Information Sheet

Roses in the Ocean
stemming the tide of suicide

Data Governance Forum

Lived Experience of Suicide Representatives

Supporting data and performance measurement commitments under the National Agreement

Earlier this year, MHSPSO agreed to implement transitional governance arrangements for the 12-month extension period of the National Agreement, from 1 July 2026 to 30 June 2027. This included changes to the existing governance structure to better support advice to governments on a potential new National Agreement, as well a decision to disband the Lived Experience Group (LEG) and transition lived experience representation on MHSPSO and its Working/Project Groups from the LEG to national lived experience peak bodies.

Lived experience representation on MHSPSO and its Working/Project Groups will span consumer, carer, First Nations and lived experience of suicide perspectives. Representative opportunities will primarily be facilitated through the national lived experience peak bodies, these being: the National Mental Health Consumers Alliance (NMHCA) (for consumers), Mental Health Carers Australia (MHCA) (for families, carers and kin) and the Indigenous Australian Lived Experience Centre (IALEC) (for First Nations lived experience). In the absence of an officially designated national lived experience of suicide peak body, the Australian Government Department of Health, Disability and Ageing has asked Roses in the Ocean to act as lead agency to provide a lived experience of suicide lens on the recruitment of lived experience of suicide representatives. This will involve working closely with NMHCA, MHCA and IALEC to leverage collective stakeholder networks to promote the opportunities, and to select appropriate representatives.

There is **one (1) lived experience of suicide** position (lived experience of suicide attempt, suicidal distress, supporting someone living with suicidal distress, or who has been bereaved by suicide) to be filled for the Data Governance Forum (DGF). The DGF is expected to meet 3 times over the 12-month period. The first meeting in 2026-27 is being attended by a proxy while this recruitment process is undertaken with the next meeting expected in November. Some out-of-session work may be required.

About the DGF

The DGF was established to oversee and facilitate implementation of the data and performance measurement commitments specified in the National Mental Health and Suicide Prevention Agreement (National Agreement).

The DGF reports to the Mental Health and Suicide Prevention Senior Officials Group (MHSPSO) in accordance with the National Agreement governance structures.

The DGF is responsible for:

- Agreeing on authorising frameworks and systems for data sharing and linking activities undertaken under the National Agreement.
- Improving national consistency in Commonwealth, state and territory data collections relevant to initiatives in the National Agreement and agreeing minimum data specifications for jointly funded programs.
- Agreeing appropriate measurement and monitoring methodologies, including priority Key Performance Indicators, to support evaluation of services and the mental health system against agreed objectives and outcomes.
- Providing technical advice on other data and outcomes activities relevant to initiatives in the National Agreement, including the National Mental Health Service Planning Framework.

Membership of the DGF consists of representatives from the Commonwealth and all states and territory health departments, representatives from nominated Primary Health Networks, lived experience representatives and a First Nations data representative. Additional appointed observers participate in the DGF, including from the AIHW, National Mental Health Commission, National Suicide Prevention Office, Australian Bureau of Statistics, Mental Health Australia and Suicide Prevention Australia.

Position requirements

The successful individual must have a lived experience of suicide. This could be having experienced suicidal thoughts or crisis, survived a suicide attempt, supporting someone living with suicidal distress; or having been bereaved by suicide. Additionally, they should also:

- have knowledge and experience of the broad mental health and suicide prevention sector, including non-clinical and suicide prevention data and outcomes areas; and
- while specialist data skills are not required, the ability to interpret data and understand in context.

Positions are eligible for remuneration in line with the National Mental Health Commission's Paid Participation Policy. While meetings will predominantly be held online, where face-to-face attendance is required, reasonable travel costs associated with participation will be covered in line with the policy.