Information Sheet

Roses in the Ocean
stemming the tide of suicide

Mental Health and Suicide Prevention Senior Officials Group

Lived Experience of Suicide Representatives

Overseeing implementation of the National Mental Health and Suicide Prevention 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 are **two (2) lived experience of suicide positions** to be filled for the Mental Health and Suicide Prevention Senior Officials Group (MHSPSO):

- one (1) position for an individual with lived experience of suicide attempt or suicidal distress
- one (1) for an individual with a lived experience supporting someone living with suicidal distress, or who has been bereaved by suicide.

MHSPSO is expected to meet at least 4 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 October. Additional meetings and some out-of-session work may be required.

About MHSPSO

MHSPSO was established to oversee the implementation of the National Mental Health and Suicide Prevention Agreement (National Agreement). Under clause 52(b) of the National Agreement, Commonwealth and State Health Chief Executives and where relevant, Mental Health Chief Executive Officers (CEOs), have responsibility and accountability for the implementation of the National Agreement, with the ability to delegate these implementation functions to MHSPSO.

MHSPSO reports to Health Chief Executives and, where required, to Health and Mental Health Ministers on matters relating to implementation, key risks and issues.

In addition to progressing work to develop a new National Agreement, MHSPSO is also responsible for:

- Considering emerging and ongoing mental health and suicide prevention policy developments, including any long-term/downstream impacts on the mental health and suicide prevention systems.
- Ensuring engagement of people with lived experience of mental health challenges and suicide, their families and carers and other priority population groups throughout implementation (clause 55 of the National Agreement refers).
- Establishing and monitoring working groups as required by the National Agreement.
- Overseeing Implementation Plans, Annual Jurisdiction Progress Reports and Annual National Progress Reports.
- Providing general updates on any bilateral activities relevant to the National Agreement as required, noting that bilateral schedule reporting remains the responsibility of bilateral parties.
- Membership of MHSPSO comprises representatives from all jurisdictions, lived experience representatives, including First Nations members with lived experience, and First Nations representatives nominated from the Closing the Gap Social and Emotional Wellbeing Policy Partnership.

Position requirements

The successful individuals must have a lived experience of suicide. One appointed individual must have a lived experience of suicide attempt or suicidal distress; and one appointed individual must have a lived experience supporting someone living with suicidal distress or have been bereaved by suicide.

Additionally, they should:

- have knowledge and experience of the broad mental health and suicide prevention system, including non-clinical and suicide prevention reform areas;
- understand, or have the capability and the capacity to quickly learn, the broader context and governance of the National Agreement.

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.