Queensland Mental Health Commission

2026 Mental Health and Wellbeing Grants Guidelines

Opening date for applications	Closing date
29 July 2026 (Wednesday)	4pm, 28 August 2026 (Friday)

Administering Entity: Queensland Mental Health Commission

Enquiries: QMHC Procurement and Funding: pandf@qmhc.qld.gov.au

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1. Background

The Queensland Mental Health Commission (the Commission) is delivering a targeted, time-limited $9 million Mental Health and Wellbeing Investment Package (the Package) to support mental health promotion and prevention initiatives across Queensland.

Guided by *Shifting minds: The Queensland Mental Health, Alcohol and Other Drugs, and Suicide Prevention Strategic Plan 2023–2028* and informed by *Thriving Lives, Connected Communities – Queensland's Commitment to Mental Health and Wellbeing*, the Package supports high impact, evidence-informed community mental health and wellbeing initiatives. To maximise impact and support sustainable outcomes, initiatives will leverage existing systems, infrastructure and partnerships.

The 2026 Mental Health and Wellbeing Grants (the Grants) are one component of the Package.

For more information about the Package, visit the Commission's website - https://www.qmhc.qld.gov.au/.

2. About the Queensland Mental Health Commission

The Commission is a statutory body established under the *Queensland Mental Health Commission Act 2013.* Its purpose is to drive ongoing reform to create a system in which mental health, alcohol and other drugs, and suicide prevention is integrated and based in evidence and recovery. The Commission encourages and facilitates system reform to improve the mental health and wellbeing of all Queenslanders, with a focus on:

- preventing and reducing the impact of mental illness and mental health challenges
- preventing and reducing the impact of alcohol and other drug concerns
- preventing and reducing the impact of suicide.

One of the Commission's key reform mechanisms is to develop and support implementation of a whole-of-government strategic plan to improve the mental health and wellbeing of Queenslanders, particularly people living with mental health challenges, alcohol and other drug use harms, and those affected by suicide. The current strategic plan, *Shifting minds: The Queensland Mental Health, Alcohol and Other Drugs, and Suicide Prevention Strategic Plan 2023-2028*, is complemented by three sub-plans:

- *Achieving balance: The Queensland Alcohol and Other Drugs Plan 2022-2027*
- *Every life: The Queensland Suicide Prevention Plan 2019-2029*
- *The Queensland Trauma Strategy 2024-2029*

3. About the 2026 Mental Health and Wellbeing Grants

These Grants are open to eligible organisations in Queensland.

The Commission is seeking to engage organisations with suitable experience, capability, and skills to deliver an initiative that meets the objectives identified under these Grant guidelines. The total funding pool available under this Grant can be found under Section 5.

The Grants will provide non-recurrent funding for initiatives that strengthen mental health promotion and prevention for children and young people and their families, carers and kin in rural and remote Queensland, classified as categories 3 to 7 under the Modified Monash Model (MMM).

3.1. Objectives of the Grants

Applicants must demonstrate how their initiative contributes to the following objectives:

- Strengthen evidence-informed mental health promotion and prevention approaches that improve mental health and wellbeing for children and young people, and their families, carers and kin, including First Nation's children and young people, and their families, carers and kin in rural and remote Queensland.
- Strengthen and build on existing capability, partnerships, community infrastructure and protective factors that support sustainable mental health and wellbeing outcomes.
- Generate practical evidence, learning and systems improvements to inform future mental health promotion and prevention policy, practice and investment, and support sustainable outcomes beyond the funding period.

Applications must align with the objectives of the Grants and remain within the scope of mental health promotion and prevention. Applicants should refer to the Glossary (Section 11) for definitions of mental health promotion and prevention.

Examples of eligible initiatives include:

- Strengthening parenting, family, community and other protective factors such as social connection, belonging, cultural identity, participation, family support and community resilience.
- Strengthening capability within existing community settings to deliver locally based mental health promotion and prevention initiatives for children and young people, and their families, carers and kin.
- Building on existing infrastructure, systems, services or workforces to strengthen mental health and wellbeing outcomes.
- Strengthening partnerships, coordination and shared approaches across organisations, sectors and communities, including partnership or consortium approaches that bring together complementary skills, expertise and community connections.
- Embedding mental health promotion and prevention into existing systems, settings, policies, practices and everyday environments where children, young people and families live, learn, play, work and connect.
- Strengthening youth leadership, participation and decision making.
- Supporting children and young people and their families, carers and kin through key developmental and life transitions using sustainable community or systems-based approaches.
- Initiatives led by, or delivered in strong partnership with, Aboriginal and Torres Strait Islander organisations and communities, including culturally safe and community-led approaches that strengthen connection to culture, community and belonging.
- Place-based approaches that strengthen coordination across local services, organisations and communities to improve mental health and wellbeing outcomes.
- Initiatives that strengthen data collection, evaluation and shared learning to generate practical evidence and inform future mental health promotion and prevention policy, practice and investment.

The following examples are out of scope:

- Standalone awareness and mental health literacy training or campaigns.
- Education or training programs delivered in isolation, without integration into broader partnerships, systems or place-based approaches.
- One-off community events that do not form part of a broader, sustained initiative.
- Initiatives that do not demonstrate appropriate local partnerships, community infrastructure or community support.

- Clinical treatment, therapeutic or service delivery programs that are funded, or more appropriately funded, through other funding sources.
- Initiatives that are not sustainable and unable to demonstrate broader community, organisational or systems-level benefits.

3.2. Mandatory requirements

Please review the following mandatory requirements carefully before submitting your application. **Applications that do not meet all mandatory requirements outlined in this section will not be eligible for assessment.**

3.2.1 Children and young people, and their families, carers and kin

The Grants will support initiatives that strengthen mental health and wellbeing outcomes for children and young people and their families, carers and kin in rural and remote Queensland.

Applications may support all children and young people and their families, carers and kin, or be specifically designed for Aboriginal and Torres Strait Islander children and young people and their families, carers and kin. Initiatives should demonstrate how they respond to local needs and strengthen protective factors that support positive mental health and wellbeing outcomes in that community.

3.2.2 Rural and remote focus

The Grants' focus is on initiatives delivered in rural and remote Queensland communities, defined as MMM categories 3 to 7.

Applicants must identify the rural or remote location/s where the proposed initiative will be delivered and provide evidence that the proposed location/s meet MMM categories 3 to 7. Applicants may use the Australian Government Health Workforce Locator to confirm your location.

Applicants are not required to have their head office in an MMM 3 to 7 location. However, they must provide evidence that demonstrates an existing footprint and trusted relationships in the target rural or remote community/communities.

Applicants **must** provide **no more than two** documents as evidence to demonstrate they have:

- Established service delivery in the proposed rural or remote community/communities.
- Existing local partnerships or formal collaboration arrangements.
- Trusted relationships with one or more of: local community organisations, local councils, Aboriginal and Torres Strait Islander organisations, service providers, schools, community hubs, libraries or other local infrastructure.
- Demonstrated local knowledge, community connection and capacity to deliver in the target community or communities.
- Evidence of previous or current activity that benefits the proposed rural or remote community/communities.

3.2.3 Partnership approach

The Commission recognises that improving mental health and wellbeing requires strong partnerships across government, communities, service systems, business, industry and local networks. Applicants must demonstrate how their proposed initiative will work through established partnerships to support delivery, reach, sustainability and impact.

Eligible partners may include, but are not limited to:

- local governments, including First Nations councils
- Primary Health Networks (PHNs)
- Aboriginal and Torres Strait Islander Community Controlled Organisations

- schools, universities, libraries, Indigenous Knowledge Centres, child and family hubs, community hubs and neighbourhood centres
- local community organisations, peak bodies, sector networks, social enterprises, volunteer organisations and service providers
- existing rural and remote networks and community infrastructure.

Applicants can provide **up to two** letters of commitment, partnership evidence or other documentation confirming partner roles, contributions and support for the proposed initiative**.**

3.2.4 Lived-living experience engagement

The Commission recognises the importance of lived and living experience (LLE) in informing, guiding and leading the reform of the mental health system. The Commission considers it critical that people with LLE are actively involved in the proposed program's development, implementation and evaluation. For the purposes of these Grants, the Commission defines a person with LLE as:

- having a direct personal experience of mental health challenges and/or AOD concerns,
- being a family member, carer or support person, if they have regularly provided unpaid care or support for a person living with a mental health challenges and/or AOD concerns, and/or
- having experienced suicidal thoughts, survived a suicide attempt, cared for someone who has attempted suicide, been bereaved by suicide, or been touched by suicide in another way.

The approach must align with the values outlined in the Commission's *Commitment to partnering with people with lived-living experience in Queensland* and use non-stigmatising, trauma-informed language and approaches.

The Commission believes that providing financial remuneration is an important part of recognising the valuable contribution that people with LLE bring. As such, the Commission expects the successful grant recipients to manage the participation payments in accordance with the Commission's paid participation fees unless the applicant can demonstrate that its own paid participation policy offers the same or better conditions.

Applications need to outline how people with LLE will be engaged in program design, implementation and evaluation including a budget line item for all paid participation expenses.

Application structure, evidence requirements, and reportable outputs and outcomes

Information provided in the application will form the basis of reportable outputs and outcomes for the program. Applicants should ensure proposed activities clearly demonstrate alignment with these requirements and can be measured and reported proportionately.

3.2.5 Evidence-based/evidence informed and evidence-generating initiatives

Proposed initiatives must be based on, or informed by, existing and/or emerging evidence and should demonstrate how they will contribute to strengthening the evidence base for mental health promotion and prevention in Queensland.

Evidence given to support an application may be in the form of published academic papers or reports, documented evaluations of similar programs and so on.

Applicants must describe:

- the rationale for the initiative
- the need or opportunity it addresses
- how the approach is appropriate for the target rural and remote community or communities.

This may include building on existing effective approaches, adapting proven models to rural and remote contexts, testing promising practice, or strengthening local systems, partnerships and community infrastructure.

Where appropriate, applicants should describe how the initiative is expected to contribute to broader systems improvement.

Applications must also outline how outcomes will be measured and evaluated in a way that is proportionate to the size, cost and complexity of the initiative. This includes:

- intended outputs and outcomes
- proposed evaluation approach
- any anticipated evaluation products, findings, or learnings.

Successful applicants will be required to participate in monitoring, evaluation and learning activities as part of the broader Package. This may include working with the Commission and/or an appointed evaluator to provide proportionate outcome data, implementation insights, case studies, and learnings to support continuous improvement and inform future investment.

3.2.6 Sustainability

Grant funding is non-recurrent and must be expended by the contract end date. The Commission is unable to provide ongoing funding beyond the grant period.

Applications must outline a sustainability plan describing how the initiative, its outputs, and outcomes will continue to benefit the community beyond the funding period. This may include:

- embedding activities within existing systems, services, or community infrastructure
- scaling or adapting the approach to other rural and remote communities
- sharing learnings to inform future policy, practice, or investment.

The sustainability approach should be proportionate to the size, cost, and complexity of the initiative and should include clear mechanisms for ongoing learning, monitoring, and continuous improvement during and, where applicable, beyond the funding period.

Applicants must submit a **Sustainability Plan** by using the template available to download here and from SmartyGrants.

3.3 For consideration

The following areas are strongly encouraged due to their alignment with the objectives of the Grants. However, they are not mandatory, and applicants will not be disadvantaged if these elements are not fully addressed.

3.3.1. Place-based approach

Place-based approaches focus on local needs, local strengths, local solutions and the unique attributes of a community or location. They emphasise shared responsibility, flexibility, local leadership and systems change driven by community priorities.

For these Grants, place-based approaches should support mental health promotion and prevention in rural and remote Queensland communities by strengthening protective factors, reducing risk factors and building local capability, connection and wellbeing.

Core features of a place-based approach include:

- meaningful community engagement and ongoing relationships with local stakeholders, building on community strengths
- evidence-informed decision-making that draws on local data, community knowledge, and cultural and contextual insights
- local leadership and flexibility to support:
    - adaptation and refinement of responses within local contexts

- collaborative governance at the local level
- equity, inclusion, and cultural safety
- ongoing capability and capacity building across local partners
- monitoring, evaluation, and continuous improvement informed by learning

For more information on place-based approaches, Queensland Council Of Social Service (QCOSS) has developed a Place-based approaches for community change toolkit which may be useful for applicants.

4. Eligibility criteria

4.1. Who is eligible to apply?

Applicants must demonstrate:

- existing experience and presence working in the proposed rural or remote Queensland location (MMM 3-7)
- established partnerships with organisations, communities or networks in rural or remote Queensland.

Applicants need to provide **no more than two** documents as evidence, and they may include:

- existing experience of current service delivery
- project reports accepted by a funding body
- existing staff or infrastructure
- letters of support
- letters of commitment
- partnership agreements
- evidence of ongoing engagement
- local governance or advisory arrangements
- other evidence demonstrating local credibility and readiness for the application.

To be eligible, the applicant must:

- be a legally constituted organisation primarily based in Queensland
- have a registered Australian Business Number (ABN) and be registered for GST purposes, where relevant
- deliver programs, services or activities that primarily benefit Queensland communities
- hold governance, decision-making responsibilities or operational oversight within Queensland
- demonstrate an existing footprint in the rural and remote community/communities where the initiative will be delivered, as outlined in section 3.2
- hold appropriate workers' compensation, public liability and professional indemnity insurance required to undertake the initiative and related activities
- have no outstanding financial liability, service delivery or performance issues for funding previously and/or currently provided by the Queensland Government
- not have received funding from another Queensland Government organisation for the same proposed initiative within the same delivery timeframe.

Eligible applicants may include but are not limited to:

- Incorporated not-for-profit organization with demonstrated experience delivering initiatives through existing community infrastructure, trusted community settings and established partnerships.
- Peer-led organisation
- Local government (including Aboriginal and Torres Strait Islander local councils)
- Primary Health Networks

- Aboriginal and Torres Strait Islander Community Controlled Organisations (evidence could include Office of the Registrar of Indigenous Corporations Certificate)
- Peak body, sector alliance or network
- social enterprise or community development organisation that reinvest profits for social purpose (e.g. Evidence could include documents issued by Social Traders Certificate)

For-profit entities may be eligible only where they:

- partner with an eligible not-for-profit, community-controlled, local government or other eligible organisation to deliver clear community benefit and where profits are not derived from the grant-funded activity.
- operate on a not-for-profit basis, or be a social enterprise that reinvests profits for social purposes

4.2. Who is not eligible to apply?

Applicants will not be eligible where they:

- are an unincorporated association, sole trader or individual
- are a State or Commonwealth Government department or agency
- have been declared bankrupt or are subject to insolvency proceedings, as relevant to the entity type
- accept any form of funding from tobacco and/or alcohol companies or their related foundations either directly or indirectly, or promote gambling, and the use of tobacco, alcohol or illicit drugs
- seek to promote political views or ideologies
- are unable to demonstrate the mandatory areas.

5. Grant funding available

A total funding pool of up to $1,500,000 (excluding GST) is available for this Grants round.

Grants of between $200,000 and $300,000 (excluding GST) are being offered, per application to be expended by 30 September 2028. Applicants can only submit **one application**. Contracts are expected to be executed by the end of November 2026, with funded activities to be completed by 30 September 2028, unless otherwise agreed in writing by the Commission.

If any application exceeds the maximum funding amount or timeframe it must identify other funding sources for the balance, or they will not be considered.

Applicants **must** include a proposed budget, using the template linked in SmartyGrants and available to download here.

The Grant will commence on the execution of a Contract between the successful applicant and the Commission and will be subject to the specific Grants requirements. The timeframe outlined in the application is expected to include appropriate time allocated for the development, implementation, and evaluation of the program up to the end of 2028 from the execution of the Contract. Contracts are anticipated to be executed for project commencement by end of 2026.

6. Funding exclusions

The Grants funding cannot be used for activities that:

- are for-profit without social investment or impacts
- do not align with the Grants objectives, mandatory requirements, or the strategic intent of the Package
- are delivered outside Queensland
- are already funded through another source, including double funding or double dipping

- duplicate existing programs, initiatives, products or services in the same location
- involve lobbying, commercial ventures for personal gain, fundraising activities or product endorsement
- cannot be covered by public liability insurance

The Grants are not intended to fund:

- recurrent or retrospective funds, including reimbursement of costs already incurred or activities undertaken prior to approval
- salaries or wages for staff not engaged in direct delivery of the funded activity
- interstate or overseas travel
- general operational expenses not directly related to the funded initiative, including rent, electricity and utilities
- purchasing or repair of equipment and depreciable items not directly related to the funded initiative
- recurring maintenance or operational costs of the organisation or facilities
- major capital works, capital purchases or upgrades to existing infrastructure
- cash prizes
- purchase, lease or registration of motor vehicles.

7. Selection criteria

The Commission is not evaluating grants on the sole criterion of price. Pricing is not a weighted criterion but will form part of a broader value for money assessment. The evaluation process will involve an assessment of applications received against the criteria listed below:

Selection Criteria	Response	Weighting
Selection criteria 1. Mental health promotion and prevention approach	Responses must demonstrate <u>all</u> of the following: • how the initiative applies evidence-informed mental health promotion and prevention approaches, for children and young people, and their families, carers and kin in a rural and/or remote location (MMM 3-7 areas, refer to section 3.2.2) • an evidence-informed rationale demonstrating why the proposed approach is appropriate to address the identified need/s • evidence of local need, community demand and/or identified gaps, supported by data, community knowledge, research or emerging evidence • how the proposed methodology, activities and milestones will achieve the intended outputs, outcomes and impacts.	**30%**
Selection criteria 2. Partnerships and collaboration	Responses must demonstrate <u>all</u> of the following: • how the initiative strengthens and builds on existing community strengths, capability, community infrastructure, partnerships, and protective factors • how the initiative will work through established partnerships to support delivery, reach, sustainability and impact • how people with lived-living experience and relevant community members and cultural leaders will be engaged in	**30%**

Selection Criteria	Response	Weighting
	the development, implementation and evaluation of the initiative, including paid participation for people with LLE where appropriate	
Selection criteria 3. Organisational capability and capacity	Responses must demonstrate all of the following: • organisational capability and experience delivering comparable initiatives • capability to develop, strengthen and maintain effective working relationships with partners and key stakeholders • delivery readiness, including appropriate governance, project management capability, staffing and risk management arrangements • capability to monitor, measure, evaluate and report on the initiative and its outcomes.	**20%**
Selection criteria 4. Outcomes, impact and sustainability	Responses must demonstrate all of the following: • expected mental health and wellbeing outcomes and broader community benefits, and contribution to systems improvement • how the initiative will generate practical evidence, shared learning and systems improvements to inform future mental health promotion and prevention policy, practice and investment • potential for sustainable impact, including a proportionate sustainability plan that demonstrates how the initiative, its outputs and outcomes can be sustained, scaled, adapted or shared beyond the funding period • value for money, including the ability to deliver high-quality outputs and outcomes within the proposed budget and timeframes.	**20%**

8. Additional contextual information

Applicants are encouraged to consider the following strategic plans for additional contextual information:

- *Shifting minds: The Queensland Mental Health, Alcohol and Other Drugs and Suicide Prevention Strategic Plan 2023-2028*
- *Thriving Lives, Connected Communities: Queensland's Commitment to Mental Health and Wellbeing*
- *The Queensland Trauma Strategy 2024-2029*
- *Every life: The Queensland Suicide Prevention Plan 2019-2029*
- *Achieving balance: The Queensland Alcohol and Other Drugs Plan 2022-2027*
- *Leading healing our way: The Queensland Aboriginal and Torres Strait Islander Healing Strategy 2020-2040*

9. How to apply

9.1. Submitting an application

All applications must be submitted online via SmartyGrants.

Visit the Commission's landing page (https://qmhc.smartygrants.com.au/).

Offline applications **will not** be accepted. Shortlisted applicants may be required to provide further information and/or participate in an interview.

Changes to submitted applications and late applications submitted past the grant closing date will not be accepted.

9.2. Indicative Timetable (subject to change)

Activity	Timeline
Applications opened via SmartyGrants	29 July 2026
Briefing Session	5 August2026
Closing date for SmartyGrants online applications	4pm, 28 August 2026
Further information requested and interviews (if required)	2 October 2026
Intended completion date for evaluation of offers	16 October 2026
Successful applicants notified	30 October 2026
Intended Contract start date	9 November 2026
Funded activities completed	By 29 September 2028

Briefing Session

The Commission will hold an online briefing session via Microsoft Teams at **9:30-10:15pm on Wednesday 5 August 2026 AEST**. Attendance is encouraged, but it is not mandatory.

Please register your attendance via this link**.**

Questions and answers

Please submit any questions regarding the application process or Grant Guidelines to the Queensland Mental Health Commission's Procurement and Funding team at pandf@qmhc.qld.gov.au. Please note **that questions and responses may be published on the Commission's website** to support transparency and ensure all applicants have access to the same information.

10. Successful applicants

Successful applicants must enter into a legally binding contract with the Commission, on behalf of the State of Queensland. The contract must be executed before any payments can be made.

10.1. Contract

A copy of the fully executed Contract will be provided to successful recipients.

The Commission will only enter a Contract with the applicant organisation (one party). The Contract sets out the terms and conditions that will apply to the grant, but some inclusions will be made based on information from successful applications. The Commission may choose to negotiate directly with a successful applicant in relation to some aspects of selected programs. The Comprehensive Contract Conditions are generally not open to negotiation and will only be varied at the Commission's discretion in exceptional circumstances. Any negotiations will be limited to the contract-specific details of the grant, including the program of work, milestones, deliverables, timeframes and payment arrangements.

The Contract will outline payment instalments and the conditions for receiving each instalment. The final payment will be made on the acceptance of the final report, evaluation and financial statement by the Commission. Accordingly, applicants should consider the requirements outlined in the Contract prior to completing the application.

Prior to offering a Grant, the Commission reserves the right to undertake further Due Diligence checks of the applicant, including but not limited to the following:

- Solvency checking
- Australian Business Number checking
- Liaising with relevant Queensland Government agencies
- Liaising with the proposed partner organisation
- Checking references.

10.2. Promotion

The Commission is likely to promote selected initiatives through its various communication processes, at certain events, and/or at key stages in the life of the Grant. The Commission expects successful applicants to work with Commission staff to provide relevant information in a timely manner to support these processes.

The Commission supports successful applicants promoting their initiative locally through their communication processes and networks, for instance, on the applicant's website and newsletters. The Commission may also be supportive of successful applicants promoting their initiative through a formal external process or third-party publication, for example, at a national conference or peer-reviewed publication. Approval for this must first be obtained from the Commission.

In both instances, acknowledgement of the Commission's contribution will be required. Further information about the Commission's branding and acknowledgement requirements will be provided to successful applicants.

Successful applicants are prohibited from making any formal announcements regarding their initiative until a fully executed contract is in place.

10.3. Reporting

In line with the Grant contract, successful applicants will be required to provide regular written updates on the funded initiative and a detailed written report at its conclusion. Grant recipients will also be required to provide regular financial acquittal reporting and an annual audited financial statement.

Successful applicants will be expected to participate in monitoring, evaluation and shared learning activities associated with the broader MHWB Investment Package. This may include working with the Commission and/or an appointed evaluator to provide outcome data, implementation insights, case studies, learnings and other information proportionate to the scale and nature of the funded initiative.

Participation in evaluation and shared learning processes is intended to support accountability, strengthen

the evidence base for mental health promotion in Queensland, and inform future investment and system improvement.

If the Commission is not satisfied with the progress of an initiative, further payment of funds will not be made until satisfactory progress has been made on the initiative. If satisfactory progress is not achieved within a reasonable time, the Contract may be terminated, and all unspent funds will be recovered by the Commission via invoice. Where there is significant underspend against the approved budget, the Commission may withhold further payments until the underspend is addressed or reallocated in agreement with the Commission.

11. Glossary of key terms

The following key terms are aligned to the Glossary in *Shifting minds: The Queensland Mental Health, Alcohol and Other Drugs, and Suicide Prevention Strategic Plan 2023-2028.*

Community resilience	The capacity of individuals, communities and systems exposed to stressors (e.g. natural disasters, economic shocks) to adapt and thrive in ways that improve wellbeing and outcomes and preparedness for future challenging events.
Culturally responsive / culturally safe	Care and services that are shaped by, and respectful of, a person's cultural identity, including specific responsiveness to First Nations social and emotional wellbeing and cultural determinants of health.
Lived experience / living experience	Refers to individuals with either a current or ongoing (living) or previous (lived) personal experience of mental ill-health, alcohol and other drug concerns, and/or suicidal distress, together with experience of engaging with services, supports and the broader health and wellbeing sector. The term also extends to family members, carers, and kin who provide unpaid care to someone with a lived or living experience of mental ill-health, alcohol and other drug use concerns, and/or suicidal distress.
Mental health and wellbeing	A state of wellness — distinct from mental illness or mental ill-health — reflecting a person's capacity to cope with life's demands, connect with others and participate meaningfully and safely in the community.
Mental illness	A condition diagnosed by a medical or health professional.
Mental health promotion	Action to enhance or maintain individual mental health and wellbeing and to promote the social, economic and environmental conditions of daily life — for example, building community awareness, literacy, and skills, and addressing stigma and discrimination. Promotion is population-wide and precedes the onset of illness or distress.
Mental illness/ill-health prevention	Targeted action to prevent the onset of mental ill-health, alcohol and other drug concerns, and suicidal distress, by addressing risk and protective factors and the social determinants of health (e.g. housing, education, employment) before

	problems emerge.
Stigma and discrimination	Negative attitudes, beliefs and behaviours, including language, directed at or used in relation to people with lived experience, which act as a major barrier to help-seeking and various forms of social, economic and cultural participation.
Trauma-informed	Care and service design that recognises the prevalence and impact of trauma and adversity, and responds in ways that avoid re-traumatisation and supports healing.