



# Mental Health and Suicide Prevention Senior Officials Group

## Terms of Reference – Psychosocial Project Group

### Purpose

The Psychosocial Project Group (PPG) has been established by the Mental Health and Suicide Prevention Senior Officials Group (MHSPSO) to progress commitments under the National Mental Health and Suicide Prevention Agreement (National Agreement) in relation to future arrangements for providing psychosocial supports outside the National Disability Insurance Scheme (NDIS) for individuals with psychosocial disability. The PPG will report to MHSPSO in accordance with the National Agreement governance structure and continue for the duration of the National Agreement, which is due to expire on 30 June 2026.

### Background and Scope

The PPG has been established as part of governance structures to support implementation of the National Mental Health and Suicide Prevention Agreement (the National Agreement). The National Agreement sets out the shared intention of the Commonwealth and state and territory governments (states) to work in partnership to improve the mental health of all Australians and ensure the sustainability and enhancement of the Australian mental health and suicide prevention systems.

Responsibility for provision of psychosocial supports is shared between the Commonwealth (through the NDIS and other programs) and states and territories. The National Agreement commits all parties to undertaking a further analysis of unmet demand for psychosocial supports outside of the NDIS. The Commonwealth, states and territories have committed to working together to develop service models and agree future psychosocial support arrangements (including roles and responsibilities) for people who are not supported through the NDIS. This work and the work of PPG predates the Independent Review of the NDIS and National Cabinet's agreement to establish Foundational Supports. Interjurisdictional work to establish Foundational Supports, which is likely to include psychosocial supports, is progressing through other governance arrangements and will have implications for the work of the PPG.

On 16 August 2024, Australian Health and Mental Health Ministers agreed to release the Final Report of the [Analysis of unmet need for psychosocial supports outside of the National Disability Insurance Scheme](#). The report is accompanied by the [Statement from Australian Health Ministers: Analysis of unmet need for psychosocial supports outside of the National Disability Insurance Scheme](#).

The report estimates, in 2022-23, around 230,500 people with a severe mental health condition (aged 12 to 64 years) were unable to access psychosocial supports. The analysis will inform:

- a robust plan for future psychosocial support arrangements outside the NDIS
- roles and responsibilities between the Australian Government and the states and territories, in relation to psychosocial supports outside the NDIS.

### Scope

The PPG will develop a robust plan for future psychosocial support arrangements outside the NDIS in consultation with the mental health sector, including people with lived and living experience of

mental health challenges, their carers, family and kin, and First Nations Australians. This may include consideration of the following issues and priorities:

- guiding vision and principles
- identification and design of evidence-informed and good practice models of care shown to be effective and valued by people with lived and living experience, carers, family and kin
- system enablers including system navigation, workforce and data and outcomes measurement
- evaluation and accountability mechanisms.

By participating in the development of the plan, jurisdictions are not committing to future investment in psychosocial supports. Any investment decisions will be considered by individual jurisdictions through appropriate channels.

In addition to the plan, the PPG will develop a draft Schedule to the National Agreement relating to future arrangements for psychosocial supports outside the NDIS.

In progressing this work, the PPG will consider how the disability and health systems work together to provide coordinated and streamlined care for people living with severe mental health challenges who require support from both systems or are transitioning from one system to another, and their carers, families and kin.

The scope of PPG will be refined as work progresses, with the approval of MHSPSO and in accordance with the PPG's annual workplan.

## **Governance**

As per clause 53 of the National Agreement, the PPG has been established by the Mental Health and Suicide Prevention Senior Officials Group (MHSPSO) to assist with implementation of the National Agreement and to progress key priority areas. It will report to MHSPSO according to National Agreement governance structures.

## **Specific duties**

The PPG will:

- support Health Ministers' work to achieve an effective and equitable mental health system through the development and delivery of a robust plan for future psychosocial support arrangements
- provide expert advice and recommendations to MHSPSO on future arrangements and service models for providing psychosocial support outside the NDIS, including roles and responsibilities between the Australian Government and the states and territories and its interactions with the health and disability system
- collectively consider emerging risks, issues and evidence related to the provision of psychosocial supports both within and outside the NDIS, including long-term and downstream impacts on the mental health and suicide prevention systems
- provide a formal mechanism nationally to ensure good practice learnings such as promising practice are shared between jurisdictions and services
- maintain close linkages with other groups and organisations, including other MHSPSO working groups and Foundational Supports governance groups, to ensure alignment with the work of PPG
- develop an annual workplan for endorsement by MHSPSO that prioritises activities and initiatives in the psychosocial reform agenda.

The PPG will also, in undertaking its work, ensure it consults with:

- relevant stakeholders (including mental health peak bodies, Primary Health Networks, Local Hospital Networks, and the National Disability Insurance Agency); and
- people with lived and living experience of mental health challenges, and their carers, family and kin.

In addition to the above, the PPG will provide advice to MHSPSO on:

- progress against the annual work plan, including key risks and implementation issues
- emerging issues and priorities
- issues for resolution that cannot be resolved by members of the PPG, and
- any issues that should be brought to the attention of Health Chief Executives or Health and Mental Health Ministers.

## Membership

Membership of the PPG comprises representatives from jurisdictions. Members must have sufficient expertise, skills and authority to make commitments on behalf of their jurisdictions.

Membership will also include four members with expertise in lived or living experience, with two members representing consumers and two members representing families, carers and kin. Lived experience representatives should have relevant skills, knowledge and experience of psychosocial supports.

The PPG will be co-chaired by the Commonwealth and Queensland. All members may contribute to meeting agendas and raise items out-of-session as required.

A membership list is at [Attachment A](#). The Secretariat must be notified in writing of any lasting changes to PPG membership.

### *Sub-working groups*

The PPG may convene time-limited sub-working groups to progress issues as required, at the discretion of the co-Chairs.

### *Lived experience representation and priority population groups*

To ensure a person-centred mental health and suicide prevention system for all people living in Australia, the National Agreement requires those with experience of mental health challenges and/or suicide and their families and carers to be consulted throughout its implementation.

Lived experience representatives will be embedded as members within the PPG in accordance with the MHSPSO Terms of Reference. In addition, the PPG will collaborate with the Lived Experience Group established as part of the governance structures for the National Agreement, as the responsible body for providing lived experience perspectives as part of the National Agreement. The Lived Experience Group consists of the National Mental Health Consumer and Carer Forum augmented by Lived Experience partners to ensure the representation of key population groups. The PPG will also collaborate with the National Mental Health Carers, Family and Kin Peak Body and National Mental Health Consumer Peak Body as the peak bodies are established.

The PPG will consider perspectives of First Nations peoples to improve Aboriginal and Torres Strait Islander mental health, social and emotional wellbeing, and access to, and experience with, mental health and wellbeing services. First Nations stakeholders will be specifically approached to provide

input on future arrangements. This will occur via existing mechanisms where possible and will align with the National Agreement on Closing the Gap.

## Meetings

Meetings will be held on a quarterly basis, or as otherwise agreed by the co-Chairs. Meetings will be held virtually, with work progressed out-of-session where feasible.

### *Apologies and proxies*

Representatives may delegate a proxy for attendance at meetings, but their representative must have sufficient expertise and authority to make commitments on behalf of their jurisdictions. The Secretariat must be notified in writing of any proxies in advance of the meeting.

### *Observers*

Observers are able to attend meetings at the discretion of the co-Chairs but will not be part of the formal membership and will not have decision-making authority.

## Confidentiality

All PPG documents are confidential, with circulation limited to members and where applicable, respective government agencies unless otherwise agreed.

If, during the period of a member's appointment to the PPG, a conflict of interest arises, whether actual, potential or apparent, the member must notify the Chairs immediately and take such steps as the co-Chairs may reasonably require to resolve or to otherwise deal with the conflict. Members will declare any conflicts of interest that pertain to the agenda at the start of each meeting.

## Secretariat

Secretariat support is provided by the Commonwealth Department of Health and Aged Care. Agendas and Meeting papers for decision are to be circulated by the secretariat no less than four business days before a meeting, or at the discretion of members. All meetings must have an agenda and minutes must be produced with an agreed record of decisions and action items.

## Attachment A – Membership list

Member	Jurisdiction/Role	Position
Kristen Price (from May 2024) Past member: Sarah Hawke	Australian Government (Co-chair)	Assistant Secretary, Suicide Prevention Branch – Department of Health and Aged Care
Sandra Eyre	Queensland (Co-chair)	Senior Director, Mental Health Alcohol and Other Drugs Branch – Queensland Health
Amy Wyndham	New South Wales	Director, Community Programs and Partnerships, Mental Health Branch – NSW Health
Vincent Ponzio (from October 2024)	New South Wales	Director, Disability and Social Policy, Mental Health Branch – NSW Health
Emily Ramsey (from October 2024) Past member: Phil Watson	Victoria	Director, Service System Design Adult and Older Adults – VIC Department of Health
Ruth Langmead	Western Australia	Assistant Director, Strategic Management – WA Mental Health Commission
Amy Greenfield (from October 2024) Past member: Gise Paine	South Australia	Principal Project Officer, Service Planning and Performance – SA Department for Health and Wellbeing
Kate Garvey (from March 2024) Past member: Jane Austin	Tasmania	A/g General Manager, Mental Health, Alcohol and Drug Directorate – TAS Department of Health
Wendy Kipling	Australian Capital Territory	Senior Director, Mental Health Policy and Strategy – ACT Health Directorate
Melissa Heywood (from April 2024) Past member: Cherise Daiyi	Northern Territory	Senior Policy Officer, Mental Health Alcohol and Other Drugs Branch – NT Health
Katrina Armstrong (from October 2024) Priscilla Brice (from October 2024) Heather Nowak (from October 2024) Susan Adam (from October 2024) Past member: Deb Hamilton	Lived experience representatives	CEO – National Mental Health Family, Carers and Kin Peak Body CEO – National Mental Health Consumer Peak Body Consumer representative – Lived Experience Group Carer, family and kin representative – Lived Experience Group