Information Sheet

Roses in the Ocean
stemming the tide of suicide

National Mental Health Workforce Working Group

Lived Experience of Suicide Representatives

Supporting national mental health workforce priorities 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 are **two (2) lived experience of suicide positions** to be filled for the Mental Health Workforce Working Group (Working Group):

- 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

The Working Group is expected to meet four times per year. 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. Out-of-session work may be required.

About the Working Group

The Working Group was established to oversee and guide the implementation of the 10-year National Mental Health Workforce Strategy (Strategy) and consider workforce-specific clauses under the National Mental Health and Suicide Prevention Agreement.

Information Sheet

Roses in the Ocean
stemming the tide of suicide

The Working Group operates as a subcommittee under the oversight and direction of Health Workforce Taskforce (HWT) to provide mental health workforce advice to Commonwealth, State and Territory Health Ministers. The Working Group will oversee and report on the implementation of the Strategy to Health and Mental Health Ministers through HWT and the Health Chief Executives Forum (HCEF).

The Working Group is responsible for:

- Reporting on actions under the Strategy to the HWT and MHSPSO;
- Discussing, planning and progressing implementation of mental health workforce initiatives outlined in the Strategy and National Agreement;
- Identifying priority mental health workforce issues, and solutions to be progressed by the most appropriate party;
- Referring specific mental health workforce matters to governance committees with a stronger remit, where relevant, to streamline decision-making and reduce duplication of effort;
- Overseeing the National Mental Health Workforce Sector Advisory Group with relevant sector and lived experience representatives, to provide multidisciplinary and system-level advice relevant to mental health workforce challenges;
- Endorsing priorities, develop corresponding work plans and monitor progress against them;
- Supporting activities that complement existing national workforce reforms and strategies, such as the National Medical Workforce Strategy 2021-2031 and the National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021-2031; and
- Keeping updated on work led by the Data Governance Forum to report on progress towards increasing the number of FTE mental health professionals per 100,000 population, outlined in the National Agreement.

The Working Group consists of representatives from the Commonwealth and all states and territory health departments, sector peak bodies, lived experience representatives, and First Nations representatives. Representatives from national and jurisdictional agencies with responsibilities relating to the mental health workforce may be invited to inform the Working Group as required. The Working Group is also supported by the National Mental Health Workforce Sector Advisory Group.

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 also:

- have specific experience as a suicide prevention peer worker;
- have knowledge and experience of the broad mental health and suicide prevention system, including non-clinical and suicide prevention workforce areas; and
- a practical understanding of how workforce issues can contribute to someone's lived experience of the mental health and suicide prevention system.

Information Sheet

Roses in the Ocean
stemming the tide of suicide

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.