Participation Policy'.