SCHEDULE 15: MENTAL HEALTH CLINICAL GOVERNANCE

DOCUMENT CONTROL

Name:	Mental Health Clinical Governance Framework
Version:	1.0
Effective date:	1 July 2027
Review due:	30 June 2027
Owner:	Mental Health Manager and Head of Performance Services
File location:	AMS and AC Performance Services ZenDesk
Document type (& enforceability):	Framework (includes mandatory obligations and best-practice recommendations)
Responsible parties:	Psychologists; Player Development Managers; Doctors; Dietitians
Beneficiaries:	All players participating in matches and/or training as a part of a HP program
Applicable setting:	National and S/T HP environments

RELATED DOCUMENTS & LINKS

Document Name	Location
AIS National HP Sport Clinical Governance Framework template	*ZenDesk*
AC Player Wellbeing Strategy	*ZenDesk*
CA Work Health & Safety Policy	*AC Intranet* or *ZenDesk*
AC Cyber & Information Security Policy v6.4 (Feb 2025)	*AC Intranet* and *ZenDesk*
Australian Privacy Principles (Privacy Act 1988) and APP Guidelines	*Federal Register of Legislation: Privacy*
AC HP Data Governance Framework	*ZenDesk*
AC Mental Health Case Management Guidelines	*ZenDesk*

1. PURPOSE

1.1 Australian Cricket is committed to ensuring that all health, mental health, wellbeing and psychology services provided to players are safe, ethical, evidence-based and delivered within appropriate professional boundaries

1.2 This Mental Health Clinical Governance Framework (Framework) establishes and recommends the structures, roles, responsibilities and processes required to govern clinical risk across Australian Cricket, particularly in the context of:

a) a large and distributed Player Development Manager (PDM) workforce,

b) comparatively fewer registered clinical professionals embedded in AC programs,

c) an external network of independent psychologists accessible to players,

d) increasing mental health complexity (as also observed in the wider Australian community), including more awareness of players presenting with disordered eating/ eating disorders,

2. BACKGROUND

Australian Cricket operates within a high performance environment that is not a health service, but a performance system in which health and mental health services are embedded. Players are supported by multidisciplinary teams, where non-clinical roles - particularly Player Development Managers (PDMs) - are often the primary point of contact, and access to registered clinical professionals is comparatively limited and distributed across programs, with additional support provided through external networks such as the ACA Wellbeing (Mental Health) Network (an external network of psychologists and psychiatrists)[1].

At the same time, the mental health needs of players are increasing in complexity, consistent with broader community trends and the unique demands of elite sport. This creates inherent risk within a system where care is delivered across a mix of internal and external providers, and where non-clinical staff can play a role in identification and support.

In this context, a clear and consistent approach to clinical governance is required to ensure that mental health care is safe, ethical, evidence-based, and delivered by appropriately qualified professionals within their scope of practice. This Framework establishes that approach by clarifying roles, defining clinical authority, and supporting appropriate escalation, recognising the specific constraints and structure of the Australian Cricket system.

3. SCOPE

3.1 This Framework applies to all mental health-related services delivered to players within Australian Cricket, including:

a) national and State/Territory programs,

b) pathway environments,

c) contracted and externally engaged practitioners,

d) player development, psychology, medical and nutrition staff.

3.2 All performance team personnel (including coaches, performance services staff, team management, security, and media staff) are expected to be familiar with these Guidelines and recognise that their responsibilities in relation to mental health matters should be undertaken in a manner consistent with the principles that guide Player Development Managers (PDMs), in particular, appropriate escalation to clinical personnel.

[1] This network of psychologists and psychiatrists is available to players independent of the employer with consult information not provider back to the employer unless the player choses to share that information.

4. DEFINITION OF CLINICAL GOVERNANCE

4.1 Clinical governance is the system through which Australian Cricket is accountable for:

a) safeguarding player health and wellbeing,

b) maintaining quality and safety of care,

c) ensuring clinical decisions are made by appropriately credentialed professionals,

d) and continuously improving the care provided.

4.2 Clinical governance operates alongside corporate and performance governance and is integral to both.

5. GOVERNANCE STRUCTURE AND ACCOUNTABILITY

5.1 Governing Bodies

a) Cricket Australia Board

b) State and Territory Boards

c) Australian Cricketers' Association (ACA)

5.2 Executive Accountability

a) CA Head of Performance Services and CA Chief of Cricket

b) High Performance Leadership Teams (CA and S/T)

c) ACA GM of Player Development & Wellbeing

5.3 Clinical Authority (The Clinical Spine)

Australian Cricket recognises that clinical authority must sit with registered health professionals.

a) CA Mental Health Manager (Mental Health & Complexity)

   (i) Holds national decision authority for mental health governance and high-risk presentations (e.g. suicide risk, eating disorders).

b) State/Territory Psychologist and/or Medical Practitioner

   (i) Hold local clinical accountability, oversight, and escalation authority.

c) ACA Mental Health & Wellbeing Lead (Clinical Psychologist)

   (i) Oversees the governance and operation of the ACA Mental Health Referral Network

   (ii) Provides mental health guidance to AC's network of PDMs

d) ACA Wellbeing (Mental Health) Network Providers (Psychologists and/or Psychiatrists)

   (I) Provision of clinical care for mental health issues experienced by contracted Australian cricketers (ACA members).

   (II) Information regarding player care is kept confidential and separate to the AC system unless a player provides explicit consent for appropriate and relevant details to be shared with the appropriate AC program staff.

Clinical authority cannot be delegated to non-clinical roles.

6. CLINICAL GOVERNANCE DOMAINS

6.1 *DOMAIN 1:* Practitioner Development

Intent:
To ensure all practitioners are appropriately qualified, credentialled, supervised and supported to practice safely within scope for mental health presentations.

Key Requirements:

a) Verification and maintenance of professional registration for all regulated health practitioners.

b) Explicit scope-of-practice documentation (summary in *Appendix 1*) for:
   (I) Player Development Managers
   (II) Psychologists
   (III) Medical Practitioners
   (IV) Dietitians

c) Mandatory professional supervision for all PDM staff through S/T or CA psychologist and the ACA Head of Wellbeing (*Appendix 4*).

d) Access to supervision for psychologists as per AHPRA requirements (*Appendix 4*).

e) Workforce education that improves identification and escalation skills without expanding scope.

f) Workforce education regarding Work Health & Safety and Psychological Risk Awareness, including:
   (I) Understanding mandatory requirements relating to the identification, management and mitigation of psychosocial hazards and risks; and
   (II) the role of each individual in contributing to a psychologically safe working environment.

6.2 *DOMAIN 2:* Clinical Practice

Intent:
To ensure that assessment, diagnosis, treatment and management of health conditions are delivered only by appropriately credentialed professionals.

Key Requirements:

a) Mental health care is delivered and governed by:
   (I) AHPRA registered psychologists and medical practitioners
   (II) In the case of disordered eating / eating disorder presentations, care is also delivered and governed by Dietitians Australia registered dietitians.

b) PDM staff provide *support around care*[2] only and do not:
   (i) assess mental health risk,
   (ii) provide therapy or counselling,
   (iii) independently manage or hold clinical risk,

c) When PDM staff suspect or identify the need for mental health support for a player, they will escalate this to one of the roles listed in 5.3 above that is most appropriate to the context. On most occasions this will be the relevant S/T or CA

[2] See *Appendix 5*

psychologist or medical practitioner, or the ACA Wellbeing Lead (Clinical Psychologist) when the player has requested external support.

d) Complex mental health presentations or presentations that feature a higher risk of harm are governed from a multidisciplinary perspective. For example, an eating disorder presentation would involve input from:

   (i) Medical officer,

   (ii) Dietitian,

   (iii) Psychologist.

   Appendix 3 provides a summary of an Eating Disorder governance pathway.

e) Clinical practitioners must practice within their training, competence and scope.

   (I) If a presentation is within scope but outside current competence, the staff member must seek supervision, consultation or referral and must not extend practice until appropriately trained and competent.

   (II) Some common presentations when competence may be challenged include:

      (i) eating disorders;

      (ii) severe personality disorders; or

      (iii) complex trauma presentations.

f) Mental health and wellbeing services should be inclusive and safe, and responsive to the needs of players with diverse backgrounds and/or identities.

6.3 *DOMAIN 3:* Performance Partnerships

Intent:
To enable coordinated, player-centred care across performance, wellbeing and health systems while preserving clinical decision-making authority.

Key Requirements:

a) Integrated communication pathways across disciplines.

b) Clinical decisions are not overridden by performance demands.

c) Shared understanding of roles, scope and escalation expectations across HP staff.

d) Player consent.

6.4 *DOMAIN 4:* Health Data Management

Intent:
To ensure health information is managed lawfully, ethically and securely.

Key Requirements:

a) Clinical records maintained by health professionals in appropriate, secure systems, as per *AC Cyber Security Policy* (i.e. not personal devices).

b) Access to sensitive mental health information is appropriately restricted to comply with APS Code of Conduct requirements.

c) PDM staff record only role-appropriate interactions and not clinical notes.

d) Information sharing occurs with consent and legislative compliance.

6.5 *DOMAIN 5:* Clinical Risk

Intent:
To proactively identify, escalate and manage clinical risks to protect players and staff.

Key Requirements[3]:

a) Nationally consistent escalation framework (see *Appendix 2*).

b) Time-bound escalation expectations.

c) Formal incident reporting, review and learning processes.

d) Regular review of high-risk and near-miss cases.

7. REVIEW AND ASSURANCE

7.1 Annual internal clinical governance review.

7.2 External peer review aligned with Australian Institute of Sport standards every 3–4 years.

7.3 Continuous improvement informed by data, incidents and stakeholder feedback.

8. ALIGNMENT WITH AC PLAYER WELLBEING STRATEGY

8.1 This Framework underpins the *AC Player Wellbeing Strategy* by:

a) embedding role clarity and accountability,

b) ensuring wellbeing support does not replace clinical care,

c) and enabling holistic wellbeing delivery without increasing risk.

[3] *As at publishing on 1 July 2026, these resources are yet to be developed*