

ANNUAL REPORT

2024-2025



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Queensland Mental Health Commission Annual Report
2024–2025

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2024–2025

Queensland Mental Health Commission

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[https://www.qmhc.qld.gov.au/about/our-
performance/annual-report](https://www.qmhc.qld.gov.au/about/our-performance/annual-report).

About this report

This annual report provides information about the Queensland Mental Health Commission's (the Commission) financial and non-financial performance for 2024–2025. It outlines the Commission's achievements in driving ongoing reform towards a more integrated, evidence-based, person-centred mental health, alcohol and other drugs, and suicide prevention system in Queensland. This report is a key accountability document and the principal way in which the Commission reports to Parliament and the Queensland community on its activities.

Feedback

We value the views of our readers and invite your feedback on this report. Please contact the Commission on **1300 855 945** or via email at info@qmhc.qld.gov.au.

Translation



The Queensland Government is committed to providing accessible information to Queenslanders from culturally and linguistically diverse backgrounds. If you require an interpreter, please contact us on **1300 855 945** and we will arrange one for you.



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Further information about the Commission's activities is available on its website at qmhc.qld.gov.au.

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Acknowledgements

Acknowledgement of First Nations people

The Queensland Mental Health Commission respectfully acknowledges the First Nations Traditional Owners and Elders of the lands and seas on which we meet, live, learn and work. We acknowledge those of the past, who have imparted their wisdom and whose strength has nurtured this land. We acknowledge those of the present for their leadership and ongoing effort to protect and promote First Nations peoples and cultures.

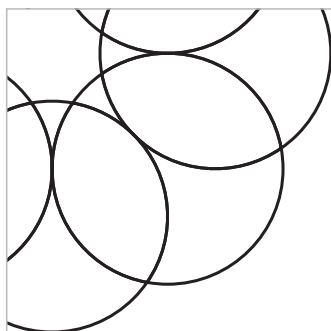
We recognise that it is our collective effort and responsibility as individuals, communities and governments to ensure equality, recognition and advancement of First Nations Queenslanders across all aspects of society and everyday life. We walk together in our shared journey of Reconciliation.

Recognition of lived-living experience

We recognise the individual and collective contribution of Queenslanders with a lived-living experience of mental health challenges, alcohol and other drug use, and people, groups and communities impacted by suicidal distress or suicide. We recognise families, kin, unpaid carers and other unpaid supporters who play a fundamental role in supporting people with lived-living experience. We also recognise the lived experience of people bereaved by suicide.

Each person's journey is unique and collectively provides a valuable contribution to reforming the mental health, alcohol and other drug, suicide prevention and related systems in Queensland. Your voices and experiences are the core of our work. We recognise and value your expertise.

Letter of compliance



Queensland
**Mental Health
Commission**

ABN 54 163 910 717

11 September 2025

The Honourable Timothy Nicholls MP
Minister for Health and Ambulance Services
GPO Box 48
Brisbane QLD 4001

Dear Minister

I am pleased to submit for presentation to the Parliament the Annual Report 2024–2025 and financial statements for the Queensland Mental Health Commission.

I certify that this Annual Report complies with:

- the prescribed requirements of the *Financial Accountability Act 2009* and the *Financial and Performance Management Standard 2019*, and
- the detailed requirements set out in the *Annual report requirements for Queensland Government agencies*.

A checklist outlining the annual reporting requirements is provided at **Appendix 3** on page 86 of this annual report.

Yours sincerely

Ivan Frkovic
Queensland Mental Health Commissioner
Queensland Mental Health Commission

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From the Commissioner

Over the past twelve months, the Commission has continued to push forward system reform—driven by the evidence—to support better mental health and wellbeing outcomes for Queenslanders. Now coming up to my eighth year as Commissioner, I feel I’m in a unique position to see how far we’ve come but also some of the challenges that still remain or are emerging.

I’m immensely proud of what we’ve delivered over the past year, which will help drive real change for Queenslanders.

One thing I’ve been particularly pleased to witness and advocate for this year is the increasing recognition of the impact social determinants have both on mental ill-health and mental wellbeing. Mental ill-health is not something that occurs in isolation, and the conditions in which we are born, grow, live, work and age can both protect or impact mental wellbeing.

A greater focus on prevention, the impacts of trauma, the importance of embedding lived-experience expertise, and strengthening the data we have access to have all played a critical role in our work this year.

A major highlight was a record investment in mental health prevention, promotion and early intervention. This year’s successes include the release of *Thriving Lives, Connected Communities—Queensland’s Commitment to Mental Health and Wellbeing*¹, developed with Health and Wellbeing Queensland, and the launch of the Mental Health and Wellbeing Grants.

Overwhelmingly, the evidence tells us investing in prevention delivers far greater returns (for individuals, communities and economically) than waiting to intervene later or at crisis point, and these initiatives will help support this. The Commission looks forward to further work in the coming year to set the direction for continued investment.

In addition, the Commission released and began implementation of *The Queensland Trauma Strategy*², a whole-of-government and community approach to reduce the impacts of trauma, identify and intervene earlier, and provide trauma-informed care when we know it has occurred. This was launched off the back of widespread consultation with Queenslanders and I thank all who contributed and generously shared their insights and experiences.

We also continued to move the dial on housing, which plays a critical role in our mental health and wellbeing. Housing instability can affect anyone, but those with experience of mental health challenges and alcohol and other drug concerns are at a higher risk of homelessness, which can further exacerbate these experiences.

One of the highlights for me this year was the release of the Commission’s position statement on supportive housing, *More than a roof*³. This statement provided an evidence-based approach that integrates housing and health supports for those with complex needs, and we’ve seen some encouraging progress since. Additionally, we launched a \$1.5 million grant program which aims to strengthen the ability of the housing and homelessness sector to better support people experiencing alcohol and other drug harms.

1 <https://hw.qld.gov.au/thriving-lives-connected-communities/>

2 <https://info.qmhc.qld.gov.au/queensland-trauma-strategy>

3 https://www.qmhc.qld.gov.au/sites/default/files/more_than_a_roof_supportive_housing_position_statement.pdf

Another achievement this year was our partnership with Griffith University, trialling a two-year pilot 'tracking cube' in three Queensland locations to identify and support those with Fetal Alcohol Spectrum Disorder (FASD) sooner. Early support can improve health, developmental and social outcomes for children with FASD, and this tool will help with earlier diagnosis, particularly in rural, regional and remote communities where specialists are not readily available.

A couple of years on from the Commission taking carriage of the Queensland Suicide Register and interim Queensland Suicide Register, this year has seen a significant focus on improving data reporting capacity and insights to help us better inform suicide prevention and targeted responses. This includes identifying locations and trends within the data, as well as working with government and councils to discuss preventative measures.

This year, we also released our first *Suicide in Queensland Annual Report*⁴, and invested in a First Nations Suicide Prevention Pilot in four remote communities to provide culturally safe and appropriate support. We saw a small reduction in total suspected suicide deaths in Queensland when compared to previous years. However, despite this reduction, many Queensland families have experienced the devastation of losing loved ones to suicide, and it's critical that we continue to invest in preventing suicide and reducing its impact on Queensland families and communities.

And finally, we've continued to work to embed and elevate the voices of those with lived-living experience, including the launch of our *Commitment to partnering with people with lived-living experience in Queensland*, development support for lived-living experience peaks and investment to build Lived-Living Expertise Workforce capacity. To drive meaningful reform, it is critical our work is informed by those with direct experiences of the services and systems we wish to change. These initiatives mark important steps forward in this process.

I'd like to thank everyone who has worked with us this year to progress all the activities you'll read about in this report. Reform can be slow moving and challenging and our ability to drive much of this work also relies on the contribution and leadership of many others, including other government agencies, partners and collaborators. This work would not be possible without you. Together we are building a better Queensland, that supports us all to thrive.



Ivan Frkovic
Queensland Mental Health Commissioner

⁴ https://www.qmhc.qld.gov.au/sites/default/files/suicide_in_queensland_annual_report_2023_web.pdf

About the Commission

The Commission was established on 1 July 2013 by the *Queensland Mental Health Commission Act 2013* (the Act).

The Commission is an independent statutory body that reports through the Queensland Mental Health Commissioner (the Commissioner) directly to the Minister for Health and Ambulance Services. While an agency within the health portfolio, the Commission is also advised by the independent Queensland Mental Health and Drug Advisory Council which is comprised of lived-living experience, sector and community representatives.

The Commission supports achievement of the Queensland Government's objectives for the community:

Safety where you live

The Commission supports this objective by promoting early intervention initiatives that contribute to system change by engaging with the child safety, youth justice, community, domestic and family violence, victim support, policing and corrections systems, particularly where they overlap with the mental health, AOD, and suicide prevention sectors.

A better lifestyle through a stronger economy

The Commission supports this objective by supporting regional initiatives and investment, and encouraging initiatives that address the social and economic determinants of health, with a particular focus on the employment and housing needs of people with lived-living experience of mental ill-health, AOD, and suicidality.

Health services when you need them

The Commission supports this objective by driving mental health, AOD, suicide prevention and related human services system reform, supporting health service improvements, and providing evidence and data to identify and support reform.

A plan for Queensland's future

The Commission supports this objective through its strategic planning and system oversight functions, that identify and implement reforms to strengthen the mental health, AOD, suicide prevention and related human services systems; and promote prevention and early intervention, including a focus on the needs of children and young people.

Our role and functions

The Commission's role under the Act is to drive ongoing reform towards a more integrated, evidence-based, recovery-oriented mental health and AOD system in Queensland. The Commission's work includes the suicide prevention sector as a key element of system reform. The Act details the Commission's functions, which underpin its organisational strategic plan and work program for the 2024–25 year.

The Commission's functions are:

- **Preparing, monitoring, reviewing and reporting on a whole-of-government strategic plan**—*Shifting minds: The Queensland Mental Health, Alcohol and Other Drugs, and Suicide Prevention Strategic Plan 2023–2028* (*Shifting minds*)⁵. The strategic planning also includes *Achieving balance: The Queensland Alcohol and Other Drugs Plan 2022–2027* (*Achieving balance*)⁶, *Every life: The Queensland Suicide Prevention Plan 2019–2029* (*Every life*)⁷ and *The Queensland Trauma Strategy 2024–2029*⁸ (the *Trauma Strategy*).
- **Evaluating, reviewing and reporting** on matters affecting people living with mental health, AOD use issues and/or suicidality, including their families, kin, unpaid carers, and supporters. This function also includes people who are vulnerable to, or at significant risk of, developing mental health, substance use issues and/or suicidality. The research function is an important lever for reform, along with the sharing of evidence, knowledge translation and lived-living experience around system reform.

- **Supporting and promoting awareness, prevention and early intervention initiatives** that focus on community-wide mental health and wellbeing and intervening early in life, early in illness and early in episode, as well as reducing stigma and discrimination for mental health, AOD use issues and suicide.
- **Engaging and enabling stakeholders to participate in and shape reform**, including people with lived-living experience of mental health challenges, AOD use, trauma and suicidality, and their families, kin, unpaid carers, and supporters. The Commission builds collaborative partnerships and engages within and across sectors to develop and implement reform.

This work spans the government, non-government and private sectors across Queensland. The work reaches beyond the health system, acknowledging the social determinants of mental health, AOD use and the broader needs and issues faced by those experiencing mental health difficulties, AOD use, trauma and suicidal distress.

⁵ <https://www.qmhc.qld.gov.au/shifting-minds-2023-2028>

⁶ <https://info.qmhc.qld.gov.au/queensland-alcohol-and-other-drugs-plan>

⁷ <https://www.qmhc.qld.gov.au/every-life-suicide-prevention-plan>

⁸ <https://info.qmhc.qld.gov.au/queensland-trauma-strategy>

Our vision

Queenslanders working together to improve mental health and wellbeing.

Our values

The Commission's values encompass the five Queensland public service values and an additional value related to wellness:

- Customers first
- Ideas into action
- Unleash potential
- Be courageous
- Empower people
- Promote wellness.

Our principles

The Commission's work is guided by principles outlined in the Act, which state that:

1. People living with a mental illness or AOD use should:
 - have access to quality mental health or AOD services, care and support, wherever they live
 - be treated with respect and dignity
 - be supported to participate fully in the community and lead meaningful lives, and
 - have the same right to privacy as other members of society.
2. First Nations people should be provided with treatment, care and support in a way that recognises and is consistent with First Nations tradition or custom and is culturally appropriate and respectful.
3. Carers, family members and support people are integral to wellbeing, treatment and recovery, and should be respected, valued and supported, and engaged wherever possible in treatment plans.
4. An effective mental health and AOD system is a shared responsibility across the government and non-government sectors, and requires:
 - a coordinated and integrated approach across the areas of health, housing, employment, education, justice and policing
 - a commitment to communication and collaboration across public sector and publicly funded agencies, individuals and the community, and
 - strategies that foster inclusive, safer, healthier families, workplaces and communities.

Objectives and performance

The Strategic Plan 2024–2028⁹ identifies the challenges and opportunities for reform. It also details the objectives, strategies and performance indicators the Commission is using to achieve outcomes against the government's objectives for the community, its legislative charter and related strategic plans.

In 2024–25, the Commission's work program aligned with the four objectives of the strategic plan:

- The mental wellbeing of Queenslanders is promoted and supported
- System reform is supported and advanced
- Policy and practice is grounded in evidence and best-practice
- Lived-living experience and First Nations expertise drives system reform.

⁹ <https://www.qmhc.qld.gov.au/about/publications/browse/corporate-plans-and-frameworks/strategic-plan-2024-2028>

Reform context

The mental health, AOD, and suicide prevention systems are a complex web of services and supports. This ranges from acute through to primary care, prevention and early intervention, and incorporates government, non-government, not-for-profit and private sector service providers. Rather than being planned, integrated and cohesive, these systems are a cluster of disparate parts with diverse and frequently conflicting factors, including different governments, funding streams, inquiries, policies, strategies and plans.

The system sits in a broader context that stretches outside the healthcare system and includes related human services such as income support, education, employment, housing, family and child safety, disability services and justice. These spheres strongly influence the social determinants of mental health and wellbeing, and for this reason, also play a vital role in reform.

It is this complexity that makes reform challenging, and why no single agency can drive system reform in isolation. Reform must be ambitious and broad-ranging, while being comprehensive, collaborative and integrated, to promote a seamless system that is easy to navigate where people do not fall through the gaps.

The one certainty is the system is continuously changing. Some of the key influences on reform in 2024–25 are outlined below.

National

Mental Health and Suicide Prevention Agreement Review: Interim report

In June 2025, the Australian Productivity Commission released its interim report into the Mental Health and Suicide Prevention Agreement Review.

It states that Australia's mental health and suicide prevention system remains fragmented and difficult to access, with many people continuing to face barriers such as high cost, poor system navigation and inadequate support.

While the *National Mental Health and Suicide Prevention Agreement* (the *National Agreement*) reflects a shared commitment by governments to deliver a person-centred and integrated approach, the interim report found implementation to date has not resulted in meaningful reform. Several key commitments remain outstanding and should be progressed as a priority, including clarifying funding and commissioning responsibilities for psychosocial supports outside the National Disability Insurance Scheme, which impacts an estimated 500,000 people.

The interim report highlights the need to urgently release the *National Stigma and Discrimination Reduction Strategy* and provide regional planning and commissioning guidance to Primary Health Networks, supporting improved access to services. To enable long-term reform, a new policy architecture is required, developed through genuine co-design with people with lived-experience, families, carers, service providers and practitioners.

Extending the current agreement to June 2027 is recommended to allow sufficient time for this process, including the development of a renewed five-year national agreement, the establishment of measurable outcomes, and the creation of bilateral schedules tailored to local priorities.

The interim report suggests separate schedules should also be established for Aboriginal and Torres Strait Islander social and emotional wellbeing and suicide prevention. It also recommends that the next agreement formalise the role of the National Mental Health Commission as the independent body responsible for monitoring and reporting on progress.

National Suicide Prevention Strategy 2025–2035

The *National Suicide Prevention Strategy* was released in January 2025 and sets out a comprehensive, evidence-informed approach to reducing suicide, shaped by the latest research and the insights of people with lived-living experience. It builds on existing national agreements and initiatives and is designed to work in conjunction with the *National Aboriginal and Torres Strait Islander Suicide Prevention Strategy 2025–2035*, developed by Gayaa Dhuwi (Proud Spirit) Australia.

The strategy is structured around three interdependent domains: *Prevention of suicidal distress*, which focuses on strengthening community wellbeing and addressing known risk factors; *Support for people experiencing suicidal thoughts and behaviours*, which outlines the components required for an effective, system-wide response; and *Critical enablers*, which include the structural and administrative foundations needed to support delivery. These domains are intended to operate as a cohesive and integrated package, with each domain carrying equal importance and not designed to be implemented in isolation.

Gayaa Dhuwi (Proud Spirit) Declaration Framework and Implementation Plan

The *Gayaa Dhuwi (Proud Spirit) Declaration Framework and Implementation Plan* provide a phased roadmap for translating the declaration's aspirations into practical action over the next decade. The framework is designed to remain flexible and responsive to the evolving priorities of Aboriginal and Torres Strait Islander peoples, as well as shifting federal and jurisdictional policy settings. The framework and implementation plan is structured around three phases.

- Phase 1 (2025–2026), *Identify and develop*, focuses on establishing key governance mechanisms, building partnerships and delivering initial priority actions.
- Phase 2 (2027–2033), *Implement*, involves evaluating outcomes from Phase 1 and delivering additional actions shaped by emerging community needs.
- Phase 3 (2034–2035), *Finalise implementation, evaluate and future plan*, completes remaining actions and supports long-term planning through a comprehensive evaluation.

Strong governance will underpin all phases, ensuring accountability, collaboration and effective performance monitoring throughout the framework's life cycle.

National Mental Health and Suicide Prevention Evaluation Framework

The *National Mental Health and Suicide Prevention Evaluation Framework* and accompanying *Evaluation Sharing Guidelines* were developed under the *National Agreement* to support more consistent, transparent and effective evaluation practices across jurisdictions. Their purpose is to strengthen the evidence base by improving how evaluations are designed, conducted and shared, with the goal of informing investment decisions and driving system improvement.

Developed in partnership with governments, people with lived-living experience, and First Nations stakeholders, the framework responds to the Productivity Commission's recommendation to embed a stronger evaluation culture across the sector. It outlines four guiding principles for evaluation: being person-centred and informed by lived-living experience, trauma-responsive and ethical, robust and fit-for-purpose, and focused on building knowledge to support ongoing system learning.

National Aboriginal and Torres Strait Islander Suicide Prevention Strategy 2025–2035

The *National Aboriginal and Torres Strait Islander Suicide Prevention Strategy 2025–2035* outlines a national approach to significantly and sustainably reduce suicide and self-harm among Aboriginal and Torres Strait Islander peoples. It sets out a vision for a future where individuals, families, and communities enjoy strong social and emotional wellbeing and have access to culturally safe, timely, and coordinated mental health and suicide prevention services.

Central to the strategy is a commitment to community leadership and governance, with all levels of government working in genuine partnership with Aboriginal and Torres Strait Islander peoples to design and deliver effective responses.

The strategy identifies six interconnected priorities:

- leadership and self-determination
- thriving communities
- informed and supportive communities
- culturally safe and coordinated care
- a responsive workforce, and
- strong evidence and data.

These priorities are supported by a series of targeted initiatives designed to empower communities, address suicide-related distress and build system capability.

The strategy is underpinned by core principles, including Aboriginal and Torres Strait Islander leadership, cultural integrity, lived-living experience, holistic and integrated systems, and place-based responses tailored to community needs.

Achieving the identified goal will require sustained and targeted funding, rigorous implementation, and strong governance, monitoring and evaluation mechanisms. Taken together, these elements provide a nationally-coordinated and culturally-grounded framework to prevent suicide and promote wellbeing among Aboriginal and Torres Strait Islander peoples over the next decade.

Royal Commission into Defence and Veteran Suicide: final report

The final report of the Royal Commission into Defence and Veteran Suicide presents the findings of a three-year national inquiry into the systemic, structural and cultural issues contributing to suicide and suicidality among serving and ex-serving members of the Australian Defence Force.

The report provides a comprehensive analysis of the factors that place Defence personnel and veterans at risk and outlines 122 recommendations to drive meaningful and enduring reform across Defence, the Department of Veterans' Affairs, and broader systems of support.

Informed by lived-living experience insights, expert testimony and independent research, the report calls for fundamental change in how Defence and veteran mental health and wellbeing are understood, supported, and governed. It highlights the need for greater accountability, cultural change, improved transition and support pathways, and trauma-informed, person-centred approaches.

A key recommendation is the establishment of a new independent entity with responsibility for suicide prevention and oversight.

Analysis of Unmet Need for Psychosocial Supports Outside of the National Disability Insurance Scheme

The Final Report on *the Analysis of Unmet Need for Psychosocial Supports Outside the NDIS* was developed in response to Recommendation 17.3 of the Productivity Commission's 2020 Inquiry into Mental Health and a commitment under the *National Agreement* to better understand the extent of unmet need for non-clinical, recovery-oriented psychosocial supports.

Using the National Mental Health Service Planning Framework, the report estimates that in 2022 to 2023, approximately 335,800 people aged 12 to 64 with severe mental illness required 21.9 million hours of psychosocial support, representing an increase of around 46,000 people from previous estimates. A further 311,500 people with moderate mental illness required 3.3 million hours of support.

By comparing these estimates with current service delivery across government-funded programs and the NDIS, the analysis identifies significant gaps in both the number of people receiving support and the volume of services provided.

Australian Government response to the Better Access Evaluation

The Australian Government Response to the Better Access Evaluation outlines a series of actions aimed at improving equity, access and coordination across Australia's mental health system. The evaluation identified persistent issues, including uneven distribution of services, fragmentation across the system and limited support for people with both mild mental health concerns and complex needs.

In response, the Australian Government undertook national consultation, including a Mental Health Equity and Access Forum, targeted workshops and the establishment of a Mental Health Reform Advisory Committee.

These processes informed a set of reform priorities focused on four key areas:

- improving access based on need
- strengthening low-intensity models of care
- addressing the needs of individuals with complex mental health conditions, and
- enhancing triage and referral pathways.

To support implementation, the Australian Government announced funding of \$888.1 million over eight years from 2024–25, in addition to more than \$1 billion invested through the 2023–24 Budget and Mid-Year Economic and Fiscal Outlook. This funding aims to address workforce shortages, expand essential services and improve access for priority populations.

The response supports seven recommendations from the evaluation, supports two in principle and notes six for further consideration. One recommendation, to introduce additional treatment sessions under a tiered model, was not supported due to concerns about equity impacts.

As Better Access operates within a broader mental health system, reforms will be aligned with ongoing work under the *National Agreement*. This includes the development of foundational supports and continued engagement with state and territory governments, lived-experience representatives, and sector stakeholders.

State

Better Care Together Annual Progress Update

Queensland Health's *Better Care Together* plan and investment package continued to deliver system-wide investment and reform across the mental health, AOD, and suicide prevention systems.

Since its launch in 2022, total funding under the plan has grown to \$1.948 billion in operational investment and \$118.1 million in capital over a five-year period, with funding supported by the mental health levy.

The plan aims to transform and expand the public mental health system to provide inclusive, person-centred, culturally safe care at all stages of life, with a strong emphasis on prevention, early intervention, recovery-focused treatment and services beyond the health system.

In 2023–24, targeted investments aimed to strengthen service access, workforce capability and infrastructure across rural, remote and urban communities. These included additional support for new parents and infants, children and young people, adults and older people, and individuals experiencing crisis, suicidality, eating disorders, and AOD-related harm.

New investments also expanded digital treatment capability, enhanced quality and safety, and supported initiatives led by First Nations peoples and community organisations.

Key service expansions to be delivered through the plan include new mother and baby beds, a crisis stabilisation unit at The Prince Charles Hospital, a dedicated adolescent mental health unit in Cairns, additional Hospital in the Home capacity, public eating disorder beds at Wandi Nerida, and new supportive housing psychosocial supports delivered by non-government organisations.

Since 2022, the plan has supported the establishment of 45 new beds and funded an additional 628 frontline workers across Queensland.

Inquiry into Elder Abuse in Queensland

The Queensland Parliament initiated an Inquiry into Elder Abuse (the inquiry), led by the Education, Arts and Communities Committee, to examine the nature, prevalence and systemic responses to the abuse of older people across the state. The inquiry focused on understanding the forms and extent of abuse, including physical, sexual, psychological, emotional, financial and neglect, particularly as they affect vulnerable cohorts. It explored the contexts in which abuse occurs, such as within family and kinship relationships, as well as the risk and protective factors that influence whether older people can access support.

The inquiry also considered the effectiveness of Queensland's current legal, policy and service responses, including adult guardianship and violence protection services, community-based interventions, and civil and criminal frameworks.

Particular attention was given to the role of human rights protections, education and awareness initiatives, and the need for culturally safe and trauma-informed approaches. The committee is now considering opportunities to strengthen the prevention of and response to elder abuse across the government, community, non-government and private sectors.

Inquiry into Volunteering in Queensland

The Queensland Parliament also launched an Inquiry into Volunteering (the inquiry), led by the Local Government, Small Business and Customer Service Committee, to examine the current state of volunteering across the Queensland and explore opportunities to strengthen participation and support.

The inquiry considered the social and economic value of volunteering, the experiences and motivations of volunteers, and the benefits it delivered to individuals, organisations, communities and the broader Queensland economy. It also explored the barriers to volunteering, including regulatory and legislative burdens, as well as the specific challenges faced by individuals from diverse backgrounds, genders, age groups, abilities and locations.

The committee examined the effectiveness of government support at all levels and identified sustainable opportunities to improve the volunteering experience, including in the context of major events such as the Brisbane 2032 Olympic and Paralympic Games. It also examined ways to enhance emergency response volunteering and better engage First Nations peoples, particularly in remote and isolated communities.

Objective 1

The wellbeing of Queenslanders is promoted and supported

Mental health and wellbeing is better understood, maintained and proactively supported in Queensland communities

Enhancing housing access and supports

The relationship between health, housing and homelessness is complex and interdependent. Poor mental and physical health can hinder a person's ability to manage daily responsibilities, maintain employment and sustain tenancy. In turn, housing instability and homelessness can have a significant impact on a person's mental health and wellbeing.

Without safe, stable and affordable housing, it can be challenging for people to prioritise their health and wellbeing. The limited availability of safe and suitable housing options, combined with a health and housing system that often responds to crisis rather than prevention, means people with complex needs often miss out on the support they require. This is particularly true for people with lived-living experience of mental health challenges and/or AOD concerns.

Supportive housing position statement

To enhance and promote system reform, the Commission has examined contemporary and evidence-based housing solutions that deliver effective outcomes for people with lived-living experience of mental health challenges and/or AOD concerns.

This work included consultation with a broad range of stakeholders, including people with lived-living experience, mental health and AOD services, and housing and homelessness service providers.

In September 2024, *More than a roof: Supportive Housing Position Statement* was released identifying supportive housing as a best practice approach to reducing housing instability and homelessness for people with complex needs.

Supportive housing is an evidence-based model that combines secure, affordable housing with flexible, person-centred support services. It enables people with complex needs to stay housed, live with dignity and improve their quality of life. The model has also been shown to reduce pressure on public systems, including health, justice and homelessness services.

The statement recommends key areas for reform to better integrate mental health and housing systems and:

- increase access to supportive housing;
- improve transitions from institutional settings to prevent exits into homelessness; and
- enable data-driven planning and commissioning of integrated supports.

Since *More than a roof's* release, the Commission has continued to advocate for person-centred approaches that bring together mental health, psychosocial and housing services. This includes regular engagement with leaders across the health, housing and homelessness sectors to progress system reform.

Strengthening leadership through the Queensland Homelessness Ministerial Advisory Council

In March 2025, the Queensland Government established the Homelessness Ministerial Advisory Council (HMAC) to improve the coordination of crisis responses and drive sustainable solutions to homelessness. The Commissioner was appointed as a standing member.

Through this role, the Commission continues to advocate for reforms that address the needs of people with lived-living experience of mental health challenges and/or AOD concerns. This includes supporting greater access to:

- tenancy sustainment programs
- community-based psychosocial supports
- integrated health and housing services, and
- permanent supportive housing.

Partnering to improve tenant engagement

Meaningful engagement of people with lived-living experience in housing and homelessness services is critical to system reform. It can lead to increased tenant satisfaction, better service delivery and enhanced wellbeing.

In 2024–25, in partnership with The University of Queensland (UQ) and Common Ground Queensland (CGQ), a participatory action research project was undertaken. The project focused on tenant engagement within Brisbane Common Ground, a permanent supportive housing site managed by CGQ.

The research drew on tenant surveys and interviews with both tenants and service providers. It aimed to understand how tenant engagement is currently experienced and what improvements could be made, both at CGQ and across the broader housing system.

Key findings included:

- tenants want to be involved in decisions that affect them, particularly around policies and engagement strategies
- awareness and accessibility of engagement opportunities is essential
- engagement should be flexible, inclusive and respect tenants' right to choose whether or how they participate.

Importantly, the research found that even when tenants choose not to engage, housing providers have a responsibility to create conditions that support meaningful participation.

This project enhances understanding of how to involve people with lived-living experience in shaping housing services. These insights will be used to advocate for more inclusive practices across the social and supportive housing sectors.

The final report is available on the Commission's website.¹⁰

Driving mental health and wellbeing

During 2024–25, various initiatives that enhance mental health and wellbeing across the state were progressed.

Mental Health and Wellbeing Grants

In 2024–25, the first round of the Mental Health and Wellbeing Grants Program, a \$9 million investment over four years, was launched.

Administered by the Commission, the grants support implementation of *Shifting minds* and align with the priorities outlined in *Thriving Lives, Connected Communities: Queensland's Commitment to Mental Health and Wellbeing*.

¹⁰ <https://www.qmhc.qld.gov.au/>

The investment recognises the value of proactive approaches that promote mental health, prevent mental ill-health and support early intervention. It also acknowledges the importance of addressing the broader social determinants of health—the conditions in which people are born, grow, learn, work, live and age.

Empowering community-led solutions

The Grant Program is designed to build on community strengths, local knowledge and capabilities, prioritising initiatives that:

- target priority populations
- respond to service gaps in rural, regional and remote communities, and
- improve equitable access to support across Queensland.

Launched in August 2024, it offered eligible applicants up to \$150,000 for non-recurrent initiatives that:

- support and promote mental health and wellbeing
- enhance protective factors and reduce risk factors for mental ill-health
- encourage early help-seeking, and
- improve literacy and understanding of mental health and wellbeing, AOD, and suicide prevention.

Strong response, strong outcomes

An overwhelming 279 applications were received, totalling over \$31 million in requested funds—highlighting the significant demand for grassroots mental health initiatives.

Following a rigorous assessment process including panels with lived-experience, sector expertise and First Nations representation, 22 initiatives were recommended for funding, receiving a combined total of \$2.9 million.

The funded projects reflect a strong focus on early intervention, mental health literacy and building community resilience. Notably, over 70% of the funding went to organisations located outside Greater Brisbane, addressing critical gaps in access to mental health support in regional and remote areas.

A full list of recipients is available on the Commission's website.

Mental Health and Wellbeing Commitment

From Commitment to action

In 2023–24, the Commission partnered with Health and Wellbeing Queensland to support the development of *Thriving Lives, Connected Communities: Queensland's commitment to Mental Health and Wellbeing* (the Commitment). Released in September 2024, the Commitment responds to recommendation 19 of the Mental Health Select Committee's report calling for a statewide mental health and wellbeing strategy.

In late 2024–25, the remaining \$3.53 million from recommendation 19 was allocated to the Commission to guide and develop investment in mental health and wellbeing. Combined with the remaining \$6 million from the Mental Health and Wellbeing Grants, over \$9 million will be invested in initiatives that focus on promoting good mental health, preventing mental ill-health and early intervention.

Queensland Mental Health Week

The Commission funds the delivery of Queensland Mental Health Week (QMHW) and its accompanying grant program on behalf of the Queensland Government. The annual awareness initiative promotes individual and community mental health and wellbeing, boosts awareness of mental ill-health, helps address stigma and celebrates the contribution of the mental health and community sectors.

In 2024, QMHW and the QMHW Community Events Grant Program were administered on behalf of the Commission by our not-for-profit partner, CheckUP.

Held from 5 to 13 October 2024 (encompassing World Mental Health Day on 10 October), QMHW included hundreds of local and regional events held by non-government organisations, service providers, local councils, workplaces, schools and universities, sporting groups and clubs, community groups and individuals.

QMHW 2024 saw:

- a record 533 events registered
- \$156,500 funding awarded through the Queensland Mental Health Week Community Events Grant Program
- a record 283 grant applications

- positive feedback on the campaign's success in raising awareness, with 94.8 per cent of survey respondents believing that QMHW raised awareness of the importance of good mental health and wellbeing for all Queenslanders.

Beyond Blue partnership

In 2024–25, the Commission's partnership with Beyond Blue continued to provide trusted, accessible mental health support across Queensland under a five-year funding agreement which concluded in July 2025. Since 2020, the partnership has delivered:

- 3.4 million website visits from Queenslanders
- 100,000+ support service contacts
- 6,300 people accessing NewAccess, with strong recovery outcomes
- 2,800+ schools and early learning services engaged in Be You
- 10,000+ users on Peer Support Forums
- 60+ lived-living experience speaker events statewide.

Beyond Blue's *Earlier Easier Together* strategy also aligns with the Commission's focus on prevention, early intervention and community co-design. A new agreement is expected in the next financial year to build on this strong foundation and deepen regional impact.

Addressing stigma and discrimination

This year work continued to deliver a stigma reduction program responding to Mental Health Select Committee recommendation 5, supported by \$10 million allocated under *Better Care Together*.

Reducing stigma related to mental health, AOD, and suicide is also a key priority under the Commission's Strategic Plan. Stigma remains a major barrier to help-seeking.

The foundational work is a public health campaign targeted towards the general Queensland population.

During the year, a Stigma Project Advisory Group and a Lived-Living Experience Working Group (LLEWG) were established to provide specialised experience and knowledge to support this work. Over 100 people

applied to join the LLEWG, with 15 members selected with diverse lived-living experience. Their expertise has been central to the campaign's development. The LLEWG's input has complemented consultations and discussions with the key stakeholders, Queensland sector leaders, and the Shifting Minds Strategic Leadership Group.

Ipsos Australia and CHEP Network (now part of Clemenger BBDO) were also engaged as project research and creative partners respectively.

The Commission, LLEWG and Ipsos co-developed a three-day qualitative research study to deeply explore beliefs and behaviours around mental health, AOD, suicide and stigma in Queensland. Insights from the 79 participants showed the complex nature of the problem, highlighting that people without a lived-living experience have a limited knowledge and awareness of stigma and its impacts. It also confirmed that some lived-living experiences are more highly stigmatised.

This formative research provided new understanding of the Queensland context, importantly identifying a 'moveable middle' of Queenslanders whose attitudes and behaviours could shift through targeted social marketing and behaviour change strategies. These findings have shaped the project's focus and informed the development of the campaign strategy and creative approach.

The Clemenger BBDO team led development of several campaign concepts, which were tested with the LLEWG and general population focus groups. These findings revealed the target audiences are familiar with help-seeking messaging, without understanding that stigma is a separate issue that everyone has a role in. Further work is continuing to address this feedback in the campaign messaging and creative concepts.

The first phase of the campaign is expected to launch in the 2025–26 financial year, supported by a baseline survey to evaluate shifts in public attitudes and behaviours.

Opportunities to strengthen capacity and capability across communities and organisations to support long-term stigma reduction are also being scoped. This includes improving cultural safety and fostering inclusive environments that enable earlier intervention, better service access and stronger community connection.

Reducing the impact of AOD-related harm

FASD Tracking Cube

Expanding the model across sectors

In partnership with Griffith University, an investment of over \$1.6 million was made to improve early identification and support for children with Fetal Alcohol Spectrum Disorder (FASD) in Queensland.

FASD remains significantly underdiagnosed due to issues accessing specialist assessment.

This pilot introduces a community-led model enabling providers in early learning, education, child safety and youth justice settings to complete the initial screening stages.

At the centre of the project is the six-tier Tracking Cube model that includes:

- Tier 1: Informed consent
- Tier 2: History taking
- Tier 3: Rapid assessment
- Tier 4: Collaborative information
- Tier 5: Feedback and support
- Tier 6: Specialist assessment

Tiers 1–5 can be completed by trained community providers using a digital system that enables tracking, assessment and streamlined referrals to specialist services. This improves coordination and access, especially in rural and remote areas, cutting wait times from years to months.

Pilot sites in North West Queensland, the Gold Coast and Townsville have:

- co-designed neurodevelopmental workshops for educators on the Gold Coast with UnitingCare
- developed school-based peer education program at Normanton State School, and
- established culturally-responsive and place-based responses in Townsville, led in partnership with First Nations Elders and key community leaders.

Sisters Inside Young Mum's Wellbeing pilot

Aboriginal and Torres Strait Islander young women and girls continue to be over-represented in the criminal justice system and experience significant social and emotional wellbeing needs. In 2024–25, the Commission provided over \$1 million funding for the Young Mum's Wellbeing pilot, a 22-month project delivered by Sisters Inside. The pilot supports Aboriginal and Torres Strait Islander young mothers in South East Queensland and Townsville through culturally safe, trauma-informed, and strengths-based approaches.

The pilot will work alongside young mothers to:

- support them in their parenting and social and emotional wellbeing needs
- connect young mothers to culturally appropriate services that support their holistic health needs as well as broader familial pro-social activities.

The pilot largely centres on the value of connection, inclusion and cultural healing approaches underpinned by a strengths-based model of care to enable, enhance and support emotional, psychological, spiritual and cultural wellbeing. It will also include referrals to AOD supports and promotes positive family and community engagement.

In 2024–25, the pilot established a skilled team, developed region-specific engagement approaches, and built strong partnerships with community, housing, health and legal services. Support ranged from housing assistance and parenting programs to employment pathways and cultural activities for the young mothers and their children.

Participants are achieving meaningful milestones, including securing stable housing, reuniting with children, commencing study or work, and engaging proactively with support services. These early outcomes reflect the pilot's growing reach and impact in addressing the complex needs of young mothers with lived experience of the criminal justice system.

An independent, culturally appropriate evaluation will assess the pilot's effectiveness and build an evidence base to inform future suicide prevention policy and practice for young Aboriginal and Torres Strait Islander mothers.

Hi-Ground

The Commission continues to support Hi-Ground, a project of the QuIVAA, to deliver peer-led harm reduction initiatives and activities. In 2024–25, this included the co-design of a women's harm reduction booklet, the early development of a harm reduction and wellbeing booklet for young people, and the translation of six drug information cards into Mandarin.

Resources were distributed at major music festivals and nightlife events, including Rabbits Eat Lettuce and HUM Festival, alongside the delivery of stigma reduction and harm reduction training for event organisers. Training materials were developed to support festival harm reduction, overdose prevention and stigma awareness, with packages designed for both in-person and online delivery. This included adapting the DanceWize festival training program to ensure consistent, evidence-based messaging across diverse community and professional settings.

Tailored peer support was provided for people who use anabolic-androgenic steroids. This work was supported by steroid harm reduction resources and videos for health workers, developed in partnership with Insight to provide accurate, accessible information and promote safer use.

Targeting AOD-related harm in culturally and linguistically diverse communities

\$500,000 has been invested over two years to support two initiatives, aligned with *Achieving balance*, with a focus on prevention, early intervention and cultural responsiveness.

World Wellness Group: Multicultural AOD Engagement and Access Program

This initiative, grounded in multicultural peer support reduces access barriers through:

- a peer workforce representing 60+ ethnic/language groups
- co-design workshops with QNADA and Odyssey House
- a partnership with Lives Lived Well to pilot a multicultural AOD brokerage model, and
- appointment of a Multicultural Lived Experience Lead and peer team.

QuIHN and Ethnic Communities Council of Queensland (ECCQ) Partnership

This statewide project improves culturally and linguistically diverse communities' engagement with AOD services, drawing on ECCQ's extensive community engagement expertise and QuIHN's specialist harm reduction services. The project is co-designing training packages, developing resources and trialling culturally-relevant data collection practices within needle and syringe programs through:

- resource and training co-design workshops
- expanded partnerships across Queensland, and
- introduction of culturally and linguistically diverse data fields in needle and syringe programs.

Implementation is underway in key regions including Brisbane, Logan, Gold Coast, Sunshine Coast and Townsville.

Adis online platform for family and friends

The Commission supported the development of a new Alcohol and Drug Information Service (Adis) online platform to assist families and friends supporting someone with AOD concerns.

The platform includes guided modules offering psychoeducation, practical strategies, and planning tools to help families and friends support their loved ones.

Content was shaped by lived-living experience input and developed in collaboration with Adis, Metro North Health – Alcohol and Drug Service, Family Drug Support and others. This initiative aligns with *Achieving balance* by reducing stigma, enhancing access to support and empowering families with evidence-based tools.

AOD Community Prevention initiative

Launched in 2024–25, the AOD Community Prevention initiative supports community-based and community-led AOD primary prevention projects.

Through an open procurement process, two projects were selected for funding. These projects are co-designing culturally appropriate, evidence-informed prevention resources tailored to priority populations.

The two funded projects are:

Queensland Positive People: To develop AOD resources for people living with HIV, address intersecting stigma and improve service access.

Queensland Remote Aboriginal Media: To co-design AOD awareness materials with 19 First Nations communities, promoting safer behaviours and reducing stigma.

Community-led and community-based prevention efforts are a critical part of reducing AOD-related harm. These projects are informed by local contexts, enabling flexible, targeted responses that can be delivered through trusted community settings.

The initiatives will be completed in June 2026 and include an evaluation.

Investing in targeted approaches

Trauma-informed toolkit for government workforces

The commitment to a coordinated, trauma-informed approach across Queensland Government agencies remains an ongoing strategic priority under *Shifting minds*, the *Trauma Strategy* and *Every life*. To achieve this, the Queensland Government committed to strengthen the capability of government agencies to support children and families affected by adversity and trauma as an initiative under *Every life* Phase Two.

In partnership with Thriving Queensland Kids Partnership, a \$425,000 investment was made to deliver the *Enabling Workforces and Organisations for Thriving Kids* project.

The initiative:

- mapped existing programs and resources
- co-designed a workforce learning package
- piloted and evaluated the program across the education, youth justice, child safety portfolios, as well as a multi-agency site.

Findings to date have highlighted delivery insights, workforce challenges and system-level enablers contributing to long-term, trauma-responsive practice in the context of adverse childhood experiences. Project outcomes will support the Queensland Government's strategic goal to address and prevent trauma and its impact on Queenslanders.

The Men's Table

Male suicide prevention is a key focus area of Phase Two of *Every life* as men continue to experience disproportionately high rates of suicide. *Every life* recognises that targeted approaches to men's suicide are required to better identify and support men experiencing distress or crisis.

In support of male suicide prevention \$250,000 was invested to expand The Men's Table program into Queensland. Eight Tables were established in Nundah, Toowoomba, Redlands, Ipswich, Gympie, Cairns, Townsville and Hervey Bay.

The initiative creates safe spaces for men to connect, share and seek support while building local resilience and supporting early intervention. James Cook University is undertaking an evaluation to measure outcomes and impact.

Objective 2

System reform is supported and advanced

Reform effort is coordinated and integrated across the mental health, alcohol and other drugs, suicide prevention and related systems

Driving reform through *Shifting minds*

The Commission continues to drive systemic reform through *Shifting minds*. This whole-of-government plan sets a shared vision, strategic directions, and priority actions to improve mental health and wellbeing and reduce the harms of AOD and suicide.

The Commission leads coordination, monitoring and evaluation of *Shifting minds* across government, in collaboration with non-government, primary health and private sector partners.

Beyond its coordination role, the Commission also leads delivery of key initiatives including a stigma reduction campaign, development of the *Trauma Strategy*, and projects to grow and develop the Lived-Living Expertise Workforce.

Progress updates are provided throughout this report.

Now in the plan's second year of implementation, whole-of-government actions include 118 activities led by 18 government agencies. More than half are progressing on schedule, with around one-third completed or embedded into business-as-usual.

Reform success is supported by strong cross-sector collaboration and a shift toward a more coordinated, whole-of-government response that addresses the broader social, cultural and economic drivers of mental health, AOD, and suicidal distress. While the full impact is yet to be realised, foundational mechanisms are in place and momentum is building.

Monitoring and reporting

To support cross-sector reform, the Strategic Leadership Group (SLG) provides whole-of-government oversight of *Shifting minds* implementation. During this financial year, the SLG met four times to monitor implementation across all plans: *Shifting minds*, *Achieving balance*, *Every life* and the *Trauma Strategy*. The Commission coordinates quarterly progress updates from lead agencies and supports the SLG with regular briefings to maintain engagement and momentum.

This year saw the development of the first *Shifting minds*, *Achieving balance* and *Every life* annual progress reports, highlighting achievements against 2023–24 priorities and promoting whole-of-government accountability. This report will be released in the 2025–26 financial year.

Evaluation

To assess systemic impact, an independent evaluator has been engaged to conduct a population-level review of *Shifting minds*. This evaluation focuses on:

- implementation effectiveness
- outcomes and impact, and
- relevance of strategic directions and priorities.

A detailed evaluation plan is being co-designed with stakeholders, including indicators to guide analysis. A preliminary evaluation report is expected in 2026, with the final due in 2028.

Supporting social impact

Social procurement approach

Social procurement, by leveraging purchasing decisions to deliver social value, is a powerful tool for building economic inclusion and community wellbeing. It supports mental health outcomes by creating jobs, boosting social inclusion and strengthening community connection.

The *Queensland Social Procurement Guide 2023* highlights the value of prioritising suppliers that deliver positive social impact. Research by Social Traders shows that social enterprises create over 10 jobs for every \$1 million in turnover, particularly for disadvantaged groups.¹¹ These enterprises reinvest profits into community outcomes and contribute over \$16 billion annually to the Australian economy.¹²

The Commission continues to embed social procurement practices into its operations, with a focus on engaging diverse suppliers, including First Nations businesses and social enterprises.

Social Impact Advisory Roundtable

In 2024–25, the Queensland Government launched a landmark \$80 million Social Entrepreneurs Fund to support social enterprises and impact investment. Queensland Treasury has established the Office of Social Impact to lead development of a statewide roadmap to guide investment priorities over the next four years.

To support this work, the Office of Social Impact convened the Social Impact Advisory Roundtable and Philanthropic Roundtable. The Commissioner was appointed as a standing member of the advisory roundtable, contributing insights on addressing labour market disadvantage among people with lived-living experience of mental health challenges and/or AOD use.

Through this engagement, the Commission continues to advocate for systemic reform that strengthens the capacity of the social enterprise sector to provide integrated mental health and psychosocial support within employment settings.

Queensland Digital Mental Health Roundtable

Digital mental health refers to the use of technology, such as phone, video, web, SMS and mobile apps to deliver mental health, AOD, or suicide prevention support and services.

These services can enhance access, reduce pressure and can play a complementary role within the health system, and ensure care is available at the right time and place.

In November 2024, the Commission hosted the Queensland Digital Mental Health Roundtable in partnership with the eMental Health International Collaborative. The event brought together stakeholders from across the sector to explore strategic priorities, share case studies, and discuss the role of emerging technologies like artificial intelligence in care delivery.

The roundtable reinforced the importance of partnership, collaboration and knowledge exchange in this evolving space. Discussions emphasised the need for person-centred design, inclusion of lived-living experience voices, and rigorous research, monitoring and evaluation to ensure quality, safety and effectiveness in digital innovation.

The Commission also contributed to digital mental health advancement by supporting a range of digital mental health projects through its Better Futures Grants Program. Further details about the program can be found on [page 27](#).

Supporting workforce development and capability

Queensland's mental health, AOD, and suicide prevention system continues to face pressure due to population growth and ageing, rising demand and increasing complexity of needs. A key solution is system-wide workforce reform to address shortages, retention challenges, scope of practice and career pathways.

Broader workforce reform is detailed in the Queensland Government's *Good People. Good Jobs: Queensland Workforce Strategy 2022–2032* and the *Health Workforce Strategy for Queensland to 2032*. Specific to mental health and AOD, workforce development is being progressed through *Better Care Together* initiatives.

11 Social Traders. (2022). The Social Procurement Impact Report. Social Traders. Retrieved from https://assets.socialtraders.com.au/downloads/ST-FY22_Impact-Report-FINAL.pdf

12 Social Traders. (2024). Report on Identified Social Enterprises. Retrieved from: <https://assets.socialtraders.com.au/downloads/rise-report.pdf>

Workforce reform continues to be prioritised across initiatives, advocating for education and training that is evidence-based and contemporary.

This included submissions to the Commonwealth's *Emerging Mental Health Curriculum Framework for Undergraduate Health Degrees* and engagement in the national review of Vocational Education and Training qualifications, including mental health, AOD, and Mental Health Peer Work.

Building a resilient, skilled and sustainable workforce

Initiatives that strengthen workforce resilience, skills and sustainability undertaken include:

- community-led initiatives for Aboriginal and Torres Strait Islander workforces
- development and support for the Lived-Living Experience workforce, and
- training and tools to enhance workforce responses to trauma, cultural diversity, AOD, and suicide prevention.

See [page 31](#) for further detail on workforce initiatives.

Achieving balance implementation and evaluation

Implementation activities continued to be delivered related to *Achieving balance*.

Examples highlighted throughout this report include:

- the FASD Tracking Cube project to support earlier identification of FASD
- funding initiatives led by World Wellness Group and a partnership project between QuIHN/ECCQ to reduce AOD harm in culturally and linguistically diverse communities
- strengthening housing responses for people with AOD concerns through the AOD Responses in Housing and Homelessness Settings Grants Program
- commencing scoping for an overdose monitoring and response system in Queensland
- supporting harm reduction for people who use steroids through peer-leadership and research
- contributing best practice evidence-based advice for AOD-related public policy, including submissions to the Inquiry into the health impacts of alcohol and other drugs in Australia and the Cannabis and Driving Consultation Paper by the Department of Transport and Main Roads.

Independent evaluation centring lived-living experience

In 2024–25, the Commission also commenced work to initiate an independent evaluation of *Achieving balance* to assess progress, support accountability and generate insights into systemic reform in Queensland's response to AOD harms.

The evaluation will assess performance across five strategic priorities: prevention and early intervention, treatment and supports, diversion, stigma and discrimination, and harm reduction.

A key focus has been embedding lived-living experience in the evaluation process. A dedicated Lived-Living Experience Procurement Working Group was established to co-design the invitation to offer and ensure meaningful inclusion of lived-living experience throughout the procurement process. The successful evaluator will work alongside an Evaluation Working Group made up of people with lived-living experience of AOD use, selected through an open expression of interest.

This approach reflects the Commission's commitment to partnering with people with lived-living experience and strengthens system-wide accountability by embedding their voices into design, data interpretation and outcomes.

Once complete, the evaluation will provide critical insights into the impact of *Achieving balance* and inform future reform across Queensland's AOD system.

AOD and Housing Grants

Strengthening housing responses for people with AOD concerns

Safe and stable housing is a key social determinant of health. While many people who use AOD don't experience housing challenges, those who do face increased risks and barriers to support. *Achieving balance* recognises the need to build capability across systems, including housing and homelessness systems, to respond more effectively to AOD-related needs.

This year an AOD Responses in Housing and Homelessness Settings Grants Program was launched to support initiatives that strengthen workforce capability and improve access to services for people who use AOD. The three funded initiatives were:

- **Strong Connections—Central Queensland Indigenous Development**
Delivered in Rockhampton and Woorabinda, this initiative strengthens trauma-informed AOD care in housing services through workforce training, policy review and partnerships between AOD and housing sectors.
- **Breaking Barriers—Mangrove Housing**
Operating across Redlands, Logan, Brisbane and the Scenic Rim, this initiative co-develops new policies and practices with people who have lived-experience of AOD use and homelessness, focusing on improving service accessibility and workforce capability.
- **Building Hope and Homes—Micah Projects**
This Brisbane-based initiative is developing a trauma-informed best practice model for people with AOD concerns who are homeless or at risk of homelessness. It includes a formal learning program and tools to support replication across the sector.

The Trauma Strategy

Embedding trauma-informed approaches and support is critical to ensuring Queenslanders who have experienced trauma can thrive and access the right support at the right time.

Launch and early implementation of the Trauma Strategy

In September 2024, the *Trauma Strategy* was released. This strategy was developed on behalf of the Queensland Government in response to recommendation 6 of the Mental Health Select Committee Inquiry into the opportunities to improve mental health outcomes for Queenslanders. The strategy is a sub-strategy of *Shifting minds* and outlines a whole-of-government and whole-of-community commitment to preventing trauma and reducing its impacts.

More than 800 Queenslanders including individuals, families, carers and other stakeholders contributed to the strategy's development through extensive consultation. Early implementation commenced in 2025 and has seen several government agencies begin embedding trauma-informed approaches through frameworks, workforce practices, policies and training initiatives.

The Commission continues to lead and support implementation and is coordinating a mapping process of current and planned activities contributing to the strategy's priorities.

Overdose monitoring and response system

Scoping a statewide system to support overdose prevention responses

Drug-induced overdoses remain a significant public health issue, with 1,590 unintentional overdose deaths in Queensland between 2018 and 2022.

To improve responses and data coordination, work has commenced to scope an overdose monitoring and response system. It is anticipated the system will track fatal and non-fatal, intentional and unintentional overdoses, helping to guide evidence-informed policy and planning.

Foundational work has been completed, including stakeholder engagement, system mapping and establishment of initiative governance. An advisory group was formed with cross-sector representatives to guide system design and implementation. People with lived-experience of overdose are central to system co-design, ensuring responses are person-centred and trauma-informed.

Every life implementation and evaluation

Advancing suicide prevention under Phase Two

Every life Phase Two launched in September 2023 with 56 actions focused on building community resilience, improving responses to people in distress and supporting high-risk groups.

The Commission is leading the implementation of 31 actions, supported by \$11.5 million in Queensland Government investment, plus an additional \$2.38 million for a tailored First Nations suicide response in Far North Queensland.

Key initiatives progressed in 2024–25 included:

- **Yarns Heal Expansion:** Delivered a culturally-responsive campaign for Aboriginal and Torres Strait Islander LGBTQIA+ Sistergirl and Brotherboy communities across six sites, supported by an external evaluation with recommendations for scale-up.
- **Thriving Queensland Kids Partnership:** Developed and piloted a professional development program for frontline workers addressing childhood adversity across four sites.
- **Community-led First Nations suicide prevention:** Continued a four-site pilot with independent evaluation underway to inform future initiatives.
- **Domestic and Family Violence and Youth Suicide:** Commissioned Professor Silke Meyer from Griffith University to investigate system responses to youth suicidality for children exposed to domestic and family violence.
- **The Men's Table pilot:** Supported the rollout of eight male-focused, peer-led support groups in urban and regional areas. An evaluation by James Cook University is in progress.
- **Support for trans young people and their families:** Partnered with Transcend Australia to co-design accessible, evidence-based resources for families of trans young people.
- **Sisters Inside Young Mum's Wellbeing pilot:** Piloted holistic wellbeing support for young Aboriginal mothers with justice system contact in South East Queensland and Townsville.
- **Suicide prevention research investments,** including the following research projects:
 - Machine learning for individual suicide risk by Bond University
 - Online forum safety and gender-affirming care by the University of Southern Queensland
 - Fly-in fly-out and drive-in drive-out workforce suicide risk by Griffith University
 - Youth early intervention by the Thompson Institute at the University of the Sunshine Coast.
- **Workforce capability:** Provided seed-funding for suicide prevention training for child safety practitioners.
- **Peer CARE Companions evaluation:** Partnered with Roses in the Ocean to support the governance and sustainability of peer-led suicide prevention initiatives in communities.

A 12-month pilot of the Suicide Prevention Lived Experience Advisory Group (LEAG) concluded. A review by Lived Experience and Advocacy Network (LELAN) found strengths in diversity and strategic influence, with recommendations to strengthen future engagement, which will inform *Every life* Phase Three and the Commission's broader lived-living experience commitments.

To strengthen the evidence base, The University of Melbourne was engaged to develop a Queensland Suicide Prevention Monitoring and Outcomes Framework and to evaluate all phases of *Every life*. An interim monitoring framework was delivered in late 2024, and an *Every life* Phase Two Evaluation Framework was finalised in early 2025 and is now in use.

Child Safety funding

Suicide prevention for young people is a key focus area of *Every life* Phase Two. It recognises the importance of enhancing responsiveness to vulnerable children and young people, particularly during times of major transitions in their lives.

Approximately \$130,000 in seed funding was provided to the Queensland Centre for Mental Health Learning and the Department of Families, Seniors, Disability Services and Child Safety (Child Safety) to deliver Supporting a Suicidal Young Person training to frontline child safety staff in a variety of locations throughout Queensland.

The training is a non-clinical intervention training program designed to support frontline child protection practitioners who work with young people who are suicidal or at risk of experiencing suicidal distress. The course bridges the gap between specialist clinical training and more generalist crisis support training. Informed by contemporary suicide prevention practice, the course provides staff with increased confidence, tools and skills to support a suicidal young person. The course covers the following key topics:

- identifying and engaging young people who are suicidal
- asking young people directly about suicide
- creating a safety plan with the young person
- referring young people to key professionals and supports, and
- self-care for the worker.

The Queensland Centre for Mental Health Learning and Child Safety have currently delivered the training to 245 child safety practitioners across several Queensland locations including Wacol, Paddington, Labrador, Cairns, Rockhampton, Thuringowa, Mackay, Mt Isa, and Caboolture. Post-training evaluations show a significant increase in staff capability and confidence in working with children and young people in distress, and completing safety planning.

Peer CARE Companions

In 2024–25, the Commission continued to work on alternative supporting models of care with the suicide prevention system.

Working in partnership with Roses in the Ocean, the Queensland Government has invested to expand the Peer CARE Companion in Community model. This provides non-clinical, peer-led support for individuals and communities impacted by emotional distress, isolation and suicide to complement existing suicide prevention programs and crisis responses.

Peer CARE Companion staff are now employed in Cairns, Gladstone and Brisbane North.

Community consultation is complete and volunteer recruitment and training is underway. Outcomes will be evaluated to strengthen the evidence base for community-based, lived experience-led suicide prevention.

This work aligns with *Every life* Phase Two priorities, including:

- Supporting the development of innovative co-produced models in regional and remote communities (action 35)
- Piloting and evaluating community-based, lived experience-led approaches (action 38).

Reforming Suicide Surveillance Project

The Commission now leads the Reforming Suicide Surveillance Project, following the transfer of custodianship of the Queensland Suicide Register (QSR) and the interim Queensland Suicide Register (iQSR) to the state government in 2023.

The QSR provides data on confirmed suicides once coronial investigations have been finalised, while the iQSR enables real-time monitoring of suspected suicides for earlier intervention.

Recent achievements to improve the system include:

- redesigning the QSR and iQSR data models
- developing interim data entry interfaces for the iQSR to reduce errors and enhance reporting
- piloting geospatial mapping to detect and monitor suspected suicide clusters
- responding to over 50 data requests to inform service planning
- publishing monthly and annual suicide data, and
- continuing work to address the QSR data backlog, which is expected to be resolved by mid-2026.

In 2025–26, the Commission will commence designing modern, fit-for-purpose systems to enable more responsive, evidence-informed suicide prevention across Queensland.

Objective 3

Policy and practice is grounded in evidence and best-practice

Best-practice and knowledge translation is embedded in the mental health, alcohol and other drugs, and suicide prevention systems to improve quality and performance

Better Futures Grants

The Commission recognises the importance of investing in innovative initiatives that build the evidence base and embed early intervention to prevent and reduce the impact of mental ill-health, AOD use concerns and suicide.

In 2023, a \$1 million Better Futures Grant Program was launched to fund initiatives that trial innovative approaches to drive reform of the mental health, AOD and suicide prevention system.

The Better Futures Grant Program supports innovative service design and system reform by piloting new approaches, gathering evidence to inform planning, enhancing outcomes for target communities, building workforce capacity, and developing resources to enable best practices across all age groups in Queensland.

Outcomes

The Better Futures Grant Program offered up to \$250,000 per grant to fund initiatives that trialled innovative approaches and contributed to the evidence base supporting system reform.

More than 130 high-quality applications were received and subsequently allocated additional funding to support a greater number of initiatives. Eight organisations were awarded grants to implement projects over 12–24 months between 2024 to 2026. These projects align with the strategic intent and reform objectives of *Shifting minds* and sub-plans, *Achieving balance*, *Every life*, and the *Trauma Strategy*.

These funded initiatives will contribute valuable insights to improve care models and guide future strategies in Queensland. By piloting innovative approaches and collecting robust real-world data, the program aims to build a more responsive, effective and inclusive mental health, AOD and suicide prevention system. The evidence will guide decision-makers in scaling proven interventions and integrating them into mainstream services.

Successful recipients are detailed on the Commission's website.

Human rights research

Since 2016, compulsory treatment orders have increased in Queensland despite the implementation of the *Mental Health Act 2016*. This increase occurred despite the intent of legislative reforms to strengthen human rights protections by minimising coercion and enhancing patient autonomy.

To understand and gather perspectives around the reasons behind the increase in involuntary treatment and to provide opportunities for alternatives to restrictive practices in Queensland's mental health services, a three-year research project was funded. Led by Professor Neeraj Gill, the project was designed to identify reasons behind the rise in involuntary treatment in Queensland. The project is supported by Arafmi Queensland and the Mental Health Review Tribunal and continued throughout 2024–25.

The findings of this qualitative research phase include the viewpoints of carers, clinicians and lawyers at the Mental Health Review Tribunal.

Identified reasons for an increase in involuntary treatment include a risk averse culture in mental health services and society, the lack of early intervention, a focus on crisis care, limited resources for voluntary treatment, a lack of policy levers to promote voluntary treatment, legislative interpretation and implementation issues.

The final stage of the research will be interviews conducted by lived experience researcher Dr Caroline Robertson, Research Fellow, Griffith University Centre for Mental Health with people with lived-experience of mental illness and involuntary treatment ahead of publication.

QuIVAA and Griffith University steroid research

Strengthening harm reduction for people who use steroids through peer leadership and research implementation

Building on the success of the world-first steroid checking and peer-led harm reduction trial in 2023–24, the steroid analysis and peer-led harm reduction project continued to grow and evolve.

People who use anabolic-androgenic steroids are at risk of physical, psychological and social harms. The needs of people who use anabolic-androgenic steroids are currently not addressed through existing harm reduction interventions and frameworks, resulting in significant barriers to accessing appropriate support.

This innovative initiative aims to establish a scalable model of harm reduction tailored for people who use anabolic-androgenic steroids. Recognised as a globally pioneering approach, the project integrates peer leadership, community engagement, research and evidence-based practices.

In 2024–25, the initiative expanded with the recruitment of a Peer Steroid Educator and the launch of several key project activities:

- **Peer-led harm reduction framework**, co-designed in collaboration with the QuIVAA Steroid Advisory Group.
- **Peer Steroid QNECT**, a phone support line offering accessible, confidential harm reduction advice for the anabolic-androgenic steroids community.

- **Steroid QNECT Peer Education Training Model**, delivering tailored training to health workers and organisations using case studies, personal narratives and current research.

Suicide prevention research

Every life Phase Two outlines a range of actions to respond to suicide through improving the way data, evidence and evaluation is collected, used and shared to drive and improve suicide prevention. In 2023–24, the Commission invested over \$720,000 to fund research into suicide and suicide prevention.

The development of the suicide prevention research scheme supports an evidence-based understanding of what works to prevent suicide, to strengthen Queensland's ability to deliver high-quality suicide prevention initiatives.

A co-design approach was used to establish the Queensland Suicide Prevention Research Scheme with Queensland-based universities and people with lived experience of suicide. The collaboration enabled valuable input from lived experience expertise and diverse researcher advice, guiding the suicide prevention research program's objectives and priorities.

The research program opened on 27 June 2024 to all Queensland-based universities with a prioritisation on lived experience and groups disproportionately impacted by suicide. Four initiatives were funded:

- University of Southern Queensland, investigating:
 - 'Keeping safe online'—Transforming suicide risk into safety through online discussion forum interactions.
 - 'Preventing suicide, building resilience and informing transformational change'—A multi-study investigation of gender-affirming healthcare access for trans and gender diverse communities in Queensland.
- Bond University investigating the use of AI in suicide risk assessment through the research project 'Assessing individual suicide risk with the aid of machine learning'.
- Griffith University investigating suicide risk in construction workers through the research project 'Fly-in Fly-out and Drive-in Drive-out construction worker suicide: Perspectives on drivers of suicide and co-designed responses to prevent it'.

The diversity of projects across a broad range of research domains will guide and inform future investments in suicide prevention in Queensland.

Domestic and family violence and youth suicide research

Research shows that exposure to domestic and family violence (DFV) can have a range of negative impacts on children across the life course, including mental ill-health, AOD-related harm, homelessness, intergenerational transmission of violence and contact with the criminal justice system in adulthood. However, by the time a young person comes into contact with services for presenting issues, the impact of childhood experiences of DFV often remain hidden.

In partnership with Griffith University, a two-year, \$83,000 study examining the link between childhood experiences of DFV and youth suicide was funded.

The research examined coronial records of 12 young people who died by suicide in Queensland, along with the household histories of DFV involving young people under 18 years old who died by suicide between 2020 and 2021. It was found that youth exposed to DFV frequently engage with multiple service systems from an early age and continue to do so throughout their childhood. The report is due to be published in 2025–26, however interim findings and opportunities include:

- development of trauma-informed, holistic cross-agency suicide prevention strategies
- recognise and address child-centred support and recovery needs early in DFV-affected households
- identify children in DFV environments as victim-survivors with unique support needs
- enhance multi-agency support and coordinated intervention for at-risk youth, and
- build an integrated service system to ensure safety and age-appropriate recovery support for young people.

Research findings will inform practice and policy to improve outcomes for children, young people and their families experiencing DFV.

Early suicide awareness and response in youth

Suicide is the leading cause of death for young people in Australia, with young males at particular risk. Suicide prevention for young people is a key focus area of *Every life Phase Two*, which recognises that targeted approaches to understanding youth suicide are required to better identify and support young people experiencing distress or crisis.

Under *Every life Phase Two*, \$250,000 in grant funding over two years has been provided to the University of the Sunshine Coast's Thompson Institute Youth Mental Health Program to implement and evaluate trials of the 'Early Suicide Awareness and Response in Youth' (ESARY) protocol. The ESARY protocol focuses on early identification of suicidal thoughts and behaviours, providing a framework that prioritises proactive intervention and support for at-risk youth. The protocol includes a real-time screener to guide immediate support by clinicians, guidance officers and counsellors.

The initiative's objectives are to:

- evaluate the ESARY screener across various settings
- pilot innovative service design with partners like headspace, Myndset, state high schools and Integrated Family Youth Service, and
- use data to identify suicidality patterns to develop evidence-based reforms.

The Thompson Institute's project team and partnerships are established and underway.

Commission submissions

The Commission made submissions throughout the year to several state and national inquiries around mental health, AOD, suicide, human safety, and government services and legislation.

Queensland

- Health Legislation Amendment Bill (No. 2) 2025
- Strengthening social impact in Queensland
- Domestic and Family Violence Protection and Other Legislation Amendment Bill 2025
- Making Queensland Safer (Adult Crime, Adult Time) Amendment Bill 2025
- *Police Powers and Responsibilities Act 2000*, including 'Jack's Law'
- Inquiry into elder abuse in Queensland
- Inquiry into the Making Queensland Safer Bill 2024
- *Prisoner Health and Wellbeing Strategy 2020–2025*
- Truth-telling and Healing Inquiry
- Working with Children (Risk Management and Screening) and Other Legislation Amendment Bill 2024
- Disability Services (Restrictive Practices) and Other Legislation Amendment Bill 2024
- Child Safe Organisations Bill 2024
- *Multicultural Action Plan 2024–25 to 2026–27*
- *Queensland LGBTQIA+ Strategy*
- First Independent Review of the *Human Rights Act 2019*
- Queensland Community Safety Bill 2024
- Independent Review on Homelessness Response in Queensland
- Queensland Sentencing Advisory Council's review of sentencing for sexual assault and rape offences
- Anti-Discrimination Bill 2024
- *Putting Queensland Kids First: Giving our kids the opportunity of a lifetime*

- Health Workforce Strategy for Queensland to 2032 Consultation Paper
- Cannabis and Driving in Queensland Consultation Paper
- Inquiry into the provision and regulation of supported accommodation in Queensland
- Inquiry into Youth Justice Reform in Queensland
- Criminal Law (Coercive Control and Affirmative Consent) and Other Legislation Amendment Bill 2023
- Discussion paper on Developing a new Queensland Vocational Education and Training Strategy
- *Our Place: A First Nations Housing and Homelessness Action Plan 2024–2027*

Other states and territories

- Coroner's Court of Victoria regarding findings on transgender and gender diverse Australians

Commonwealth

- Department of Health and Aged Care—Emerging mental health curriculum framework for undergraduate health degrees
- The Defence and Veteran Mental Health and Wellbeing Strategy 2024–2029—Exposure Draft
- Independent Review of NDIS Art and Music Therapy Supports
- Review of PHN Business Model and Mental Health Flexible Funding Model
- Inquiry into the health impacts of alcohol and other drugs in Australia
- Reforms to Strengthen the National Mental Health Commission and National Suicide Prevention Office
- Public consultation on the Advice on the National Suicide Prevention Consultation Draft
- Royal Commission into Defence and Veteran Suicide
- Inquiry into Australia's Human Rights Framework

Objective 4

Lived-living experience and First Nations expertise drive reform

Lived-living and First Nations experience is embedded in governance

Lived-Living Experience (Peer) Workforce initiatives

Significant progress in developing Queensland's Lived-Living Experience (Peer) Workforce was made this financial year. This work responds to the Queensland Parliament Mental Health Select Committee Inquiry into the opportunities to improve mental health outcomes for Queenslanders. The Commission's work specifically addresses recommendation 54 to expand and regulate Queensland's Lived Experience Workforce.

Funded initiatives focused on standardisation, regulation, training, and expanding the workforce in rural, remote, and Aboriginal and Torres Strait Islander communities included:

- **Queensland Lived Experience Workforce Summit:** Queensland Lived Experience Workforce Network (QLEWN) facilitated a two-day summit on the Sunshine Coast in February 2025. The Summit had 230 registrations and attendees from throughout Queensland, including rural, regional and remote, and representatives from interstate.
- **First Nations Peer Workforce Development:** Everywhen is developing a sector-wide strategic framework for building the capacity of the Aboriginal and Torres Strait Islander Lived-Living Experience Workforce.
- **An LGBTQIA+SB suicide prevention initiative:** led by 2Spirits and Queensland Council for LGBTI Health to support activities across five sites to build capacity across the mainstream and broader community service sector to reduce experiences of exclusion and marginalisation, and increase safety and inclusion for First Nations LGBTQIA+SB people.
- **AOD Peer Workforce Framework:** Led by the QuIVAA, in partnership with the QuIHN and the QNADA, to develop Queensland's AOD Peer Workforce Framework. This project focuses on building capacity within the AOD Peer Workforce. Activities include developing and piloting resources in a range of AOD settings and a state-wide peer framework to foster collaboration, innovation, and best practices.
- **Whole-of-sector Lived-Living Experience Workforce Training:** Led by Dr Louise Byrne and Lived Experience Training to provide fully-funded, self-paced online orientation/induction training for Queensland organisations and individuals to enhance understanding of the role and benefit of Lived-Living Experience (Peer) Workforces within the broader workforce. The training is available to all staff in an eligible organisation or service and includes a follow-up opportunity to undertake additional foundational knowledge training and custom planning sessions for region-wide Lived-Living Experience (Peer) Workforce development.

**Objective 4: Lived-living experience
and First Nations expertise drive reform**

- **Lived-living experience-led Supervision Training Program:** Develop a lived-living experience-led standardised Supervisor Training Program for lived-living experience workers in Queensland. Funding was allocated to The Lived Experience Supervision Project Pty Ltd to co-design, pilot and evaluate the training program.

In 2025–26, the Commission will finalise grant applications for the remaining Lived-Living Experience (Peer) Workforce initiative funding. Grants starting from \$500,000 will be available for lived-living experience-led initiatives that address Lived-Living Experience Workforce development priorities in the AOD, mental health and suicide prevention sectors, including a focus on Aboriginal and Torres Strait Islander and rural and remote communities.

The outcomes of these grants are expected to be announced later in the 2025 calendar year.

Through these efforts, the Commission aims to significantly expand and strengthen Queensland's Lived-Living Experience Workforce, improving mental health outcomes and service delivery across the state.

Lived-Living Experience Organisation Development Grants 2023–25

The Commission acknowledges the important role of Queensland's peak lived-living experience organisations in leading and supporting mental health, AOD and suicide prevention system reform. Lived-living experience peak organisations promote and advocate for lived-living experience participation, leadership, cross sector collaboration, workforce growth and development.

In 2023, the Commission's Lived-Living Experience Organisation Development Grant Program provided four lived-living experience peak bodies with funding to develop and strengthen their organisation's capability to enhance lived-living experience participation and leadership in system reform and system advocacy activities in Queensland. Final reports on the grants will be provided in the 2025–26 financial year.

Arafmi

Arafmi Queensland, the peak body for unpaid mental health carers in Queensland, contributes to system reform through advocacy to government and service providers. In 2024–25, Arafmi's key achievements included:

- Sharing the findings of the statewide consultation report *At what cost? The experiences of unpaid mental health carers in Queensland 2023–2024* through webinars and conference presentations; and with key government departments and agencies, other peak bodies, and public and community service providers
- Establishing the Carer Consultative Group to provide feedback and input to Arafmi's policy and advocacy work
- Establishing two systems advocacy Communities of Practice to progress advocacy work around issues of concern to carers
- Commencing a systemic advocacy capability building program for carers
- Developing awareness materials, including a guide for health care professionals working with carers, family and kin
- Undertaking a co-design process for the establishment of a carers Resource Hub to be housed on a new Arafmi website expected to be launched by the end of the year.

Implementing a plan for ongoing monitoring and evaluation of Arafmi's work as the peak body for mental health carers in Queensland.

The grant has strengthened Arafmi's ability to support mental health carers across Queensland; and to build the capability and capacity of carers to participate in mental health and carer support system design and reform.

QLEWN

QLEWN, a member-based organisation supporting Queensland's lived-living experience workforce, received funding in 2024 to enhance its governance, risk management, stakeholder engagement and reporting systems. This improved capacity to manage financial agreements and grow and engage membership.

In 2024–25, the Commission funded the Mental Health Lived Experience Peak Queensland (MHLEPQ) to employ a full-time program manager to work for QLEWN to increase membership, strengthen its role as a Lived-Living Experience Workforce sector peak body, and to seek ongoing funding to further develop as a peak organisation. The Program Manager was employed from January 2025 until 30 June 2025.

The Program Manager worked closely with QLEWN's Management Committee to achieve:

- the successful delivery of the Powering Up Lived Experience Workforce Summit held in February 2025
- an increased membership base, and
- the establishment of the IMPACT Network in partnership with Communify.

QLEWN also focused its efforts on stabilising its management committee, establishing priorities for the organisation and clarifying governance and operational roles.

These activities have strengthened QLEWN's ability to continue its work representing the interests of the Lived-Living Experience Workforce in Queensland.

QuIVAA

QuIVAA represents people who use drugs in Queensland through peer-led, systemic advocacy. In 2024–25, QuIVAA enhanced its organisational capacity and lived-living experience leadership through governance, strategic planning and workforce development.

QuIVAA's key achievements included:

- attaining International Organisation for Standardisation (ISO) accreditation
- developing a joint strategic plan with QuIHN
- increasing membership by 15% via regional outreach
- expanded cross-sector partnerships to grow the lived-living experience AOD workforce
- delivered peer-led research and training.

QuIVAA led and contributed to national policy reform, and supported inclusive, trauma-informed leadership, strengthening its impact on equitable, evidence-based healthcare for people who use drugs.

Roses in the Ocean

Roses in the Ocean, a lived experience-led suicide prevention organisation, continued to strengthen its system advocacy in 2024–25 through leadership, staff capacity building, inclusive capability building, and monitoring and evaluation.

The organisation's key achievements were to:

- Develop an outcomes and impact framework to measure and communicate the value of lived experience in suicide prevention, with pilot sites and an Impact Measurement Specialist role in place. Beacon Strategies and Monash University have been engaged as evaluation partners.
- Delivered leadership development across the organisation, with team leaders delivering tailored workshops. Ten team leader workshops were delivered between February and June 2025. Advanced diversity, equity, inclusion and belonging (DEIB) by developing a DEIB statement, staff audits, full-team training sessions, and the launch of an Interfaith Project to promote culturally-sensitive suicide prevention approaches.
- Delivered online capacity building workshops with strong participation and feedback tracking.

These activities have strengthened Roses in the Ocean's leadership, inclusive culture and ability to drive system reform through lived experience.

National Peer Scholarship Program

The Commission also contributed to the development of the Lived-Living Experience (Peer) Workforce through the National Peer Scholarship Program, in partnership with the Queensland Alliance for Mental Health (QAMH).

QAMH administered the Peer Work Scholarship Program in 2024–25, funded by the Australian Government and supplemented by the Commission. The program awarded 178 scholarships for the Certificate IV in Mental Health Peer Work to strengthen the Lived-Living Experience Peer Workforce in mental health, suicide prevention and AOD.

**Objective 4: Lived-living experience
and First Nations expertise drive reform**

Queensland's key achievements included:

- 178 scholarships awarded across five rounds
- diversity targets exceeded—8% Aboriginal and Torres Strait Islander, 16% rural and remote
- comprehensive support—induction, mentoring and administrative assistance
- partnerships with training providers and lived-living experience organisations
- positive feedback from recipients with increased confidence in their work and professional identity and 65% interested in further study.

Opportunities for future scholarship programs include:

- streamlined administrative processes
- align course content with peer work principles and specialist service areas
- enhance placement and workforce readiness initiatives
- extend mentoring throughout the duration of study

The program significantly advanced Queensland's peer workforce and supports broader mental health reform goals.

Lived-living experience governance, leadership and partnering

The perspectives of people with lived-living experience of mental health challenges, AOD use, trauma and suicidality, including their families, kin, unpaid carers and other unpaid supporters are critical to the Commission's system reform work.

Shifting minds, Achieving balance, Every life and The Trauma Strategy seek to ensure people with lived-living experience inform system reform. This includes in policy, planning, funding, service delivery and governance.

A range of activities were progressed this year to build the Commission's capability and capacity to embed lived-living experience insights and perspectives, and strengthen lived-living experience governance and leadership to enable meaningful partnerships across its work program.

Embedding lived-living expertise in the Commission

Established in late 2023, the Commission's Lived-Living Expertise team provides lived-living experience input across all aspects of work. This includes leading work to build organisational capability and capacity to embed lived-living experience governance, leadership and partnerships.

Consisting of four designated positions (permanent and temporary)—Director, Program Manager, Principal Policy Officer and Senior Project Officer—the team progressed, supported and elevated lived-living experience advocacy, leadership, strategic development and implementation of initiatives across the mental health, AOD, and suicide prevention system in Queensland.

Strengthening lived-living experience governance, leadership and partnering

In 2024–25, the Commission worked with LELAN to embed lived-living experience governance across its work. Central to this was implementation of the *Lived Experience Governance Framework: Centring People, Identity and Human Rights for the Benefit of All*, a model designed to uphold human rights and embed lived-living experience to enhance the quality and safety of systems, services and programs.

Key internal initiatives in 2024–25 included:

- knowledge and skill enhancement—tailored learning for staff to build understanding and apply lived-living experience governance
- champions program—staff-led implementation of the framework's core elements within their area of work
- consultation and mentoring—individual and team support to navigate challenges and to embed lived-living experience in key projects.

Commitment to partnering with people with lived-living experience in Queensland

Launched at the 2024 Leading Reform Summit, the *Commitment to partnering with people with lived-living experience in Queensland*¹³ outlines how the Commission partners with people with lived-living experience in system transformation work.

¹³ <https://www.qmhc.qld.gov.au/engage-enable/lived-experience-led-reform/our-commitment-to-partnering>

The commitment articulates the Commission's values and how these values will be put into action when partnering with people with lived-living experience. It is foundational in embedding lived-living experience governance, leadership and partnering into broader system reform efforts by grounding and guiding practice.

The Commitment was informed by people with lived-living experience and their families, kin, unpaid carers and other supporters, lived-living experience sector leaders and Commission staff. Implementation is supported by a planned approach to integrate the policies, processes, resources, structures, staff development and success.

Embedding First Nations perspectives and leadership

In 2024–25, the Commission continued to focus on embedding First Nations perspectives and leadership into its work, and enhancing the organisation's cultural capability.

Evaluation of social and emotional wellbeing programs

Strengthening social and emotional wellbeing through community-led action: A grounded investment in community empowerment

In partnership with the Department of Aboriginal and Torres Strait Islander Partnerships and Multicultural Affairs (DWATSIPM), a targeted statewide investment was launched to strengthen the social and emotional wellbeing of Aboriginal and Torres Strait Islander peoples. Through the Local Thriving Communities and Closing the Gap Program Management stream, a total of \$4.1 million over two years is being invested to support trauma-informed, community-led programs across Queensland.

Grants of up to \$400,000 have been allocated to six First Nations-led initiatives spanning urban, regional and remote communities. Each initiative has been locally-designed to promote mental health, reduce harms related to substance use, support young people and prevent suicide.

This investment responds to the enduring need for culturally-grounded approaches to mental health, trauma and healing.

Funded initiatives include:

- Cherbourg Aboriginal Shire Council—Stronger, Healthier Together
- Pormpur Paanthu Aboriginal Corporation—Thrive Together
- Kowanyama Aboriginal Shire Council—The Future is in Your Hands
- Wujal Wujal Aboriginal Justice Group—Healing on Country
- Gunya Meta (Logan)—Healing Spirit Together
- Central West Aboriginal Corporation (Barcaldine)—Horsemanship Therapy.

Evidence, reform and scalable Impact

The Commission has engaged First Nations Co. to provide an independent, culturally responsive evaluation of the initiatives. Findings will inform long-term policy, scalable investment models and future priorities across Queensland. This initiative reinforces the Commission's commitment to structural reform, placing culture, community and First Nations leadership at the centre of systems that affect their lives.

First Nations Suicide Prevention Pilot

Empowering Community-Led Responses to Save Lives: First Nations Suicide Prevention Pilot

Under the *Better Care Together* initiative, a transformative First Nations Suicide Prevention Pilot Project was launched. A joint investment between the Commission and DWATSIPM has seen over \$3.2 million invested in a pilot supporting four remote and discrete North Queensland communities to co-design and deliver locally-led, culturally safe suicide prevention initiatives.

Rates of suicide and psychological distress among Aboriginal and Torres Strait Islander people remains unacceptably high, particularly in remote communities. This initiative responds to the urgent needs of First Nations communities with funding combined with a strong commitment to self-determination, community leadership and cultural strength.

**Objective 4: Lived-living experience
and First Nations expertise drive reform**

The Commission recognises that effective suicide prevention in First Nations communities must honour cultural ways of knowing, being and doing.

The pilot supports four priority communities:

- Coen—through the Coen Regional Aboriginal Corporation in partnership with Thirrili Ltd
- Lockhart River—with the Lockhart River Aboriginal Council in partnership with Beacon Strategies
- Mornington Island—together with the Mornington Island Health Council / Ngarnal ACCHS and North West Remote Health
- Doomadgee—through the Doomadgee Aboriginal Shire Council and North West Remote Health. The preferred approach in this community is still being finalised.

Site visits have revealed early successes and inspiring practices, particularly in Coen. Coen's community-led response offers a glimpse of what is possible when cultural and clinical systems are integrated. A local cultural healing centre, youth mentorship programs through men's groups, and accessible spaces such as the Men's Shed and Women's Place are already delivering positive impacts.

The remaining communities are in early implementation phases, with strong community leadership and readiness demonstrated during site visits. These communities are actively developing their models, guided by the lessons from Coen and their own cultural and social contexts.

To assess effectiveness and inform future investment, the Commission has engaged Yamagigu Consulting—Deloitte Australia to undertake a culturally grounded four-phase evaluation from 2024 to 2027.

Lessons from the pilot will inform systemic change, including long-term, flexible funding approaches, greater recognition of cultural healing practices, and a shared outcomes framework reflecting both clinical and cultural measures of success. The Commission is committed to advancing stronger futures for First Nations peoples by encouraging partnerships and embedding First Nations-led governance. By centring First Nations leadership, knowledge and voices, the Commission supports reform that is community-led, strengths-based and grounded in self-determination.

Queensland Mental Health and Drug Advisory Council

About the Advisory Council

The Advisory Council was established under the Act.

The Advisory Council's functions are to:

- provide advice to the Commission on mental health or AOD issues, either on its own initiative or at the Commission's request; and
- make recommendations to the Commission regarding the Commission's functions.

Membership

Advisory Council appointments are made by the Minister for Health and Ambulance Services.

The membership terms for Deputy Chair Gabrielle Vilic, Professor Brett Emmerson and Karyn Walsh are due to expire on 30 June 2027.

The membership terms for the Chair, Professor Cindy Shannon AM, and remaining members, Sanam Ahmadzada, Naraja Clay, Professor Jason Ferris, Edward Fewings, Jorgen Gullestrup, Professor David Kavanagh, Emma Kill and Jane Williams are due to end on 14 December 2025.

An EOI process will be undertaken in the latter part of 2025 for membership and the Chair role for the Advisory Council. A list of candidates who represent the diversity of the Queensland population with skills, knowledge and expertise needed to support and inform system reform will be provided to the Minister to inform his appointment of the Advisory Council.

Meetings

The Advisory Council met four times in 2024–25 (8 August 2024, 17 October 2024, 28 February 2025 and 23 June 2025). As required by the Act, the Commissioner attended each meeting and the Commission provided secretariat support.

Advisory Council remuneration

Table 1 provides a full summary of the Advisory Council's membership, attendance and remuneration as set by the Governor in Council, in line with *Queensland Government's Remuneration Procedures for Part-time Chairs and Members of Queensland Government Bodies*.

Table 1: Advisory Council 2024–2025

Queensland Mental Health and Drug Advisory Council					
Act or instrument	Part 5, <i>Queensland Mental Health Commission Act 2013</i>				
Functions	See page 37				
Achievements	See the message from the Queensland Mental Health and Drug Advisory Council from page 39				
Financial reporting	Transactions are included in the financial statements from page 55				
Remuneration					
Position	Name	Meetings/ sessions attendance	Approved annual, sessional or daily fee	Approved sub-committee fees if applicable	Actual fees received ¹
<i>Members whose term is from 15 December 2022 to 14 December 2025</i>					
Chair	Professor Cindy Shannon AM ²	4	\$4,000	N/A	\$0
Member	Ms Sanam Ahmadzada	3	\$2,500	N/A	\$2,500
Member	Ms Naraja Clay	4	\$2,500	N/A	\$2,500
Member	Professor Jason Ferris	3	\$2,500	N/A	\$2,500
Member	Mr Edward Fewings	3	\$2,500	N/A	\$2,500
Member	Mr Jorgen Gullestrup	2	\$2,500	N/A	\$2,500
Member	Professor David Kavanagh	2	\$2,500	N/A	\$2,500
Member	Ms Emma Kill	3	\$2,500	N/A	\$2,500
Member	Ms Jane Williams ²	0	\$2,500	N/A	\$0
<i>Members whose term is from 1 July 2024 to 30 June 2027</i>					
Deputy Chair	Ms Gabrielle Vilic	2	\$2,500	N/A	\$2,500
Member	Professor Brett Emmerson AM	1	\$2,500	N/A	\$2,500
Member	Ms Karyn Walsh	2	\$2,500	N/A	\$2,500
<i>Ex officio</i>					
Queensland Mental Health Commissioner	Mr Ivan Frkovic	4	N/A	N/A	N/A
Number of scheduled meetings/sessions		4			
Total out of pocket expenses		\$2,039.84			

¹ Fees are rounded to the nearest dollar.

² Queensland Government employees that elected not to receive fees.

Message from the Chair

Queensland Mental Health and Drug Advisory Council

In 2024–25, the Advisory Council continued to act as a strategic advisor to the Commission, championing reform grounded in lived-living experience and focused on whole-of-system impact.

Throughout the year, the Advisory Council engaged with various complex, cross-sector challenges and responded to emerging priorities. This included:

- engaging with broader reform initiatives, such as the implementation of the *Trauma Strategy*, the Wolston Park review and Commission-led work to address stigma and discrimination
- highlighting key service and system gaps, including the lack of supportive housing options for people experiencing homelessness, barriers to completing peer workforce training and inconsistencies in culturally safe service delivery and supports
- providing feedback on harm reduction policy, age of criminal responsibility and other emerging and timely issues
- making recommendations to strengthen lived-living experience co-design clauses in Commission-led research, and
- continuing to advocate for transparency in restrictive practices, calling for strengthened data collection and public reporting on the use of seclusion and restraint.

Communiques for each of the Advisory Council meetings can be found on the Commission's website.

Reform is not without its challenges, but we continue to work towards mental health, alcohol and other drugs suicide prevention systems that support every Queenslanders to live with dignity, connection and hope.

In the year ahead, the Advisory Council will work in partnership with the Commission to advance shared priorities under the 2025 Strategic Plan, with a continued focus on system reform, equity and lived-living experience leadership.

Our focus will remain on contributing to high-leverage reform areas, including lived-living experience workforce development, stigma reduction and improved service access across Queensland communities. We are committed to building a system that fosters healing, advances equity and ensures genuine participation.

I extend my sincere thanks to my fellow Council members for their insight, integrity and commitment over the past year, and to the Commission for its continued partnership.

Professor Cindy Shannon AM

Chair

Queensland Mental Health and Drug Advisory Council

Our next steps

The year ahead presents an important opportunity to continue to embed reform and deliver tangible outcomes across Queensland's mental health, AOD, suicide prevention and related systems. Building on the strong momentum of 2024–25, the Commission will continue to lead and coordinate strategic efforts across sectors to shift systems upstream, respond earlier within the community and create the conditions for all Queenslanders to thrive.

In 2025–26, we will convene and lead the cross-government and cross-sector SLG to drive implementation of *Shifting minds*, alongside its key sub-plans, *Every life*, *Achieving balance*, and *The Trauma Strategy*. We will also refresh *Shifting minds* to ensure it remains aligned with sector, community and Queensland Government priorities and objectives.

A key priority will be delivering enhanced investment across the life course and across systems to promote positive mental health, prevent mental ill-health, and to support early intervention when risks present.

Endorsement will also be sought for *Every life* (Phase Three), ensuring the plan reflects emerging evidence, community insights, and the evolving needs of Queenslanders. The plan is being informed by lived-living experience consultations led by Roses in the Ocean. This work will be supported by ongoing investment in suicide prevention data and surveillance systems, including the QSR, iQSR, to ensure decision-making is informed, timely and responsive.

The Commission will continue to lead and support the work of the HMAc and the Supportive Housing Sub-Committee. We will advocate for expanded access to fit-for-purpose supportive housing as part of a broader continuum of care—preventing discharge into homelessness, reducing emergency department and hospital demand, and enabling improved housing stability for people living with mental health, AOD challenges and suicidal distress.

In 2025–26, the Commission will also support delivery of a statewide stigma-reduction campaign, backed by deep engagement and capability-building efforts to strengthen impact with community, health, education and employment settings.

We will continue to strengthen the Lived-Living Experience (Peer) Workforce across the mental health, AOD and suicide prevention systems. Through our commitment to people with lived-living experience, we aim to continue creating essential shifts that foster partnerships and, where possible, enable people with lived-living experience to co-lead and drive the reform agenda.

The coming year will also see the Commission engage with the Productivity Commission's 2025 Review of the National Mental Health and Suicide Prevention Agreement, advocating for a stronger national framework with clearer accountability and greater responsiveness to the needs of states and territories. We will also monitor progress on a new national agreement and its implications for Queensland's reform agenda, with a focus on the Commonwealth-State agreement and funding for foundational supports to complement the National Disability Insurance Scheme.

We also look forward to collaborating with the Social Impact Office as begins its work to support social enterprise approaches that create inclusive, recovery-oriented employment opportunities for people with lived-living experience.

Finally, subject to Queensland Government direction, the Commission will progress a review of the *Queensland Mental Health Commission Act 2013*, to ensure it reflects Queensland's evolving reform agenda and governance needs to drive meaningful change.

The Commission remains committed to working across systems and sectors to advance mental health and wellbeing, reduce suicide, address AOD-related harm, and deliver real and lasting change for Queenslanders.

Corporate performance

Agency effectiveness

The Commission’s performance indicators and effectiveness measures are detailed in its Strategic Plan 2024–2028 and the 2024–25 Service Delivery Statement. Data to measure performance during the 2024–25 year is collected via the annual stakeholder survey, conducted in May to June 2025.

2024–25 survey

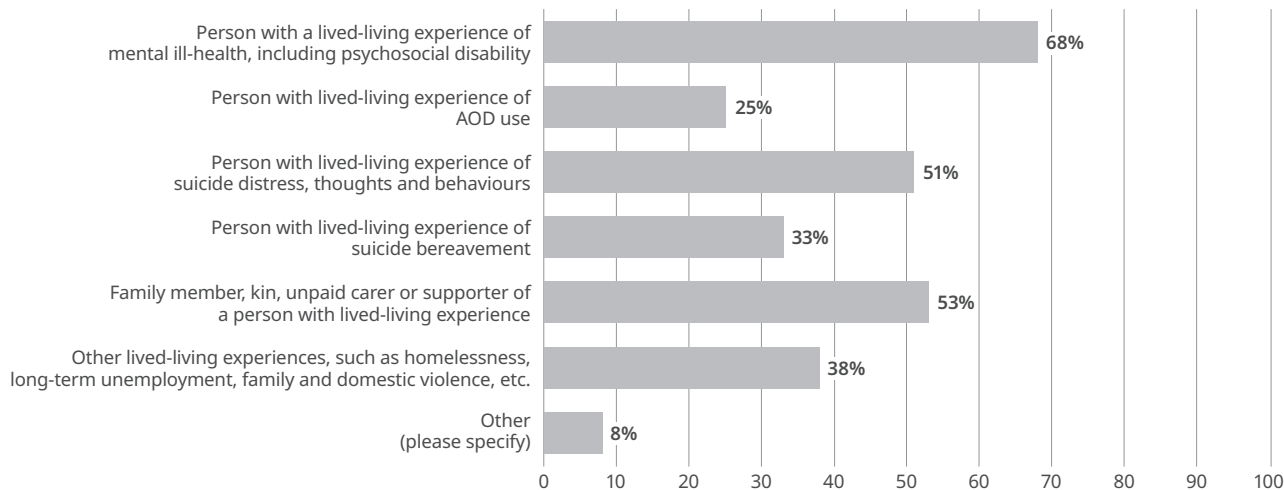
The Commission’s annual stakeholder survey provides data to measure stakeholder perspectives of the Commission’s effectiveness. The survey is targeted at people who have had interacted or worked with the Commission over the 2024–25 year.

The survey was distributed to 3,766 people in the Commission’s database and a total of 443 people responded to the survey, reflecting a response rate of 12 per cent. Thirty-five per cent of respondents were moderately or very familiar with the work of the Commission.

Survey respondents

Thirty-eight per cent of respondents nominated as having a lived-living experience, with strong representation across different types of lived-living experience (Figure 1).

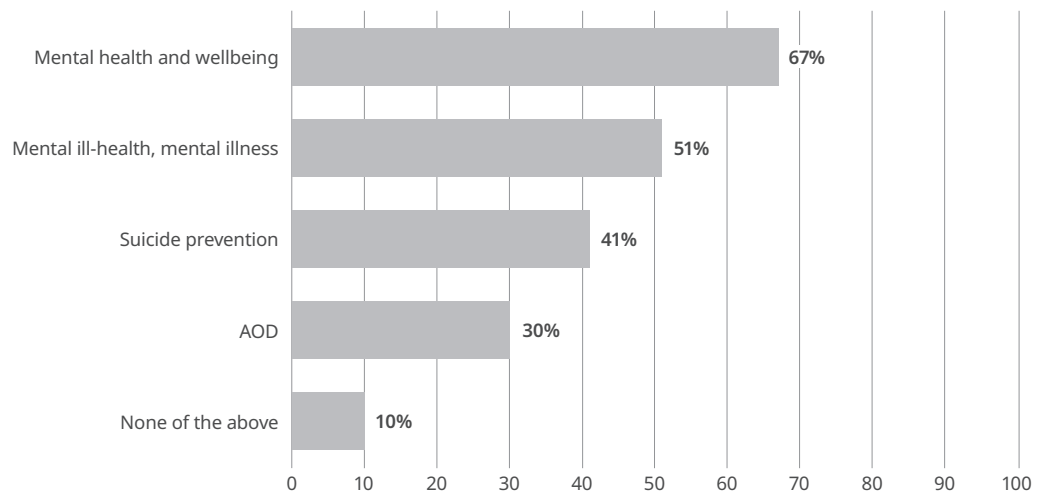
Figure 1: Type of lived-living experience



Note: Respondents could select multiple categories to reflect their lived-living experience.

Fifty per cent of respondents nominated themselves as working in the mental health, AOD, suicide prevention or a related human services workforce that delivers services to people with mental health and AOD challenges or experience with suicide. This included, for example people engaged in service delivery, policy, planning, funding, commissioning services and advocacy. Respondents working in the mental health, AOD or suicide prevention service system were asked to nominate which area was their primary focus (**Figure 2**).

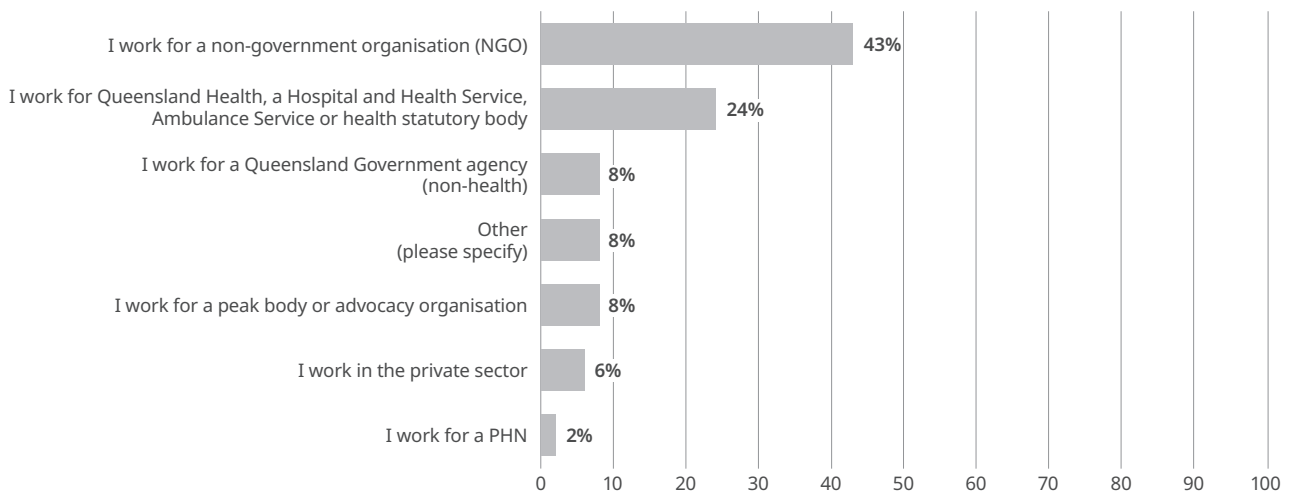
Figure 2: Primary focus of respondents from the mental health, AOD and suicide prevention workforce



Note: Respondents could select multiple categories to reflect multiple service delivery types.

Those employed in the sector were asked to nominate the type of organisation they worked for (**Figure 3**).

Figure 3: Employing organisation type



Key findings

Key findings from survey respondents who are moderately or very familiar with the Commission's work are represented in **Table 1**.

Table 1: Key findings

Measure	% agree
The Commission is seen as a credible organisation	88%
The Commission is facilitating strategic partnerships and collaboration to progress reform	87%
The Commission's work is underpinned by evidence (e.g. pilot initiatives, research, data, best practice and knowledge translation)	87%
The Commission's reforms respond to current and emerging issues and trends	85%
The Commission's work helps build system capacity and capability (e.g. grants, sponsorship, policies, guidelines, frameworks, pilot initiatives, etc.)	84%
The Commission strengthens lived-living experience representation in system reform	84%
The Commission is helping to improve cross-government collaboration (e.g. between health, justice, housing, education, employment, etc.)	83%
The Commission's work helps drive implementation of reform (e.g. co-planning, co-design, grants, governance, monitoring and evaluation)	79%
Overall, Queensland's mental health, AOD and suicide prevention services and responses are improving	63%

In terms of the *Trauma Strategy*, released in 2024–25, 79 per cent of respondents agreed the strategy would support a more trauma-informed Queensland and 76 per cent agreed the strategy would drive better outcomes for people with lived-living experience of trauma.

Table 2: Queensland Mental Health Commission service standards

Service area	2023-24 target/estimate	2023-24 actual
Effectiveness measures		
Stakeholder satisfaction with:		
• opportunities to provide those with lived-living experience, support person and provider perspectives on mental health, problematic alcohol and other drug use, and suicide prevention	50%	87%
• extent to which those with lived-living experience and provider perspectives are represented in strategic directions articulated by the Commission to improve system reform	65%	84%
• the range of stakeholders involved in developing and implementing reform	50%	68%
Efficiency measure		
Not identified		

Table 3: Strategic plan performance indicators

Objectives	Indicators	% agree
The wellbeing of Queenslanders is promoted and supported	1. Satisfaction with Commission initiatives to improve mental health and wellbeing	79%
	2. Satisfaction with Commission initiatives to reduce stigma and discrimination	71%
System reform is supported and advanced	3. Cross-agency and NGO partnerships facilitated by the Commission	87%
	4. Stakeholders view positive reform to be underway	75%
Policy and practice is grounded in evidence and best practice	5. Number of Commission submissions, research and evaluation reports	37
Lived-living experience, and First Nations expertise drives system reform	6. Lived-living experience representation	84%
	7. First Nations representation	60%
	8. Stakeholders view that the Commission's work is informed by people with lived-living experience and families and carers	84%

Communication and engagement

Stakeholder engagement

The Commission continues to pursue robust stakeholder partnership and collaboration across its program of work, including people with lived-living experience, families, kin and unpaid carers, community members and across the government and non-government sectors.

During the year this has included several webinars and events to support engagement and a number of governance forums, such as the Queensland Mental Health and Drug Advisory Council, SLG, Better Care Together Reference and Assurance Committees, and the Sector Leaders Group.

During 2024–25, project-specific stakeholder engagement included:

- extensive engagement with people with lived-living experience and sector organisations to develop our *Commitment to partnering with people with lived-living experience in Queensland*
- engagement of a Lived-Living Experience Working Group (LLEWG) and Project Advisory Group (PAG) to support development of the stigma package of work.

Key activities

Leading Reform Summit

In November 2024, the annual Leading Reform Summit was held. The summit is the Commission's major annual stakeholder event, with a purpose to drive shared vision, leadership and action for reform of the mental health, AOD, suicide prevention and broader human services sectors.

The summit's objectives are to discuss solutions, introduce new strategies, promote collaboration and innovation, present best practice, understand the evidence base, and engage leaders in driving the reform agenda forward. The summit seeks to engage a diverse range of stakeholders, including people with lived-living experience, family, kin and unpaid carers, frontline clinicians and workers, service providers, policy-makers, funders, planners and decision makers.

In 2024, the summit themes included whole-of-system reform, psychosocial and community support, coercive and restrictive practice, AOD, lived-living experience leadership, suicide prevention and innovation.

There continued to be strong growth in representation from people with lived-living experience, with the Commission's bursary program supporting 16 people with lived-living experience to attend. There were a total of 436 registered summit attendees in 2024 across the two-day event, and 36 local, national and international speakers who donated their time to prepare and present at the summit.

The event receives strong support from the sector, recording positive scores for overall satisfaction, appropriate themes, alignment of leaders around reform, identifying system challenges, and sharing evidence and best practice.

Community events

QMHW continues to be the major community engagement activity funded by the Commission and coordinated by our partners CheckUP.

CheckUP coordinates a working group, as well as the marketing strategy and campaign activity for the week. The Commission's investment in the QMHW Community Event Grant program continues to contribute to a diverse range of inclusive mental health and wellbeing events across Queensland. More information about QMHW 2024 is on [page 16](#).

Commissioner engagement

During the year, the Commissioner participates in a schedule of regular meetings and events with key stakeholders, supported by Commission staff at all levels. These opportunities enable the Commissioner to engage with diverse stakeholders about the reform agenda, contribute to the work of others, and highlight the work of the Commission.

This includes speaking to people with lived-experience and their families, kin, unpaid carers and other supporters, government ministers and Members of Parliament, senior government leaders, public, non-government and private service providers, professional and peak bodies, research bodies and universities, as well as the general community.

The Commissioner's engagements in 2024–25 included:

- The Australian and New Zealand Mental Health Association's AddictionZ Conference
- Arafmi
- Australian Association for Adolescent Health Conference
- Australian Association of Social Workers
- Australasian Casino and Gaming Regulators' Forum
- Australian Drug Foundation
- Beyond Blue
- Bindi Yadubay
- Brisbane Youth Service
- Central Queensland Indigenous Development
- Children's Health Queensland
- Children's Week 2024 Launch
- Child Protection Practitioners Queensland
- Common Ground Brisbane
- Compass House
- Construction Foundation of British Columbia
- Coroners Court of Queensland
- Country to Coast Queensland
- Crime and Corruption Commission Forum
- Darling Downs Health Rural Mental Health Workshop
- Department of Families, Seniors, Disability Services and Child Safety
- Department of Housing and Public Works
- Department of Local Government, Water and Volunteers Social Recovery Reference Group
- Department of Primary Industries Mental Health Roundtable
- Department of Transport and Main Roads
- Digital Mental Health Roundtable organised in partnership with eMental Health International Collaborative and Queensland Health
- Drug Arm
- Eating Disorders Families Australia
- Envision Spiritual Prosperity Inc. Charity
- English Family Foundation
- Ethnic Communities Council of Queensland
- Gayaa Dhuwi (Proud Spirit) Declaration Framework and Implementation Plan Launch
- Give Me Five
- Gold Coast Hospital and Health Service
- Gumbi Gumbi
- Hello Sunday Morning
- Homeless to Home (H2H) Healthcare Forum
- Homelessness Ministerial Advisory Council
- International Family Drug Support Day
- International Overdose Awareness Day
- Investing for Prevention Symposium
- Karakan
- *jacks place* Foundation
- Legacy Brisbane
- Life Without Barriers
- Lived Experience of Suicide Summit 2025
- Loud and Proud Festival Logan
- Manna Symposium
- Mates in Construction
- Mental Awareness Foundation
- Mental Illness Fellowship Australia
- Metro North Year of Children, Adolescents and Young Adults Forum
- Mental Health Lived Experience Peak Queensland
- Micah Projects

- National Centre for Workplace Mental Health and Wellbeing
- National Early Years Summit
- National Mental Health Commission
- National Mental Health Sector Reference Group
- National Social & Emotional Wellbeing Forum
- Nundah Private Hospital
- Office of the Health Ombudsman
- Office of the Public Guardian
- Office of the Public Advocate
- Office of Social Impact, Queensland Treasury
- Office of the Victims Commissioner
- Open Minds
- Orygen
- Perinatal Mental Health Week
- Psychosis Australia
- Public Health Scotland
- Australian Productivity Commission
- Queensland Alliance of Mental Health
- Queensland Centre for Perinatal and Infant Mental Health
- Queensland Family and Child Commission Youth Summit
- Queensland Indigenous Youth Leadership Program 'Connections for Change' Networking Event
- Queensland Lived Experience Workforce Network (QLEWN) Lived Experience Summit
- Queensland Police Service
- Queensland Program of Assistance to Survivors of Torture and Trauma (QPASST)
- Queensland Maternity and Neonatal Clinical Network
- QShelter
- Queensland Centre for Mental Health Research
- Queensland Corrective Services
- Queensland Human Rights Commission
- Queensland LGBTIQ+ Alliance
- Queensland Positive People
- Queensland Rural, Regional and Remote Women's Network Inc – RRR Women Conference
- Queensland Social Enterprise Council
- QNADA
- QuIHN
- QuIVAA
- Recovered Futures Art Exhibition
- Relationships Australia Queensland
- Roses in the Ocean
- Rural Mental Health Conference 2024
- Safer Gambling Advisory Committee
- Screen Sanity Australia
- Social Enterprise Jobs Summit
- Statewide Deafness Mental Health Consultation and Liaison Service
- The Broken Movement
- The Loop
- TheMHS Conference
- The Men's Table
- The Pharmacy Guild of Australia
- The Prince Charles Hospital
- The Royal Australian & New Zealand College of Psychiatrists
- Thompson Brain and Mind Healthcare
- Traction for Young People
- Three Quarters – Men's mental health documentary
- Bayside Mental Health Network's Thrive By The Bay Event
- Thriving Queensland Kids Partnership
- University of Southern Queensland Thought Leadership Series event – Future of Health in the Regions
- Upbeat Arts
- Walk For Awareness
- White Box Enterprises
- Windsor Group – Annual Mental Health Forum
- Australian Winter School AOD Conference
- Western Queensland Primary Health Care Network
- Wounded Heroes Australia
- Youth Flourish Outdoors
- Youth Mental Health Roundtable – Dandolo

Agency governance

Overview

The Commission is an independent statutory body that reports to the Minister for Health and Ambulance Services. The Act details the Commission's legislative functions and obligations.

Legislative obligation

The Commission must also comply with a range of public administration legislation that includes:

- *Financial Accountability Act 2009*
- *Public Records Act 2023*
- *Public Interest Disclosure Act 2010*
- *Auditor-General Act 2009*
- *Public Sector Ethics Act 1994*
- *Right to Information Act 2009*
- *Information Privacy Act 2009*
- *Workers Compensation and Rehabilitation Act 2003*
- *Work Health and Safety Act 2011*
- *Human Rights Act 2019*
- *Multicultural Recognition Act 2016*
- *Industrial Relations Act 2016*
- *Statutory Bodies Financial Arrangements Regulation 2007*
- *Crime and Corruption Act 2001*
- *Public Sector Act 2022*

Management and staffing

Executive leadership team

The Commission's key internal governance body is the Executive Leadership Team (ELT), consisting of the following staff members at 30 June 2025:

Table 4: ELT membership

Position	Name
Commissioner	Ivan Frkovic
Executive Director	Bretine Curtis
Executive Director	Amelia Callaghan (until April 2025)
Director, Alcohol and Other Drugs Reform	Sean Popovich
Director, Lived-Living Expertise	Michelle Sanders
Director, Mental Health and Wellbeing Reform	Deborah Pratt
Director, Suicide Prevention Reform	Jordan Cotter
Manager, Business Services	Carmel-Lee Clarke
Manager, Communication and Engagement	Kate Southwell

The ELT is responsible for the Commission's strategic leadership and accountability for meeting its legislative obligations. The ELT is also responsible for corporate governance around the Commission's operations, including financial, human resources and information management systems.

The ELT also oversees a number of other internal sub-committees, including the Commission Finance and Risk Committee (FRC), the Executive Operations Meeting and a range of internal oversight groups, including the Shifting minds Oversight Group, Every life Oversight Group, the Achieving balance Oversight Group and the Lived Experience Oversight Group.

During the year, a governance review was undertaken. The review identified opportunities to streamline internal governance meetings which will commence in the latter part of 2025.

Staffing

(including workforce profile, organisational structure and other human resources data)

At at 30 June 2025, there was a core staffing establishment of 26 permanent positions, with a further 24 temporary positions established to undertake temporary project work.

In June 2025, 41.48 total staffing paid FTEs were reported against a total staffing complement of 50 FTEs, due to staff with part-time working arrangements and ongoing recruitment processes.

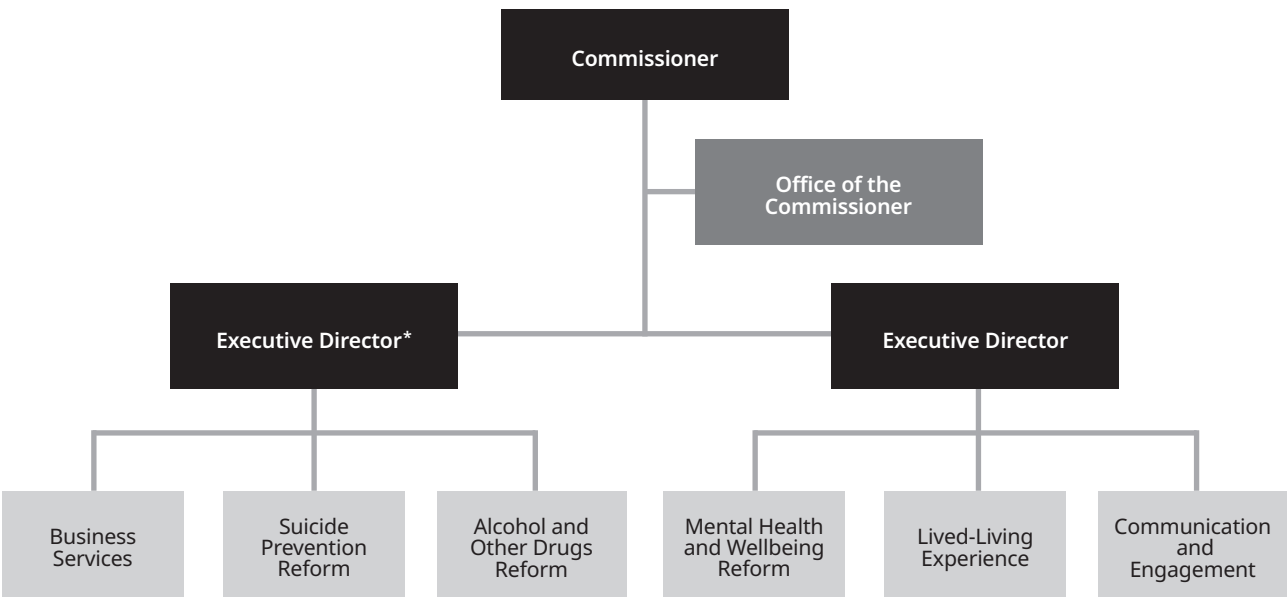
No redundancy, early retirement or retrenchment packages were offered during the reporting period.

Table 5: Workforce data profile as at 30 June 2025

Profile	Status
Total staffing FTE	41.48 FTE
Total staffing (headcount)	45 FTE
Occupation types by FTE	100% corporate
Appointment type by FTE	Permanent 26 FTE Temporary 24 FTE*
Employment status by headcount	Full-time 76% Part-time 24%

* It is anticipated that a majority of the temporary positions will conclude June 2026.

Figure 4: Organisational structure



* Position became vacant in April 2025.

Table 6: Gender, diversity and women in leadership as at 30 June 2025¹

Gender	Number (headcount)	Percentage of total workforce (calculated on headcount)
Female	33	73%
Male	12	27%
Non-binary	<5	0%

Diversity groups	Number (headcount)	Percentage of total workforce (calculated on headcount)
Women	33	73%
Aboriginal peoples and Torres Strait Islander peoples	<5	6.67%
People with disability	<5	11.11%
Culturally and linguistically diverse ² – speak a language at home other than English	<5	13.33%

	Women (headcount)	Women as percentage of total leadership cohort (calculated on headcount)
Senior Officers (classified and s122 equivalent combined)	<5	50%
Senior Executive Service and Chief Executives (classified and s122 equivalent combined)	<5	50%

1. To ensure privacy, in tables where there are fewer than 5 respondents in a category, specific numbers are replaced by <5.

2. This includes Aboriginal and Torres Strait Islander languages or Australian South Sea Islander languages spoken at home.

Training

The Commission offers a range of professional development and training opportunities for staff throughout the year, with a focus on maintaining and developing specialised and core skills, as well as mandatory Queensland Government courses via the ELMO online learning platform.

This year, the skill development program included writing for government training and several lived-experience-led training and workshops.

Ongoing training is provided for staff in various corporate governance and operational responsibilities and skills covering topics such as human resources and budget delegations, speech writing, and the Commission's operational plan tracking database. Staff are also provided opportunities to attend sector conferences and workshops to advance their learning and development goals.

Cultural Capability Action Plan 2025–2028

In February 2025, the Commission's renewed Aboriginal and Torres Strait Islander Cultural Capability Action Plan was finalised. The action plan aligns with the Queensland Government *Aboriginal and Torres Strait Islander Cultural Capability Framework*¹⁴, which guides agencies to support the Queensland Government's efforts towards reconciliation.

Cultural capability equips agencies such as the Commission with the skills, knowledge, behaviours and systems needed to deliver appropriate services for First Nations peoples and communities. As a priority group under *Shifting minds, Achieving balance, Every life* and the *Trauma Strategy*, First Nations peoples continue to face adverse health and wellbeing outcomes, highlighting the importance of culturally capable service delivery.

By strengthening its cultural capability, the Commission is helping improve systems and services that contribute to better social and emotional wellbeing outcomes for First Nations peoples and communities. The plan includes actions to embed First Nations leadership and perspectives across the Commission's work, enhancing representation and influence in decision-making, governance and implementation of our work—ensuring the voices of First Nations peoples play a leading role in reform activities.

Workplace flexibility

In line with Queensland public sector practice, the Commission provides flexible working arrangements for staff subject to operational requirements, including telecommuting, part-time working arrangements, flexible working agreements and compressed working hours.

Public sector ethics

All Commission staff are required to uphold the Queensland Public Service Code of Conduct to ensure community and legislative expectations of integrity and ethics are met. Code of Conduct training is delivered to all staff via the ELMO online learning platform, is incorporated into new staff inductions and included in staff performance and development agreements.

Human rights

The Commission did not receive or refer any human rights complaints during the year in relation to obligations under the *Human Rights Act 2019*.

Risk management

The Commission maintains a risk management approach consistent with the *Financial Accountability Act 2009* and its Risk Management Framework corporate standard.

The risk register identifies strategic and operational risks and outlines the organisation's risk appetite across its program of work. Identified risks with a rating of high or above are scheduled for formal review by the FRC.

Risk management is a standing ELT item, in addition to the reviews conducted by the FRC to ensure compliance with risk management policies.

¹⁴ https://www.forgov.qld.gov.au/_data/assets/pdf_file/0037/555895/cultural-capability-framework.pdf

Audit committee and internal audit

The FRC is scheduled to meet on a quarterly basis to review topics including:

- financial performance
- financial strategy
- financial systems and training
- audit management (including internal and external audit schedules)
- complaints and compliments
- risk management, and
- business continuity planning and emergency response.

On behalf of the Commission, the Corporate Administration Agency (CAA) administers an internal audit program each year. The 2024–25 internal audit program focused on the Commission's procurement, purchasing and accounts payable policy and practices, and made a number of recommendations that are undergoing implementation through the Commission's work program.

In addition, the Commission regularly reviews internal policies and procedures to enhance compliance, performance and efficiency.

Information management and record-keeping

The Commission's records governance practices support its obligations under the *Public Records Act 2023* related to the making, management and accessibility of public records. Information and records management support the integrity, accountability and good governance of the Commission, including the exercise of its statutory, administrative or other public responsibilities.

The Commission's electronic information and records management system is delivered by CAA. All staff are trained in records management, which is also included as part of the Commission's induction processes.

Open data

Information about contractors and consultancies, overseas travel, the Charter of Victims' Rights and the Queensland Language Services Policy are available on the Queensland Government Open Data website (data.qld.gov.au). The Commission has no open data to report on overseas travel.

Overseas travel

No Commission officers travelled overseas in 2024–25.

Queensland Language Services Policy

The Commission recognises that a significant proportion of the Queensland population has a non-English speaking background or experiences a hearing impairment, and acknowledges interpreter services enhance access to and participation in Commission services, events and information. In line with the Queensland Language Services Policy, interpreter services are available on request for on-site meetings, publications, online information, events and activities delivered by third parties. In 2024–25, there were no requests for interpreter services, only live-captioning.

Consultancies and contractors

As the Commission is a small organisation, it operates a small staffing model that is strategically supported by consultancies and contractors to leverage delivery of its work program.

Consultancies and contractors are engaged to supplement staff expertise and capacity across its broad responsibilities and deliver agility across its projects and initiatives. Consultancies or contractors may be engaged to provide specialist advice and expertise, deliver specific initiatives, meet challenging timeframes, conduct research, draft technical reports, enhance opportunities for sector partnership and collaboration, and build sector capacity.

Consultancies or contractors may include academic and research organisations, peak bodies, and people with lived-living experience in system reform.

A range of other contractual arrangements assist the Commission to deliver its work program, including:

- Memoranda of Understanding agreements with other government agencies to consult and/or deliver certain pieces of work or to formalise shared funding arrangements
- Service Level Agreements with bodies such as CAA to outsource delivery corporate support services, and
- General contracts with external suppliers and organisations to deliver the Commission's work program.

Financial performance

Income

The Commission's total revenue for 2024–25 was \$39.405 million, which consisted of:

- The Commission's total final operating budget of \$11.188 million, provided through an annual Queensland Health portfolio funding grant of \$8.858 million plus annual interest received against the Commission's retained funds. Due to additional funds retained against longer-term project budgets, including ongoing *Better Care Together* funding from 2022–23, the Commission received a total of \$2.330 million in interest revenue this financial year.
- \$20.630 million contribution from Queensland Health to implement ongoing initiatives under *Better Care Together*.
- \$3.161 million from Queensland Health to continue the Mental Health and Wellbeing Community Grant Program, also under *Better Care Together*.
- \$900,000 from the DWATSIPM to deliver extended initiatives under *Better Care Together* for First Nations Suicide Prevention.
- \$3.526 million from Queensland Health to deliver initiatives under *Thriving Lives, Connected Communities: Queensland's Commitment to Mental Health and Wellbeing, commencing in 2025–26*.

The Commission also notes that unspent funding of \$281,742.54 associated with the delivery of the Lived Experience National Mental Health Peer Work Scholarships (a combination of Australian Government and Commission funding) will be retained by the Commission and repurposed for a further related work program in this area in 2025–26.

Expenses

In the 2024–25 financial year, the Commission's expenditure was \$21.943 million, which consisted of:

- employee expenses of \$7.218 million to maintain core staffing, plus the engagement of a temporary project workforce
- contractor expenses of \$8.560 million to inform and support delivery of the operational plan and implement various projects and initiatives
- outsourcing of corporate service services to a government third party (CAA) of \$0.425 million
- accommodation leasing of \$0.371 million
- various sponsorships, bursaries and grants of \$4.221 million to drive reform, and
- other supplies and services of \$1.148 million.

Bursaries

The Commission's bursary program offers grants to eligible individuals to attend a specified event and receive reimbursement for the costs associated with attending the event. A bursary may be offered by the Commission or a third party acting on behalf of the Commission. During the year, the Commission supported three bursary programs for specified events and a number of individual bursaries at a total value of \$52,337.70.

Financial statements

for the financial year ended 30 June 2025

General information

The Queensland Mental Health Commission ('the Commission') is an independent statutory body established under the *Queensland Mental Health Commission Act 2013*.


The Commission is controlled by the State of Queensland, which is the ultimate parent.

The head office and principal place of business of the Commission is:

Level 24, 400 George Street
Brisbane QLD 4000.

For information in relation to the Commission's financial report please email accounts@qmhc.qld.gov.au or visit the Commission's website www.qmhc.qld.gov.au.

Due to additional verification activity undertaken jointly by the Commission and the Queensland Audit Office to ensure the accuracy of the Financial Statements, a short delay was experienced in generating the final version for publishing.



Financial Statements 2024–2025 for the year ended 30 June 2025

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Statement of Comprehensive Income

for the year ended 30 June 2025

		2025 Actual	2025 Original Budget	Budget Variance*	2024 Actual
	Notes	\$'000	\$'000	\$'000	\$'000
Income from Continuing Operations					
Grants and contributions	3.	37,075	8,847	28,228	30,453
Interest		2,330	50	2,280	1,274
Total Income from Continuing Operations		39,405	8,897	30,508	31,727
Expenses from Continuing Operations					
Employee expenses	4.	7,218	3,724	3,494	4,773
Supplies and services	5.	10,035	2,637	7,398	4,884
Grant expenses	6.	4,221	2,367	1,854	2,894
Depreciation		-	20	(20)	-
Other expenses	7.	468	149	319	316
Total expenses from Continuing Operations		21,943	8,897	13,046	12,868
Operating result from Continuing Operations		17,463	-	17,463	18,860
Total Comprehensive Income		17,463	-	17,463	18,860

*An explanation of material variances is included at note 14.

The accompanying notes form part of these financial statements.

Statement of Financial Position

as at 30 June 2025

		2025 Actual	2025 Original Budget	Budget Variance*	2024 Actual
	Notes	\$'000	\$'000	\$'000	\$'000
Current Assets					
Cash and cash equivalents	8.	47,018	13,414	33,604	32,817
Receivables	9.	4,247	161	4,086	167
Prepayments		-	1	(1)	-
Total Current Assets		51,265	13,576	37,689	32,983
Non-current Assets					
Plant and equipment		-	(37)	37	-
Total Non-current Assets		-	(37)	37	-
Total Assets		51,265	13,539	37,726	32,983
Current Liabilities					
Payables	10.	1,750	462	1,288	1,012
Accrued employee benefits		242	126	116	160
Total Current Liabilities		1,992	588	1,404	1,173
Total Liabilities		1,992	588	1,404	1,173
Net Assets		49,273	12,951	36,322	31,811
Equity					
Contributed equity		230			230
Accumulated surplus		49,043			31,581
Total Equity		49,273			31,811

*An explanation of material variances is included at note 14.

The accompanying notes form part of these financial statements.

Statement of Changes in Equity for the year ended 30 June 2025

	Contributed Equity \$'000	Accumulated Surplus \$'000	Total \$'000
Balance as at 1st July 2023	230	12,721	12,951
<i>Operating result</i>			
Operating result from continuing operations	-	18,860	18,860
Balance as at 30 June 2024	230	31,581	31,811
Balance as at 1st July 2024	230	31,581	31,811
<i>Operating result</i>			
Operating result from continuing operations	-	17,463	17,463
Balance as at 30 June 2025	230	49,043	49,273

The accompanying notes form part of these financial statements.

Statement of Cash Flows

for the year ended 30 June 2025

	Notes	2025 Actual \$'000	2025 Original Budget \$'000	Budget Variance* \$'000	2024 Actual \$'000
Cash flows from operating activities					
<i>Inflows:</i>					
Grants and Contributions		33,258	8,847	24,411	30,408
GST collected from customers		34	-	34	4
GST input tax credits from ATO		1,154	-	1,154	648
Interest receipts		2,330	50	2,280	1,274
<i>Outflows:</i>					
Employee expenses		(7,154)	(3,724)	(3,430)	(4,701)
Supplies and services		(9,297)	(2,637)	(6,660)	(4,329)
GST paid to suppliers		(1,427)	-	(1,427)	(645)
GST remitted to ATO		(8)	-	(8)	(4)
Grant expenses		(4,221)	(2,367)	(1,854)	(2,894)
Other		(468)	(149)	(319)	(316)
Net cash provided by operating activities		14,201	20	14,181	19,445
Net increase in cash held		14,201	20	14,181	19,445
Cash at beginning of financial year		32,817	13,394	19,423	13,372
Cash at end of financial year	8.	47,018	13,414	33,604	32,817

*An explanation of material variances is included at note 14.

The accompanying notes form part of these financial statements.

Reconciliation of Operating Result to Net Cash from Operating Activities

Operating surplus/(deficit)	17,463	18,860
Changes in assets and liabilities:		
(Increase)/decrease in receivables	(4,080)	(6)
Increase/(decrease) in accounts payable	738	555
Increase/(decrease) in accrued employee benefits	82	36
Net cash provided by operating activities	14,201	19,445

Notes to and forming part of the Financial Statements 2024–2025

for the year ended 30 June 2025

Section 1: Financial Statement Preparation and Objectives

Note 1: Basis of Financial Statement Preparation

Note 2: Objectives and Principal Activities of the Queensland Mental Health Commission

Section 2: Notes about our Financial Performance

Note 3: Grants and Contributions

Note 4: Employee Expenses

Note 5: Supplies and Services

Note 6: Grant Expenses

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Section 3: Notes about our Financial Position

Note 8: Cash and Cash Equivalents

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Section 4: Notes about Risk and Other Accounting Uncertainties

Note 11: Contingencies

Note 12: Events After the Balance Date

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Section 5: Notes about our Performance Compared to Budget

Note 14: Budgetary Reporting Disclosures

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Note 15: Key Management Personnel (KMP) Disclosures

Note 16: Related Party Transactions

Note 17: First Year Application and Future Impact of New Accounting Standards

Note 18: Taxation

Note 19: Climate Risk Disclosure

Notes to and forming part of the Financial Statements 2024–2025

for the year ended 30 June 2025

1. Basis of Financial Statement Preparation

1.1 Compliance with Prescribed Requirements

The Commission prepared these statements in compliance with s39 of the *Financial and Performance Management Standard 2019*. The financial statements comply with the Queensland Treasury's Minimum Reporting Requirements for reporting periods beginning on or after 1 July 2024.

The Commission is a not-for-profit entity and these general purpose financial statements are prepared on an accrual basis (except for the Statement of Cash Flows which is prepared on a cash basis) in accordance with Australian Accounting Standards and Interpretations applicable to not-for-profit entities.

1.2 Presentation

Currency and Rounding

Amounts included in the financial statements are in Australian dollars and have been rounded to the nearest \$1,000 or, where that amount is \$500 or less, to zero, unless disclosure of the full amount is specifically required.

Comparatives

Comparative information reflects the audited 2023-24 financial statements except where restated for a prior period error. No prior period errors have been detected in the current year.

Current/Non-Current Classification

Assets and liabilities are classified as either 'current' or 'non-current' in the Statement of Financial Position and associated notes.

Assets are classified as 'current' where their carrying amount is expected to be realised within 12 months after the reporting date. Liabilities are classified as 'current' when they are due to be settled within 12 months after the reporting date, or the Commission does not have the right at the end of the reporting period to defer settlement to beyond 12 months after the reporting date.

All other assets and liabilities are classified as non-current.

1.3 Authorisation of Financial Statements for Issue

The financial statements are authorised for issue by the Commissioner and the Acting Executive Director at the date of signing the management certificate.

1.4 Basis of Measurement

Historical cost is used as the measurement basis in this financial report.

Under historical cost, assets are recorded at the amount of cash or cash equivalents paid or the fair value of the consideration given to acquire assets at the time of their acquisition. Liabilities are recorded at the amount of proceeds received in exchange for the obligation or at the amounts of cash or cash equivalents expected to be paid to satisfy the liability in the normal course of business.

1.5 The Reporting Entity

The financial statements include all income, expenses, assets, liabilities and equity of the Commission. The Commission does not have any controlled entities.

2. Objectives and Principal Activities of the Queensland Mental Health Commission

The Commission seeks to drive ongoing reform towards a more integrated, evidence-based, recovery-oriented mental health, drug and alcohol system within Queensland. The focus for the Commission's work is:

- Developing and reviewing the second whole-of-government *Queensland Mental Health, Alcohol and Other Drugs, and Suicide Prevention Strategic Plan (Shifting minds) 2023-28* and its sub-plans *Every life: The Queensland Suicide Prevention Plan (2018-2029)* and *Achieving Balance: The Queensland Alcohol and Other Drugs Plan (2022-2027)*, by supporting their implementation and the development of whole-of-government action plans in key priority areas;
- Research and reporting on issues impacting people experiencing mental health difficulties, mental illness and problematic alcohol and other drug use and those affected by suicide;
- Mental health promotion, awareness and early intervention;
- Supporting the Queensland Mental Health and Drug Advisory Council and promoting engagement of people with lived experience in system reform.

Notes to and forming part of the Financial Statements 2024–2025 for the year ended 30 June 2025

	2025 \$'000	2024 \$'000
3. Grants and Contributions		
Queensland Health	36,175	30,453
Department of Women, Aboriginal and Torres Strait Islander Partnerships and Multiculturalism	900	-
Total	37,075	30,453

Accounting Policy - Grants and Contributions

Grants and contributions arise from non-exchange transactions where the Commission does not directly give approximate equal value to the grantor.

Where the grant agreement is enforceable and contains sufficiently specific performance obligations for the Commission to transfer goods or services to a third-party on the grantor's behalf, the transaction is accounted for under AASB 15 *Revenue from Contracts with Customers*. In this case, revenue is initially deferred (as a contract liability) and recognised as or when the performance obligations are satisfied.

Otherwise, the grant is accounted for under AASB 1058 *Income of Not-for-Profit Entities*, whereby revenue is recognised upon receipt of the grant funding.

The Commission received \$8.858M (2024: \$8.847M) from Queensland Health in 2024-25 year to undertake its legislative obligations. This funding has been recognised as revenue on receipt as the Commission's obligations are not sufficiently specific. The grant is used to meet the Commission's operational objectives, and the Commission has full discretion on how the funds are to be distributed. A slightly higher amount was received this year; no commentary was received from Queensland Health regarding the increase.

The Commission has also received a further \$20.630M in 2024-25 (2024: \$18.780M) from Queensland Health to continue the Better Care Together work program (Mental Health Alcohol and other Drug Plan Implementation) in addition to new funding of \$3.161M for the Better Care Together Mental Health and Wellbeing Community Grant Program (2024: \$3.070M). A further two invoices are pending for new funding from Queensland Health (\$3.526M) and the Department of Women, Aboriginal and Torres Strait Islander Partnerships and Multiculturalism (\$900K) for programs commencing in 2025-26. These deliverables have been recognised in accordance with AASB 1058 and recognised on receipt as they fall outside the scope of AASB 15.

4. Employee Expenses

	2025 \$'000	2024 \$'000
Employee Benefits		
Wages and salaries	5,329	3,470
Employer superannuation contributions	748	500
Annual leave levy/expense	580	398
Long service leave levy/expense	149	95
Employee Related Expenses		
Workers' compensation premium	35	26
Payroll tax and fringe benefits tax	315	184
Other employee related expenses	62	99
Total	7,218	4,773

Notes to and forming part of the Financial Statements 2024–2025 for the year ended 30 June 2025

4. Employee Expenses (cont'd)

	2025	2024
	No.	No
Full-Time Equivalent Employees	50	34

The number of employees as at 30 June 2025 are measured on a full-time equivalent basis.

Accounting Policy - Employee Expenses

Wages, Salaries and Sick leave

Wages and salaries due but unpaid at reporting date are recognised in the Statement of Financial Position at the current salary rates. As the Commission expects such liabilities to be wholly settled within 12 months of reporting date, the liabilities are recognised at undiscounted amounts.

As sick leave is non-vesting, an expense is recognised for this leave as it is taken and no liability is recognised for accumulated sick leave entitlements. Prior history indicates that on average, sick leave taken each reporting period is less than the entitlement accrued. This is expected to continue in future periods. Accordingly, it is unlikely that existing accumulated entitlements will be used by employees and no liability for unused sick leave entitlements is recognised.

Annual Leave and Long Service Leave

Under the Queensland Government's Annual Leave Central (ALCS) and Long Service Leave Central schemes (LSLCS), a levy is made on the Commission to cover the cost of employees' annual (including leave loading and on-costs) and long service leave. The levies are expensed in the period in which they are payable. Amounts paid to employees for annual and long service leave are claimed from the scheme quarterly in arrears.

Superannuation

Post-employment benefits for superannuation are provided through defined contribution (accumulation) plans or the Queensland Government's defined benefit plan (the former QSuper defined benefit categories now administered by the Government Division of the Australian Retirement Trust) as determined by the employee's conditions of employment.

Defined Contribution Plans - Contributions are made to eligible complying superannuation funds based on the rates specified in the relevant Enterprise Bargaining Agreement or other conditions of employment. Contributions are expensed when they are paid or become payable following completion of the employee's service each pay period.

Defined Benefit Plan - The liability for defined benefits is held on a whole-of-government basis and reported in those financial statements pursuant to AASB 1049 *Whole of Government and General Government Sector Financial Reporting*. The amount of contributions for defined benefit plan obligations is based upon the rates determined on the advice of the State Actuary. Contributions are paid by the Commission at the specified rate following completion of the employee's service each pay period. The Commission's obligations are limited to those contributions paid.

Workers' Compensation Premiums

The Commission pays premiums to WorkCover Queensland in respect of its obligations for employee compensation. Workers' compensation insurance is a consequence of employing employees, but is not counted in an employee's total remuneration package. It is not an employee benefit and is recognised separately as an employee related expense.

Key management personnel and remuneration disclosures are detailed in Note 15.

	2025 \$'000	2024 \$'000
5. Supplies and Services		
Consultants and contractors	8,560	2,987
Administration costs	291	655
Corporate service charges	425	458
Lease expenses	371	357
Travel	69	167
Building Maintenance and Services	84	75
Information and Communication Technology	178	135
Other	2	10
Advertising and promotion	57	40
Total	10,035	4,884

Accounting Policy - Distinction between grants and procurement

For a transaction to be classified as supplies and services, the value of goods or services received by the Commission must be of approximately equal value to the value of the consideration exchanged for those goods or services. Where this is not the substance of the arrangement, the transaction is classified as a grant.

Office Accommodation

Payments for non-specialised commercial office accommodation under the Queensland Government Accommodation Office (QGAO) framework arise from non-lease arrangements with the Department of Housing and Public Works (DHPW), who has substantive substitution rights over the assets used within these schemes. Payments are expensed as incurred and categorised within office accommodation line items.

Lease Expenses

Lease expenses include lease rentals for leases of low value assets and lease rentals for non-specialised commercial office accommodation with the Department of Housing and Public Works (DHPW).

Notes to and forming part of the Financial Statements 2024–2025 for the year ended 30 June 2025

	2025 \$'000	2024 \$'000
6. Grant Expenses		
Grant payments	4,221	2,894
Total	4,221	2,894

Accounting Policy - Grant Expenses

Grant payments are made in line with meeting the strategic objectives of the Commission. It includes funding for research through partnerships, initiatives and projects and supporting strategies throughout the community which promote awareness, prevention and early intervention of mental illness. All recipients are required to report on delivery and where not delivered, conditions apply for possible repayment. Grant expense is recognised when payment is made by the Commission or when the Commission has entered into an enforceable undertaking for which the Commission is obligated to make future payments as part of the agreement.

	2025 \$'000	2024 \$'000
7. Other Expenses		
Sponsorships and Bursaries	418	293
Queensland Audit Office - external audit fees for the audit of financial statements *	49	21
Insurance	2	2
Total	468	316

Disclosure relating to Other Expenses

- * Total audit fees payable to the Queensland Audit Office relating to the 2024-25 financial statements are \$25,500 excluding GST (commitment accrued after 30 June 2025) (2024: \$23,600). There are no non-audit services included in this amount.

Sponsorships

The Commission seeks and receives requests (quarterly) for financial or in-kind support for conferences and other external events and initiatives, from a wide range of sources. The majority of these are considered Sponsorship Program requests and support priorities outlined in the *Queensland Mental Health, Alcohol and Other Drugs, and Suicide Prevention Strategic Plan (Shifting minds) 2023-28*. Supporting Sponsorships are an important mechanism for engaging with and promoting collaboration within the mental health, alcohol and other drugs and lived-living experience sectors. They can be an effective communication tool for the Commission to demonstrate a positive association, showcase new policies, and connect with specific audiences. The Commission supports both applications and direct funding requests, and also approves various bursary payments to assist individuals, especially those with Lived-Living Experience, with the cost of registration and travel to sponsored events.

	2025 \$'000	2024 \$'000
8. Cash and Cash Equivalents		
Cash at bank	47,018	32,817
Total	47,018	32,817

Accounting Policy - Cash at Bank

For the purposes of the Statement of Financial Position and the Statement of Cash Flows, cash assets include all cash and cheques receipted but not banked at 30 June as well as deposits at call with financial institutions.

	2025 \$'000	2024 \$'000
9. Receivables		
Annual leave reimbursements	137	127
GST receivable	273	27
Long service leave reimbursements	14	7
Trade debtors	3,822	5
Total	4,247	167

Accounting Policy - Receivables

Receivables are measured at amortised cost which approximates their fair value at reporting date.

The Commission's trade debtors are from Queensland Government agencies or Australian Government agencies. No loss allowance is recorded for these receivables on the basis of materiality. Refer to Note 13 for the Commission's credit risk management policies.

	2025 \$'000	2024 \$'000
10. Payables		
Current		
Accrued expenses	1,539	980
Payroll tax	26	20
GST payable	26	0
Trade creditors	160	12
Total	1,750	1,012

Accounting Policy - Payables

Trade creditors are recognised upon receipt of the goods or services and are measured at the nominal amount i.e. agreed purchase/contract price, gross of applicable trade and other discounts. Amounts owing are unsecured.

11. Contingencies

There are no legal or any other contingencies that are known to the Commission at 30 June 2025.

12. Events After the Balance Date

There were no significant events occurring after balance date.

Notes to and forming part of the Financial Statements 2024–2025 for the year ended 30 June 2025

13. Financial Risk Disclosures

Financial Instrument Categories

Financial assets and financial liabilities are recognised in the Statement of Financial Position when the Commission becomes party to the contractual provisions of the financial instrument. The Commission has the following categories of financial assets and financial liabilities:

Category	Note	2025 \$'000	2024 \$'000
Financial Assets			
Cash and cash equivalents	8.	47,018	32,817
Financial assets at amortised cost:			
<i>Receivables</i>	9.	4,247	167
Total Financial Assets		51,265	32,983
Financial Liabilities			
Financial liabilities measured at amortised cost:			
<i>Payables</i>	10.	1,750	1,012
Total Financial Liabilities		1,750	1,012

No financial assets and financial liabilities have been offset and presented net in the Statement of Financial Position.

Risks Arising from Financial Instruments

(a) Risk Exposure

Financial risk management is implemented pursuant to Government and Commission policy. These policies focus on the unpredictability of financial markets and seek to minimise potential adverse effects on the financial performance of the Commission.

All financial risk is managed by Executive Management under policies approved by the Commission. The Commission provides written principles for overall risk management, as well as policies covering specific areas.

13. Financial Risk Disclosure (cont'd)

Risks Arising from Financial Instruments (cont'd)

(a) Risk Exposure (cont'd)

The Commission is exposed to a variety of financial risks as set out in the following table:

Risk Exposure	Exposure
Credit Risk	Credit risk is the potential for financial loss arising from the Commission's debtors defaulting on their obligations. Credit risk is measured through use of management reports. The maximum exposure to credit risk at balance date is the carrying value of receivable balances adjusted for impairment. Refer Note 9. Credit risk is considered minimal for the Commission as debtors are state and federal government entities.
Liquidity Risk	Liquidity risk refers to the situation when the Commission may encounter difficulty in meeting obligations associated with financial liabilities that are settled by delivering cash or other financial assets. Liquidity risk is measured through use of management reports. The Commission's liquidity risk is minimal as the Commission ensures that minimum levels of cash are held, where possible, to meet employee and supplier liabilities in the short term.
Market Risk	The Commission has interest rate exposure on the operating account with the Commonwealth Bank. The Commission does not undertake any hedging in relation to interest rate risk. Changes in interest rate have a minimal effect on the operating result of the Commission and sensitivity analysis is not required. The Commission does not trade in foreign currency and is not materially exposed to commodity price changes or other market prices. The Commission does not invest in the equity market and is not exposed to any associated risk.

14. Budgetary Reporting Disclosures

The variance between budget and actual is noted. The overall budgeting and financial management processes are sound. Variances between actual and budget are attributed to the omission of budget allocation for limited life funding in the SDS. Steps are being taken to rectify the issue and ensure accurate reporting moving forward.

(a) Explanations of major variances - Statement of Comprehensive Income

Grants and Contributions:

The Commission received \$8.858M from Queensland Health in 2024-25 year to undertake its legislative obligations. A slightly higher amount was received this year; no commentary was received from Queensland Health regarding the increase (2024: \$8.847M). The Commission has also received a further \$20.630M in 2024-25 Queensland Health to continue Year 3 of the Better Care Together work program (Mental Health Alcohol and other Drug Plan Implementation) in addition to new funding of \$3.161M for Year 2 of the Better Care Together Mental Health and Wellbeing Community Grant Program. The Commission also raised two invoices in Period 12 to recognise incoming funding from DWATSIPM (\$900M, receipted in P12) and Queensland Health (\$3.526M) for programs commencing in 2025-26 (outstanding).

Interest:

The Commission estimated bank interest received to be approximately \$2.000M for 2024-25, based on the opening cash balance for the year (\$32.817M) comprised of Core Retained Funds and Retained Project Funds, primarily related to Better Care Together initiatives. The actual amount earned at 30 June 2024 was \$2.330M, slightly higher than the conservative initial estimate and higher than the published SDS estimate (\$50k), due to various delays in project commencement and lower than expected contract expenditure.

Employee Expenses:

The Income Statement reflects a \$3.494M overspend variance. However, this is not a true overspend as the original budget should have been \$8.168M, reflecting an actual underspend of \$0.950M across all employee expenses. This is primarily due to a number of unplanned vacancies and delays to recruiting to new FTE created in 2024-25, in addition to significant savings from part-time staff placements.

Grant expenses:

The Income Statement reflects a \$1.584M overspend variance. However, this is not a true overspend as the original budget should have been \$11.283M, reflecting an actual underspend of \$7.062M. The majority of this underspend is comprised on funds held for future outyears commitments for approved Grants, as well as delayed payments due to the late signing of the Year 1 Mental Health and Wellbeing Community Grants.

14. Budgetary Reporting Disclosures (cont'd)

(b) Explanations of major variances - Statement of Financial Position

<i>Cash and cash equivalents:</i>	The 2024-25 opening cash balance of \$32.817M increased to \$47.018M at 30 June 2026 despite a significant increase in annual expenditure compared to 2023-24, reflecting the Commission's retained Project funds for 2025-26 against various outyears' commitments and contracts, as well as surplus retained Core funding planned for expenditure in 2025-26 to support the Commission's Core reform agenda, various grant and research initiatives, and to offset a number of temporary positions through to 30 June 2026.
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(c) Explanations of major variances - Statement of Cash Flows

<i>Grants and Contributions:</i>	The Income Statement reflects a \$24.411M variance. However, the original budget should have been \$32.649M (excluding bank interest) for the Commission's Core Grant and expected BCT funding amounts for 2024-25, with the only true variance being the additional invoices raised in Period 12 for incoming 2025-26 funding at late notice (\$0.900M receipted in P12, plus \$3.526M outstanding).
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<i>GST input tax credits from ATO</i>	Variance of \$1.154M, based on actual invoices paid that require a GST input tax credit. This is not usually built into the Commission's operating budget, but is monitored as required.
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<i>Interest:</i>	The variance of \$1.274M reflects additional bank interest earned above the historical \$0.05M figure retained in the system and published in the SDS. The Commission had estimated bank interest received to be approximately \$2.000M for 2024-25, based on the opening cash balance for the year (\$32.817M) comprised of Core Retained Funds and Retained Project Funds, primarily related to Better Care Together initiatives. The actual amount earned at 30 June 2024 was \$2.330M, slightly higher than the conservative initial estimate, due to various delays in project commencement and lower than expected contract expenditure.
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14. Budgetary Reporting Disclosures (cont'd)

(c) Explanations of major variances - Statement of Cash Flows (cont'd)

<i>Employee expenses:</i>	The Income Statement reflects a variance in this category. Employee expenses should have been uploaded against various Project cost centre budgets (as expensed). A number of additional temporary Core positions were offset against the Commission's bank interest earnings in 2024-25 but overall the Income Statement should still have reflected an underspend based on actual staffing levels and vacancies (as noted above).
<i>Supplies and services:</i>	The Income Statement reflects a \$6.737M overspend variance. However, based on the Commission's offline forecast and monitoring (and including all retained cash/funds held and built against planned expenditure) this is not a true overspend - the original budget should have been approximately \$56.266M, reflecting an actual underspend of approximately \$46.892M to be carried over to 2025-26. This excludes Grant expenses, as below.
<i>Grants expenses:</i>	The Income Statement reflects a \$1.854M overspend variance. As noted above, more than sufficient funds were allocated in the original budget for committed outyears and planned Grants activity and this is not a true variance.

15. Key Management Personnel (KMP) Disclosures

Details of key management personnel

The following details for non-Ministerial KMP reflect those positions that had authority and responsibility for planning, directing and controlling the activities of the Commission during 2024-25 and 2023-24. Further information about these positions can be found in the body of the Annual Report under the section relating to Executive Management.

Position	Position Responsibility
Mental Health Commissioner	The Mental Health Commissioner directs the overall efficient, effective and economical administration, guides the strategic direction of the Commission, and is a member of the Executive Leadership Team.
Executive Director (2)	The Executive Directors provide strategic leadership for the Commission's policy and program and research functions and are members of the Executive Leadership Team. Note: One position is vacant as at 30 June 2024 and will be abolished/delimited as at 1 July 2025. The former temporary Executive Director has been appointed to the permanently allocated SES role, which has been retained.
Director, Lived-Living Experience	The Director leads the Lived-Living Experience functions, and is a member of the Executive Leadership Team.
Director, Mental Health and Wellbeing Reform	The Director leads the Mental Health and Wellbeing Reform functions, and is a member of the Executive Leadership Team.
Director, Suicide Prevention Reform	The Director leads the Suicide Prevention Reform functions, and is a member of the Executive Leadership Team.
Director, Alcohol and Other Drugs Reform	The Director leads the Alcohol and Other Drugs Reform functions, and is a member of the Executive Leadership Team.

KMP Remuneration Policies

Ministerial remuneration entitlements are outlined in the Legislative Assembly of Queensland's Members' Remuneration Handbook. The Commission does not bear any cost of remuneration of Ministers. The majority of Ministerial entitlements are paid by the Legislative Assembly, with the remaining entitlements being provided by Ministerial Services Branch within the Department of the Premier and Cabinet. As all Ministers are reported as KMP of the Queensland Government, aggregate remuneration expenses for all Ministers is disclosed in the Queensland General Government and Whole of Government Consolidated Financial Statements, which are published as part of Queensland Treasury's Report on State Finances.

Remuneration policy for the Commission's key management personnel is set by the *Queensland Public Sector Commission* following repeal of legislation on 1 March 2023, as provided for under the *Public Sector Act 2022*, and the *Queensland Mental Health Act 2013* for the Commissioner. Individual remuneration and other terms of employment for the key management personnel are specified in employment contracts. The contracts provide for other benefits including motor vehicles.

Remuneration expenses for KMP comprise the following components:

Short term employee expenses which include:

- salaries, allowances and leave entitlements earned and expensed for the entire year, or for that part of the year during which the employee occupied a KMP position.
- non-monetary benefits - consisting of provision of car parks together with fringe benefits tax applicable to the benefit.

Long term employee expenses include amounts expensed in respect of long service leave entitlements earned.

Post-employment expenses include amounts expensed in respect of employer superannuation obligations.

Termination benefits are not provided for within individual contracts of employment. Contracts of employment provide only for notice periods or payment in lieu of notice on termination, regardless of the reason for termination.

Notes to and forming part of the Financial Statements 2024–2025 for the year ended 30 June 2025

15. Key Management Personnel (KMP) Disclosures (cont'd)

Performance Payments

No performance payments were made to the KMP of the Commission.

Remuneration Expenses

The following disclosures focus on the expenses incurred by the Commission that is attributable to non-Ministerial KMP during the respective reporting periods. The amounts disclosed are determined on the same basis as expenses recognised in the Statement of Comprehensive Income.

2024-25

Position (date resigned if applicable)	Short Term Employee Expenses		Long Term Employee Expenses	Post-Employment Expenses	Total Expenses
	Monetary Expenses	Non-Monetary Benefits	\$'000	\$'000	\$'000
	\$'000	\$'000			
Mental Health Commissioner	282	8	7	36	333
A/Mental Health Commissioner (12/08/2024 - 8/09/2024)	34	-	1	3	37
Executive Director (01/07/2024 - 24/04/2025)	163	8	4	22	198
Executive Director (23/06/2025 - 30/06/2025)	5	-	-	1	6
Executive Director (08/07/2024 - 22/06/2025)	282	6	6	27	320
Director, Mental Health & Wellbeing Reform	172	8	4	21	206
Director, Lived-Living Experience (Identified)	159	7	4	21	191
A/Director, Lived-Living Experience (Identified) (2/12/2024 - 24/01/2025)	35	1	1	6	43
Director - Suicide Prevention Reform	168	8	4	21	201
Director, Alcohol & Other Drugs Reform	173	8	4	21	206
Total Remuneration	1,474	53	36	178	1,742

2023-24

Position (date resigned if applicable)	Short Term Employee Expenses		Long Term Employee Expenses	Post-Employment Expenses	Total Expenses
	Monetary Expenses	Non-Monetary Benefits	\$'000	\$'000	\$'000
	\$'000	\$'000			
Mental Health Commissioner	258	8	7	36	309
Executive Director	232	8	6	33	279
Director, Mental Health & Wellbeing Reform	153	6	4	20	183
Director, Lived-Living Experience (Identified) (from 21 August 2023 to 30 June 2024)	151	5	4	17	177
Director - Suicide Prevention Reform	143	7	3	17	170
Director, Alcohol & Other Drugs Reform (from 10 February 2024 to 30 June 2024)	56	1	2	8	67
Total Remuneration	993	35	26	131	1,185

16. Related Party Transactions

Transactions with people/entities related to KMP

There are no transactions to disclose for the 2024-25 year.

Transactions with other Queensland Government-controlled entities

- The Commission's ongoing source of funding from the Government for services is provided by grant from Queensland Health (\$8.858M). The Commission also receives funding for work it undertakes on behalf of the Queensland Health (\$20.630M, plus a further \$3.161M) (refer to Note 3). A further two invoices were raised in Period 12 for new funding from Queensland Health (\$3.526M; outstanding) and the Department of Women, Aboriginal and Torres Strait Islander Partnerships and Multiculturalism (\$900K; receipted) (refer to Note 14), for programs commencing in 2025-26.
- The Commission contributed funding to initiatives undertaken in partnership with other departments, which for this year included the Department of Women, Aboriginal and Torres Strait Islander Partnerships and Multiculturalism (formerly DTATSIPCA) for \$1.200M (of a total \$2.000M contribution; accrued in 2024-25 due to late issuing of invoice from DWATSIPM) and Queensland Health for \$100K (of a total \$1.000M contribution, Keep an Eye on your Drinking Campaign, Better Care Together). A further \$300K was paid out to the Department of Tourism and Sport against the BCT Mental Health and Wellbeing (MHWB) Strategy initiative, due to late notice of the agreement and payment in relation to the 2023-24 financial year. \$132K was also paid out to the West Moreton Hospital & Health Service who are part of Queensland Health, in relation to a successful application under the Suicide Prevention Research Grant Round 1.
- The Commission incurred (\$425K) of corporate services charges with the Corporate Administration Agency. (refer to Note 5).
- The Commission has a lease agreement (via a letter of financial commitment) for the premise at Level 24, 400 George Street with the Department of Housing and Public Works. Lease expense for the year was \$371K (refer to Note 5).
- All other transactions in the year ended 30 June 2025 between the Commission and other Queensland Government-controlled entities were on commercial terms and conditions.

17. First Year Application and Future Impact of New Accounting Standards

Accounting Standards Applied for the First Time

No new accounting standards or interpretations that apply to the commission for the first time in 2024-25 had any material impact on the financial statements.

Accounting Standards Early Adopted

No Australian Accounting Standards have been early adopted for 2024-25.

At the date of authorisation of the financial report, the expected impacts of new or amended Australian Accounting Standards issued but with future effective dates are set out below:

AASB 18 Presentation and Disclosure in Financial Statements

AASB 18 applies to not-for-profit public sector entities for annual reporting periods beginning on or after 1 January 2028, which will be the 2028-29 financial year for the Commission.

This standard sets out new requirements for the presentation of the Statement of Comprehensive Income, requires new disclosures about management-defined performance measures and removes existing options in the classification of dividends and interest received and interest paid in the Statement of Cash Flows.

The AASB is aware that there are issues that need to be clarified in applying AASB 18's new requirements to not-for-profit entities. The AASB expects to conduct outreach with not-for-profit and public sector entities to address these issues, and expects that modifications to AASB 18 for application by these entities could take the form of guidance, exemptions and alternative requirements.

The Commission will make an assessment of the expected impacts of AASB 18 after the AASB has decided on the modifications applicable to not-for-profit public sector entities. AASB 18's changes will only affect presentation and disclosure, it will not affect the recognition or measurement of any reported amounts.

All other Australian accounting standards and interpretations with future effective dates are either not applicable to the Commission's activities or have no material impact on the Commission.

18. Taxation

The Commission is a State body as defined under the *Income Tax Assessment Act 1936* and is exempt from Commonwealth taxation with the exception of Fringe Benefits Tax (FBT) and Goods and Services Tax (GST). FBT and GST are the only taxes accounted for by the Commission. GST credits receivable from, and GST payable to the ATO, are recognised (refer to Note 9).

19. Climate Risk Disclosure

Whole-of-Government climate-related reporting

The State of Queensland, as the ultimate parent of the Commission, provides information and resources on climate related strategies and actions accessible at <https://www.energyandclimate.qld.gov.au/climate> and <https://www.treasury.qld.gov.au/energy-and-climate/>

The Queensland Sustainability Report (QSR) outlines how the Queensland Government measures, monitors and manages sustainability risks and opportunities, including governance structures supporting policy oversight and implementation. To demonstrate progress, the QSR also provides time series data on key sustainability policy responses. The QSR is available via Queensland Treasury's website at <https://www.treasury.qld.gov.au/programs-and-policies/queensland-sustainability-report>

Accounting estimates and judgements – climate-related risks

No adjustments to the carrying value of assets were recognised during the financial year as a result of climate-related risks impacting current accounting estimates and judgements. No other transactions have been recognised during the financial year specifically due to climate-related risks impacting the Commission.

The Commission continues to monitor the emergence of material climate-related risks that may impact the financial statements of the Commission, including those arising under the Queensland Government's Queensland 2035 Clean Economy Pathway, and other Queensland Government climate-related policies or directives.

Management Certificate for Queensland Mental Health Commission

These general purpose financial statements have been prepared pursuant to s.62(1) of the *Financial Accountability Act 2009* (the Act), s.39 of the *Financial and Performance Management Standard 2019* and other prescribed requirements. In accordance with s.62(1)(b) of the Act we certify that in our opinion:

- (a) the prescribed requirements for establishing and keeping the accounts have been complied with in all material respects; and
- (b) the financial statements have been drawn up to present a true and fair view, in accordance with prescribed accounting standards, of the transactions of the Queensland Mental Health Commission for the financial year ended 30 June 2025 and of the financial position of the Commission at the end of that year; and

We acknowledge responsibility under s.7 and s.11 of the *Financial and Performance Management Standard 2019* for the establishment and maintenance, in all material respects, of an appropriate and effective system of internal controls and risk management processes with respect to financial reporting throughout the reporting period.



Ivan Frkovic
Commissioner
Queensland Mental Health Commission

Date: 9/9/25



Deb Pratt
Acting Executive Director
Queensland Mental Health Commission

Date: 9/9/2025

INDEPENDENT AUDITOR'S REPORT

To the Commissioner of Queensland Mental Health Commission

Report on the audit of the financial report

Opinion

I have audited the accompanying financial report of Queensland Mental Health Commission.

The financial report comprises the statement of financial position as at 30 June 2025, the statement of comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, notes to the financial statements including material accounting policy information, and the management certificate.

In my opinion, the financial report:

- a) gives a true and fair view of the entity's financial position as at 30 June 2025, and its financial performance and cash flows for the year then ended; and
- b) complies with the *Financial Accountability Act 2009*, the Financial and Performance Management Standard 2019 and Australian Accounting Standards.

Basis for opinion

I conducted my audit in accordance with the *Auditor-General Auditing Standards*, which incorporate the Australian Auditing Standards. My responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Report* section of my report.

I am independent of the entity in accordance with the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants (including independence standards)* (the Code) that are relevant to my audit of the financial report in Australia. I have also fulfilled my other ethical responsibilities in accordance with the Code and the *Auditor-General Auditing Standards*.

I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

Responsibilities of the entity for the financial report

The Commissioner is responsible for the preparation of the financial report that gives a true and fair view in accordance with the *Financial Accountability Act 2009*, the Financial and Performance Management Standard 2019 and Australian Accounting Standards, and for such internal control as the Commissioner determines is necessary to enable the preparation of the financial report that is free from material misstatement, whether due to fraud or error.

The Commissioner is also responsible for assessing the entity's ability to continue as a going concern, disclosing, as applicable, matters relating to going concern and using the going concern basis of accounting unless it is intended to abolish the entity or to otherwise cease operations.

Auditor's responsibilities for the audit of the financial report

My objectives are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with the Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of this financial report.

A further description of my responsibilities for the audit of the financial report is located at the Auditing and Assurance Standards Board website at:

https://www.auasb.gov.au/auditors_responsibilities/ar4.pdf

This description forms part of my auditor's report.

Report on other legal and regulatory requirements

Statement

In accordance with s.40 of the *Auditor-General Act 2009*, for the year ended 30 June 2025:

- a) I received all the information and explanations I required.
- b) I consider that, the prescribed requirements in relation to the establishment and keeping of accounts were complied with in all material respects.

Prescribed requirements scope

The prescribed requirements for the establishment and keeping of accounts are contained in the *Financial Accountability Act 2009*, any other Act and the Financial and Performance Management Standard 2019. The applicable requirements include those for keeping financial records that correctly record and explain the entity's transactions and account balances to enable the preparation of a true and fair financial report.



D J Toma
as delegate of the Auditor-General

10 September 2025
Queensland Audit Office
Brisbane

Appendices

Appendix 1

Executive leadership team profiles

Commissioner
Ivan Frkovic

The Commissioner is the chief executive and accountable officer, appointed by the Governor in Council and reporting directly to the Minister for Health and Ambulance Services. The Commissioner is responsible for the management and performance of the Commission's functions in accordance with its legislative obligations outlined in the *Queensland Mental Health Commission Act 2013* and guides the strategic direction of the Commission. Ivan Frkovic was appointed Commissioner on 1 July 2017 and brings substantial policy, academic and patient-centred experience to the role, having worked in the Queensland mental health system for over 30 years. With a focus on strengthening partnerships and collaboration, he oversees delivery and implementation of *Shifting minds* and its accompanying sub-plans, *Every life*, *Achieving balance* and the *Trauma Strategy*. Ivan's experience across government and non-government organisations provides valuable insight to help bring all sectors together to focus on delivering better mental health outcomes for Queenslanders. He has made a significant contribution to community mental health through published papers and articles.

Executive Director
Bretine Curtis

The Executive Director provides strategic leadership in mental health, AOD, and suicide prevention reform, and is responsible for driving the implementation of *Shifting minds* its associated sub-plans — *Every life*, *Achieving balance*, and the *Trauma Strategy*.

Bretine Curtis brings almost 30 years' experience across health and social services, with a strong focus on systems and service improvement.

She has held senior leadership roles within Hospital and Health Services in mental health and alcohol and other drugs, including in service development, operational and strategic planning, primary health services in prisons, and statewide education, research and benchmarking programs.

Bretine has also contributed her expertise outside the mental health sector through roles in the Department of Housing and hospital corporate services. She holds a Bachelor of Social Work and is deeply committed to delivering sustainable, system-level change to improve the wellbeing of Queenslanders.

Executive Director
Amelia Callaghan (to 24 April 2025)

Amelia Callaghan has worked in the health sector for over 25 years, with experience in both government and non-government services. She has a background in service delivery in both mental health and alcohol and other drugs services, and is a passionate advocate for early intervention aimed at reducing the long-term impact of mental illness on children, young people and families. Prior to joining the Commission, Amelia held national, state and territory management roles within the mental health and AOD sector. Amelia was co-Executive Director at the Commission until 24 April 2025.

Director, Alcohol and Other Drugs Reform

Sean Popovich

Over the last 15 years, Sean Popovich has worked in a range government and non-government AOD treatment, workforce development, and policy settings at both frontline and senior levels. Before joining the Commission, as a member of the Queensland AOD sector network, Sean led the development of the Queensland AOD Treatment and Harm Reduction Outcomes Framework (2019) and the renewal of the Queensland AOD Treatment Service Delivery Framework (2022). In his role at the Commission, Sean is responsible for leading the AOD reform and trauma strategy portfolios.

Director, Suicide Prevention Reform

Jordan Cotter

Jordan Cotter has almost 10 years' experience working in the government and non-government sectors in a range of policy and frontline roles. This includes five years leading death prevention in the areas of domestic and family violence and suicide prevention. Jordan studied criminology and criminal justice and began his career as a frontline probation and parole officer. In his role at the Commission, Jordan is responsible for leading the implementation of the whole-of government suicide prevention plan *Every life*, as well as the Commission's suicide data and analytics team.

Director, Lived-Living Expertise

Michelle Sanders

Michelle Sanders has 27 years' experience working in designated lived-living experience roles across a variety of locations and services, specialising in Lived-Living Experience (peer) Workforce development in the community and non-government sectors as well as public mental health and alcohol and other drugs services. She is the Commission's first Director of Lived-Living Expertise, appointed in August 2023, and leads a designated Lived-Living Expertise team to support the Commission's commitment and activities to strengthen lived-living experience leadership, peer workforce development and lived-living experience engagement.

Manager, Business Services

Carmel-Lee Clarke

The Manager, Business Services oversees the key functions of governance compliance, budget and financial management, procurement advice and administration of contract management, human resource management, records management, management of the CAA service agreement, and general administrative support to the Commission. Carmel-Lee has over 17 years' of experience in the Queensland Government and rich expertise in business services. Prior to joining the Commission, Carmel-Lee held roles at the Coroners Court of Queensland, Department of Youth Justice and the Department of Justice and the Attorney-General.

Director, Mental Health and Wellbeing Reform

Deborah Pratt

Deb Pratt has almost 30 years' experience influencing system reform across a range of social policy areas within the Queensland Government. As a social worker Deb is passionate about social justice and creating a system that supports and builds mental wellbeing for everyone. In her role at the Commission, Deb is responsible for leading reform around mental health promotion, prevention and early intervention, mental health service system issues, sector workforce issues, addressing social determinants, supporting First Nations-led social and emotional wellbeing, and supporting implementation of the whole-of-government *Shifting minds* plan.

Manager, Communication and Engagement

Kate Southwell

The Manager, Communication and Engagement leads the Commission's integrated communication, engagement and marketing portfolio. Kate Southwell has over 25 years' experience delivering communication outcomes in government and the private sector, including major campaigns. As a director in several Queensland Government agencies, she has led multi-disciplinary communication functions and successfully delivered communication for complex policy areas. Kate has strong knowledge of and commitment to mental health, AOD and suicide prevention reform, having been with the Commission since October 2014 and delivers the Commissions strategic and operational planning function.

Appendix 2

Sponsorships

The table below lists the sponsorships approved in 2024–25 financial year, however the sponsorship may be expensed in the next financial year. This list also excludes sponsorship events and initiatives that were approved but later withdrawn or cancelled.

Recipient	Activity	Value ex GST
Arafmi Queensland	Arafmi Mental Health Carer Forum	\$10,000
Assorted Grains Inc	Loud and Proud Logan – Inclusive indoor program	\$14,251
At The Ark Inc	Reboot Moral Injury Workshop	\$10,000
Australian and New Zealand Mental Health Association	Rural Mental Health Conference	\$10,000
Australian Association for Adolescent Health	Annual Conference 11–13 November, 2024	\$10,000
Australian Association for Cognitive and Behaviour Therapy	Australian Association for Cognitive and Behaviour Therapy 2024 National Conference	\$5,000
Australian Institute of Play Limited	2025 Childhood Summit	\$10,000
Australian Street Aid Project —Chances House	Table Talk – Mental health, trauma and homelessness	\$6,000
Brisbane West Senior Citizens Centre	Empower Your Journey: A Holistic Wellness Experience	\$2,300
Collective Action Social Impact trading as Gladstone Mindcare	Sip and Stories	\$8,000
FNQ Nature Quest Ltd	Connect in Nature for Wellbeing Day	\$10,000
Gold Coast Hospital Foundation	Queensland Perinatal and Infant Mental Health Symposium	\$10,000
Gold Coast United Football Club	Wellness Warriors Gathering	\$10,000
Gold Coast Women's Cancer Advocacy Inc	Shifting Minds for Mental Health of Women with a Cancer Diagnosis	\$20,000
Hey Mate	Creative and Chatty—Creative Conversations: Mental Wellbeing and the Arts in Queensland	\$10,000
Indelarts	unleaSHed—A mental health awareness event for women	\$10,000
Karakan Ltd	Karakan Schizophrenia Awareness Week Community Event: What's Possible	\$8,750

Recipient	Activity	Value ex GST
MADEC LTD	Stronger Together—MH First Aid workshops	\$10,000
Mental Illness Fellowship Australia	Out from the Mist—Reaching out to promote wellbeing	\$10,000
Momentum Arts	Three-quarters community film documentary	\$10,000
Noosa Film Academy Pty Ltd as the Trustee for the Huglin Family Trust	Empowered Voices: Transforming Mental Wellbeing and Inclusion for Special Needs Youth Through Digital Storytelling	\$1,999
Noosa Film Academy Pty Ltd as the Trustee for the Huglin Family Trust	Framing Charleville's Flood: Narrative Therapy Digital Storytelling Workshops and Screenings Connecting Very Remote Youth and Seniors	\$5,500
Open Minds Australia Limited	Queensland Mental Health Week Achievement Awards 2024	\$10,000
Our Mate-Ship Limited	Anchor and Awaken: A Two-Day Trauma-Aware Healing Retreat	\$10,000
Picabeen Community Centre	Connected Minds, Healthy Lives	\$1,500
Redlands Coast Chamber of Commerce	Business Breakfast: Mental Health Awareness Month	\$8,000
RRR Women (Queensland Rural Regional and Remote Women's Network)	Just a Farmer Screening, debrief and wellbeing and mental health panel discussion	\$20,000
Salute for Service Australia Ltd	Legacy Ranch Mental Health and Connection Pilot Program	\$10,000
Sunrise Holistic Health and Wellbeing	Yarn and Art Workshops	\$10,000
Upbeat Arts Ltd	Upbeat Arts Annual Concert	\$10,000
White Cloud Foundation	White Cloud Sport Mental Health and Wellbeing Forum	\$6,000
Yellow Dove Australia	Healthy Communities	\$10,000

Appendix 3

Compliance checklist

Summary of requirement		Basis for requirement	Annual report reference
Letter of compliance	<ul style="list-style-type: none"> A letter of compliance from the accountable officer or statutory body to the relevant Minister/s 	ARRs – section 7	page 3
Accessibility	<ul style="list-style-type: none"> Table of contents 	ARRs – section 9.1	page 1
	<ul style="list-style-type: none"> Glossary 		Appendix 4
	<ul style="list-style-type: none"> Public availability 	ARRs – section 9.2	inside front cover
	<ul style="list-style-type: none"> Interpreter service statement 	<i>Queensland Government Language Services Policy</i> ARRs – section 9.3	inside front cover
	<ul style="list-style-type: none"> Copyright notice 	<i>Copyright Act 1968</i> ARRs – section 9.4	inside front cover
	<ul style="list-style-type: none"> Information Licensing 	<i>QGEA – Information Licensing</i> ARRs – section 9.5	inside front cover
General information	<ul style="list-style-type: none"> Introductory Information 	ARRs – section 10	page 4
Non-financial performance	<ul style="list-style-type: none"> Government's objectives for the community and whole-of-government plans/specific initiatives 	ARRs – section 11.1	page 6
	<ul style="list-style-type: none"> Agency objectives and performance indicators 	ARRs – section 11.2	page 8
	<ul style="list-style-type: none"> Agency service areas and service standards 	ARRs – section 11.3	page 45
Financial performance	<ul style="list-style-type: none"> Summary of financial performance 	ARRs – section 12.1	page 54
Governance – management and structure	<ul style="list-style-type: none"> Organisational structure 	ARRs – section 13.1	page 50
	<ul style="list-style-type: none"> Executive management 	ARRs – section 13.2	page 49 Appendix 1
	<ul style="list-style-type: none"> Government bodies (statutory bodies and other entities) 	ARRs – section 13.3	page 37
	<ul style="list-style-type: none"> Public Sector Ethics 	<i>Public Sector Ethics Act 1994</i> ARRs – section 13.4	page 52
	<ul style="list-style-type: none"> Human Rights 	<i>Human Rights Act 2019</i> ARRs – section 13.5	page 52
	<ul style="list-style-type: none"> Queensland public service values 	ARRs – section 13.6	page 8

Summary of requirement		Basis for requirement	Annual report reference
Governance – risk management and accountability	• Risk management	ARRs – section 14.1	page 52
	• Audit committee	ARRs – section 14.2	page 53
	• Internal audit	ARRs – section 14.3	page 53
	• External scrutiny	ARRs – section 14.4	N/A
	• Information systems and recordkeeping	ARRs – section 14.5	page 53
	• Information Security attestation	ARRs – section 14.6	N/A
Governance – human resources	• Strategic workforce planning and performance	ARRs – section 15.1	page 49–50
	• Early retirement, redundancy and retrenchment	Directive No.04/18 <i>Early Retirement, Redundancy and Retrenchment</i>	page 50
		ARRs – section 15.2	
Open Data	• Statement advising publication of information	ARRs – section 16	page 53
	• Consultancies	ARRs – section 31.1	data.qld.gov.au
	• Overseas travel	ARRs – section 31.2	data.qld.gov.au
	• Queensland Language Services Policy	ARRs – section 31.3	data.qld.gov.au
	• Charter of Victims' Rights	VCSVRB Act 2024 ARRs – section 31.4	data.qld.gov.au
Financial statements	• Certification of financial statements	FAA – section 62 FPMS – sections 38, 39 and 46 ARRs – section 17.1	page 78
	• Independent Auditor's Report	FAA – section 62 FPMS – section 46 ARRs – section 17.2	page 79

FAA *Financial Accountability Act 2009*
 FPMS *Financial and Performance Management Standard 2019*
 ARRs *Annual report requirements for Queensland Government agencies*

Appendix 4

Glossary

Achieving balance	<i>Achieving balance: The Queensland Alcohol and Other Drugs Plan 2022–2027</i>
Adis	Alcohol and Drug Information Service
Advisory Council	The Queensland Mental Health and Drug Advisory Council
AOD	Alcohol and other drugs
ARRs	Annual report requirements for Queensland Government agencies
Better Care Together	<i>Better Care Together: A plan for Queensland's state-funded mental health</i>
CAA	Corporate Administration Agency
DWATSIPM	Department of Women, Aboriginal and Torres Strait Islander Partnerships and Multiculturalism
ECCQ	Ethnic Communities Council of Queensland
ELT	Executive Leadership Team
ESARY	Early Suicide Awareness and Response in Youth Program
Every life	<i>Every life: The Queensland Suicide Prevention Plan 2019–2029</i>
FASD	Fetal Alcohol Spectrum Disorder
FTE	Full-Time Equivalent
HMAC	Homelessness Ministerial Advisory Council
iQSR	interim Queensland Suicide Register
LEAG	Lived Experience Advisory Group
LELAN	Lived Experience and Advocacy Network
lived-living experience	We define 'lived-living experience' as personal experience/s of mental health challenges, and/or alcohol and other drug use, and/or suicide. This includes family, kin, unpaid carers and other unpaid supporters of people experiencing mental health challenges, and/or alcohol and other drug use, and/or suicide. Lived-living experience may be viewed as a continuum of experiences that people may have at different times in their lives. The use of the hyphen signals the movement or changing nature of our experiences along this continuum. Please note when speaking about suicide, lived experience is the preferred term. When talking about the Lived-Living Experience (Peer) Workforce we prefer to use capitals.

LLEWG	Lived-Living Experience Working Group
MHLEPQ	Mental Health Lived Experience Peak Queensland
NDIS	National Disability Insurance Scheme
NGO	non-government organisation
QAMH	Queensland Alliance for Mental Health
QFCC	Queensland Family and Child Commission
QLEWN	Queensland Lived Experience Workforce Network
QMHW	Queensland Mental Health Week
QNADA	Queensland Network of Alcohol and Other Drug Agencies
QSPN	Queensland Suicide Prevention Network
QSR	Queensland Suicide Register
QuIHN	An independent not-for-profit providing specialist social and medical services relating to alcohol and other drug use and mental health
QuIVAA	A peer-based organisation representing injectors and illicit drug users
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.
Shifting minds	<i>Shifting minds: The Queensland Mental Health, Alcohol and Other Drugs, and Suicide Prevention Strategic Plan 2023–2028</i>
SLG	Strategic Leadership Group—a Queensland Government cross-agency group providing oversight of <i>Shifting minds</i> implementation
the Act	<i>Queensland Mental Health Commission Act 2013</i>
the Trauma Strategy	<i>The Queensland Trauma Strategy 2024–2029</i>
TQKP	Thriving Queensland Kids Partnership

