

**MENTAL HEALTH — INDEPENDENT REVIEW OF WA HEALTH SYSTEM GOVERNANCE**

*Statement by Minister for Mental Health*

**MS A. SANDERSON (Morley — Minister for Mental Health)** [9.04 am]: I rise today to table the Cook government's response to recommendations on mental health and alcohol and other drugs governance that were made by the independent panel in the *Independent review of WA health system governance*. In March this year, I advised the house that, because recommendations 14 and 15 of the independent review had proposed significant structural changes to the public mental health system, the recommendations would not be accepted as written. Instead, a time-limited working group would be established to conduct further intensive work with key stakeholders, consumers and carers to examine improved governance, with the ultimate aim of ensuring a recovery-oriented, community-focused and integrated system.

I acknowledge that strong views were expressed during the process. A key issue was the carving out of clear accountabilities and the separation of roles and functions—in particular, the commissioning of services. Fragmentation, lack of clear accountability and lack of whole-of-system planning are consistent themes of three reviews, and those require resolution. The response tabled today demonstrates that the Cook government has heard the views of consumers, carers and family members—those community members who interact with our mental health and alcohol and other drug services. I sincerely thank all those who dedicated their time to the work that has been undertaken.

Cabinet has determined not to accept the independent governance review's recommendation that commissioning and other related functions within the Mental Health Commission should change. Rather, a number of other key measures have been committed to that will see a significant improvement in the underlying governance issues. Measures will be implemented to improve leadership, strengthen accountability and encourage greater collaboration in planning and commissioning mental health and AOD services. Those measures include implementing a meaningful cultural change program, introducing progressive and accountable leadership structures, commencing contemporary commissioning practices, developing a new whole-of-system strategy, developing an outcomes measurement framework, and creating more opportunities for people with lived experience expertise to be employed and involved in our mental health and AOD system.

Further work will commence to determine the optimal governance arrangements for AOD specifically, which will be completed by the end of this year. The process has been challenging for some, and at times difficult, but important. It is important to acknowledge that there is real pain and trauma for some people associated with the mental health system across the country. Equally, there is enormous commitment and dedication from clinicians to improving the lives of people experiencing mental health issues. It is only through that acknowledgement, and a shared understanding, that change can happen. There is no single right way; it is our responsibility to achieve the right balance. That balance will be different for every individual at different stages of their recovery. Our system must ensure that individuals have access to the tools and support that they need, both clinical and non-clinical, at the time they need it. I thank all who participated in this process. I especially wish to thank Mr Ralph Addis, chair of the working group, and the working group members.

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