



Expression of Interest: Lived Experience representatives (one consumer and one family member/carer) for the Bilateral Schedule on Mental Health and Suicide Prevention - Western Australian Joint Service Planning and Governance Committee

The Mental Health Commission (MHC) recognises the valuable contribution that consumers, family, carers and community members make to the planning, implementation, delivery and evaluation of mental health, suicide prevention and AOD programs and services in Western Australia (WA).

The [National Mental Health and Suicide Prevention Agreement \(National Agreement\)](#) is the first agreement of its kind and sets out the shared intention of the Commonwealth and state and territory governments to work in partnership to improve the mental health of all Australians and to enhance the services of the Australian mental health and suicide prevention system. The National Agreement also commits governments to consulting with those with lived experience of mental ill health and/or suicide and their families and carers throughout its implementation.

The [WA Bilateral Schedule on Mental Health and Suicide Prevention \(Bilateral Schedule\)](#) forms a schedule to the National Agreement. The Bilateral Schedule sets out how the Commonwealth and WA will collaborate to implement system reforms that address gaps in the mental health and suicide prevention system, improve mental health outcomes for all people in WA, prevent and reduce suicidal behaviour, and deliver a mental health and suicide prevention system that is comprehensive, coordinated, consumer focused and compassionate. It includes financial commitments from the Commonwealth and WA governments.

To support implementation of the Bilateral Schedule, the Commonwealth and WA governments will establish the Western Australian Joint Service Planning and Governance Committee (the Committee). The MHC, on behalf of the Committee, is seeking expressions of interest to appoint one consumer representative and one family member/carer representative to the Committee.

The role of the Committee

The Committee will provide advice to the Commonwealth and WA government about the initiatives being delivered through the Bilateral Schedule, to meet the specific and local needs of the WA community. It will support decision-making and provide recommendations to guide the coordination and integration of care across the stepped care model, identification of gaps, duplication and inefficiencies of current services, determination of local community needs, planning and design of the initiatives. Consumer and family member/carer representatives will ensure a lived experience perspective is included in the Committee's advice and recommendations.

This will include recommendations to guide the commissioning of services, where applicable service models, and procurement approach for mental health and suicide prevention initiatives across primary, secondary and tertiary sectors. Applicable initiatives under the Bilateral Schedule include:

- Investing in Child Mental Health and Social and Emotional Wellbeing
- Youth Mental Health Services
- Perinatal Mental Health Screening
- Aftercare Services
- Western Australia Eating Disorders Program
- Initial Assessment and Referral Tool
- Workforce Initiatives

The Committee will be co-chaired by the MHC and the Commonwealth Department of Health and Aged Care and will include senior representatives from the WA Primary Health Alliance as well as other identified stakeholders. Lived Experience representatives will review service models, locations of services, level of funding allocation and procurement approach to contribute to the Committee's advice and recommendations.

Member commitment and remuneration

The Committee will exist for the duration of the National Agreement, until 31 August 2026. It is anticipated that the Committee will meet:

- six-weekly for the first year
- every two months from year two, until the end of the National Agreement.

The terms of reference for the Committee will be provided for endorsement by its members at the first meeting, anticipated for end of August 2022. This expression of interest has been initiated to ensure representation from the consumer and carer cohorts by the first meeting of the Committee.

Paid participation is offered for the role in line with the MHC's [Consumer, Family, Carer and Community Paid Participation Policy](#) (the Policy) at \$75 per hour, minimum three-hour payment. Depending on the length of the meeting, additional hours may be paid to support meeting preparation. Additional guidance on this is provided in the Policy.

Assessment of expressions of interest

Respondents will be assessed against the responses to the selection criteria below as well as the definitions (Advisor Tier) set out in Attachment 1 of the Policy and may be requested to provide a Criminal Record Check.

Applicants that are shortlisted may be invited to a meeting with the selection panel to further discuss their application and suitability of the role.

How to respond to this EOI

To be considered for appointment to the Committee, interested parties are required to provide:

- a comprehensive Curriculum Vitae (no more than five pages), including two referees
- a brief statement (no more than three pages) indicating:
 - which Committee position (consumer or family member/carer) is being applied for
 - their suitability based on the selection criteria and questions set out below.

Please mark your application "EOI Private and Confidential – Western Australian Joint Service Planning and Governance Committee Lived Experience Representative" and email to IGR@mhc.wa.gov.au.

The closing date for all EOI applications is **4:00pm 1 August 2022**.

Enquiries

Please contact Ms Natasa Dale (08) 6553 0397, or Ms Emma Timms (08) 6553 0427, or email: IGR@mhc.wa.gov.au, if you require further information about the role.

Selection criteria/questions

1. Have lived or living experience of mental health/suicide related issues including significant engagement with services across the continuum of primary, secondary and tertiary care.

Briefly describe what has been most helpful to your personal recovery and what resources you currently use as part of your wellness strategy.

Or

A lived or living experience as a family member, support person and or carer of someone who has experienced/is experiencing mental health/suicide related issues.

Briefly describe your journey as a carer/family member/support person and what resources you have/would find useful in your caring role.

2. Able to effectively present a collective view on behalf of WA consumers or carer, family mental health, suicide prevention, and/or AOD networks in discussions and decision making.

Please state any relevant networks you have and give an example of where you have confidently presented a collective view.

3. Have lived experience leadership skills and well-developed interpersonal skills, including the ability to provide constructive input, maintain good working relationships with stakeholders that involves managing power imbalances, listening objectively, negotiation and making reasoned judgements.

Please describe a recent example of where you have used your leadership skills and interpersonal skills to advocate for change to benefit people of lived experience at a strategic and/or executive level committee.

4. Have a clear understanding of the WA mental health and suicide prevention sector, including the primary, secondary and tertiary care mental health systems.

What from a consumer or family/carer perspective are current WA mental health and suicide prevention priorities and issues?

5. Have a general or high-level understanding of the priority areas being addressed through the national reform agenda for mental health, including the service delivery through Commonwealth–State partnership agreements, with an emphasis on collaboration.

What is your understanding of the priorities to be delivered under the Bilateral Schedule and National Agreement broadly and how these will be delivered through the Committee?