

Review of Health Services Act
Independent Governance Review

2022-05-09

To Whom It May Concern:

I write in response to the open invitation to comment on the governance of WA's health system as part of the Independent Governance Review of the *Health Services Act 2016*.

Psychology Schools/Departments contribute to the health workforce in training students to become clinical psychologists and clinical neuropsychologists. We provide the training in both undergraduate and Honours (4th year) necessary for students to be eligible for Masters-level training in psychology, and provide that Masters-level training itself in our postgraduate clinical psychology and clinical neuropsychology programs. We have close relationships with a number of public hospitals and clinics to support this training. Our students complete placements at such organisations, with the mutually beneficial outcome that we are able to support the health workforce in providing clinical psychology and clinical neuropsychology services, and students receive practical training in an environment that will meet the high standards of accreditation and registration.

While our local collaborations with the Health Service Providers (HSPs) have been effective, the governance structure under the Health Services Act 2016 may be limiting the ability to develop and enact larger strategy in health in WA. Strategic thinking and planning is needed to address the crucial and urgent need for mental health and wellbeing resourcing highlighted in reports such as the final report of the *House of Representatives Select Committee on Mental Health and Suicide Prevention*, and the *Ministerial Taskforce into Public Mental Health Services for Infants, Children and Adolescents aged 0-18 years in Western Australia (ICA Taskforce)*. These reports highlight the need for systems-level approaches to the mental health crisis, across multiple agencies.

While the devolution of decision-making has many attractive features for allowing more localised healthcare provisioning, it may inhibit strategic decision making at the systems level. A key example is the need to invest in core workforce capacity, highlighted in the both the ICA Taskforce report (Key Actions 5 and 6) and House of Representatives Select Committee report (pp. 146-151). While substantial funding has been committed to mental health by the WA Government, there is not an incentive for any HSP to invest in that training, which really does seem to call for a larger-scale, coordinated approach to workforce planning. Ideally, such planning would be done through consultation with universities, who are keen and willing to work with the Department on this important issue.

Universities and HSPs have also been effective in collaborating on world leading translational research. This would also be an opportune time to review research governance. Regretfully, we have experienced that the research governance and ethics committee requirements within the health department are a significant barrier to important clinical research due to the administrative burden and length of time it takes for approval (sometimes 18 months-2 years). This makes it very challenging for researchers to collaborate with the Department of Health on applied and translational clinical research projects. A review of these processes may be beneficial in reducing efficiencies and streamlining procedures.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Simon Farrell', written in a cursive style.

Simon Farrell