



Queensland
**Mental Health
Commission**

Mental Health and Wellbeing Grants Guidelines 2024

Administering Entity: Queensland Mental Health Commission

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1. Background

The Mental Health and Wellbeing Grants (the Grants) support early implementation of *Thriving Lives, Connected Communities – Queensland’s commitment to mental health and wellbeing (Thriving Lives, Connected Communities)*.

This commitment was developed in response to Recommendation 19 of the report tabled in June 2022 by the Mental Health Select Committee *Inquiry into the opportunities to improve mental health outcomes for Queenslanders* (2022). The report recommended ‘the Queensland Government considers the development of a population-based Mental Health and Wellbeing Strategy that works across human services portfolios and is aimed at improving community mental health and wellbeing with consideration of implementation by Health and Wellbeing Queensland, in partnership with the Queensland Mental Health Commission’.

Thriving Lives, Connected Communities represents the Queensland Government’s initial step as part of a phased approach to delivering a mental health and wellbeing strategy. It highlights existing Queensland Government action to support wellbeing and prevent mental ill-health, including \$9 million investment in the Grants. Further, it takes forward key priorities in *Shifting minds: The Queensland Mental Health, Alcohol and Other Drugs, and Suicide Prevention Strategic Plan 2023-2028*.

The Queensland Government recognises the importance of investing in approaches that promote mental health and wellbeing, prevent mental ill-health where possible, and embed early intervention. This includes strengthening approaches that consider the conditions in which people are born, grow, learn, work, live, and age. Such initiatives often fall outside the mental healthcare service system, however, are crucial to supporting mental health and wellbeing of individuals, families, and communities. Health and Wellbeing Queensland led the development of *Thriving Lives, Connected Communities* in partnership with the Queensland Mental Health Commission (Commission).

2. About the Queensland Mental Health Commission

The Commission is a statutory body established in 2013 under the *Queensland Mental Health Commission Act 2013* to drive systemic reform of Queensland’s mental health, alcohol and other drugs (AOD), and suicide prevention systems. The Commission encourages and facilitates change to improve the mental health and wellbeing of all Queenslanders, with a focus on:

- improving the mental health and wellbeing of all Queenslanders
- preventing and reducing the impact of mental illness
- preventing and reducing the impact of problematic AOD use
- preventing and reducing the impact of suicide.

This includes working across a broad range of portfolio areas including health, communities, education, child safety, employment, police, corrections, the economy and justice.

One of the Commission’s primary functions is to develop a whole-of-government strategic plan to improve the mental health and wellbeing of Queenslanders, particularly people living with mental illness, problematic AOD use, and those affected by suicide. The current strategic plan is [Shifting minds: The Queensland Mental Health, Alcohol and Other Drugs, and Suicide Prevention Strategic Plan 2023-2028](#), which is complemented by two sub-plans:

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

3. About the Mental Health and Wellbeing Grants

The Grants are administered by the Commission, on behalf of the Queensland Government, and supports early implementation of *Thriving Lives, Connected Communities*.

Thriving Lives, Connected Communities recognises the inherent value of local communities to exercise self-efficacy and self-determination, and lead localised, place-based solutions for local needs.

Communities play a central role in shaping mental health and wellbeing. Strong, connected and inclusive communities foster a sense of belonging, provide opportunities for participation, help create meaning and purpose, and are often well placed to address mental health and wellbeing needs.

The Grants prioritise a focus on supporting and promoting mental health and wellbeing, preventing mental ill-health through enhancing protective factors and reducing risk factors, building personal and community capacity and resilience, and providing supports early in life, across the life course and across settings.

The Grants seek to identify community-based initiatives that build on their inherent strengths, abilities and knowledge to enhance mental health and wellbeing across communities and population groups. The Commission is particularly interested in applications that meet a community identified need and improve individual and/or community mental health and wellbeing.

For example, initiatives could include:

- equipment to support the establishment of programs like a men's shed/bike shed
- local community events focused on mental wellbeing
- establishment of new group programs
- youth mental wellbeing activities
- cultural connection and social and emotional wellbeing activities
- arts-based programs.

There are also a range of physical health activities that improve an individual's mental health and wellbeing. The Grants have a specific focus on the mental health benefits and outcomes of the activities proposed. This section covers the priority areas and determining factors of the Grants program.

3.1. Objectives

A proposed initiative must be delivered in Queensland and address one or more of the following objectives:

- support and promote mental health and wellbeing
- enhance protective factors and reduce risk factors to prevent and lessen the impacts of mental-ill health
- encourage early help-seeking
- improve mental health, wellbeing, AOD or suicide prevention literacy and understanding

3.2. Priority cohorts

A proposed initiative must address the needs of one or more of the following priority cohorts:

- people living in rural, regional and remote communities
- Aboriginal and Torres Strait Islander peoples
- children and young people
- older people
- people who identify as LGBTQIA+
- people from culturally and linguistically diverse backgrounds including refugees and asylum seekers
- people who experience complex socio-economic circumstances and other vulnerabilities including homelessness, domestic and family violence, interaction with the justice system.
- carers and supporters of people with lived experience.

3.3. Partnership approach

The Commission recognises that driving reform of the mental health, AOD, and suicide prevention systems requires input and support from a range of stakeholders. These stakeholders could include public, private and not-for-profit organisations that provide health and social services, communities, businesses, relevant industries, peak organisations, and/or Commonwealth, state, and local governments. In addition, the Commission may be able to assist successful applicants to engage in discussions regarding collaborative participation with a relevant key stakeholder, if these are not already established.

Applications need to outline a commitment to working with key stakeholders, including community organisations, other key organisations, government agencies, existing partnerships and alongside one or more of the priority cohorts.

3.4. Lived Experience engagement

The Commission recognises the importance of lived and living expertise in informing, guiding and leading reform of the mental health, AOD, and suicide prevention systems. The Commission considers it critical that people with lived experience are equal partners in the proposed initiative's development, implementation and evaluation. The Commission defines a person with a 'lived experience' as:

- having a direct personal experience of mental illness and/or problematic AOD use
- being a family member, carer or support person, if they have regularly provided unpaid care or support for a person living with a mental illness and/or problematic AOD use
- 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 Commission believes that providing financial remuneration is an important part of recognising the valuable contribution that people with a lived experience bring. As such, the Commission expects the successful applicants to apply the Commission's approach to paid participation as outlined in its *Paid Participation Policy: Corporate standard 0011*, unless the applicant can demonstrate that its own paid participation policy offers better conditions.

Applications need to outline how people with lived experience will be engaged in initiative design, implementation and evaluation.

3.5. Evidence-based initiatives

Proposed initiatives should be based on or informed by existing and/or emerging evidence. Applicants are encouraged to have innovative approaches, that have the potential to disrupt in positive ways and contribute to generating evidence. **Applications should outline how the proposed initiative is informed by evidence/emerging evidence, how it considers innovation, and how outcomes will be measured. Initiative evaluation should be relative to the size, cost, and complexity of the proposed initiative. At a minimum, proposed initiatives should outline the intended outputs and outcomes and how these will be measured.** Beyond Blue has developed [A guide to what works for mental wellbeing – An evidence review of interventions](#), which may be a useful resource for applicants.

3.6. Non-recurrent funding

The grants funding opportunity is non-recurrent. The Commission is unable to offer funding to successful applicants beyond the grant funding period. **Applications should consider how a proposed initiative and its outputs and outcomes could benefit the community beyond the immediate funding period.**

3.7. Place-based approach

'Place-based approaches' target the specific circumstances of a place and engage local people from different sectors as active participants in development and implementation. Place-based work generally involves a focus on local needs, local solutions, and the unique attributes of a place. A place-based approach may include:

- meaningful engagement with community stakeholders and a focus on building on a community's strengths
- use of local quality data and information to guide decisions
- local decision-making and flexibility
- reviewing, shifting, strengthening and designing systems within a local context
- collaborative governance at a local level
- having an underpinning value of creating greater equity
- ongoing capacity and capability building amongst all stakeholders involved in the work
- monitoring and measuring impacts

Applications need to outline how the proposed initiative takes a place-based approach.

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.

3.8. Social procurement focus

The Commission seeks to achieve social value through our procurement and do business with ethically, environmentally and socially responsible suppliers as stated in the [Queensland Social Enterprise Strategy](#) released in 2019. This is not a criterion of the Grants; however, if applicable, social enterprises will be highly regarded.

3.9. Rural, regional and remote areas

The Commission recognises Queensland has one of the most extensive rural, regional and remote areas of any state or territory¹, and over 50% of the state's population live outside Greater Brisbane.² Communities, services and organisations in these areas face often unique barriers and challenges including; limited access to supports and services, reduced connectivity and workforce shortages.³ ⁴To better encourage help-seeking behaviours and support equitable distribution of the Grants across Queensland, additional consideration will be given to applications located in a rural, regional, or remote area. Rural, regional, and remote areas will be classified using the Modified Monash Model (MMM) and for the purpose of the Grants includes categories 2 to 7.⁵

Refer to the Health Workforce Locator map to determine rural, regional and remote locations:

<https://www.health.gov.au/resources/apps-and-tools/health-workforce-locator/app>

For more information on the MMM visit <https://www.health.gov.au/modified-monash-model> and <https://www.health.gov.au/sites/default/files/documents/2020/07/modified-monash-model-fact-sheet.pdf>

Applications from a rural, regional or remote area need to submit evidence to show they are located in a MMM category 2 to 7 area to receive the allocated 10% weighted criterion.

¹ Regional Development Australia. (2022). *Regional development in Queensland*. <https://www.rda.gov.au>

² Queensland Government. (2022). *Queensland compared with other jurisdictions, Census 2021*. <https://www.qaso.qld.gov.au/issues/11951/qld-compared-other-jurisdictions-census-2021.pdf>

³ Queensland Council of Social Service. (2021). *Report: State of the Sector 2021: Queensland community Services sector*. <https://www.qcoss.org.au/publication/report-state-of-the-sector-2021/>

⁴ Queensland Mental Health Commission (2024). *Pathways to mental wellbeing: A systematic analysis of the non-government community mental health sector in Queensland*. https://www.qmhc.qld.gov.au/sites/default/files/qmhc_gamh_pathways_to_mental_wellbeing_report_accessible_pdf.pdf

⁵ Department of Health. (2024). *Modified Monash Model areas*. Australian Government. <https://www.health.gov.au/modified-monash-model>

4. Program funding available

The Queensland Government has announced a total \$9 million funding for the Grants. Funds will be administered by the Commission, over three years, through multiple rounds.

In 2024-25, Grants are being offered of up to \$150,000 (excluding GST) per application, to be expended over a maximum period of 18 months.

Applicants are invited to apply under one of three Program categories. These categories are:

- up to \$50,000 (excluding GST)
- up to \$100,000 (excluding GST)
- up to \$ 150,000 (excluding GST)

Applicant organisations may make more than one application, however each application must be for a separate initiative.

Where an application exceeds the upper limit of a funding category, the applicant must detail the funding source to cover the gap in funding. Funding requests that exceed the upper limit without an identified source for the balance of funds required will not be considered.

Applicants must include a proposed budget, using the template linked in Smartygrants and available on the Commission website (<https://www.qmhc.qld.gov.au/>).

5. Eligibility criteria

5.1. Who is eligible to apply?

To be eligible to apply for the Grants, the applicant must:

- have a registered Australian Business Number (ABN) and be registered for GST purposes, where relevant
- be a Queensland based
- have not for profit objectives
- hold or will obtain the appropriate workers' compensation, public liability and professional indemnity insurance required to undertake this initiative and all related activities
- have no outstanding financial liability, service delivery or performance issues for funding previously and/or currently provided by the Queensland Government
- must not have received funding from another Queensland Government organisation for the same proposed initiative, within the same 18-month delivery timeframe (no double-ups permitted).

5.2. Who is not eligible to apply?

Applicants will not be eligible where they:

- are a Local, State or Commonwealth Government agency/statutory entity
- are an unincorporated association, a sole trader, or an individual
- declared bankrupt or 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 the use of tobacco, alcohol or illicit drugs
- seek to promote political or religious views or ideologies.

Note: Although not necessary, Certified Social Enterprises will be highly regarded.

6. Funding exclusions

The Grants funding cannot be used for the following:

- activities that do not align with the Grants objectives
- activities delivered outside Queensland, or by a third-party or sub-contractor operating outside Queensland
- clinical mental health and AOD services
- activities that are already funded through another source. For example, you cannot expend against two funding sources for the same activity (sometimes referred to as 'double dipping'), however, funding may be used to expand an existing funded program or continue a program where funding is coming to an end
- activities that duplicate existing programs, initiatives, products or services in the same location
- recurrent or retrospective funds, including enhancements to existing work or initiatives; reimbursement of costs already incurred or expended; and any component of the initiative or related activities that have taken place prior to the application being approved, will not be eligible for funding
- salaries or wages for staff not engaged in direct delivery of the funded activity
- for-profit activities
- interstate or overseas travel
- general operational expenses and products, including rent, electricity and utilities
- purchasing or repair of equipment and depreciable items not related to the funded initiative
- recurring maintenance or operational costs of the organisation or their facilities
- activities that involve lobbying or commercial ventures for personal gain or fundraising activities, including the promotion of AOD use or product endorsement
- major capital works or upgrades to existing infrastructure
- cash prizes
- purchase/lease/registration of motor vehicles
- activities that cannot be covered by public liability insurance.

7. Assessment criteria

Eligible applications will be assessed against the following criteria:

| No | Criteria Description | Criteria Weighting |
|----|---|--------------------|
| 1 | <p>The initiative meets the objectives of the grant through its rationale and methodology</p> <ul style="list-style-type: none"> • Identifies which priority cohort/s the activity is targeting • Demonstrates how the initiative will meet the needs of at least one of the identified population groups • Identifies which objective/s the activity will meet • Demonstrates how the initiative will meet at least one of the grant objectives • Demonstrates how the proposed methodology, milestones and budget will achieve the initiative's outputs and outcomes • Identifies how the proposed initiative and its outputs and outcomes could benefit the community beyond the immediate Program funding period | 25% |
| 2 | <p>The initiative uses a place-based approach</p> <ul style="list-style-type: none"> • Identifies where (place) the initiative will be delivered • Demonstrates why the place has been chosen and uses evidence to support rationale • Identifies a community need or gap • Demonstrates why the identified community need or gap has been chosen and uses evidence to support rationale • Identifies and builds on existing community strengths | 20% |

| | | |
|------------------------|--|-------------|
| 3 | The initiative is evidence based <ul style="list-style-type: none"> • Demonstrates an evidence-based or evidence-informed rationale for the initiative • Identifies how the initiative considers innovation and generating evidence • Demonstrates how the initiative will be evaluated, including outlining the initiative’s intended outcomes and how these will be measured | 15% |
| 4 | The initiative includes people with lived experience to inform initiative design, implementation and evaluation <ul style="list-style-type: none"> • Demonstrates people with lived experience will be engaged in the development, implementation, and evaluation of the initiative | 15% |
| 5 | The applicant demonstrates the capability to successfully deliver the initiative, including through partnership <ul style="list-style-type: none"> • Demonstrates capability and experience to undertake the initiative and produce the outputs, outcomes and impact in terms of both resources, expertise and past experiences • Demonstrates appropriate governance where applicable to the proposed initiative • Demonstrates a thriving to working with key stakeholders, including other organisations and government agencies and the local community to achieve the best possible outcomes • Demonstrates how the applicant will partner with and work alongside the identified priority group/s | 15% |
| 6 | The initiative is delivered by an organisation located in a rural, regional or remote area (MMM categories 2 to 7) <ul style="list-style-type: none"> • Provide evidence to show location (e.g. most recent utility bill with organisation name and address). | 10% |
| Total Weighting | | 100% |

8. The applicant

The applicant is the organisation applying for the Grants, and if successful will enter into a funding agreement with the Commission.

The applicant will assume full responsibility for the development, implementation and evaluation of the initiative and meet all deliverables and reporting requirements, even if other parties undertake components of the initiative.

The applicant will be responsible for the governance structure/framework and will have the capacity to monitor and report on the progress and achievement of deliverables, manage risks and account for the grant. The applicant must make themselves available to participate in an evaluation process, both at the end of the 18-month funding agreement and the end of the three-year Program.

Applicants must have no outstanding financial accountability, service delivery or performance issues for funding provided by the Queensland Government and must hold insurance which will cover the period during which activities are funded.

9. Program timing

The grant will commence on the execution of a funding agreement between the successful applicant and the Commission and will be subject to the specific requirements of the initiative. The timeframe outlined in the application is expected to include appropriate time allocated for the development, implementation, and evaluation of the initiative within an 18-month period after the execution of the funding agreement. Outcomes are expected to be announced after the Queensland Government elections are finalised in late October 2024, with successful applicants notified and draft funding agreements sent out to successful organisations approximately four to six weeks afterwards to allow for project commencement before the end of the calendar year. If these timeframes should vary significantly, written advice will be provided to applicants.

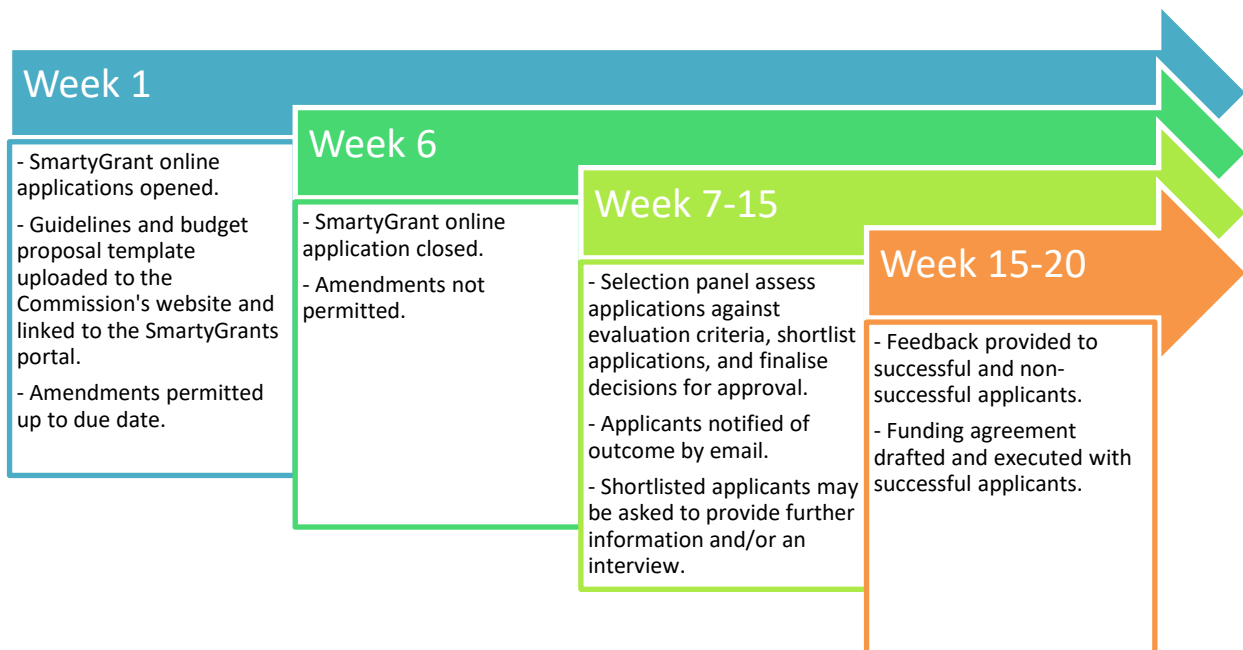
10. Additional contextual information

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

- Shifting minds: Queensland Mental Health, Alcohol and Other Drugs and Suicide Prevention Strategic Plan 2023-2028
- Every life: The Queensland Suicide Prevention Plan 2019-2029
- Achieving balance: The Queensland Alcohol and Other Drugs Plan 2022-2027

11. Application process and timeline

Applications need to be submitted online through SmartyGrants within the following timeline.



12. How to apply

All applications must be submitted online via Smartygrants (<https://qmhc.smartygrants.com.au/>). Offline applications will not be accepted. No extensions to application submissions will be permitted and no late submissions or amendments will be accepted.

13. Successful applicants

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

13.1. Funding agreement

A copy of the fully executed funding agreement will be provided to successful applicants.

The Commission will only enter into a funding agreement with the applicant organisation (one party). The funding agreement sets out the terms and conditions that will apply to the Grants, but some inclusions will be made based on information from successful applications. The Commission may also choose to negotiate directly with a successful applicant in relation to some aspects of selected initiatives.

Applicants should be aware that regular written reporting will be required, including six-monthly progress

reports and a final report after the initiative has been finalised.

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

Prior to offering a Program grant, the Commission reserves the right to undertake further probity checking 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.

13.2. 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 Grants. The Commission expects successful applicants to work in collaboration 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 initiatives through a formal external process or third-party publication, for example, at a national conference or peer-review publication. However, approval 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.

13.3. Reporting

In line with the funding agreement, it is expected that a successful applicant who enters a funding agreement with the Commission will provide regular (generally six-monthly) written updates on the funded initiative, and will provide a detailed written report on the initiative at its conclusion.

Program recipients may be required to provide regular financial acquittal reporting, and an annual audited financial statement.

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 funding agreement may be terminated, and all outstanding funds will be recovered by the Commission via invoice.

13.4. Participation in the Mental Health and Wellbeing Grant Program evaluation

The Commission will engage an independent organisation to conduct an evaluation of the Grants. Successful applicants will be expected to participate in this process. This may include participating in interviews, completing a survey or other data collection methods.

14. Glossary of terms

Lived experience - a person's experience of mental ill-health, problematic alcohol and other drug use, suicidal thoughts, surviving a suicide attempt, or being bereaved by suicide. It can be current (living) or past (lived).

Clinical mental health and AOD services – includes the provision of clinical assessment and treatment services, case management, and medication management that requires clinical governance to support.

Mental health and wellbeing – a state of wellness in which every person realizes their own potential, can cope with the normal stresses of life, can work productively and fruitfully and is able to contribute to their community.

Mental health and wellbeing promotion - focused on enhancing social and emotional wellbeing and improving quality of life. It aims to strengthen individual capacity and create environments that support good mental health and wellbeing for individuals, communities and populations. This includes action to address the social and economic determinants of mental health and wellbeing. Mental health promotion interventions improve overall wellbeing and are delivered in the settings where people live, work, learn and thrive.

Mental ill-health - a broad term that includes experiences of psychological distress, mental health challenges and clinically diagnosable mental illnesses.

Mental ill-health prevention - focuses on enhancing protective factors and reducing risk factors for mental ill-health that operate at the individual, community or structural level.

Social and emotional wellbeing - this term acknowledges the diverse ways that First Nations people and communities understand, conceptualise and describe a person's overall physical, mental, emotional and social wellness. It recognises the importance of connection to community, family, Country, land, sea, culture and spirituality on a person's wellbeing.

15. Further information

For more information, please contact the Commission Senior Business Support Officer (Procurement and Grants) on 3244 9214 or 1300 855 945, or email contracts@gmhc.qld.gov.au.